

SoJust

FALL 2016

The magazine of the Saint Louis University College for Public Health and Social Justice

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My tenure as Dean began in January of this year, and what a welcoming beginning these months have been for me. Yet, in a way, the fall of 2016 marks my true beginning, as I experience my first opportunity to welcome an incoming class of students to the College for Public Health and Social Justice at Saint Louis University. This is an exciting time for our College. I am invigorated by the energy and talent of our students, and I am reminded of what drew me to assuming leadership here: the promise of our students to learn from us, to go and make a difference in the world and to return as our teachers. For when our students come back as alumni, they mentor us and deepen our commitment to our mission as researchers and educators in the service of others.

In this inaugural issue of *SoJust*, the magazine of The College for Public Health and Social Justice, we seek to share the ways we are unique and forward-leaning in our mission. You'll read about some of our faculty, students and alumni, and the work they're doing in St. Louis and around the globe to advance health and equity. Our magazine's title represents the most promising and transformational intersection of public health, social work, criminology and criminal justice, health management and applied behavior analysis—our vision for advancing innovative and transdisciplinary co-learning.

As I think about these diverse disciplines that offer independent and connective spaces for our students and faculty share and learn—from training compassionate social workers to preparing ethical leaders in the health care system—I appreciate that we are indeed one college, bound by a shared commitment to working for a healthier and more just society.

Our work to improve health and well being through achieving equity and social justice is a considerable endeavor, and can only be realized through the support and participation of our facul-

ty, students, alumni and community partners locally and globally. Only when we work together can we build collective solutions that make a positive and sustainable change.

As we strive to build a foundation for change, I recall the adage that says the longest journey is between the head and the heart. Bridging this distance to turn knowledge into meaningful action in the communities we serve is the cornerstone of our efforts.

We hope the stories in *SoJust* together build a rich conversation that reflects who we are and what we value. We are on a journey for transformation, anchored in our Jesuit heritage, with social justice as a core value and shared mission. I invite you to stay connected with us, to share your story, and to join in our excitement about the promise of our College.

Dr. Collins O. Airhihenbuwa

SoJust

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ON THE COVER

What Does Social Justice

Mean to You?

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Sister Simone Campbell, keynote speaker at Social Justice Night 2016 in September, speaks with Dr. Bryan Sokol, Director of the Center for Service and Community Engagement and his sons Noah, Quinn and Simon. Sokol and his family assisted students with voter registration.

PHOTO BY GENE CARROLL

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Douglas A. Ries

Students visited the home of Cuban artist José Rodríguez Fuster during the *Global Social Work-Social, Economic and Health Systems in Cuba: Paradigms and Paradoxes* summer immersion course. Fuster decorated more than 80 houses in the fishing town of Jaimanitas on the outskirts of Havana.

PHOTO BY JAMI CURLEY



Matthieu Speaks at White House



Monica Matthieu, assistant professor of social work, joined data scientists, analysts, tech innovators, advocates, clinicians and policy makers for a “day of innovation” at the White House.

The event, “Building Partnerships for Suicide Prevention,” brought together experts as part of Global Suicide Prevention Month and Global Mental Health Day. Matthieu spoke on an expert panel about home safety and safe storage of medications, firearms and substances. They are key components of an intervention development program she managed at the National Patient Safety Center on Suicide Prevention, funded by the Department of Veterans Affairs.

Choosing Ferguson’s new Chief of Police

The City of Ferguson has been the focus of international attention following the death of Michael Brown in August 2014. Dr. Noelle Fearn, director of the Master of Criminology and Professional Practice program, was one of a select group of individuals given a unique opportunity to move Ferguson forward; she served on a panel of criminal justice experts who helped select the city’s new chief of police, Delrish Moss.

As the city’s first African-American police chief, Moss faces a community fractured by unrest and mistrust.



What are the most important challenges the new chief will face?

Improving police and community relations, filling the vast number of vacancies in the Ferguson Police Department and the implementation of the consent decree with the Department of Justice, which is a plan to overhaul the city’s courts and police department.

What qualities—professional and personal—make for a successful chief?

Integrity, professionalism, leadership skills, the ability to effectively communicate with diverse individuals and groups—talking as well as listening—and the belief in the value of the “community” part of community-oriented policing.

How did you become involved in this selection committee?

Ferguson’s former human resources director, Patrick Young, reached out to me as director of SLU’s criminology and criminal justice programs to discuss a variety of potential ways to develop a stronger partnership between our CCJ programs and the Ferguson Police Department. As a result, I was invited to participate in this critically important review and hiring process.

Of note

Workforce Development Coordinator **Wendy LaBenne** was elected to Trustee to the Board of Directors at the National Career Development Association, an organization she has been a member of for more than a decade.

Associate Clinical Professor **Pamela J. Huggins** was selected to serve on an Association of Social Work Boards task force that will explore the knowledge, skills and emerging trends central to effective social work practice, informing the development of future licensing exams.

Assistant Professor of Social Work **Jin Huang** was appointed to the Council on Social Work Education’s Council on Global Learning and Practice to help develop an agenda for understanding and stimulating the international parameters of social work education.

Professor of Social Work **Marla Berg-Weger** won a national election to serve as the chair of Social Research and Public Policy, one of the four sections of the Gerontological Society of America.

Assistant Professor of Behavioral Science and Health Education **Keon L. Gilbert** was elected to the Society for Public Health Education’s Board of Trustees, serving as Trustee for Membership and Leadership.

Professor of Environmental and Occupational Health **Roger Lewis** was elected a Fellow of the American Industrial Hygiene Association.

Follow us on Instagram

as we catch up with the **2016 Public Health Day of Service** at the American Public Health Association Annual Meeting in Denver.

With support from the Association of Schools and Programs of Public Health and in partnership with the Colorado School of Public Health, our students are leading this service event at five sites across the city.



Raising Women's Voices



watch
bit.ly/SoJustGenes

Dr. Brian Boutwell investigates the influence of genes and the environment on antisocial behavior. Beyond his own field of criminology, he is concerned about the ability of all the social sciences to stay relevant amidst the rapidly changing landscape of research on the genetic underpinnings of human outcomes. Boutwell explored these topics in a 2016 TEDxSLU talk.



