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Embracing Diversity: Confronting Disparities

Loma Linda University Health

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OFFICIAL MAGAZINE OF LOMA LINDA UNIVERSITY HEALTH

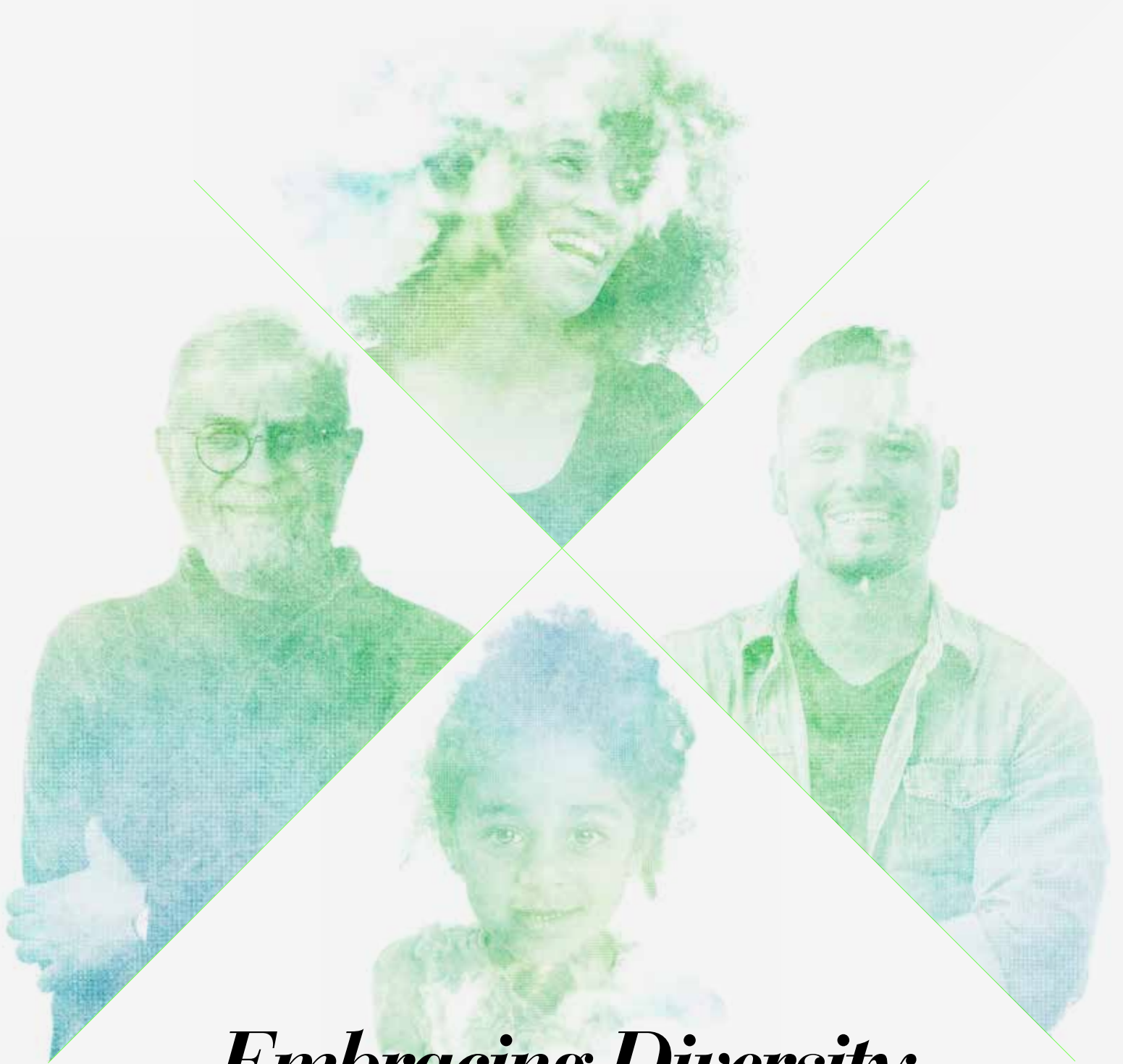


Embracing Diversity

CONFRONTING DISPARITIES



LOMA LINDA
UNIVERSITY
HEALTH



Embracing Diversity

LOMA LINDA UNIVERSITY HEALTH BELIEVES INCLUSION AND DIVERSITY ACROSS OUR COMMUNITY ARE CENTRAL TO OUR MISSION.

Our diversity helps us better understand and address the challenges of health care disparities in our world.

FEATURES

4

Researching the biological footprint of health inequalities

8

Modeling interfaith cooperation: Religious diversity at Loma Linda University Health

10

New Diversity Council works toward inclusiveness as a spiritual imperative

13

First graduating cohort of LLU San Bernardino Campus – San Manuel Gateway College

14

Race Matters for Health {a lot!}

20

Loma Linda University Health professor's campaign to end dangerous health disparities

22

Questions and answers on workforce diversity with Lyndon Edwards

25

Diversity solves disparities

26

Gender Dysphoria: Response of the faith-based community

28

Uncovering unconscious biases

30

Diversity in the Adventist Health Study 2

33

Black student group honors founder for promoting minority student opportunity

34

Clinic with a Heart

36

Summer Gateway Program opens doors to achievement

DEPARTMENTS

From our President

2

Embracing Diversity at Loma Linda

Highlight

18

Indio Outpatient Pavilion

Remembered

38

Remembering wholeness pioneer Wil Alexander

Alumni

40

The ties that bind: One Homecoming

Giving

44

Classic car auctioned to benefit Children's Hospital

Recognition

46

Nursing moves closer to Magnet® designation

scope

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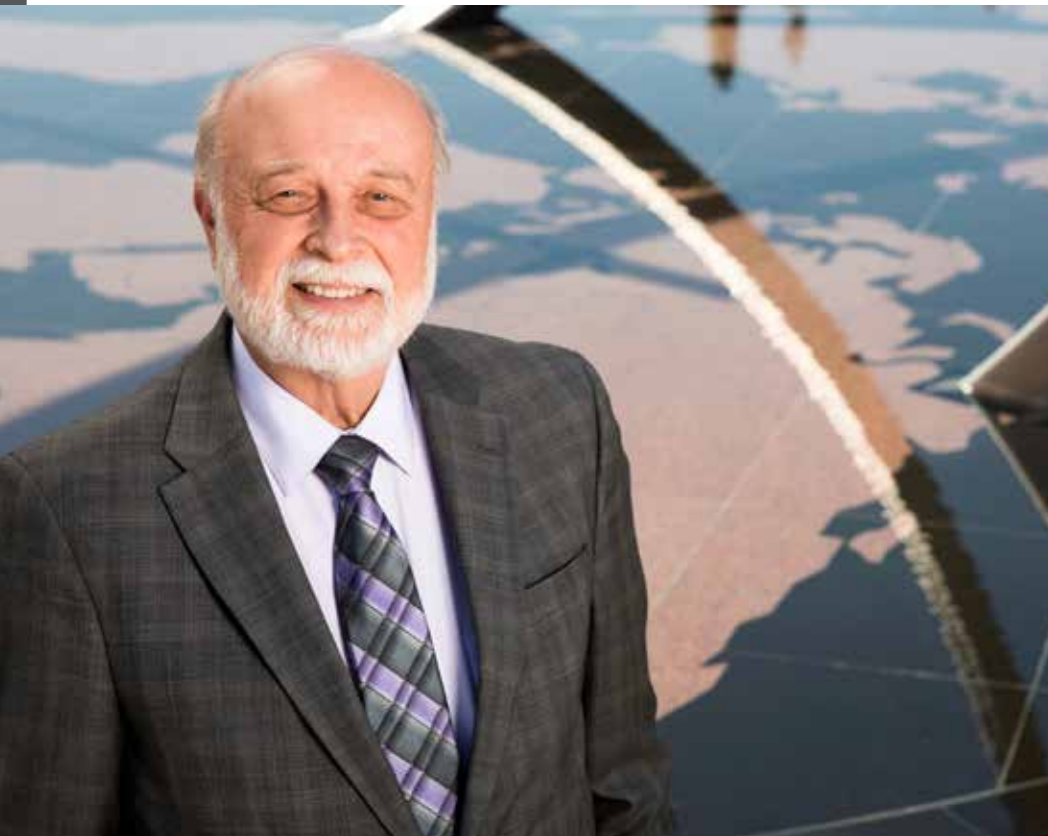
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LOMA LINDA
UNIVERSITY
HEALTH

EMBRACING DIVERSITY *at* LOMA LINDA



Richard H. Hart, MD, DrPH
PRESIDENT,
LOMA LINDA UNIVERSITY HEALTH

DIVERSITY HAS COME to mean many things in today's slogan-laden world. For all of us, our backgrounds and resultant attitudes greatly influence our viewpoints and subtle behavior toward different groups of people. These beliefs impact our interactions with each other, including the student-teacher relationship, among our peers, and in caring for patients.

We talk regularly about such things at Loma Linda University Health. It is important for us to reach a consensus as across this country such issues routinely flare up and occasionally boil over. We need to recognize that each of us carry

some “unconscious bias” that influences our attitudes.

Loma Linda University Health has a long-established commitment to accepting all people as children of God. We embrace inclusiveness to represent the many variations of the human experience, whether ethnic, cultural, physical, faith-based or other. Our challenge is to maintain our uniqueness as a Seventh-day Adventist Christian community while also understanding the differences that our students, faculty, staff and patients represent.

In our commitment to address these challenges, we have established a Diversity Council at Loma Linda University Health. Our goal is to understand our differences as best we can, encourage an honest dialogue about those differences, respect each other in all circumstances and build on the strength that comes from our diversity. While we recognize that there are some scars we can never completely erase, we also believe that listening and starting on the road to understanding are essential steps in healing.

The council members come together regularly and are brave enough to be honest with each other. They have vowed to turn their struggles into understanding

13%

INTERNATIONAL ENROLLMENT

2% SOUTH KOREA

2% INDIA

2% CANADA

1% SAUDI ARABIA

<1% PHILIPPINES

<1% NIGERIA

<1% TAIWAN

<1% INDONESIA

<1% MEXICO

<1% BRAZIL

<1% JAMAICA

<1% CHINA

<1% IRAN

<1% VIETNAM

3% OTHER

87%
U.S.

and compassion, their pain into promise for others. This promise is real and the commitment to building bridges is palpable.

This effort will span our health care and educational enterprise, including our faculty, staff and students. It will learn from and guide our many service-learning opportunities, both in this community and globally.

This is neither lip service nor a popularity contest. My personal intent is to be persistent and proactive as we continue to grow our culture into one of acceptance and inclusion. Students, faculty, employees, alumni and community members are urged to share their concerns with any council member so she or he can bring them to the attention of the entire council.

Thank you for joining us in this critical journey. This campus, this country, this world, needs Christ's model of acceptance for all, and I trust this campus can truly become a haven for those who may feel marginalized, or even wounded, in this place dedicated to healing.

To reach the right balance, we need everyone's input. Please join us in this journey. Diversity is not a challenge to overcome, but a strength to embrace.

Enrollment by school

1,342

SCHOOL OF
ALLIED HEALTH
PROFESSIONS

357

SCHOOL OF
BEHAVIORAL
HEALTH

578

SCHOOL OF
DENTISTRY

841

SCHOOL OF
MEDICINE

693

SCHOOL OF
NURSING

306

SCHOOL OF
PHARMACY

309

SCHOOL OF
PUBLIC HEALTH

18

SCHOOL OF
RELIGION

Researching *the* biological footprint of health inequalities

BY JAMES PONDER

IN THE CONTEMPORARY CONTEXT OF RACIAL AND POLITICAL TURMOIL IN AMERICA, THE CENTER FOR HEALTH DISPARITIES AND MOLECULAR MEDICINE AT LOMA LINDA UNIVERSITY IS BRINGING IMPORTANT NEW DISCOVERIES TO LIGHT IN THE QUEST TO UNDERSTAND AND RESOLVE THE ISSUES OF HEALTH INEQUALITY.

According to Marino De Leon, PhD, director of the center and professor of physiology at Loma Linda University School of Medicine, subtler forms of health disparities are often more deadly than the kinds regularly reported in the headlines.

In a Jan. 18, 2017, *Ebony* magazine article titled “How Black America can Survive, Thrive in the Trump Era,” Kirsten West Savali reported that in the United States:

- » Blacks are five times more likely to be killed by police officers than Whites
- » Black children are three times more likely to live in poverty than Whites, and
- » Working-class Blacks and Latinos are prosecuted and hit with harsher sentences for drug offenses than Whites.

“What’s going on in the country right now is very frightening,” De Leon observes. “I hope it’s a fluke that will work itself out. But even though I care a lot about social issues and am working to improve conditions for disadvantaged and underserved minorities, I don’t have an appetite for politics. Instead, I pray for the Lord to show us the way. The big question is, ‘How can we get involved and make an impact?’”

The Centers for Disease Control defines health disparities as “preventable differences in the burden of disease, injury, violence, or opportunities to achieve optimal health that are experienced by socially disadvantaged populations.” The article says populations can be defined by race, ethnicity, gender, education, income, disability, geographic location, and

sexual orientation, and adds that, “Health disparities are inequitable and are directly related to the historical and current unequal distribution of social, political, economic, and environmental resources.”

De Leon says health disparities produce tangible and detrimental health outcomes.

“African Americans, Latinos, and Native Americans all have elevated levels of diabetes, Alzheimer’s, stroke, heart disease, and breast and prostate cancer,” he reports. “The infant mortality rate in the African American community in the United States is one of the worst on the planet. How do we explain these vulnerabilities? Why does an African American male live, on average, four years less than a Caucasian male?”

De Leon says social determinants like poverty, discrimination, reduced

// *Embracing Diversity*



PHOTO BY TANYA MUSGRAVE



Gabriel Linares, PhD, a Broad Fellow at the University of Southern California, attended the Apprenticeship Bridge to College program before graduating from Loma Linda University School of Medicine in 2011.

educational levels, and limited access to health care equate to the increased incidence of disease and reduced longevity that affect minorities.