PHOTO COURTESY
KELLY MOFFITT/
ST. LOUIS ON THE AIR

listen
bit.ly/SoJustPolice

“WHEN WE DEAL WITH THESE INTERSECTIONS OF RACE, CLASS, GENDER, AND HOW THAT FEEDS INTO IDENTITIES THAT WE PLACE ON PEOPLE, IT’S REALLY IMPORTANT FOR US TO BE ABLE TO DEAL WITH THAT, AND TO UNDERSTAND THAT NOT ALL BLACK MEN ARE CRIMINALS.”

Dr. Keon Gilbert discussed his team’s six recommendations for addressing police shootings of African-Americans on St. Louis Public Radio.



watch
bit.ly/SoJustHope

“Hope is Not Enough” video sheds light on high infant mortality rates in some Missouri communities.

With support from the Missouri Foundation for Health, Dr. Pamela Xaverius teamed up with Lindenwood University’s Deborah Kiel and producer Edie Barnard to collect stories from women in St. Louis and the Bootheel region of southeast Missouri.

They found that some of the biggest barriers to a healthy pregnancy have nothing to do with health care. Women discussed a lack of transportation, substandard housing, toxic stress, food deserts and struggling schools.

“We need to hear what’s important to women because they’re the focus of change. Healthy women become healthy moms.”

“Hope is Not Enough” is an accessible and eye-opening way to engage government, business, health care, the faith community and others in a collective impact approach: to agree on a common agenda and make a plan that addresses infant mortality from all angles.

Xaverius, associate professor of epidemiology, also co-leads training and workforce development activities for the College’s newly-formed research center called REACH: Research and Equity in Action for Child Health.

Launched by an interdisciplinary group of faculty with support from the dean, REACH serves as an academic backbone for community partnerships that advance maternal and child health, with particular attention to highly vulnerable families and social factors that affect health.

Responding to a community in need

Social work faculty are changing the practice landscape in St. Louis and beyond.

Advanced training for professionals working in the community was the need identified by social work faculty members Dr. Marla Berg-Weger and Dr. Michael Mancini when they applied for funding from the Health Resources and Services Administration (HRSA).

Along with co-project director Dr. John Morley, chair of the geriatrics division at Saint Louis University School of Medicine, Berg-Weger was focused on training primary care health and social service students and providers how to provide high quality care for older adults, while Mancini wanted to teach future social workers how to work with at-risk children and youth.

Both applications were funded, putting Saint Louis University front and center in efforts to help two groups at nearly opposite ends of the life span: children and older adults.

Early interventions lead to longer, healthier lives

“We know the practices and services that can help young people. We know what works. What we lack are an adequate number of highly-trained professionals who can implement those practices effectively,” said Mancini, an associate professor of social work.

To address this need, Mancini launched a specialization—a series of courses and practice experiences—focused on at-risk children and youth for graduate social work students. The curriculum includes a two-semester internship with a St. Louis hospital, outpatient behavioral health clinic or residential treatment center.

“Young people who have complex behavioral health needs are at an increased risk for homelessness, violence, incarceration, depression, PTSD, suicide, victimization, chronic health conditions and early death,” said Mancini. “We hope to change the practice landscape in St. Louis so that people can get the help they need earlier so that they can live healthier and longer lives.”

To support students who choose this practice-intensive course, Mancini applied for and received a three-year, \$460,000 grant through HRSA’s Behavioral Health Workforce Education and Training program. The grant funded 30 students with \$10,000 stipends during their field work.

Having external financial support can be a deciding factor in a student’s practice choice. “I wouldn’t have been able to [complete the practicum] without the stipend,” says Erica Marks, M.S.W. ‘15, one of the program’s first recipients. The grant also funded three all-day, and several partial-day, free professional development workshops for social workers.

A crisis in geriatric health care providers

Ask anyone who has cared for an aging parent or other family member: it is a complicated labor of love. Ask health care providers, and they will tell you the elderly often have multiple health problems and complex conditions that require specialized attention.

An estimated one in five Americans will be older than 65 by 2030, while the number of physicians with specialized skills to care for them is declining, putting the health of our elders in jeopardy.

“The need for a well-trained geriatric workforce is at a crisis point,” said Berg-Weger, professor of social work and co-director of the Gateway Geriatric Education Center Workforce Enhancement Program. This is a new initiative funded through a three-year, \$2.5 million grant from the U.S. Department of Health and Human Services.

In one of the Center’s major initiatives, more than 240 students, doctors, nurses and other providers who care for older adults came to SLU’s campus for the Summer Geriatric Institute on June 6-7, 2016, making it the University’s largest continuing medical education program.

Nationally-recognized experts, including more than two dozen SLU faculty members from fields such as medicine, nursing, occupational, physical and speech therapy, social work and nutrition presented workshops and sessions on the latest developments in the care of older adults.

“Our Summer Geriatric Institute is one more way Saint Louis University continues to share our expertise in all aspects of geriatrics with care providers from the region,” said Berg-Weger. “All of the presentations were based on the latest research and evidence, with our goal being to elevate the care of our elders to whom we owe so much.”



Participants at SLU’s Summer Geriatrics Institute learn a form of cognitive stimulation therapy through yoga that can be done sitting or standing.

PHOTO BY ELLEN HUTTI

HOW SOCIAL WORKERS CAN IMPROVE SOCIAL SECURITY

Financial capability expert Dr. Julie Birkenmaier reports as part of a National Academy of Sciences committee



Social Security has been called the most successful anti-poverty program in history. Currently, one in six Americans receives Social Security benefits of some kind. More than 17 million adults living with disabilities receive critical financial support from the Social Security Administration (SSA) to pay for basic needs such as food, shelter and clothing.

What happens when a physical or mental disability prevents an individual from managing his or her benefit payments effectively? Policymakers thought about that back in 1939 when they authorized the payment of benefits to individuals or organizations other than the beneficiary. These “representative payees” are entrusted with managing the beneficiary’s payments for necessities such as rent. Currently, about 3.5 million Social Security disability beneficiaries have representative payees.

“Representative payees are mostly family members, but can also be friends, lawyers, and social workers,” said Birkenmaier. “It’s an important way of ensuring beneficiaries have their basic needs met.”

Finding beneficiaries who need help

Having a representative payee decreases the risk of homelessness, arrests, hospitalization, substance abuse and other problems. Based on reports from the SSA Inspector General’s office, administrators began to wonder if people who could benefit from a representative payee weren’t getting one.

“They were seeing people who are eligible for two types of Social Security benefits—for example, retirement and disability—who only have a representative payee for one,” says Birkenmaier. “You might guess that if they need a representative payee for one, they probably need it for the other. The whole system clearly needed review.”

SSA called on the National Academies of Sciences, Engineering and Medicine, who invited Birkenmaier and other experts to its Committee to Evaluate the Social Security Administration’s Capability Determination Process for Adult Beneficiaries.

The committee’s report, released in March 2016, argues that a clinical assessment of financial competence may not be adequate. It suggests system-level changes that would enable SSA to determine the financial capability of a beneficiary based on evidence from a range of people who are in a position to observe real-world functioning.

“The problem doesn’t come when someone has trouble in an office with a psychologist or psychiatrist asking them questions,” said Birkenmaier. “The ability to meet these basic needs results from an interplay between financial ability and an environment that doesn’t always support good decision-making.”

Basic needs, basic freedoms

Currently, the SSA’s determination system classifies beneficiaries as either financially capable or incapable, but the reality is that capability can deteriorate or improve over time.

For people at risk of becoming financially incapable, the committee recommended a system used by the Department of Veterans Affairs called “supervised direct pay.” Benefits are paid directly to the beneficiary, but with guidance from someone who can check how money is being handled.

“We were very conscious about making suggestions that would support beneficiaries’ basic autonomy,” says Birkenmaier. “Supervised direct pay supports clients’ efforts to be decision-makers in their lives as fully as possible, but having support right there.”

Opportunities for social workers

Taking financial capability determination into the real world requires professionals who have frequent and direct contact with the beneficiary— occupational therapists and social workers would be a good fit.

“Social workers could do a lot more to assess and intervene in client finances, and I think many aren’t aware they can do that,” says Birkenmaier.

“Part of the challenge is to better educate our students in what they could be doing to help. Currently, finances are not interwoven well into social work education, which is something we’re working on,” says Birkenmaier. “We are offering classes in financial capability at the undergraduate and graduate levels- something that few social work programs offer at this time. While many programs are beginning to integrate financial capability into their courses, our dedicated classes are innovative in this field.”

Urbanization in China may bring health benefits

Sky-high smoking rates show signs of decline.

Associate Professor of Social Work Jin Huang and his colleagues at SLU and Chongqing University found that Chinese teenage boys are less likely to start smoking than those born decades ago, a significant trend in the nation where one-third of world’s smokers live.

Two-thirds of Chinese men become daily smokers; the vast majority start when they are between 15 and 20 years old. In contrast, fewer than 4 percent of females in China smoke, which is why they were not included in the study.

The likelihood of male teens starting to smoke dropped even faster in more densely populated rural towns and suburbs of cities. As they start to catch up with China’s large urban cities, these areas are ripe for growth and development, and are gaining access to more social and economic resources, including health information and health care.

RATES OF SMOKING INITIATION IN CHINESE MALES

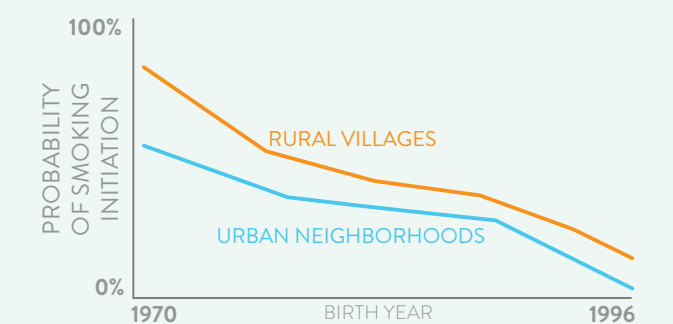


PHOTO: Marcus Stabenow/SLU MetroMarket

Turning the Corner on Hunger

New evidence on the lasting harms of childhood hunger add urgency to community-based efforts to address food insecurity.

Children who frequently go hungry are more likely to be violent and to have impulse-control issues as adults, according to research led by Dr. Michael Vaughn in the School of Social Work. “The impact of hunger on neurocortical development and functioning may have a hand in explaining the link between hunger and interpersonal violence,” Vaughn said.

It is estimated that one in five households with children live in “food-insecure” households in the United States, and the American

Academy of Pediatrics recommends that pediatricians screen for food insecurity. In a 2016 survey, Dr. Ellen Barnidge, Department of Behavioral Science and Health Education, and her team found that while 80 percent of providers were willing to screen, they weren’t sure how to handle a positive screen. “Physicians need a treatment algorithm to help them navigate what to do given the resource context,” Barnidge said.

In a separate study, Barnidge and her colleague Dr. Enbal

Shacham are evaluating the impact of the St. Louis MetroMarket, a donated city bus repurposed as a mobile farmers market (right). Created by SLU School of Medicine graduate Jeremy Goss, MetroMarket brings healthy food to food desert areas. “To use a new food resource in a community, people must change their established shopping patterns,” Shacham said. “We are measuring how MetroMarket can influence shopping behavior and, ultimately, increase food security for neighborhoods with low food access.”

WHAT DOES SOCIAL JUSTICE MEAN TO YOU?

Social justice means many things to many people. It has been called a value system, a moral framework and an inspiration for action. With social justice as a cornerstone of our identity, its meaning takes on particular importance for us. We asked faculty members what social justice means for them and their disciplines. Here's what we heard:

Think about somebody else

Stephanie McClure, Ph.D.
ASSISTANT PROFESSOR OF BEHAVIORAL SCIENCE AND HEALTH EDUCATION



I link social justice to social equality, the idea that “all people are created equal.” As a society, we are called upon to demonstrate that value by working to ensure that all members are fed, sheltered and safe; that all have the opportunity to forge meaningful and beneficial relationships; to be engaged in activities that give their lives meaning; and to achieve their full potential. But in the simplest terms, social justice is embodied in the

actions of a six-year-old homeless boy Dr. Joe Greer met at the Salvation Army in Miami, Florida. It was lunchtime, and Greer gave the boy his sandwich. The boy unwrapped the sandwich, broke it in half, ate a few bites, wrapped up the rest and put it in his pocket. When Greer asked, “Why’d you do that?” the boy said, “It’s for my brother.” Social justice means: think about somebody else.