“These factors produce increased levels of stress and anxiety, which affects people on a biological level and shorten their lives.”

He notes that levels of cortisol, a hormone the body produces in response to stress, “goes through the roof” when negative social determinants remain in place over time.

“Increased stress molecules can be measured biologically,” he reports. “Negative social conditions entrap members of disadvantaged communities in perpetually unhealthy conditions, creating stress pathways that we are able to measure and quantify.”

Health disparities can also affect Whites.

“Whether disadvantaged conditions apply, whether in minority neighborhoods or predominantly White areas in places like the Rust Belt, you have negative health outcomes,” De Leon continues. “Like discrimination, poverty and economic deprivation ‘get under your skin’ and produce higher mortality rates. Stress is the chief mediator.”

Established in 2005, the Loma Linda University center is one of the longest-running of the 51 NIH Centers of Excellence nationwide. Its name includes both health disparities and molecular medicine because molecular research is used to quantify the scope of health disparities.

“Our team of more than 50 researchers studies measurable changes that occur when a person or population lives under high-stress conditions for a protracted peri-

od of time,” he says. “The goal is to identify solutions to the problems created by health disparities.”

During the last 11 years, the center has conducted hundreds of studies and published more than 100 scientific papers. De Leon cites three of those studies as examples of the type of research underway at the center.

“Dr. Carlos Casiano is studying distinct biomarkers associated with elevated incidence of cancer in African American men,” he reports. “Dr. Kimberly Payne is evaluating the reasons Latino and Native American children are disproportionately dying of leukemia, and Dr. Daisy De Leon is identifying critical proteins associated with the high mortality rate in African American women with breast cancer.”

Perhaps one of the center’s biggest contributions to the field of health disparities is in recruiting and training hundreds of students into the fields of medicine and the health sciences through the LLU health disparities research pipeline program. Now in its 16th year, the first pipeline program—the Apprenticeship Bridge to College, or ABC—forms a vital link between impoverished minority populations and educational resources available to them in the world of academic medicine. It brings talented 11th and 12th grade students from Inland Empire high schools to the Loma Linda University campus to participate in an eight-week summer research program alongside faculty members.

“In the nation as a whole,” De Leon reflects, “minorities represent 31 percent of the general population, yet only 13 percent

of American physicians and scientists are members of a minority group. We’re attempting to change that through the ABC program.”

The results speak for themselves: so far, more than 150 alumni of pipeline programs, including ABC, have gone on to careers in medicine, research or other health disciplines. In 2011, ABC graduate Gabriel Linares graduated Loma Linda University School of Medicine with a PhD degree in physiology and went to the National Institutes of Health in Bethesda, Maryland, for a post-doctoral fellowship. Today, he is a Broad Fellow at the University of Southern California.

“The ABC program is the bottom line,” De Leon concludes. “It immerses students during the critical years of high school in a transformational experience that allows them to connect discoveries in science, health, and service to not only identify the problems that cause health disparities in the first place, but also to find a way to solve them. The success of this program is vital to the long-term health and survival of people in our own community as well as in the larger world around us.”

As Martin Luther King Jr. famously said in March of 1966 at the second convention of the Medical Committee for Human Rights, “Of all the forms of inequality, injustice in health care is the most shocking and inhumane.”

If De Leon and his colleagues at the center have their way, it will, one day, be history. In the meantime, there is a lot of work to do.



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NARRATED BY
LISA LING



Modeling interfaith cooperation: *Religious diversity at Loma Linda University Health*

REACHING CULTURES ALL OVER THE WORLD

WITH A MESSAGE OF HEALTH AND CHRISTIAN

FAITH WAS THE REASON LOMA LINDA UNIVERSITY

HEALTH WAS FOUNDED IN 1905 UNDER THE

SEVENTH-DAY ADVENTIST CHURCH.

Fast forward 112 years, and Loma Linda still strives to be a place of peace where people from all walks work together for good.

While admission preference is given to Adventist applicants, Loma Linda University offers a culture where students from the scores of other religious groups represented are welcomed and included.

“Students of diverse faiths enrich us and help us grow as an institution that works smoothly with other religions,” says Rick Williams, PhD, vice president for enrollment management and student services.

In the world at large, interfaith cooperation is too often lacking. To address that, Loma Linda’s new William Johnsson Center for Understanding World Religions was founded in 2016 through a gift to Vision 2020 – The Campaign for a Whole Tomorrow. The center’s inaugural program took place Jan. 28, 2017.

In opening remarks, President Richard Hart, MD, DrPH, noted that the center’s initials, CUWR, can be “Cure.”

“The hope is that indeed this could be a step toward ... shed[ding] some understanding and peace,” he said.



The center’s namesake and founding donor, William Johnsson, PhD, MA, said, “Dark currents are flowing — currents of ignorance, of hatred, of prejudice, of bigotry.

“At a time like this, we cannot be silent. Here at Loma Linda, we believe that all people come from the Creator. We are all bound to one another in a common origin in God.”

For its initial activities, the center will hold meetings twice yearly, each focusing on a different religion. The January program explored the experience of Muslim faculty and students at Loma Linda University Health.

Eba Hathout, MD, professor in the School of Medicine, shared her perspective during the program, along with other faculty and students. After describing the

Sara Haddad Tabrizi, center, shares her experience as a Muslim student at Loma Linda University. Joining Tabrizi on a panel discussion are Khwaja Arsalaan Ahmed, MD, a radiology resident, and Eba Hathout, MD, professor in the School of Medicine.



Jihad Turk, MA, from the Claremont School of Theology, shared the story of why he is a Muslim. Turk is president of Bayan Claremont, a seminary to educate Muslim scholars and religious leaders.



complete acceptance she has found at LLU, Hathout offered a call to her fellow Muslims:

“In these challenging times, which have wrenched our hearts with monumental attacks on our civil core and human dignity ... let us learn from the role model set by Adventists, a message of inclusion, healing, wholeness and service to all mankind.”

School of Public Health student Sara

Haddad Tabrizi was one of the panelists. She shared the deep embarrassment she felt as a Muslim following the Dec. 2, 2015, terrorist mass shooting in San Bernardino by radicalized followers of Islam. She initially felt too self-conscious to attend class.

“[But] days after, when I saw every kind smile of the people around me, it gave me confidence,” she said, noting that Loma Linda University makes it comfortable to be a student of another faith.

Other LLU students of various faiths have also found a welcoming atmosphere.

Mansi Sheth, a student from India who follows the Jain religion, said, “I love how Seventh-day Adventists work together in building such a positive atmosphere here at the University and Medical Center for everyone. I have friends in the dorm who are all Adventists, and they make me feel very much at home.”

She was relieved to find opportunities on campus for community service and religious activities that have enriched her, something she had been worried about before beginning her studies as a student in the School of Allied Health Professions’ post-professional master’s program in rehabilitation.

“Coming to this university has made me feel blessed to be surrounded by such loving and positive people,” Sheth said. “It feels like home.”

Sasha Silver, who is Jewish and studying for a master’s degree in nutrition and dietetics in the School of Allied Health

Professions, believes, “Faith can guide us through the most treacherous paths, can light the darkest nights, and help us overcome our deepest insecurities.”

Though she follows Judaism, Silver said attending Loma Linda has brought her closer to her faith than ever before.

While she doesn’t always relate to every part of the weekly chapel services, which all students are required to attend, Silver said she finds they are rooted in the same message she learned from her upbringing with the Torah:

“The teachings are of being kind, loving, strong, independent, passionate, determined and loyal.”

Central to the definition of a university is the exchange and understanding of diverse ideas, such as different religious beliefs, according to Jon Paulien, PhD, dean of the School of Religion and director of the Center for Understanding World Religions.

“Working or studying at Loma Linda University Health is a calling,” he says. “If God calls non-Christians to Loma Linda, then that is a spiritual gift to us. They can benefit us by testifying to what God has done in their lives.

“Furthermore, the surest way to people’s hearts is through their faith,” he continues. “We need to understand the hearts of our students and employees of other belief systems so that we can serve them appropriately.”

New
Diversity Council
works toward
inclusiveness
as a
spiritual
imperative



GOOGLE “DIVERSITY” AND FIND 362 MILLION

RESULTS. DEFINING IT, EMBRACING IT, IS ONE OF

THE MAJOR ISSUES OF OUR TIME. }

BY HEATHER REIFSNYDER



A



B



C



D



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“Diversity has come to mean many things in today’s slogan-laden world,” says Richard Hart, MD, DrPH, president of Loma Linda University Health.

As a Christian organization, how should Loma Linda offer inclusiveness in a world torn by ideological clashes?

“Loma Linda has a long-established commitment to accepting all people as children of God,” Hart says. “We define inclusiveness to cover the many variations of the human experience, whether ethnic, cultural, physical, faith-based or other.”

In 2016, Hart established a Diversity Council at Loma Linda University Health, tasked with creating an honest dialogue on campus to understand our differences, discover hidden biases, ensure respect in all circumstances and build on the strengths of a diverse body of students and employees.

This effort must have its bedrock in the divine love for all humans demonstrated by Jesus.

Council member Terry Swenson, DMin, campus chaplain, says the preamble to

diversity is “holding the foundational perception that we are all fundamentally the same — all are human and all deserve the rights and respect and love that goes with that. Our diversity is God’s creative expression.”

Fellow council member Nicceta Davis, PhD, associate professor in the School of Allied Health Professions, agrees: “My vision is that the love that Christ modeled will lead our community to seek to genuinely understand and appreciate differences.”

In addition to being the right thing to do, fostering diversity reaps other benefits.

“Diversity strengthens us when we accept the uniqueness of each individual and believe that different points of view will enrich us to think differently about issues,” says council member Farnoosh Zough, PharmD, assistant professor in the School of Pharmacy.

“Bright, talented individuals from different backgrounds can be a foundation for our success,” she says.

Diversity, then, is necessary

for the achievement of Loma Linda’s mission to continue the teaching and healing ministry of Jesus Christ.

“We must gain greater understanding of a variety of perspectives from as many people as possible,” says council member Lyndon Edwards, MBA, MHS, senior vice president for Loma Linda University Medical Center adult hospital services as well as Loma Linda University Behavioral Medicine Center and Highland Springs Medical Plaza.

Vice President for Graduate Medical Education Dan Giang, MD, says, “Having colleagues and classmates from diverse backgrounds helps remind each of us that our unconscious biases exist and are always a vast oversimplification of reality.”

After all, the world is gaining new understandings about chance vs. choice, nature vs. nurture, and the reality that genetic and social background powerfully impact perception and behavior.

But what about that perhaps most contentious element of diversity in Christianity —

Learn more at
llu.edu/diversity



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sexual and gender identity? Hart recently addressed this issue.

He said, "It seems to me that this is not a time for judgment, but rather a time for acceptance, a time for offering emotional support during a difficult journey. What better role can you and I play than to relate to LGBT+ individuals as part of the family of struggling human beings to which we all belong?"

Talk is not enough.

"I view diversity as an action rather than a concept," said Pedro Payne, PhD, director of community outreach and patient experience at Loma Linda University Medical Center East Campus and Loma Linda University Surgical Hospital. "Diversity is created when people reach a point in their social development where they can successfully interact with others who are different from them."

That is what Loma Linda University Health must do.

"It is absolutely critical for all individuals to understand that Loma Linda University Health will treat them with respect and equality," Zough said.

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First graduating cohort of San Manuel Gateway College

A DOZEN STUDENTS WILL EARN MEDICAL ASSISTANT CERTIFICATES WHEN LOMA LINDA UNIVERSITY HEALTH'S NEW SAN MANUEL GATEWAY COLLEGE HOLDS GRADUATION CEREMONIES FOR ITS FIRST GRADUATING COHORT IN JUNE. MORE IMPORTANTLY, THEY WILL JOIN THE WORKFORCE IN THEIR CHOSEN PROFESSIONS, WHICH UP UNTIL NOW WERE ONLY IMPOSSIBLE DREAMS.

The college, which opened in Fall 2016, is located six miles from Loma Linda University Health. It was made possible through a \$10 million gift to Vision 2020 – The Campaign for a Whole Tomorrow from the San Manuel Band of Mission Indians. The college offers San Bernardino area students training for entry level jobs in health-related fields. Education programs are integrated with clinical experiences, allowing San Manuel Gateway College students to work along side Loma Linda University physicians and students.

For Michelle Laboy, a 22-year-old single mother of two, San Manuel Gateway College has, “Opened my eyes to what was possible.”

Laboy had attempted to apply to several area colleges, but couldn't seem to meet the application deadlines and requirements. But when she applied to San Manuel Gateway College, everything seemed to fall into place. “This Christian-based school has definitely prepared us for the diversity in the world, and has prepared me for what's coming next,” Laboy said. “This is exactly where I needed to be.”

Laboy said she has found purpose in her life. “Before I had no main goals, but now I want to continue my education and get my AA, BA and RN degrees. I want to be able

to combine my two passions, journalism and clinical work. I want to write about the medical field.”

Eighteen-year-old Christopher Torres always dreamed of becoming a professional athlete — of playing sports his whole life. “This was a great opportunity,” Torres said.

“I grew up with not too much. My parents put up with a lot, and now I want to take care of them,” he said reflectively. “They are very happy I am in school, and doing well. I am very happy here.”