Removing roadblocks

Travis Loux, Ph.D.
ASSISTANT PROFESSOR OF BIostatISTICS

Social justice is giving everyone a realistic opportunity by removing the systematic roadblocks that keep people from living better, healthier and more fulfilling lives. As biostatisticians, we try to identify those roadblocks through collection and analysis of data about people’s health and wellbeing.



Investing effort

Ashley Lugo, Ph.D.
ASSISTANT PROFESSOR OF APPLIED BEHAVIOR ANALYSIS



Social justice means investing efforts to ameliorate discrepancies that threaten human rights for all individuals. This is the underlying foundation of applied behavior analysis. We work to find creative and socially significant ways to address the needs of people who are underserved or underprivileged by influencing human behavior.

Education is key

Gabriel Carrillo, M.S.W.

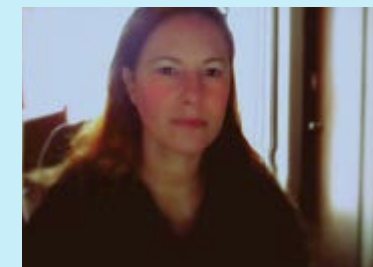
ASSISTANT CLINICAL PROFESSOR OF SOCIAL WORK
Social justice means a society where there is equity in both access to education and in distribution of the resources necessary to make the most of it. Failure to provide these resources—books, clothes, transportation, a warm meal to fill their bellies, qualified teachers, healthy environment—is no access at all. When we educate our children—boys and girls—we give them an opportunity to participate actively in the growth of the community and the tools necessary to secure a livelihood. We give them the resources necessary to make decisions about our sociopolitical environment, our leaders and the policies they can support to improve their lives. Education invites the opportunity for individuals to be involved in and make decisions about their personal growth, health care, sexual and reproductive health and the bargaining power necessary to navigate in the world we live in today.



Social scaffolding

Carole Baskin, D.V.M.

DIRECTOR, MASTER OF PUBLIC HEALTH PROGRAMS



Being the child of Holocaust survivors and the parent of a son with unique educational needs which require a lot of time, resources, and advocating, this is an issue I think about a lot. How do some communities and individuals manage to thrive in the face of trauma and endless persecution? In other words, how do you build individual and community resilience?

To me, it begins and ends with how one generation prepares the next for the challenges ahead. What type of social and emotional scaffolding is needed to ensure that children’s needs are met first and foremost so they can grow into stronger and more successful adults than the preceding generation? I would venture that every child needs to have a modicum of stability, be it in the form of a predictable schedule, reliable health care, a secure relationship with at least one caring adult, a community that can provide a bit of a safety net and a safe place to vent, or a low conflict environment conducive to getting enough sleep, enough nutritious food, and education. Social justice is finding ways for most children to get most of those, most of the time.

Full participation

Jesse Helton, Ph.D.
ASSISTANT PROFESSOR OF SOCIAL WORK



I define social justice as the ability for all children to participate in daily life- in their families, their communities and in their schools. I study children with disabilities who have been abused or neglected. In my studies, I try to find the right balance between viewing disability as a physiological problem, which requires rehabilitation to improve a deficiency, and viewing it as a social construct, which requires rehabilitation of a child's environment to remove barriers that hinder full participation. Of course, it takes both types of rehabilitation to provide the best care. But, without social justice, we may end up only focusing on the physiological problems and ways to "fix" a child, instead of thinking of better ways to change physical, environmental and developmental barriers.

Hard work

Anne Sebert Kuhlmann, Ph.D.
ASSISTANT PROFESSOR OF BEHAVIORAL SCIENCE AND HEALTH EDUCATION

Social justice is not shying away from doing the hard work. Globally, that means not being afraid to work in the most challenging environments, even when most others have left or chosen not to work there.



Your turn!

What does social justice mean to you? Use the hashtag #SoJust and let us hear from you on your favorite social media platform. ♥

SERVING for CHANGE

Dr. Norm White Serves as the
College's First Associate Dean
for Community Engagement



In 1967, President Lyndon Johnson formed the National Advisory Commission on Civil Disorders. He charged it with explaining the civil unrest in dozens of U.S. cities. The Commission's findings, known as the Kerner Report, concluded that the nation was "moving toward two societies, one black, one white, separate and unequal." The implication was that segregation and inequality served as kindling and, often, police violence and abuse provided the spark to ignite unrest.

Norm White invites us to fast forward to the present day and consider the inequity that still disproportionately resides in communities of color. As Ferguson, Baltimore, Charlotte and other cities see demonstrations in response to the use of deadly force by police, White takes on his new role with a solemn optimism.

"We have to get this right," said White, professor of criminology and criminal justice at SLU. "There are people dying because we can't get this right. There are cities burning because we can't get this right. We have the opportunity to do something different, and to be present in ways that others can't."

Through this new position, White is leading the College's efforts to partner with community members and organizations. Together, they'll work and advocate for equity and justice.

LEADING BY EXAMPLE

White has worked with SLU's Overground Railroad to Literacy project since 2014, overseeing SLU students who commit to providing tutoring and mentoring for children in north St. Louis for a year. The project, which began in one elementary school, has ballooned to more than 70 students and is hosted in four schools and nonprofits.

More recently, White received funding from a coalition of eight foundations for a project he started with Jimmie Edwards

and David Mason, both St. Louis Circuit Court judges. The Shut It Down: Closing the School to Prison Pipeline project takes on school disciplinary structures that aren't up to the task of helping kids with behavioral challenges.

St. Louis leads the nation in school suspension for African-American children. Many kids suspended or expelled from school never return and, instead, enter the justice system.

The project provides faculty and staff at seven public schools with professional development about responding to the complex needs of children and families. "Misbehavior may be related to trauma children have experienced or untreated mental health issues," said White. "This is about providing a new lens to view disciplinary incidents and the systemic issues that contribute to racial inequities."

LEARN MORE about Shut it Down on St. Louis Public Radio's online multimedia project "We Live Here."

bit.ly/SoJustEquity

White describes this approach as "creating a quilt of resources" to help ensure educators' and children's needs are met. "Our College is unique in its extraordinary intersection of academic disciplines that can be brought to bear in the community," said White. "We can bring the evidence base and the real world together."

Back in the '60s, the Kerner Report concluded: "This deepening racial division is not inevitable. The movement apart can be reversed." Today, White puts this into perspective for his work engaging the community. "How do we go out beyond this campus and try to help in ways that we haven't in the past? Starting with a shared commitment to racial equity is key." ♥

CONSISTENT EPIPHANIES

Public health alum leads SSM Health Saint Louis University Hospital into a new era of health care.

by Marie Dilg

Kate Becker is uniquely qualified to take a lead role in the changes taking place on the Saint Louis University medical center campus. The president and CEO of SSM Health Saint Louis University Hospital is a 2011 graduate of the College for Public Health and Social Justice and one of the few hospital CEOs in the country with an M.P.H.

“I never imagined I’d be sitting in this office,” said Becker. “But my background in public health has proven to be the perfect framework for discussing what an integrated delivery model looks like and where a medical center fits into that model.”

Since entering into a partnership in 2015, SSM Health and Saint Louis University have been developing an integrated model of care that blends health promotion and clinical care. Conceptualized for years as two distinct, albeit overlapping systems, policymakers and providers are finding that integrating individual care and a public health approach into a single system can save resources and improve patient outcomes.

“Over the past decade I’ve gone to meetings where there’d be consistent epiphanies about integrated care,” said Becker, who, before joining SSM Health, was associate general counsel for Saint Louis University and CEO for SLUCare, the University’s multispecialty medical practice. “You’d have to remind people that there’s a whole discipline dedicated to what they were discussing, that there were people you could ask to help with these initiatives.”

“We operated in separate universes with very little crossover for such a long time,” Becker said. “Public health was supposed to deal with seatbelts and smoking and fluoride in the water. Traditional care was supposed to deal with coughs, colds and heart attacks. We’re doing a much better job now of seeing how we intersect because that’s really what integrated health care delivery is – private health care in a public health care space.”

The Affordable Care Act (ACA) has encouraged integration of public and private health care since its enactment in 2010. While the principal goal of the ACA is to improve access to the traditional health care system via expansion of affordable insurance, there are specific provisions that encourage health promotion and disease prevention. Individual health, said Becker, is now considered inseparable from the health of the larger community.

CONNECTIVE CARE

Becker said the goal of any integrated model is to keep people healthy and to deal with chronic conditions better so patients are using more primary care resources and less of the more expensive acute care resources.

“There are some things along the continuum of care, such as trauma, transplant and cardiac care that always are going to take place in a hospital setting,” said Becker. “The new hospital will be dedicated to providing the excellent tertiary and quaternary care that SLU is known for historically. Yet, we expect a lot of folks to be using the expanded outpatient services in the new ambulatory care center.

“It’s about getting patients in the right place at the right time. If we do that, those who should be inpatient are inpatient and those who do not need to be inpatient don’t have to be.”

Toward this end, SSM Health joined the Integrated Health Network, an organization of St. Louis metro area hospitals, federally qualified community health centers and other safety net institutions that work to increase patient access to affordable health care. It also embedded a care referral coordinator in the hospital emergency room to help patients connect with community providers after discharge. For patients admitted to the hospital, disease-specific nurse navigators educate patients about their conditions and help remove barriers to their follow-up care.

“Consequences can be very serious when patients get off track,” said Becker. “It goes a long way toward building relationships with your patients when you individualize care, when you ask whether

they have food at home or whether they have a scale to weigh themselves, and you really care to hear the answer.”

PRESENT AND ACCOUNTABLE

Saint Louis University has had a footprint on South Grand Boulevard for more than 150 years – first with establishment of the medical school in 1836 and then the opening of the hospital in

1933 by the Saint Louis University Jesuits and the Sisters of Saint Mary. SSM Health Cardinal Glennon Children’s Hospital recently celebrated its 60th year on South Grand. Keeping the new SLU hospital and ambulatory care center in the same area, said Becker, is a testament to the University’s commitment to St. Louis. She said the medical center campus is strengthening its ties with the Tiffany neighborhood—its longtime home—through free diabetes education classes, cancer screenings, health fairs and back-to-school programs, among other events.

“SLU Hospital is unique because people come from across the region for the high-end services we provide but we’re also a neighborhood hospital,” said Becker. “I think we’re doing a pretty good job of balancing these

two things.”

A workforce development project is another initiative designed to strengthen the bond between SLU and the community. SSM Health Saint Louis University Hospital is collaborating with Forest Park Community College to create opportunities for graduates of its health professions programs. The goal is to help people who live in the city find jobs in the city.

“SLU Hospital is unique because people come from across the region for the high-end services we provide but we’re also a neighborhood hospital. I think we’re doing a pretty good job of balancing these two things.”

In addition, SSM Health Saint Louis University Hospital is in the midst of a health needs assessment – a public health tool used to identify unmet health needs in a community. This process brings community stakeholders together to conduct epidemiological, qualitative and comparative research to describe problems, identify inequities in access to services and determine priorities for the most effective use of resources. For the next couple of years, the three areas of concentration chosen by SLU and SSM Health are behavioral health and substance abuse, access to care for patients with kidney disease and violence prevention.

Dr. Nancy Weaver in the College for Public Health and Social Justice was invited to join the violence prevention committee due to her expertise in population-based programs that identify violence risk factors. *See sidebar.*

Becker said she anticipates the integrated care initiatives and community outreach efforts will mean more opportunities for public health and social work students to find practicums and internships at SLU.

In the end, Becker said advancing social justice is the undercurrent of all initiatives underway on the medical center campus.