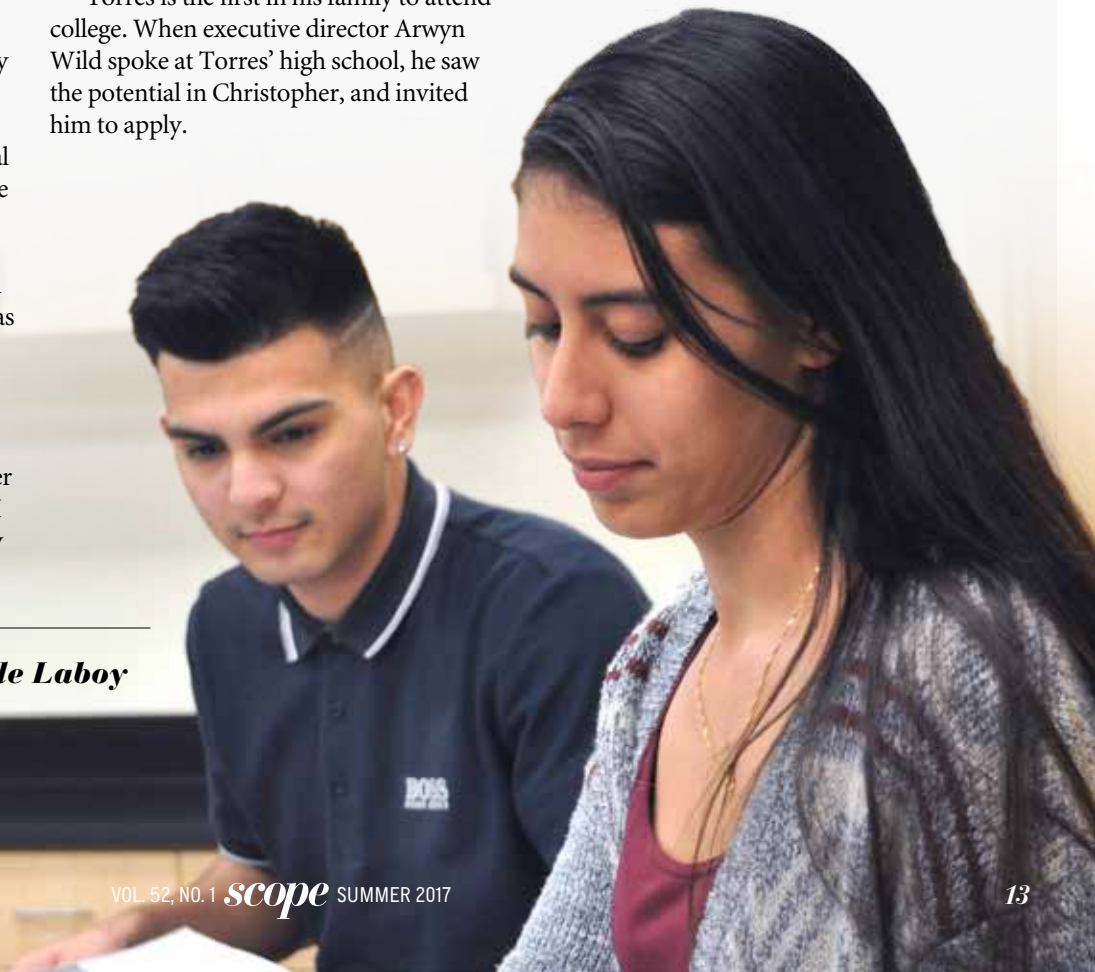
Torres is the first in his family to attend college. When executive director Arwyn Wild spoke at Torres' high school, he saw the potential in Christopher, and invited him to apply.

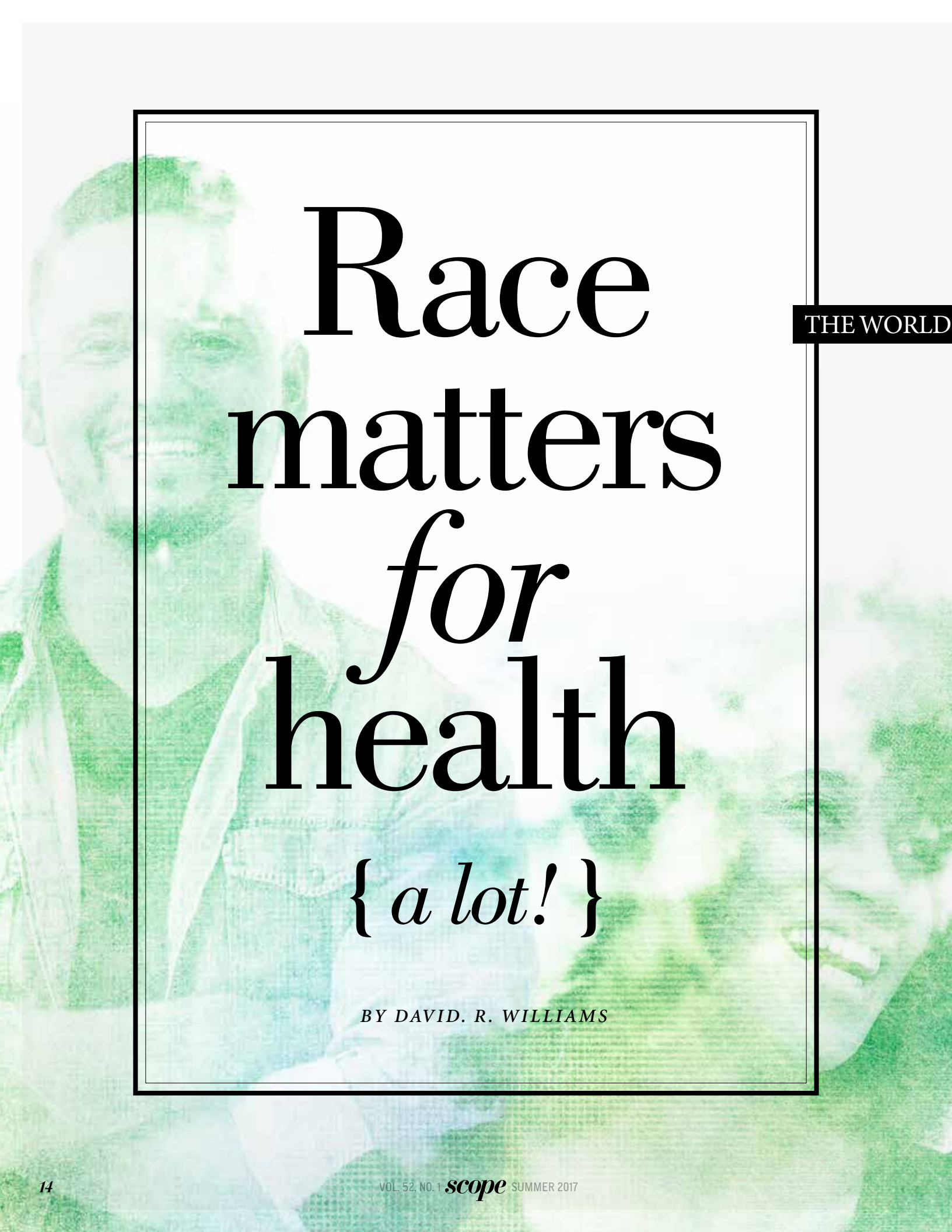
“I feel that every generation should get better and advance over the previous generation. I have learned so much over the past several months with clinical procedures and medical terms, but I also learned not to be shy. You might meet someone with connections that will help you with your future,” Torres said.

Torres credits the staff at San Manuel Gateway College for his success. “You can talk to anybody here, Mr. Wild, the teachers... you know they care about you. I feel that here.”

“I am pretty excited about the future. You have control of yourself,” said Torres. “San Bernardino has needed a place like this for a long time. This opportunity has changed my life for the better.”

Christopher Torres | **Michelle Laboy**





Race matters *for* health

THE WORLD

{ a lot! }

BY DAVID. R. WILLIAMS

WAS STIRRED WITH ALARM ON MARCH 8, 2014,

WHEN MALAYSIA AIRLINES FLIGHT 370,

WITH 227 PASSENGERS AND 12 CREWMEMBERS ABOARD,

DISAPPEARED FROM ALL RADAR TRACKING.

Nothing in the intervening time has brought consolation to those bereaved by that disappearance, or peace of mind to administrators of Malaysia Airlines.

The experience of such a loss of human life on a daily basis for an entire year would be regarded as an intolerable horror demanding to be both explained and halted, particularly if the daily loss was every day suffered by the same airline with passengers all from the same country. This truth gives but a partial idea of the tragedy of racial differences in health in the United States. Not 239 but 265 Black (or African American) people die prematurely every day, a total of almost 96,800 deaths recorded per year that would not be if Blacks had the same death rates as Whites.

The weather of disease

Not only are the death rates for Blacks elevated for most of the leading causes of death, but Blacks get sick at younger ages, have more severe illnesses, experience poorer quality of care, and die sooner than Whites. In a classic study, Professor Arline Geronimus of the University of Michigan analyzed national data to study the relationship between a mother's age at the birth of her first child and health outcomes for her baby. Most people would expect infant death rates to be lower if a woman waited until her 20s to become a mother. Professor Geronimus found that infant mortality was lower for White and Mexican American women who had their first baby in their 20s compared to those who were teen moms. Stunningly, the opposite was true for Blacks and Puerto Ricans who lived in the continental United States. Among these women the infant mortality rate was lower among 15- to 19-year-olds than for those women who delayed having their first baby until they were in their 20s.

Geronimus proposed the “weathering hypothesis” to make sense of these findings. It argues that for minority group members living in bad environmental conditions, chronological age captures not only how long they have lived, but also the length of exposure to unhealthy environmental conditions, the cumulative adverse impact of exposure to these multiple social disadvantages, and therefore how physiologically compromised the human organism has become.

Research reveals that compared to Whites, Blacks are more likely to experience major hardships, conflicts, and disruptions such as crime, violence, material deprivation, loss of loved ones, recurrent financial strain, relationship conflicts, unemployment, and underemployment. Scientific evidence also indicates that the wear and tear because of exposure to chronic stressors is consequential for health.

Recent studies provide striking examples of early health deterioration of Blacks. A multicity study found that new cases of heart failure before the age of 50 were 20 times more common in Blacks than Whites. Other studies show that Blacks require dialysis or a kidney transplant at younger ages than Whites and have a

The limits of biology

higher incidence of end-stage renal disease at each decade of life. Hypertension also occurs earlier in Blacks than Whites, with 63 percent of Black persons age 60 or younger having hypertension compared to 45 percent of Whites.

This accelerated aging among Black adults is evident across a range of biological systems. One national study found a 10-year gap in biological aging between Black and White adults. This study used a global measure of biological dysregulation that summed 10 indicators of subclinical status (such as blood pressure, inflammation, glycated hemoglobin, albumin, creatinine clearance, triglycerides, and cholesterol). It found that at each age group, Blacks reached a biological profile score that was equivalent to that of Whites who were 10 years older!

Researchers have also used telomere length as an overall marker of biological aging at the cellular level. (Telomeres are sequences of DNA at the end of the chromosome that protect against DNA degradation.) A study of middle-aged women found that at the same chronological age Black women had shorter telomeres than White women that corresponded to accelerated biological aging of Black women of about 7.5 years.

Group differences in hypertension offer a good illustration of the limits of biology to explain America's persistent racial disparities in health. The important role of genes as determinants of health led some to explain racial differences in health as a matter of underlying genetics, with the large Black-White differences in hypertension in the U.S. seen as exhibit A.

However, an international comparative study of hypertension among West Africans in Africa and persons of West African descent in other contexts found a stepwise increase in hypertension as one moved from rural to urban Africa, to the Caribbean, and then to the U.S. Persons of African descent in the U.S. had hypertension levels that were twice as high as Blacks in Africa. Instructively, Whites in the U.S. have higher rates of hypertension than Blacks in Africa. Again, African Americans have higher rates of hypertension than Whites in some European countries such as Sweden and Italy, yet have lower levels than Whites in other European countries such as Germany and Finland. These patterns highlight the potential of social, cultural and environmental factors as contributors to health.

More than socioeconomic inequality

Although racial differences in SES account for a substantial part of the racial differences in health, racial disparities in health typically persist, although reduced, at every level of SES.

Consider the data on life expectancy at age 25. The average White adult at age 25 will live five years longer than the average 25-year-old African American. However, for both Blacks and Whites, the gap in life expectancy by education is larger than the overall Black-White difference. College-educated Blacks and Whites live 5.3 and 6.4 years longer, respectively, than those who have not graduated from high school. For both racial groups, as education increases, health improves in a stepwise manner. But there are Black-White differences in life expectancy at every level of education, with these differences being larger for Black and White college graduates (4.3 years) than for those who have not completed high school (3.4 years).

Persistence in health disparities

Life expectancy data illustrates the persistence of racial disparities in health over time. In 1950 Blacks had a life expectancy at birth of 60.8 years compared to 69.1 years for Whites. Life expectancy has improved for both groups, so that according to 2010 data, the racial gap has narrowed to be only half (about four years) of what it was in 1950. However, a four-year gap in life expectancy is large. It took Blacks until 1990, some 40 years later, to achieve the level of health Whites enjoyed in 1950, and current estimates are that it would take more than 40 years to close the current four-year gap between Blacks and Whites.

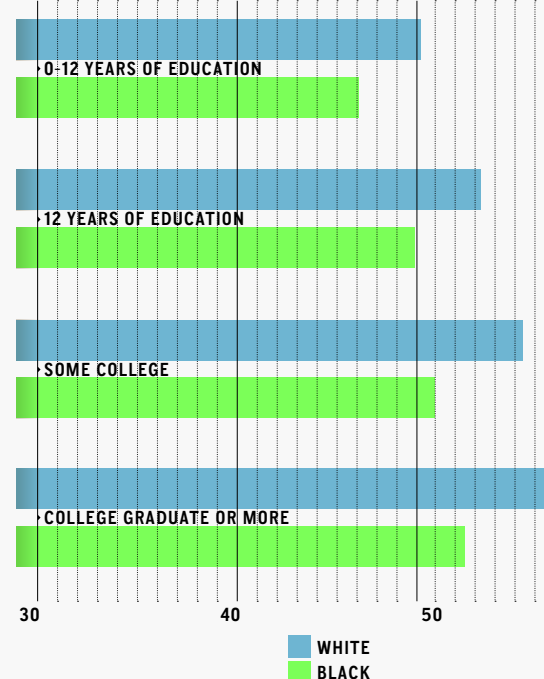
Race, economic status, and health

Recent reports from the U.S. Census Bureau document that racial differences in socioeconomic status (SES) remain large. In 2013, for every dollar of income White households received, Hispanics earned 70 cents and Blacks earned 59 cents. Incredibly, back in 1978 Blacks also received 59 cents for every dollar that Whites earned.