“Our commitment to social justice goes beyond our shared mission of caring for the underserved,” said Becker. “Social justice is making sure the resources we have are being used to the greatest extent possible and are providing the most benefit possible. That relates to everything – from our workforce development program, to new recycling measures we’ll be undertaking in the new facilities, to our community outreach efforts.

“It’s not about reengineering the system as much as it is about knowing that we have an obligation to take care of one another. In the end, we all do better when each of us does better.”

When victims of violence arrive in an emergency room, the standard approach to care is to treat the medical injuries and discharge the patient.

“We send them back into a situation where they might retaliate and exacerbate the violence, or they may be victimized again,” said Dr. Nancy Weaver, Associate Professor of Behavioral Science and Health Education.

The College for Public Health and Social Justice has awarded Weaver a grant to explore ways of changing this trajectory. She’ll collaborate with faculty from the College’s social work and criminal justice programs and the SLU School of Medicine. As part of the research project, they’ll identify the basic needs of victims of violence and examine how the community can translate evidence-based tools for use in St. Louis.

“We’re talking about food, shelter, employment,” Weaver said. “If you can help someone meet their basic needs, our efforts aimed at reducing violence have a great chance of being successful.”

To help victims meet those basic

BREAKING THE CYCLE OF VIOLENCE

needs, her team will identify community resources available to victims of violence to help bridge the gap between clinical care and community care. They’ll explore how hospital culture affects the care of victims of violence. They’ll also determine what hospitals need to be successful at adopting and sustaining programs that help address the social determinants of community violence.

The idea for the yearlong study grew out of meetings last year between SLU, Washington University and other community-based agencies dedicated to serving vulnerable populations and advancing evidence-based violence prevention through a range of education, research and training activities.

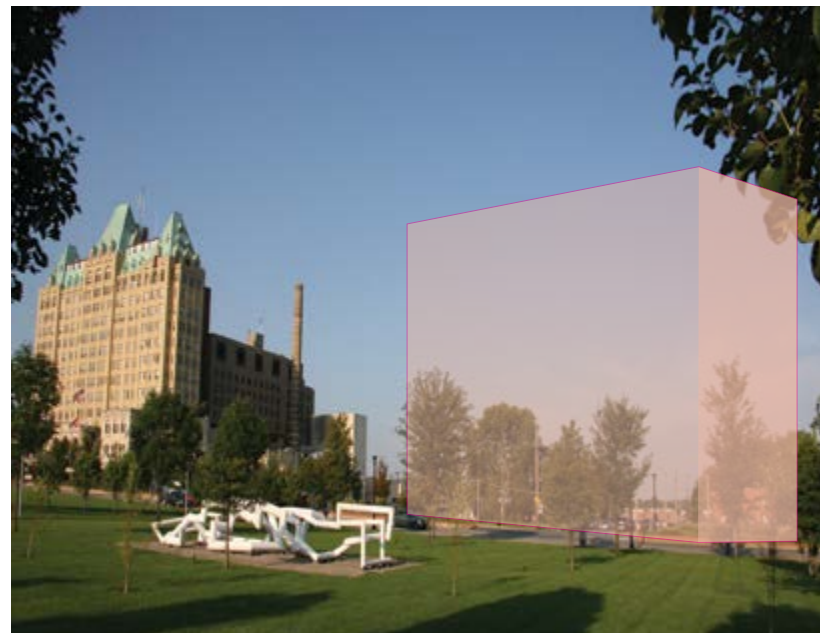
“Public health views challenges through a transdisciplinary lens,” said Weaver. “And we are very committed with all of our initiatives to connect the classroom to our community in meaningful ways.”

Weaver said SSM Health and SLU have been strong partners in her efforts to promote prevention programs. She also launched a successful educational initiative at the Danis Pediatric Clinic to promote positive parenting and reduce all types of childhood injuries – the number one killer of children.

Plans revealed for \$550 million academic medical center

In June, SSM Health unveiled a master facility plan for a new \$550 million academic medical center that includes a 316-bed, 802,000-square-foot replacement hospital and a new outpatient care center for SSM Health Saint Louis University Hospital. Dedicated educational space throughout the facility will allow the University to better train future physicians and health practitioners.

Lawrence Group, in partnership with Hammel, Green and Abrahamson, began developing the project in January, working from information provided by planning architects Frank Zilm and Associates Inc. The new facility is expected to be completed in fall of 2020.



The new facility will be built next to the historic Desloge Tower. With its distinctive copper roof and Gothic revival style, the building is a St. Louis landmark.

GLOBAL DISPATCHES

Students and faculty report from far-flung destinations.



Sam Wasala

M.P.H. student internship
Lwala Community Alliance, Kenya
“Here Eunice and Alice are teaching me the importance of planting vegetables in raised beds to better retain water moisture in the soils.”



Dr. Anne Sebert-Kuhlmann

Research methods workshop
Comayaguela, Honduras
“Proof that I survived giving an 8-hour workshop with 30 Masters of Epidemiology students at the national university of Honduras in Spanish and still had a smile on my face at the end of the day!”



Stephanie Olomukoro

M.P.H. student internship
Cape Town, South Africa, Heart of Cape Town Museum
“I didn’t realize the first successful heart transplant in the world was done by Christian Bernard in South Africa!”



Jessica Clark

M.P.H. student internship
Kathmandu, Nepal
Internship goals: to teach middle school students about sanitation, hygiene and infectious diseases.



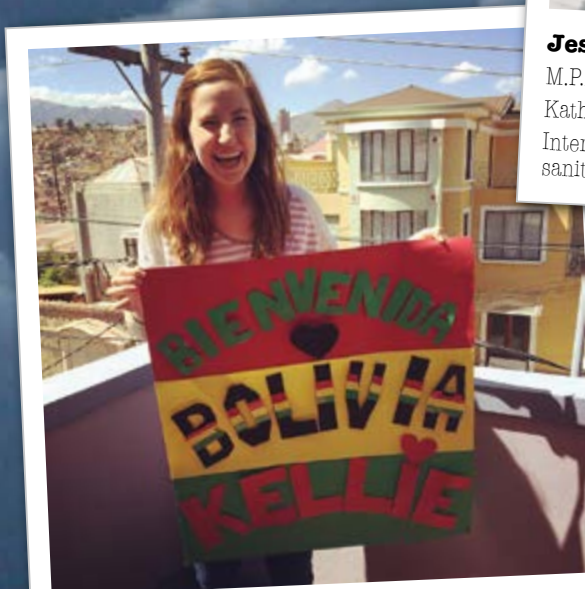
Erik Hoaglund and Beth Carron

Spring break immersion trip
West Virginia
Hoaglund (center) and Carron (right) sing and play at a community bluegrass jam. Students spent a week in rural West Virginia working to improve the health outcomes for underserved communities.