Even more stunning is the category of racial differences in wealth: in 2011 Black households in the U.S. had six cents of wealth and Hispanic ones seven cents for every dollar of wealth that Whites had. Because SES is among the most consistent determinants of variations in health in the world, these large racial differences in SES are important contributors to racial disparities in health.

National Mortality Study 1988-1998

LIFE EXPECTANCY AT AGE 25



God's vision

The Scriptures are clear that God wants His children to enjoy good health (3 John 2). But for many African Americans, other economically disadvantaged and socially stigmatized populations in the U.S., and nondominant racial/ethnic groups in other societies such as Australia, Brazil, Canada, New Zealand, South Africa, and the United Kingdom, challenges in terms of health are quite similar.

Moreover, Americans overall are far less healthy than we could or should be. A 2013 Institute of Medicine report indicated that even college-educated Americans with healthy behaviors and health insurance had worse health than their peers in other industrialized countries. The witness of Seventh-day Adventists through the health message that God has been calling His children to live and to share for more than 100 years would be timely just now. Adventists should seriously embrace, practice, and implement those principles of comprehensive health ministry as outlined in Isaiah 58.

It would mean that as we give sustained and appropriate attention to enhancing the physical and mental health of all, we would contribute to reducing the large gaps in health by race/ethnicity and socioeconomic status.

—David R. Williams, PhD, MA, MDiv, MPH, is the Florence Sprague Norman and Laura Smart Norman Professor of Public Health at the Harvard T.H. Chan School of Public Health and Professor of African and African American Studies and of Sociology at Harvard University. He is also an alumnus and board member of Loma Linda University Health.

A VERSION OF THIS ARTICLE ORIGINALLY APPEARED IN *ADVENTIST REVIEW*.

Racism

Impressive evidence documents the persistence of discrimination in U.S. society. In one study two Black males and two White males were given identical résumés and sent to apply for advertised jobs. One of each pair indicated that he had served a prison sentence for cocaine possession. The study found that whether Black or White, if one had a criminal record he was less likely to be called back for a job. Stunningly, the study also found that a White male with a criminal record was more likely to be offered a job than a Black male with a clean record. Research has documented racial discrimination in virtually every area of life.

Racial discrimination affects African American health in multiple ways.

First, a landmark report entitled *Unequal Treatment*, from the Institute of Medicine in 2003, documented that pervasive discrimination in medical care in the U.S. leads to fewer procedures and poorer quality medical care for Blacks and other minorities compared to Whites. These inequalities in care contribute to racial disparities in the severity and course of disease.

Second, residential segregation by race, a historic legacy of institutional racism, has resulted in most Blacks and Whites in the U.S. living in areas that vary dramatically in neighborhood quality and living conditions. Where one lives in turn affects access to quality education, employment opportunities, and medical care.

Third, minority group members are aware of at least some experiences of discrimination, and such incidents have been shown to lead to increased risk of a broad range of disease outcomes, preclinical indicators of disease (e.g., inflammation, visceral fat), and health risk behaviors.

S

INDIO OUTPAT

SINCE OUR BEGINNING, Loma Linda University Children's Hospital has served as the provider of choice for children of the Coachella Valley. To support the robust growth of the Coachella Valley, we are excited to announce our plans to open a new outpatient pavilion conveniently

**PEDIATRIC
POPULATION IN
COACHELLA VALLEY:
128,577**

Scott Perryman
SENIOR VICE PRESIDENT AND ADMINISTRATOR, LLUCH

**LOCATED IN
DOWNTOWN INDIO**



**SPECIALIZED
PEDIATRIC CARE IN A
CLINIC SETTING**

**SAC HEALTH SYSTEM TO
PROVIDE PRIMARY CARE**

**LOMA LINDA UNIVERSITY HEALTH
HAS BEEN SERVING CHILDREN
FROM THE COACHELLA VALLEY
FOR OVER 30 YEARS**

**OVER 17,000 PEDIATRIC IN- AND
OUTPATIENT VISITS WERE MADE FROM
THE COACHELLA VALLEY TO LOMA LINDA
UNIVERSITY CHILDREN'S HOSPITAL OVER
THE LAST 10 YEARS**

IENT PAVILION

located in downtown Indio. Children will be able to receive specialized pediatric care in an outpatient setting for conditions that are prevalent in the Coachella Valley. We are also teaming up with SAC Health System to offer comprehensive primary care regardless of insurance coverage.

“WE ARE SO EXCITED TO BE EXTENDING SERVICES TO THE COACHELLA VALLEY. WE BELIEVE THIS WILL JUST BE A FIRST STEP, AND A VERY IMPORTANT STEP, TO EXPANDING WHAT WE DO TO SERVE THE CHILDREN IN THE COACHELLA VALLEY.”



SIGNIFICANT POPULATION GROWTH EXPECTED OVER THE NEXT 10 YEARS

CURRENTLY ONLY ONE DOCTOR FOR EVERY 9,000 RESIDENTS IN THE COACHELLA VALLEY

THE NEW PAVILION WILL ACCOMMODATE AS MANY AS 60,000 UNIQUE VISITS EACH YEAR

THE PAVILION WILL OFFER MORE THAN 40 EMPLOYMENT OPPORTUNITIES FOR LOCAL RESIDENTS

CURRENT PLANS INCLUDE PRIMARY CARE, DENTISTRY, URGENT CARE, GENERAL PEDIATRICS, IMAGING, LAB SERVICES AND A PHARMACY

FUTURE SERVICES MAY INCLUDE: PULMONOLOGY, NEUROLOGY, CARDIOLOGY, ENDOCRINOLOGY AND PHYSICAL THERAPY

Loma Linda University *Health professor's* *campaign to end dangerous* *health disparities* BY JAMES PONDER

**SUSANNE MONTGOMERY, PHD, MPH, MS, IS ON
A MISSION TO ELIMINATE HEALTH DISPARITIES.**

TO DO THAT, Montgomery—associate dean for research at the Loma Linda University (LLU) School of Behavioral Health, and professor at the LLU schools of Medicine and Public Health—conducts collaborative, community-based research and shares her findings with the people most affected by them.

Defined as inequalities in health between minority communities and mainstream American society, disparities are nothing new to Montgomery. She's been studying them since graduate school at the University of Michigan.

Now in her 23rd year at LLU, Montgomery is conducting two studies seeking to discover a link between hair care products and increased breast cancer mortality rates in African American women; the second is searching for the causes of elevated prostate cancer mortality rates in African American men.

In the first study, Montgomery's team collaborated with Healthy Heritage and Quinn Community Outreach Corporation to investigate concerns within the black community about cosmetic products and breast cancer. Funded by the California Breast Cancer Research Program, the study explored the issue from the perspective of African American women.

In a related sub-study, Montgomery and colleagues visited Inland Empire hair salons and stylists catering to African Americans and compiled a list of ingredients in 52 popular shampoos, conditioners, coloring agents, dyes, permanents, and hair relaxers. They analyzed the list using the Environmental Working Group's Skin Deep® Cosmetics Database of potentially harmful chemicals.

"Mortality rates due to breast cancer are highest in African American women com-

pared to all other groups in the United States," Montgomery reports. "The mortality rate for African Americans under age 50 is nearly twice that of other women in the same age range."

The team found that many popular hair care products contain ingredients listed in the highest health hazard category. Could this be the smoking gun responsible for the premature deaths of thousands of African American women?

Possibly. In their article, "A review of hair care product use on breast cancer risk in African American women," Montgomery and colleagues found that some tested products contain estrogen- and endocrine-disrupting chemicals implicated in breast cancer.

"Hair is a culturally complex issue for Black women," Montgomery observes. "Many feel the need to manage their hair to a European beauty standard, but the potential results are truly troubling.

"Before you use aggressive hair straighteners, dyes, bleaches, and similar products," she cautions Black women, "consider the evidence and ask whether the risk is worth it."

In the second study, Montgomery teamed up with Carlos A. Casiano, PhD, professor and associate director of the Center for Health Disparities and Molecular Medicine at LLU—a National Institutes of Health (NIH) Center of Excellence—to discover why the death rate from prostate cancer is more than twice as high for Black males as Whites.

"African American men have the highest rate of prostate cancer in the world," Montgomery reports. "Most treatment recommendations are based on procedures that are effective for White men, but Black men present differently regarding this disease. Not only do they get it earlier in life, but it is also more

aggressive and treatment-resistant for them. As a result, treatment modalities that work well for Whites may not work effectively for African Americans.”

Montgomery cites the ‘watchful waiting’ policy as an example. “The idea of monitoring prostate cancer without treating it works well for most White men,” she reports. “In Whites, the disease is usually very slow moving and men who get it often die from other causes before it reaches the danger zone. But that’s not true for Blacks.”

The recommended procedure of tracking the level of PSA, a protein produced by the prostate gland, is also more effective for Whites than Blacks. Whites usually experience a slow rise in PSA, but Blacks are subject to abrupt spikes, often without warning. They may also experience PSA suppression due to obesity.

“Black men tend to be more overweight than White men,” Montgomery remarks. “Obesity lowers PSA artificially so Blacks are susceptible to lower PSA readings than are actually indicated. We’re currently looking for an alternative prostate cancer test for Black men.”

The pair is also testing whether stress plays a role in heightened levels of breast and prostate cancer in Blacks. Even after differences in education, income, and access to health care and insurance are eliminated, there is still an elevated incidence of both cancers among Blacks.

Montgomery, Casiano, and colleagues suspect psychosocial stressors may be involved. They have recently begun hosting health fairs in collaboration with the African American community. At fairs in Riverside, California, and Brooklyn, New York, they collected more than 500 blood samples that will be used to evaluate various markers for inflammation, stress, and prostate cancer risk. They hope future studies will lead to better screening tests and treatments.

“There is ample evidence that African Americans experience systematic health disparities,” Montgomery concludes. “We believe biological stress markers can lead us to the causes of these disparities. That is our goal.”



Questions and answers on workforce diversity with Lyndon Edwards

LYNDON EDWARDS, MBA, MHS, senior vice president of Loma Linda University Medical Center Adult Hospital Services, believes diversity goes beyond gender, ethnicity and socio-economics to include everything that contributes to individuality.

In 2014, the California Diversity Council honored Edwards as its Distinguished Health Care Diversity Advocate, and he served as chair of the diversity council for the Health Care Executives of Southern California in 2015.

Under his leadership, Loma Linda University Medical Center East Campus was awarded the National Research Corporation's Path to Excellence Award in 2014 and Loma Linda University Surgical Hospital received a Leapfrog Top Teaching Hospital Award in 2016.

Edwards has worked in health care management for more than 20 years, integrating process and patient experience improvements. He previously worked as an executive at the University of Florida Health System in Gainesville before moving to Loma Linda in 2012.

In this interview, Edwards highlights the point that even though diversity is imbedded in the organizational values of Loma Linda University Health, it must be extended throughout the enterprise until every employee, faculty member and student knows that they are included and valued.

BY JAMES PONDER

Q: *What is workforce diversity and why is it important to the mission of Loma Linda University Health?*

A: Workforce diversity recognizes that a variety of backgrounds, perspectives, and approaches leads to better communication in health care, employment, and education. It encompasses an added dimension because of our mission to continue the teaching and healing ministry of Jesus Christ to make man whole. Whole person care takes us beyond what's going on with patients clinically to a concern for the entirety of each patient's being. The principle also applies to our colleagues in the workplace and our students. Loma Linda University Health has always been more than a workplace; it is a community. Our challenge is to make that community as welcoming and inclusive as possible.

Q: *Diversity includes ethnicity, gender, socioeconomic, sexual orientation, age, health, religious beliefs, political convictions and education. Are other factors involved?*

A: Diversity includes all the things that influence how we see the world and how others see us. For example, I am the

first of four children in my family, and that impacts how I view my place in the world. These elements influence our worldview and make us each unique. The number one thing we can do as a community is to ensure that people feel comfortable in having frank discussions about these issues.

Q: *Diversity has become increasingly visible since the civil rights, women's rights, and sexual rights movements of the 1960s. When did it gain momentum here?*

A: Diversity has been important here for a while. In 2016, Dr. Hart formed a system-wide Diversity Council and made it clear that diversity is important through his decision to chair the council. The group is a cross-section of leaders tasked with developing a platform for discussing diversity and recommending initiatives wherever there are opportunities for improvement.

Q: *How is diversity regulated by the government?*

A: We are required to track and submit data to the Equal Employment Opportunity

Commission (EEOC) on gender and racial/ethnic diversity by job category for all our hospitals. There are mandated affirmative action programs in place for women, minorities, workers with disabilities and veterans. Tracking has shown that we need to increase recruitment of females and minorities in the service worker and technician categories.

Q: *What types of structures and attitudes are important to promoting diversity?*

A: The Diversity Council is a significant step towards maintaining a healthy climate for diversity. We are working to provide 'safe' opportunities for individuals to discuss challenging and sometimes uncomfortable issues. Diversity Council members are sounding boards for anyone on campus who has specific issues or concerns. We will eventually provide training to increase the cultural competency of employees and students to help them successfully navigate the challenges of working and learning in a diverse environment. The attitudes that are needed are embedded in our organizational values of teamwork, compassion, and wholeness. It's important for us to gain awareness of how unconscious bias impacts our thoughts and actions.

Q: *How will we know when we're succeeding?*

A: Success will not necessarily be measured in numbers. The racial and gender distribution of our workforce are important metrics that tell us something, but not everything. I will feel that we're making progress when LLUH is not only known for its faith-based mission and values, its impressive educational programs and medical services, but is also regarded as a place that values and promotes inclusiveness in our workforce and student population.

Q: *What guidelines do we use to ensure compliance with diversity when it comes to sexual orientation or gender dysphoria?*

A: We are committed to compliance with all equal opportunity laws. Our mission and values are the drivers of how any individual is treated, regardless of sexual orientation. Dr. Hart recently assigned all members of the Diversity Council to read a book by Mark A. Yarhouse titled *Understanding Gender Dysphoria: Navigating Transgender Issues in a Changing Culture*. It has been very helpful in understanding this issue in the context of religion and the psychology associated with this condition. The challenge for us going forward is to make LLUH a comfortable and nurturing place for individuals who may not feel automatically comfortable in our community. We're taking important steps in that direction.