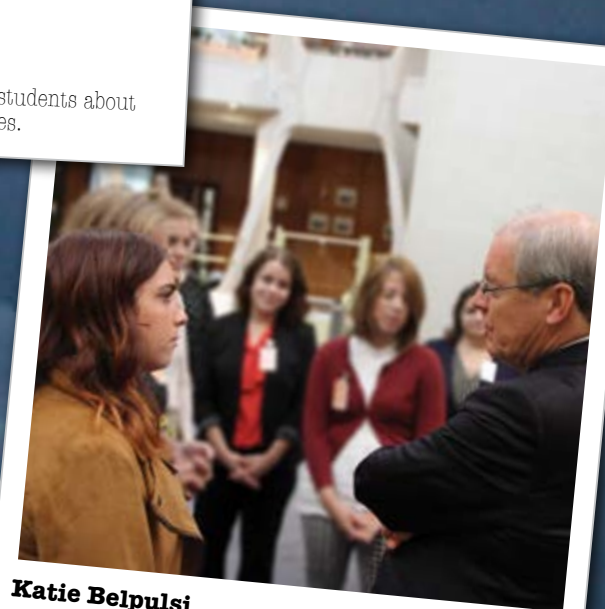
Jessica Buck

Belize 2020 partnership, St. Martin DePorres Jesuit parish and school
Belize City, Belize
In a city rife with gang violence, Buck takes anthropometric measurements as part of an assessment looking at the effects of post traumatic stress disorder on education.



Kellie Stewart

M.P.H. student internship
Cochabamba, Bolivia
Goals: To improve Spanish, to practically apply things learned in M.P.H. classes, to learn from health professionals. “Everyone thought that I was a doctor!”



Katie Belpulsi

Social work summer immersion course
Dublin, Ireland
Belpulsi (left) speaks with U.S Ambassador and SLU alum Kevin O’Malley at the Embassy.

CHECK OUT the “Hear it from the Authors” podcast for an engaging conversation on the growing crisis of chronic disease in low and middle-income countries.

The podcast is a companion to “Non-communicable Diseases in Africa and the Global South,” a special supplement of the Journal of Health Education and Behavior co-edited by Dr. Collins Airhihenbuwa.

bit.ly/SoJustPodcast

Developing leaders in and out of the classroom



CHRISTIAN GENEUS, M.P.H. 2015

Our students develop the skills and tools needed to confront the greatest challenges to the health of individuals and the communities they live in.

The College for Public Health and Social Justice at Saint Louis University is the only academic unit of its kind among the nearly 250 Catholic institutions of higher education in the United States. With a focus on finding innovative and collaborative solutions for complex global health problems, the college offers diverse degree programs united by our commitment to social justice. Our Jesuit identity is a foundation which inspires the moral and ethical principles of our social justice mission: working with and in communities to improve health and well-being, with a focus on health equity for the disadvantaged and vulnerable.

GLOBALY-RECOGNIZED LEADERSHIP IN HEALTH CARE MANAGEMENT EDUCATION

- >> Bachelor of Science in Health Management
- >> Master of Health Administration
- >> Master of Public Health in Health Management and Policy
- >> Executive Master of Health Administration

SOCIAL WORK EDUCATION BUILT ON RESEARCH AND GROUNDED IN PRACTICE

- >> Bachelor of Science in Social Work
- >> Bachelor of Arts in Criminology and Criminal Justice
- >> Master of Social Work
- >> Ph.D. in Social Work
- >> Master of Science in Applied Behavior Analysis
- >> Master of Science in Criminology and Professional Practice

PUBLIC HEALTH PROGRAMS BUILT ON COLLABORATION AND SERVICE

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- >> Bachelor of Science in Emergency Management
- >> Bachelor of Science in Biostatistics
- >> Master of Public Health
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 - BIOSECURITY AND DISASTER PREPAREDNESS
 - BIOSTATISTICS
 - ENVIRONMENTAL AND OCCUPATIONAL HEALTH
 - EPIDEMIOLOGY
 - GLOBAL HEALTH
 - HEALTH MANAGEMENT AND POLICY
 - MATERNAL AND CHILD HEALTH
 - PUBLIC HEALTH PRACTICE
- >> Ph.D. in Public Health Studies



STUDENT SPOTLIGHT



TRUE BLUE

With a B.S. in public health from the College for Public Health and Social Justice in hand, dual M.P.H./M.D. student **Rebecca Rohde** is a true SLU believer. She's also a believer in the power of medicine and public health to be better together. Rohde's HPV vaccine research won first place at SLU's 51st annual Alpha Omega Alpha medical honor society Research Forum. She and her colleagues surveyed more than 900 students, and found significant gaps in vaccine knowledge and uptake. College-aged students account for nearly 75percent of all new HPV infections.



FROM CLASS ASSIGNMENT TO LAW

Dr. Philip Abraham sees firsthand the harm tobacco does to young people as a pediatric hospitalist at Washington University School of Medicine. But it was his role as a student in the Executive Master of Health Administration program that opened the door to making change happen. Abraham (left, with supporter) developed a policy brief for his health policy class and presented it to St. Louis County Council member Sam Page, who worked to bring a bill forward for consideration. Dr. Kevin Broom in the Department of Health Management and Policy and SLUCare pediatrician Dr. Matt Broom also spoke to the Council in support of the bill, which was voted into law in September. Known as Tobacco21, the law bans the sale of all tobacco products to persons under 21 years old.

"I enrolled in the M.H.A. program at SLU because I wanted to learn ways we can increase access to health care while also cutting costs," said Abraham. "I researched Tobacco21 for Dr. Kimberly Enard's class, and I figured, why not bring this to St. Louis?"



MESSAGES OF HOPE

This September, Master of Social Work student **Aaron Laxton** led a discussion with students, faculty and staff about the June 2016 shooting in a gay nightclub in Orlando, Florida.

"People need a space where they can decompress, process and express how they're feeling right now," said Laxton. He initiated the conversation through a social work lens: looking at the invisible trauma that ripples throughout society in the wake of gun violence.

Laxton, who is director of client services for Criminal Justice Ministry in addition to his studies, is a well-known HIV/AIDS activist. In the wake of Orlando, he began recording "messages of hope" to share with the victims' families, first from the LGBTQ community in St. Louis, and then more broadly.

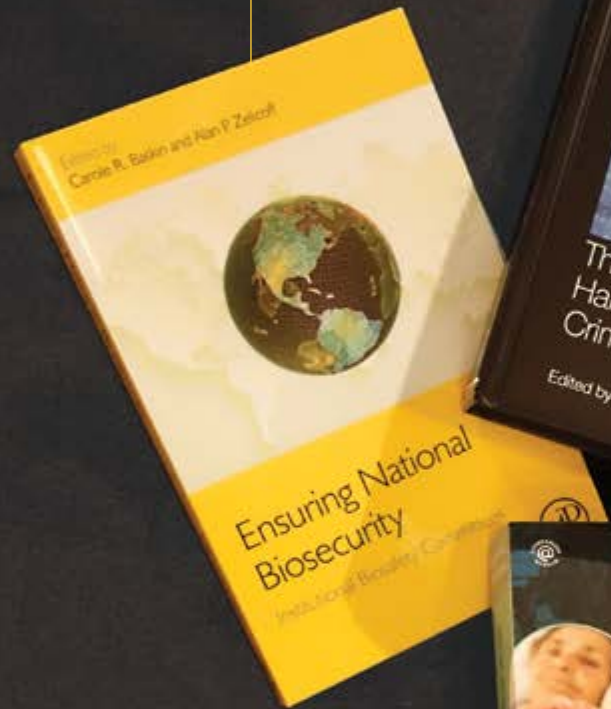


PUBLIC HEALTH SCHOLAR BOWL

SLU's annual Scholar Bowl brings together teams from more than a dozen undergraduate public health programs from across the nation to compete in case study and quiz competitions. Learn more about this student-run event at: bit.ly/SoJustScholarBowl

DR. CAROLE BASKIN
“Ensuring National Biosecurity: Institutional Biosafety Committees”

How can the scientific community and regulators keep up with the fast pace of innovation in the life sciences and ensure work with hazardous agents remains safe for workers and the public? Baskin and co-editor Dr. Alan Zelicoff frame the issues and point the way forward.



DR. MICHAEL VAUGHN
“The Routledge International Handbook of Biosocial Criminology”

Vaughn and his co-editor Dr. Matt DeLisi bring together leading experts from around the world to consider how biological factors such as genetics, evolutionary biology, and neuroscience can join forces with traditional social science perspectives in explaining and preventing criminal and antisocial behavior.

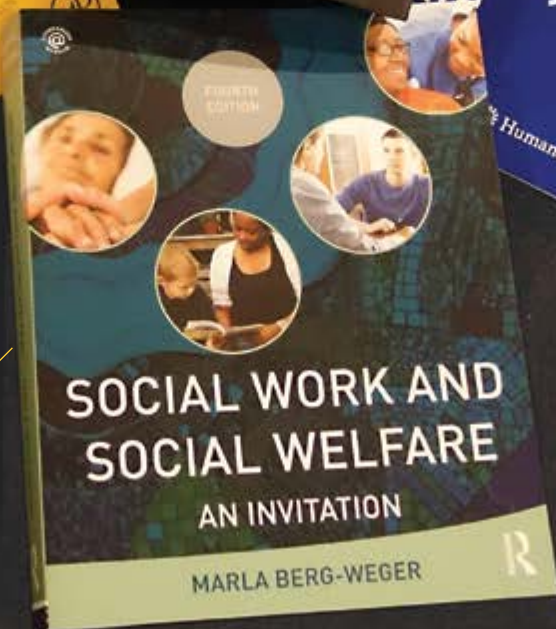


DR. KEON GILBERT
“Men’s Health In Primary Care”

Through three chapters in this edited work, Gilbert contributes a social ecological approach to understanding the challenges and opportunities in meeting the unique needs of men’s health in clinical care.

DR. MARLA BERG-WEGER
“Social Work and Social Welfare: An Invitation”

In a new fourth edition of this bestselling work, Berg-Weger brings a real-world lens to social work education through profiles of social workers as well as six interactive case studies that bring contemporary social and ethical issues to life.



“The value of servant leadership found in Jesuit philosophy forms the basis of why my wife Sandy and I are so committed to health and to education.”

Douglas A. Ries (A&S ‘69, GRAD ‘72)

Looking back on a more than 40-year career leading faith-based health care organizations—including 25 years as president of Cardinal Glennon Children’s Hospital—Doug Ries has made an imprint on health care in St. Louis and beyond.

Yet, with a physician father trained at Saint Louis University School of Medicine and adult children working in hospital administration and physical therapy, Ries’ career is but one chapter in his family’s health care story. “It just seems to run in our family,” says Ries.

That’s why the Ries family’s gift to the College for Public Health and Social Justice felt like a natural next step. Their endowed scholarship will allow students to experience the Jesuit education which has made such an impact on the Ries family.

“Education really forms the basis of your entire life, and if you’re blessed with health, those two things together make one’s ability to work and be a leader,” said Ries. That’s why we want to give back to organizations that support health and education.”



MASTER OF HOSPITAL ADMINISTRATION CLASS OF 1972

To learn more about how you can support the College for Public Health and Social Justice, please contact the office of Development and Alumni Engagement:

Liz Stookey
 ebolen1@slu.edu
 314-977-8119



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OFFICE WITH A VIEW

Dr. Brett Emo checks a rooftop air monitoring station, which is part of the U.S. Environmental Protection Agency's RadNet environmental radiation monitoring system.