Q: *Can you provide a statistical snapshot of workforce diversity at Loma Linda University Health today?*

A: Here's a snapshot by the categories we track (Source: Human Resource Management):

ETHNICITY

White	40.6%
Hispanic/Latino	29.2%
Asian	19.5%
Black/African American	7.4%
Two or more races	2.5%
Native Hawaiian or Pacific Islander	0.5%
American Indian or Alaskan Native	0.3%

GENDER

Female	72%
Male	28%

Q: *What do you find personally exciting about the concept of diversity? What is the one thing that is top of your mind when it comes to workforce diversity?*

A: To me, diversity is exciting because it's really about people, and people fascinate me. I'm excited that we're having the discussion on campus about inclusiveness and how to build a community that best represents our values and promotes our mission. Jesus taught us, through His words and actions, that His ministry required fellowship with people of various backgrounds and cultures. It's an amazing blessing to be part of Jesus' mission here at LLUH. Top of mind for me when it comes to workforce diversity is articulating the case for why this is an important discussion on our campus and educating our leadership on how to be mindful of diversity in their hiring and promotion decisions.

Diver disp



BY HEATHER REIFSNYDER

iversity solves parities



PHD STUDENT AND RESEARCHER
JENNIFER LICERO CAMPBELL FINDS
THAT DIVERSE GROUPS OF SCIENTISTS
CAN BETTER FIND SOLUTIONS
TO HEALTH DISPARITIES.

“
*I love science.
I love helping people.
And I want to help
cure disease.*
”

JENNIFER LICERO CAMPBELL has known this to be true since eighth grade, when she volunteered on a pediatric oncology ward at MD Anderson Cancer Center in her hometown of Houston, Texas.

As a PhD student in anatomy with a focus on neuroscience, Campbell conducts research in the Loma Linda University Center for Health Disparities and Molecular Medicine. Her doctoral project examines the inflammatory response following spinal cord injury, looking for ways to prevent or reduce paralysis through early intervention.

What does such a subject have to do with diversity?

The center exists to research medical discoveries that are applicable to people of all demographics, including minorities and medically underserved populations — people who often disproportionately suffer the burden of disease.

“We ask ourselves ‘Can this research apply to all people? If not, how can I tailor it to do so?’” Campbell said.

The center’s staff includes people of many origins, something Campbell believes is essential to making discoveries that can help the spectrum of human diversity.

“People of different backgrounds and mindsets bring different questions to the discussion, which can lead to new avenues of research and diversification of scientific thought,” she said. “For a very long time, science didn’t have this much diversity.”

Also essential to scientific inquiry, in Campbell’s mindset, is the ethos to be an honest caretaker of knowledge — and to recognize that knowledge isn’t everything. She said her relationship with Jesus completes her.

Campbell will graduate in 2018 and then complete a postdoctoral fellowship before formally beginning an academic career in teaching and research.

“I’m really happy living my life this way, discovering and constantly thinking,” she said.

Gender Dysphoria: *Response of the faith-based community*

What is gender dysphoria

Gender dysphoria is a term that describes a conflict between an individual's anatomical gender and the gender with which he or she most identifies. The term *dysphoria* refers to a feeling of dissatisfaction, distress, unease, and dissatisfaction with life. This conflict can lead to a number of complications for the person experiencing it, including feelings of being trapped in his or her own body, of not belonging, difficulties with peer-to-peer interactions with the same or opposite sex, and even extreme self-hatred.

It should be made clear that gender dysphoria is not necessarily concurrent with or the same as a disorder of sexual development or sexual orientation. In other words, it does not mean the person is gay/lesbian (Parekh, 2016). Gender conflict certainly can affect the ways people express their gender however, and can clearly influence the ways in which they behave toward those around them, leading to misunderstanding and confusion for everyone involved. Some may cross-dress, for example, while others may go to much greater extremes.

Who experiences gender dysphoria

Sometimes gender dysphoria is noticed, if not diagnosed, in childhood; at least many individuals report experiencing struggles earlier rather than later in life. Children sometimes express a desire to be the opposite gender or refuse to wear clothes or play with toys typical of their birth gender. The problem tends to be long-term and chronic.

While the specific etiology, or cause, is not universally agreed upon or even understood, diagnostic criteria for both children and adults are moving away from older "gender identity disorder"

descriptions detailed in previous editions of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM) and are more geared toward cross-gender identification, discomfort with the person's own sex or gender role, and the significant distress in functioning because of these.

While classifications in the medical books may have changed over the years, the internal pain and distress caused by gender dysphoria has not; the distress, life dissatisfaction, depression, anxiety, and mental stress and discomfort experienced are real and painful indeed.

Response of the faith based community to those struggling with gender dysphoria

Now that we have a very basic idea of what gender dysphoria is (and is not), the question of *response* remains to those of us in the faith based community. Whether we know it or not, we all have people in our lives who are entrenched in the conflict that gender dysphoria entails. Those struggling with this issue include our brothers and sisters, our sons and daughters, our friends and colleagues, even if we aren't aware of their inner turmoil and conflict. They are often those sitting next to us in class or at the office, those we see at occasional family gatherings, or even on the pew in church; all too often, we just haven't looked, or taken the time to really *be* with one another, long enough to notice.

While we struggle with our own conflicts that arise from what we see *on the outside*, let us remember that each person we encounter is created in the image of the God Who sees us inside first, whether that looks the way we think it should or not. There certainly will

BY PAMELA R. PEREZ, PHD

*Former assistant professor of biostatistics
and research at the Loma Linda University
School of Allied Health Professions.*



be no end to the physical and psychological pains that cause us suffering, confusion and distress this side of heaven, including those concerning gender identity, but it is important to face our questions regarding these things head on but always in a spirit of humility, compassion, and willingness to listen and learn.

A final word

In our diverse society, and in a world reeling from the pain of how to deal with it all, we must decide what part we will play in the lives of those who are different than we oftentimes expect or think they “should” be. We must carefully consider how our response could impact those around us on a personal, professional, spiritual, and even an eternal level, and then faithfully pray for the wisdom, grace and strength to make a difference for good in one another’s lives.

While it’s clearly vital to stand in and for the Truth of God, it is also vital to do so in the Love of God, and always in a way that communicates respect, dignity, and a picture of Who God is and what He is like.

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Uncovering unconscious biases

FINDINGS COULD BENEFIT DIVERSE POPULATIONS BEYOND THE UNITED STATES

ACCORDING TO PATRICIA FLYNN, PhD, MPH, unconscious bias — which she defines as “bias in favor of, or against, another person or group that we are unaware of” — affects nearly everyone on the planet. “Biases,” she says, “emerge from our cultural or socially shared beliefs and stereotypes about groups. Problems arise when we apply these cultural stereotypes to individuals from those groups.

“Unconscious or implicit bias happens automatically, outside of our control, much like a habit,” she continues. “We accumulate it from life experiences, from television, books, advertising, the media and society at large. It affects the way we think, feel, and treat others, especially when we do not have other information to go by. We project bias on the basis of race, ethnicity, gender, class, sexual orientation, religion, weight, disability, and skin color even when we are unaware we’re doing it.”

Flynn says physicians are not exempt. “They are equally likely to have unconscious biases as members of the general public. This is not surprising

since biases are more likely to emerge under conditions of stress, time constraints, and ambiguity, which are all very common in health care.”

Bias may be subtle, but it is noticed and felt by patients.

“Nonverbal behaviors are particularly important to members of socially disadvantaged groups,” she reports. “Things like eye contact, blinking, body language, emotional tone; even the duration of interactions. All these things inadvertently communicate bias.”

In a 2002 study on interracial interaction, Dovidio, Kawakami, and Gaertner found that African American study participants reported different impressions of the interaction than their White counterparts.

“White participants felt the interactions had gone great,” she notes, “but the African Americans didn’t agree. They had picked up on these subtle, nonverbal forms of bias.”

A 2012 investigation by Sabin and Greenwald tested whether bias influenced how physicians make medical treatment decisions. The findings revealed that pediatricians treated Black



children the same as White children when urinary tract infections, attention-deficit hyperactivity disorder, and asthma were involved, but tended to give African American children lower amounts of pain medication than White patients. Do White physicians think Black children are tougher than White kids? That they exaggerate

symptoms? Flynn says more study is needed.

She cites a 2016 study by Penner et. al. titled “The Effects of Oncologist Implicit Racial Bias in Racially Discordant Oncology Interactions.” The study—published in the *Journal of Clinical Oncology*—found that cancer physicians who scored higher in implicit racial bias than their peers spent less

BY JAMES PONDER

To help people become aware of their own biases, Flynn suggests they take one – or several – of the implicit associations tests available online at the Harvard University website: <https://implicit.harvard.edu/implicit/takeatest.html>



In Flynn’s dual roles as director of health disparities research and training for the Teaching Health Center grant at the SAC Health System in San Bernardino, and assistant clinical research professor of psychology at Loma Linda University Health, she conducts research and trains psychology students and resident physicians from the departments of family medicine, pediatrics, and psychiatry to recognize and reduce their unconscious biases.

Flynn says bias can prevent underserved communities from getting the optimal quality of care they need.

With her colleague Hector Betancourt, PhD, MA, professor of psychology at Loma Linda University School of Behavioral Health, and doctoral students from the culture and behavior laboratory, Flynn researches the impact of unconscious bias on underserved communities.

Findings from an American Cancer Society study conducted in San Bernardino County revealed that 79 percent of Latino American and 73 percent Anglo American women reported perceived healthcare discrimination due to their income,

education, and ethnicity.

“What is interesting,” Flynn observes, “is that these experiences of unfair treatment actually contributed to the development of their own cultural biases and negative beliefs about health care providers.”

Flynn presented this research at the annual meeting of the Society of Behavioral Medicine, which took place in San Diego in March.

“Physicians who have not received training in cultural competence, cultural communication, and health disparities may have a more difficult time working in racially and ethnically diverse clinics and hospitals,” she informs. “But training them to recognize and reduce their own unconscious biases and to be more culturally competent is a great way to keep them working in these settings, where their services are most desperately needed.

“Having an implicit bias does not make you a bad person,” Flynn says. “We all have them. Fortunately, unconscious biases are malleable. Once you take the test and discover that you have an unconscious bias, there are

evidence-based strategies you can use to minimize your biases and ensure that you are treating others equally, with kindness and dignity. The first step is awareness.

“The second step is to put yourself in the other person’s shoes,” she continues. “For example, suppose you’re a White physician and your patient is an elderly Black male. Stop and wonder, ‘What is his life like? What is it like for him to grow up in this society? What are the barriers that may get in the way of his health? What would it be like to be him for a day?’

“The third step is to get to know your patient better,” she adds. “Ask questions. Try to see him or her as an individual. Practice cultural competence skills by eliciting the patient’s cultural beliefs, values, norms, and practices. With a little effort, we can all do better in reaching out to people who are different from us.”

Flynn concludes on a note of optimism.

“We have very compelling research coming out of the culture and behavior laboratory demonstrating the effectiveness of these approaches.”

time with Black patients than White patients.

Significantly, both patients and trained observers rated these same interactions as less patient-centered and supportive. As a result, patients had more difficulty remembering things their doctors told them, less confidence in recommended treatments, and greater difficulty following their doctors’ orders.

Diversity *in the* Adventist Health Study

STUDIES OF THE HEALTH OF SEVENTH-DAY

ADVENTISTS HAVE A LONG HISTORY AT LOMA LINDA

UNIVERSITY, GOING BACK MORE THAN 50 YEARS.



BY MICHAEL J. ORLICH, MD, PhD,
INVESTIGATOR

THE ADVENTIST MORTALITY STUDY (AMS, from the 1950s and 1960s) and the Adventist Health Study – 1 (AHS-1, from the 1970s and 1980s) helped establish that Adventists are a relatively healthy and long-lived group and that particular lifestyle factors likely play an important part in conferring these advantages.

These earlier studies, while very important and impactful, were limited in size and in the diversity of participants. Adventist Health Study – 1, for example, was limited to about 34,000

diverse study population. We recruited approximately 96,000 study participants throughout the United States and Canada between 2002 and 2007, making this study almost three times as large as the previous one. This provides much more power to examine important questions about which dietary and lifestyle factors may impact the risk of chronic diseases like cancer.

In addition to being larger, AHS-2 is more diverse than its predecessors. The greatly expanded geographic diversity potentially enhances the applicability and relevance of study findings to the U.S. (and Canadian) population as a whole, by measuring dietary and lifestyle practices, risk factors, and disease occurrences that vary regionally.

In addition to the geographic diversity of a national sample, AHS-2 was designed to be more racially diverse. A concerted effort was made to recruit a large number of Black participants, including African Americans as well as those of recent Caribbean and African origin. This is in recognition that Blacks, a large and important minority population in the U.S., have often been underrepresented

in scientific studies of health and disease. This is problematic, because findings from predominantly White populations may not always apply to Black populations. In addition, certain health conditions may disproportionately affect the Black community. It is therefore of great importance to address such health disparities by studying the conditions in the affected population.

To address these concerns, a conscious effort was made to recruit Black Adventists into AHS-2. A partnership with Oakwood University and the support of the leadership of the Seventh-day Adventist Church’s regional conferences in North America was critical to this effort.

R. Patricia Herring, PhD, a professor in the LLU School of Public Health, has been a key leader in successful efforts to recruit and retain Black members of AHS-2. Her work and that of other colleagues, consultants, and supporters led to the enrollment of approximately 26,000 Black participants in AHS-2, about 27 percent of the total cohort. Dr. Herring and colleagues have published several scientific papers that describe effective methods of communication and recruitment in this important minority population^{1,2}. Future research studies among Blacks or other minority groups may benefit from the lessons learned by AHS-2 researchers regarding

strategies for recruitment and engagement.

Having a large number of Black participants in AHS-2 has led to a number of scientific publications specifically examining the potential health impacts of certain lifestyle practices among Blacks. For example, Dr. Gary Fraser, principal investigator and director of AHS-2, and colleagues published a paper in 2015 in the journal *Public Health Nutrition* that looked at connections between vegetarian diets and cardiovascular disease risk factors among the study’s Black participants. Black vegetarians were found to have lower rates of obesity, hypertension, diabetes, and high cholesterol than their Black non-vegetarian counterparts³.

Dr. Pramil Singh, associate professor at the School of Public Health, and colleagues published a paper in 2014 reporting that among Black participants of AHS-2, obesity was strongly related to premature mortality, with normal-weight participants enjoying, on average, about six more years of life than their more obese counterparts⁴.

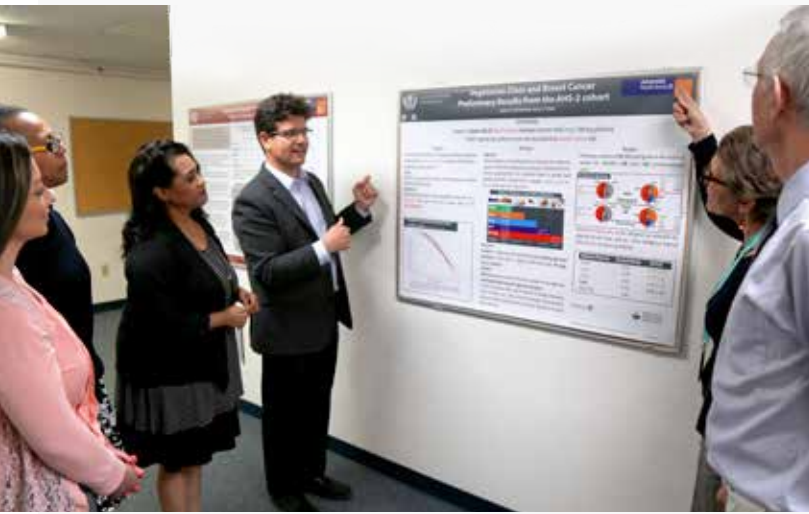
Other scientific publications from AHS-2 do not focus on Black participants in particular. But wherever possible results for Black and non-Black participants are reported separately, as well as for all participants combined. Even with the larger size of AHS-2



Seventh-day Adventist Church members from California, with little minority representation.

Adventist Health Study – 2, also known as AHS-2, began in 2001. It was planned to build on the successes of the earlier work by recruiting a larger and more

PHOTO BY JAMES PONDER



Michael Orlich, MD, PhD, and R. Patricia Herring, PhD, left of Orlich, discuss with visitors findings of a study on vegetarian diets and breast cancer.

and the substantial proportion of Black participants, our ability to accurately study the risks of less common conditions among Blacks is still limited. In these cases, AHS-2 is making an important contribution to studies of such health conditions in the Black community by participating in pooling projects of the National Institutes of Health, which combine and analyze data from Black participants in multiple studies.

These have led to publications examining the risk of overweight and obesity with several types of cancer in Black populations. A scientific article currently under review, which we expect to be published this year, will compare rates of occurrence of several common types of cancer and of mortality among AHS-2 Blacks compared with a representative sample of the overall U.S. Black population, after adjustment for several important factors, such as past smoking. This will give insight into how the lifestyle

practices of Black Adventists may beneficially impact existing health disparities for these conditions.

Of course, diversity is not simply a black-and-white matter. Scientific study of health among other racial and ethnic groups (e.g. Asian, Native American, Latino/Hispanic) is important. These and other groups are represented in AHS-2, but generally in numbers too small to allow for separate analysis of lifestyle and health particular to those groups. One factor that may have limited enrollment in some groups was that study questionnaires were administered only in English. We have hopes of expanding enrollment in the study in the future, and this may provide opportunity to intentionally recruit other racial/ethnic groups in greater numbers.

Then there is diversity on a global scale. As previously mentioned, AHS-2 is a North American study (U.S. & Canada), whereas the vast majority of Seventh-day Adventists live

in other parts of the world. Adventists in other countries and regions of the world often have different risk factors and lifestyle practices than North American Adventists. For example, vegetarianism is much less common in some regions. Thus, conclusions about the health of Adventists drawn from AHS-2 and its predecessors may not always apply to other Adventists around the world. However, it is hoped that connections between specific dietary or lifestyle practices and health outcomes identified in AHS-2 may often apply even in very different settings.

For example, it is reasonable to hope the finding that nuts appear to help protect against heart disease (first identified in AHS-1) may apply to many populations around the world. It is also notable that a number of studies of health among Adventists in other countries have been done by other research teams (including for example in the Netherlands, Norway, Japan, Nigeria, and Australia). A list of all publications (of which we are aware) from studies in Adventist populations can be found at our website: <http://publichealth.llu.edu/adventist-health-studies/scientific-publications>.

We have high hopes for the future of the Adventist Health Study – 2 and what it can teach us about important connections between diet and better health.

In particular, we are hopeful that it will provide important information about lifestyle practices and health in the Black community. And more broadly, we hope the findings of AHS-2 will benefit diverse populations around the world, all seeking better health.

Thanks to all who have made this study possible, and specifically to all of our Black participants who, together, are making an important contribution to our understanding of diet, lifestyle, and health—a contribution that can benefit the Black community specifically and people around the world, in all of our beautiful diversity.

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Black student group honors founder for promoting minority student opportunity

BY ANSEL OLIVER

THE BLACK HEALTH PROFESSIONALS

STUDENT ASSOCIATION (BHPSA) honored Leroy Reese, MD, during Homecoming weekend for his longtime service of promoting opportunities for minorities in healthcare education.

Reese, in 1999, coordinated a group of volunteers to establish the Minority Introduction To Health Sciences (MITHS) program, which offers Black high school students a chance to spend three weeks on the Loma Linda University Health campus learning about opportunities at each of the eight schools.

Today, more than 300 students have participated in the program. Nearly 99 percent of participants have graduated with an undergraduate degree, 72 percent have completed or are pursuing master's level training, and 44 percent have completed or are enrolled in a doctoral program.

Former participants periodically contact him when visiting the area, and several have mentioned they owe their success to him and the staff who operate the MITHS program.

"You can't come up with any amount of money to replace that kind of reward," Reese told a gathering of Black alumni at Homecoming on March 4.

Reese is the associate dean of the Loma Linda University School of Medicine Los Angeles program and chairman of the OB-GYN Department at White Memorial

Members of the Black Health Professional Student Association honored Leroy Reese, MD, for his efforts to offer Black high school students a program of on campus learning at Loma Linda University Health.

REESE ALSO ESTABLISHED INITIATIVE OFFERING HIGH SCHOOL STUDENTS ON-CAMPUS EXPERIENCE

Medical Center in Los Angeles.

He urged attendees to continue contributing to the MITHS program as well as the W. Augustus Cheatham scholarship fund, which supports Black students.

"Just because we're out making money now and everybody is all dressed up and successful doesn't mean we don't have a responsibility to give back," he said.

Reese's activism as an LLU student in the early 1970s led to the school implementing numerous proposals for minority inclusion. This included a proposal that led to the hiring of Gaines R. Partridge, EdD, who was brought on board to recruit and advocate for minority students and retired as the dean of student affairs. Reese currently serves as treasurer of Black Alumni of Loma Linda.

"It is upon your shoulders, your valuable service, that the Black Health Professional Student Association of Loma Linda University has its heritage and identity," said current BHPSA President Jim Ervil. "We honor you for your exemplary and purposeful contributions for minority students of Loma Linda for over 48 years."

Reese also told the audience he supports Loma Linda University Health President Richard Hart's Diversity Council. The institution in recent years has phased out the position of vice president for diversity, and Hart has placed the responsibility for diversity inclusion upon all top executives.

"He really wants us to be successful at this institution and outside the institution," Reese said. "Let us work together going forward."



For 27 years,

Clinic with a Heart

*— a student-led event — has provided
dental care to the community*

BY NANCY YUEN

BROOKLYN AND QUEENLY'S

mom woke them up much earlier than usual, and it was a Sunday. They were going to see the dentist and chose their favorite dresses — princess dresses — to wear for the occasion.

Jung-Wei Chen, DDS, MS, PhD, remembers the family, who participated in Clinic with a Heart at Loma Linda University School of Dentistry. “Brooklyn and Queenly were two princesses in particular who charmed their way into our pediatric clinic,” she says. “They bravely received their treatment, and made the day an adventure with their mother.”

According to Chen, who is program director, advanced education program in pediatric dentistry, Clinic with a Heart’s appeal is that it offers free dental

care to the public, which results in a diverse patient turnout.

“This year we held Clinic with a Heart on January 8,” she says. “Most of the patients who come don’t have dental insurance, so having a day where they can receive care for their dental health issues without worry is what makes it important.”

Thousands of patients have received dental care at Clinic with a Heart since it was first held in 1990 — preschoolers with pain caused by tooth decay and adults who, after a tooth extraction, can again sleep soundly.

It was Leif K. Bakland, DDS, who, when he was associate dean for clinic administration at the School of Dentistry, approached the leaders of the

Dental Student Association with the idea for a day of care to help address disparities in oral health care in the community.

According to Bakland, Clinic with a Heart was modeled after Doctors with a Heart, a program sponsored by a number of dentists in several states who open their practices to provide dental care for the needy in their communities.

The reason the clinic began hasn’t changed from the very first time it was held in 1990. For many, Clinic with a Heart is their only chance to receive care for their dental problems.

A note from a woman who identified herself as patient #34 in the inaugural clinic 26 years ago, made this comment. “To the students and faculty, your generosity is greatly appreciat-

ed! Please pass on my thanks to the students and staff who helped pull my tooth.”

Clinic with a Heart made an impression on the pediatric dentistry residents. “Our residents,” says Chen, “gained understanding as they interacted with underprivileged patients. They also learned how to provide treatment themselves, without dental assistants to help them, working as a team on tasks including taking radiographs and assisting with suction.”

“Clinic with a Heart,” says a student “is a day where we’re not faculty, students or staff. We work as one group to help people and alleviate pain. This brings me joy because it is why I chose dentistry.”

Sunday,
Jan. 8, 2017

372
volunteers

101
adult patients

13
pediatric patients

323
*procedures including
sealants, fillings and
extractions*

// *Embracing Diversity*





Summer Gateway Program opens doors to achievement

CYNTHIA PALOMINO SHARES HOW 'SÍ SE PUEDE' WAS MORE THAN A PIPELINE TO THE HEALTH PROFESSIONS

CYNTHIA PALOMINO was a high school student when she attended Sí Se Puede, an introduction to careers in health care program at Loma Linda University. After completing the program determined to pursue nursing, Palomino completed her prerequisites in one year instead of the usual two. She entered the Loma Linda University School of Nursing, graduating in 2014, and is now a nurse at the Loma Linda University Behavioral Medicine Center.

In 2012, Sí Se Puede merged with the university's programs for Native American and African American students, becoming the Summer Gateway Program at Loma Linda University.

The Summer Gateway Program, which takes place on the LLU campus, provides high school students grades 10 to 12 the opportunity to participate in an interactive learning environment, highlighting patient care and careers in allied health, behavioral health, dentistry, medicine, nursing, pharmacy and public health. Daily team-building activities and a day of community service are included in the two-week program; a third week of shadowing is available to select students. The program is organized by the LLU Institute for Community Partnerships.

For Palomino, Sí Se Puede was much more than a pipeline to the health professions. She recently reflected on how the program, which she completed in 2008, helped her discover resolve and envision her future.

BY NANCY YUEN

Cynthia Palomino wants to instill hope into the young people she serves

What obstacles have you faced in reaching your career goals and what role did the Sí Se Puede/ Gateway Program play in reaching your goals?

Life is neither simple nor is it a direct path. Life is ever changing, impacted heavily by one's own choices and the choices of others. Joy is experienced along with many sorrows. What may cripple one, strengthens another. It is dependent on whether one is willing to learn and move forward. My own self is my main obstacle; Sí Se Puede has been a distinct reminder of the power of will and persistence.

Domestic violence has overshadowed my life. It was a silent force present in my household. I was never hit; I saw it. In my heart I always knew something was not quite right, but I did not realize how wrong it was until recently. I could not speak up. I did not fully know if there was something to say or even whom to tell. I felt a deep love for my family and felt I needed to protect our secrets. I carried fear with me every day. Though I was never harmed physically, I was harmed emotionally. I faced emotional extremes all the time. I never felt good enough. I never felt loved enough. I never felt safe.

To this day, I struggle with the idea that I am not enough.

I do everything I can to prove myself, but in my mind my achievements still fall short. I fear failure. Even now that the violence has stopped and I have seen a great, positive change in my family, I still have to make an effort to deny negative thoughts. Sometimes these thoughts impede me from moving forward with my career. In the past I have missed opportunities. I have to fight my insecurities in order to take hold of my future. Even as a professional, I have to remind myself that I am qualified.

Sí Se Puede has been key in affirming my will. Its message of encouragement and statement of possibility was and still is powerful to me. To see people of different paths and struggles and to be told there are choices has carried me forward. It was an opportunity to be aware of various options. It was not just about health care, but also about fighting for my future and to help others along the way. The program honed my focus on a career and to not just settle with the bare minimum. There was never an expectation that things would be easy; instead, there was a focus on the need for perseverance and action.

I struggle against myself because of my past, but Sí Se Puede has reminded me of a truth: it is possible. Despite my upbringing, my background, or

my culture, I can still say that I can achieve something.

My journey is not over, but with my accomplishments I can prove to myself that I am capable and that I am enough. I hope to continue to use what I have learned to aid those who struggle against themselves and together we can nurture a positive change. We all carry pains, but with encouragement and pure will, we can move forward.

What are you doing to make a positive impact in your community?

The future is shaped by memories of the past left by the choices of the present. Humans are left to their own devices. In a fast-paced world it can be hard to regulate what the future generations witness. Children face maturities of the world too soon.

Social media screams, masking the hidden qualms of humanity. Simple pleasures are often obsolete. It is my personal mission to foster hope and to aid in the self-actualization of children.

I work in a psychiatric facility on the pediatric units. Each day I work, I face pain. Each child that I see has been failed in one way or another. Some have been belittled, some betrayed, and some abandoned. They come in with all hope

decimated. It is a formidable obstacle to try and instill some hope during their short stay; to undo years of suffering is nearly impossible. Many return.

I dedicate myself to educate the youth of the community about personal responsibility. Whether it is the members of my own family, or children that I happen to meet, I try to express my belief in them. Love, no matter how small of a dose, is powerful.

I assist within my church to teach and to help develop a network among our youth. I want them to know that they are not alone. I may not know their stories, but I desire to give them back some control. I aim to hand over some tools to help them discover themselves and to not be lost. I try to voice the importance of choice and the reality of consequences. My hope is that I can help deter lasting suffering.

I want to prevent as much emotional damage as I can. I want to help them gain the future they hope for. In my own small way, I want to show them that someone cares. I hope that in this way, they may inspire others to reach their dreams as well: a cascading effect. Life is hard, but there is still joy to be found for those who seek it.

Remembering wholeness pioneer
WIL ALEXANDER,
*leader of sea change in Loma
 Linda culture of health care*

H

e will be remembered for many things, but chief among them

is that Wil Alexander, PhD, MTh, impacted each life he came in contact with for the better — that is, he not only taught the concept of whole person care but also embodied it.

“His impact on this campus has been immeasurable and will continue for generations,” said Richard Hart, MD, DrPH, president of Loma Linda University Health.

Alexander — founder of the Center for Spiritual Life and Wholeness, inaugural dean of the Faculty of Religion, professor of family medicine, emeritus professor of religion and esteemed author — died Nov. 16, 2016, at the age of 95.

But this beloved educator was known to say that the patient is the best teacher. Through his bedside work with patients, he realized that their healing required sharing their stories.

“I see most patients as wounded storytellers who, out of pain, fear, emotions and relational things that are happening to them, find themselves actually feeling better having told the story,” he said.

He began teaching this to medical students and residents in 1973, many of whom are now on the faculty. His residents nicknamed their time with him as “Love Rounds.”

“I have modeled my approach to patients more after him than after any physician,” said Richard Chinnock, MD, chair of pediatrics. “He was a non-physician who understood patients better than anyone I know. And while he was

always talking about whole patient care, I always felt he was providing whole physician care as well.”

“To make man whole” became Loma Linda University Health’s motto in 1955, but according to President Hart, it took Wil Alexander to turn that into an art form and working facet of campus practice. As part of that, Alexander was a special assistant to the president for spiritual life and wholeness from 1993–1998 and founded the Center for Spiritual Life and Wholeness in 1996 with Carla Gober-Park, PhD, MS, MPH, as associate director.

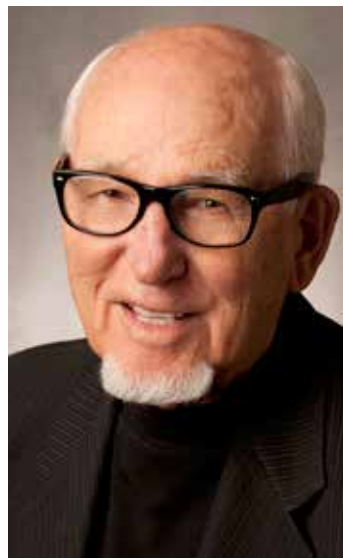
Alexander extended his whole-person approach to his interactions outside the hospital and classroom.

“He was always focused on ways to lighten the load for everyone he came in contact with,” said Ann Bradshaw, who worked down the hall from him for many years.

“I am only one of *many* whose life has been touched by a precious and distinguished man by the name of Wil Alexander. Ours was a friendship he initiated. That was Wil though — always reaching out to others,” said Joelle Reuer, discipleship pastor of Loma Linda University Church.

Perhaps one of Alexander’s deepest friendships at Loma Linda was with Gober-Park, his successor as director of the Center for Spiritual Life and Wholeness.

She said, “One of our greatest storytellers has said goodbye for now. Our lives have all been blessed by his presence among us. This organization will move forward greatly influenced by the path he has paved.”



Gober-Park and many others on campus are staying on that path, including recently completing the CLEAR Whole Person Care® Model, which offers guidelines for interpersonal encounters, clinical or otherwise, based on the CLEAR acronym of Connect, Listen, Explore, Acknowledge and Respond.

Learn more about activities of the Center for Spiritual Life and Wholeness at religion.llu.edu/wholeness, where you can also watch a video of Alexander’s Jan. 29 memorial service, attended by 600 who gathered at Loma Linda University Church to honor his life.

That life began on Oct. 12, 1921, at Boulder Memorial Hospital in Colorado. He was raised by his grandmother, and his childhood included a remarkable recovery from a bout with pneumonia the doctors said he would not survive. His grandmother said to God, “If you will save his life, I’ll dedicate him to be a medical missionary.”

Alexander served in the Navy in World War II and then went on to earn a bachelor’s degree in theology and biblical languages from La Sierra University in 1950.

After his ordination into the ministry in Lynwood, California, in 1954, Alexander joined the faculty

By **HEATHER REIFSNYDER**

of Loma Linda University as an associate professor of practical theology.

Before rejoining the faculty of Loma Linda University in 1973, he earned two master’s degrees, a doctor of philosophy degree and wore many professional hats, including chair of the department of church and ministry at Andrews University Theological Seminary.

At Loma Linda, in addition to teaching medical and religion students for decades and founding the Center for Spiritual Life and Wholeness, Alexander directed the chaplaincy program at LLU Medical Center from 1976–1978 and was founding dean of the Faculty of Religion from 1990–1993.

Alexander often asked people, “What are you famous for?”

His own reason for fame was captured in the 2015 documentary produced by the Center for Spiritual Life and Wholeness called *A Certain Kind of Light*. The film follows Alexander on patient rounds sharing whole-person care.

Though Wil Alexander was not a health care practitioner in the clinical sense, his grandmother’s promise that he would be a medical missionary seems well fulfilled. The practice of medicine at Loma Linda University Health would not be what it is today without his mission to create a lasting culture of wholeness that now reaches around the world through graduates.

“So what is Wil’s legacy?” President Hart said. “It cannot be overstated as we remember him after his death at the age of 95. His life’s work can be crystalized in what we call ‘whole person care.’”

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The ties that bind:
**ALUMNI RECONNECT
WITH EACH OTHER AND
THEIR ALMA MATER AT
ONE HOMECOMING**

By **JAMES PONDER**





T

he first annual One Homecoming event, held March 2 through 6 on the campus of Loma Linda University Health, represented a major change from similar celebrations in previous years, in which each of the eight schools held their own homecoming event.

University executives decided in 2016 to bring all alumni together for a big One Homecoming weekend in 2017. “The response from attendees has been overwhelmingly positive,” said Janya Mekelburg, director of alumni and donor relations.

With more than 2,000 guests in attendance and approximately 1,800 registered for continuing education courses, the event was a major production, Mekelburg said.

Because of this year’s success, university officials said they are planning a similar university-wide alumni homecoming for March 2 to 5, 2018.

This year’s weekend event provided opportunities for attendees to reconnect in a bigger way than before.

Fred Moor, MD, said that since graduating as a member of the School of Medicine class of 1953-A at the College of Medical Evangelists, the precursor of Loma Linda University, he has attended more than 20 Homecomings. He said

he appreciated the opportunity to reconnect with classmates .

“Out of a class of 100, 15 are still alive and 10 came to homecoming,” Moor said. “It seemed well organized. The mission emphasis was quite inspiring.”

Moor said he found the opportunity to learn about the university’s progress most valuable. He added that he will likely come back next year and that he would recommend One Homecoming to other alumni.

This was the sixth homecoming for Joseph Victor Ryckman, MD, a graduate of the School of Medicine class of 1978-A.

Ryckman said he enjoyed taking his 100-year-old mother, Evelyn Ryckman, to the research pavilion on the fourth floor of the Centennial Complex where a life-sized cutout of his father, Loma Linda research pioneer Raymond Ryckman, PhD, greeted visitors to the Museum of Discovery and Inventions. The elder Ryckman died July 18, 2016. Learn about his legacy: <https://myllu.llu.edu/news-of-the-week/story/?id=27151>.

Dora Saw was one of scores of attendees who got up early Sunday morning to participate in a 5K run/walk. Now in her early 80s, the three-time cancer survivor set an example

- a. Alumni, students and faculty found fellowship through prayer during the One Homecoming weekend at the early morning prayer walk.
- b. During the Friday evening vespers service, Pat Morris, (right) former San Bernardino mayor, thanked President Richard Hart for the many ways Loma Linda has served the city.
- c. A parade of national flags opened the Sabbath morning service in the Drayson Center.
- d. A 5K run/walk attracted colorfully attired participants on Sunday morning.
- e. The Black Alumni of Loma Linda Chorale was one of several musical performances at the Sabbath worship service.
- f. Victor Ryckman, MD, stood by a life-sized cutout of his father, Loma Linda research pioneer Raymond Ryckman.
- g. A prayer of dedication was offered for students participating in the Deferred Mission Appointment and Global Service Award programs.



2018
One Homecoming
March 2 to 5, 2018

of proactive wholeness by leading a group of family members who joined her at the event.

The One Homecoming weekend allowed Saw to bring together 15 members of her family, who are students or alumni of Loma Linda University. Her husband, Eng Saw, MD, graduated from the School of Medicine in 1969 and has made attending the annual reunions a high priority.

"I have attended the Annual Postgraduate Convention almost every year, only missing the years I was on call," he said. "I was delighted when I learned that this year, for the first time, there would be One Homecoming at Loma Linda University Health with all eight schools invited. I encouraged my family to attend."

Eng added that it was wonderful to see classmates and friends. "When I see alumni who didn't attend, I say, 'How come I didn't see you at homecoming?'"

Neither Marilyn Bersaba nor her husband graduated from Loma Linda University, but that didn't stop the couple from having a great time at the weekend. Their two children are students at the School of Dentistry.

"When I was young, I thought visiting Loma Linda University was an impossibility and just a dream," Bersaba said. "So being here with

our children is the fulfillment of a childhood dream."

Bersaba once served as the personal nurse for the family of the Sultan of Oman. At the time, Oman, a predominantly Muslim country, observed Thursday and Friday as the weekend, and it was difficult for Seventh-day Adventists like Bersaba to keep the Sabbath. Nevertheless, the Sultan allowed Marilyn to take Saturdays off so she could worship.

Mekelburg estimated that more than 800 people attended the kickoff event at the Drayson Center field on Thursday night, as well as 800 for the Friday vespers, 2,000 for church and 1,600 enjoyed the haystack lunch.

Approximately 600 came to Loma Linda's Got Talent on Saturday night and 150 ran or walked through the streets of town for the Homecoming 5K Fun Run on Sunday morning. In addition, more than 400 volunteers donated over 1,645 hours of service.

"We are really pleased with the success of this first event," said Mekelburg. "We've had such positive feedback and we're applying lessons learned at this year's event to make sure next year is even better."

- a. The Smith sisters provided special music during the Friday vespers service.
- b. A Wedgwood Trio concert highlighted the opening night welcome bash for alumni attending One Homecoming.
- c. Researchers from across campus, including the Center for Spiritual Life and Wholeness, were featured all weekend in the Centennial Complex.
- d. During a recounting of Loma Linda's history, Randy Roberts, vice president for spiritual life and mission, portrayed John Burden, one of Loma Linda's founders.
- e. Keynote speaker for the Healthy People Conference was author Dan Buettner.
- f. Barbershop vocals from the Cheek brothers highlighted the Saturday evening talent show.
- g. Montry Suprono, DDS, presented an update on his research.
- h. Victor Ryckman hosted a display of some of Loma Linda University's historic research findings.
- i. When 1,600 friends show up for lunch, the menu features haystacks!







CLASSIC CAR AUCTIONED TO BENEFIT CHILDREN'S HOSPITAL

By **BRIANA PASTORINO**

FROM LOMA LINDA TO PHOENIX, a superstar team of hospital representatives made the trip to the Barrett-Jackson car auction in January as a 1930 Cord L29 was auctioned off for \$300,000, benefiting Loma Linda University Children's Hospital (LLUCH). One of seven charity cars in the annual auction, 100 percent of that hammer price went to Vision 2020 – The Campaign for a Whole Tomorrow, which includes a new Children's Hospital tower.

The Cord earned the second highest final bid among the charity cars, thanks to the generosity of Paulette and Jeff Carpoff.

Courtney Martin, DO, an OB-GYN at LLUCH, along with her former patient Brittany Stuit, her husband Ryan, and their quadruplets, took to the stage during the auction encouraging potential bidders by stating how special the hospital is, serving over 1.3 million children in California.

"We need you today," Martin exclaimed. "If you bid on this car, you stake a claim in the future of all these children that have yet to walk in the hospital. So we ask that you will play a part in the Vision 2020 campaign building our new hospital."

Martin passed the microphone over to Mrs. Stuit, who was in the hospital for over two months before her quads were born.

Praising the hospital she said, "When I hear the words 'Loma Linda' I can't even begin to explain to you how important they are. Their staff became my family. If it weren't for Loma Linda I wouldn't be a mom. They made all of my dreams come true."

Steve Davis, president of Barrett-Jackson then took the microphone, but only after he had already temporarily inherited one of the quadruplets, Lucas, as he presented the Cord L29 to the crowd of thousands of auction-goers.

"At the end of the day the Cord is special," Davis stated. "Give from your heart, not from the wallet."

The previous owners of the Cord, Carlton and Raye Lofgren, were also on stage when the hammer price was announced, "We are very excited about the result," Mrs. Lofgren said.

Long-time supporters of Loma Linda University Health, the Lofgrens recently moved to Loma Linda from Riverside, which they called home for over 50 years.

The couple affirmed the quality condition of the car, which has been in their family since 1982.

"It's been in parades, weddings, and we've used it during special family events," Mrs. Lofgren stated.

"But like any car, you have to drive it to keep everything working," Dr. Lofgren added.

Originally belonging to the parents of Mrs. Lofgren, she said they were part of the motivation behind the donation to LLUCH.

"When we were talking about what we could do for Children's Hospital," she said, "we thought it would have pleased them."

Dr. Lofgren said he and his wife could think of no better way to utilize the value of this car than to give it to Children's Hospital. "That culminated in the decision to do this," he said. "We talked to everyone in the family and they were in complete agreement."

Barrett-Jackson
1930 Cord L29
HAMMER PRICE
\$300,000

NURSING MOVES CLOSER TO MAGNET® DESIGNATION

By JAMES PONDER

THE NURSING STAFFS of Loma Linda University Medical Center and Loma Linda University Children's Hospital recently moved a step closer to the goal of obtaining Magnet® recognition as one of the finest hospitals in the nation.

To do that, the groups recently hired a consultant to conduct a three-day site visit and perform a gap analysis to assess the organization's readiness for Magnet® recognition. During her visit, which took place in January and February, the consultant examined system-wide plans, policies and procedures against program criteria and best practices, pinpointed needed changes, and outlined the next steps toward achieving Magnet® certification.

The consultant also conducted a workshop defining the Magnet® requirements and philosophy and met with nursing professionals at all levels including leaders, educators, preceptors, clinical nurse specialists, chairs of shared governance and quality assurance programs and nurses on the front lines of patient care. At the end of her visit, she met with nursing leadership to present her findings and a plan for closing the gaps she discovered. The consultant said the organization needed to:

- » Strengthen the use of trended data
- » Improve documentation of clinical nurse input into decision making
- » Include analysis of pre- and post-intervention data in measuring outcomes
- » Fine tune the shared governance culture
- » Increase involvement of frontline clinical nurses at all levels of decision making

The organization moved immediately to integrate her recommendations.

"We are beginning to roll out strategies to close the identified gaps and shift our culture to more accurately reflect the Magnet® philosophy of professional nursing practice," said Holly Yelorda, Magnet® coordinator. "The consultant's visit generated excitement across both hospitals with nurses volunteering to get involved."

Yelorda says the program empowers nurses

to come up with innovative interventions and treatments for their patients, promotes quality in a setting that supports professional nursing practice, identifies excellence in the delivery of nursing services to patients and disseminates best practices. "It is highly aligned with the core values of Loma Linda University Health," she added.

The concept behind the Magnet® program came to light in the early 1980s after a nurse named Margaret McClure evaluated why some hospitals had difficulty retaining nurses while others did not. Working for the American Academy of Nursing, McClure discovered 14 distinct characteristics that allow hospitals to attract and retain staff. Over the next few years, these characteristics were formalized as the five main components of Magnet®:

- » Transformational leadership
- » Structural empowerment
- » Exemplary professional practice
- » New knowledge, innovations and improvements
- » Empirical outcomes

The American Nurses' Credentialing Center says there are currently 448 Magnet® facilities around the world, but only 33 in California.

Yelorda says organizations have two choices for how to pursue the Magnet® goal. The first is to implement the programs and procedures that successful hospitals employ. The second is to make a big announcement that the organization is going to pursue Magnet® certification and make that the goal. She believes the first is the better approach.

"Magnet® is not primarily about achieving a distinction or getting a reward," she says. "It's about transforming patient practice, improving outcomes, and creating an atmosphere where nurses are proud to work. We want our nursing staff to concentrate their efforts on the individual actions necessary to bring our practice to the highest levels of excellence. Recognition is wonderful, but providing the best care in the world for our patients is even better."



“Recognition is wonderful, but providing the best care in the world for our patients is even better.” – HOLLY YELORDA



LOMA LINDA UNIVERSITY SURGICAL HOSPITAL NAMED A TOP TEACHING HOSPITAL BY THE LEAPFROG GROUP

By **JAMES PONDER**

LOMA LINDA UNIVERSITY SURGICAL HOSPITAL was named one of the 29 top teaching hospitals for 2016 in the United States by The Leapfrog Group, a designation that puts it in the top 3 percent of hospitals nationwide.

Recognized as one of the most prestigious distinctions a hospital can receive, the Leapfrog award certifies that Surgical Hospital ranked in the top of more than 400 hospitals nationwide in terms of patient care, safety and quality assurance.

“Our staff had no idea that the hard work they do every day would result in an award from Leapfrog,” said Karla Aryan, MA, executive director of patient care services at Loma Linda University Medical Center. “We feel honored and blessed.”

Leapfrog, a national nonprofit organization dedicated to giant leaps forward in the quality and safety of American health care, released its list of the top teaching hospitals of 2016 on Dec. 5. Surgical Hospital was one of 12 California hospitals that made the list.

Lyndon Edwards, MBA, MHS, senior vice president of adult hospital services at Loma Linda University Medical Center, was one of the executives who traveled to Washington, D.C. to accept the award. He said the honor was “a testament to the teamwork that has always existed at the Surgical Hospital between our physicians, nurses and all of our clinicians.”

Leah Binder, MA, MGA, president and CEO of The Leapfrog Group, points out that receiving the award places Surgical Hospital in an elite category.

“With this honor, Loma Linda University Surgical Hospital has established its commitment to safer and higher quality care,” Binder said. “I congratulate the board, staff and clinicians whose efforts made this honor possible.”

Follow construction progress via three webcams at
[www. http://lluhvision2020.org/live-construction-feed](http://lluhvision2020.org/live-construction-feed)

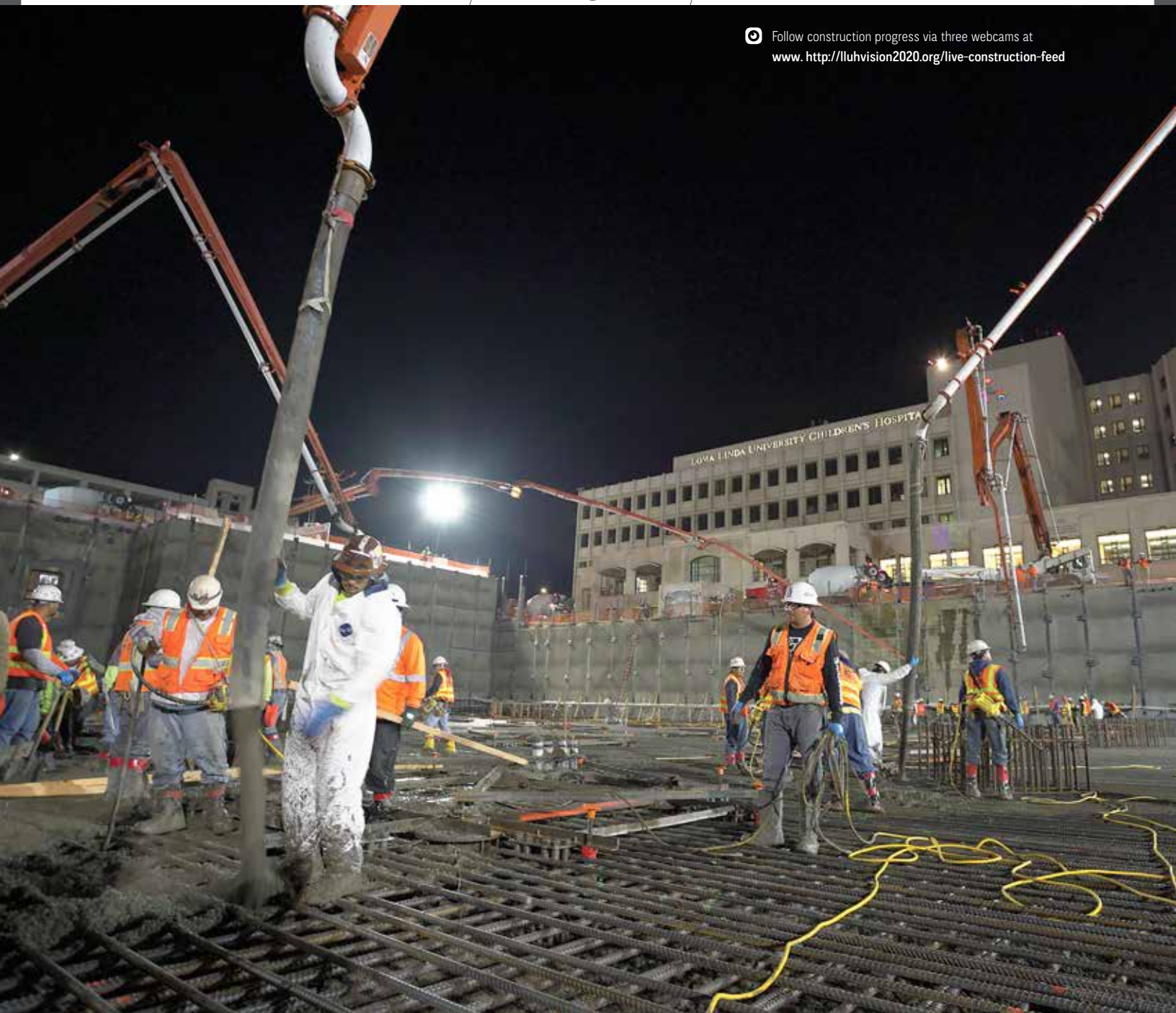


PHOTO BY COSMIN COSMA

THE BIG POUR

03/25 - 26/17

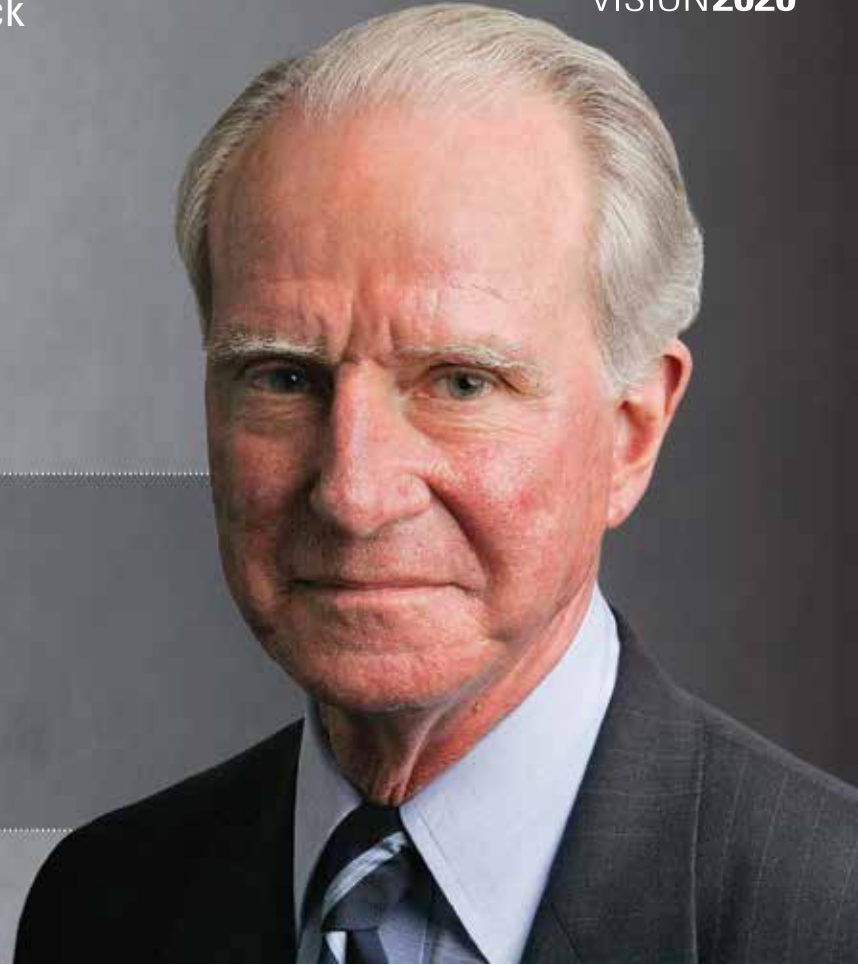
A significant milestone has been reached in Loma Linda University Health's construction of a new hospital complex by 2020. The foundation slab for the new structure began to take shape on the night of March 25, as 85 trucks made repeated deliveries totaling 5,400 cubic yards of concrete in 10 and a half hours. Two more pours will complete the foundation.

The building will be the future home of LLU Medical Center and add a new tower for LLU Children's Hospital. The new facility will meet California's stringent seismic building requirements for hospitals.

Support for the hospital construction effort is a significant component of Vision 2020 – The Campaign for a Whole Tomorrow, a \$360 million comprehensive philanthropic initiative, the largest in the history of Loma Linda University Health. Vision 2020 supports priorities in clinical care, education, research and wholeness.

To learn more, visit
lluhvision2020.org

Ambassador Joseph Verner Reed
Strategy: Gift of Appreciated Stock



UN Photo/Evan Schneider

Powerful Strategies

FOR PEOPLE WHO CARE

In addition to being the U.S. ambassador to the United Nations, Ambassador Joseph Verner Reed was also chief of protocol for President George H.W. Bush and a financial-savvy contributor to proton therapy research at Loma Linda University Health.

To support proton therapy research through the James M. Slater Chair, Reed's gift of choice was appreciated stock — a simple way to make a powerful impact.

Let us help you discover your Powerful Strategy.

Office of Planned Giving

11175 Mountain View Avenue, Suite B, Loma Linda, CA 92354

909-558-4553 | legacy@llu.edu | lulegacy.org

To read more about Ambassador Reed's story, visit lulegacy.org/ps



LOMA LINDA
UNIVERSITY
HEALTH

MANY STRENGTHS. ONE MISSION.

For Our Community

We **LIVE**
to Secure a
Healthy Future



From our humble beginnings over a century ago, Loma Linda University Health has developed into a world-class leader in health and education. Today, our determination to deliver unsurpassed service and care is only rivaled by our desire to grow and meet the needs of our communities. That is why we have embarked on an ambitious and transformative campaign that will bring into the region new state-of-the-art hospitals designed to enhance the health and healing process, as well as restore lives and families.

Providing world-class care for our community is why we
LIVE TO SECURE A HEALTHY FUTURE.

Find out more about Loma Linda University Health's Vision 2020.
Visit lluhvision2020.org

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