College of Health Sciences Newsletter, March 2017

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By Irvin B. Harrell

Boundless Dedication

Interim Dean Richardean Benjamin holds a Lunch and Learn session in winter 2016 about her medical mission to Haiti.

Interim dean brings experience, spirit of adventure to the table

Rural areas with outhouses and no running water. City streets filled with the homeless and drug addled. Richardean Benjamin, interim dean of the College of Health Sciences, has seen it all during her career in health care.

From one quest to the next, her life is a journey filled with adventures and hard work.

Collected, Benjamin delivers her story. She says she gets her tranquil demeanor from one of her heroes, her mother Cozennia. “She was called “Cozy,” she says. “She was the one you would

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Benjamin speaks at a February reception in Virginia Beach during Dental Hygiene Winter Weekend.
College’s IPE culture continues to gain momentum

Spring’s ahead! The increased sunlight and energy that the season brings will only fuel the substantial energy afoot in the college. Thanks to the efforts of faculty, staff, and students, we have made significant progress toward achieving the college’s strategic goal of creating an interprofessional education and interprofessional practice culture. These collective efforts have enhanced our capacity for providing a quality and an innovative education that prepares our students for meeting the needs of patients, families, and communities in the context of an ever-evolving health care system.

We now have IPE study abroad courses that offer our students the opportunity to learn about, with and from each other in international settings. The faculty team from the Dental Hygiene, Physical Therapy/Athletic Training and Nursing – led by Dr. Carolyn Rutledge – continues to use the standardized patient approach to create meaningful clinically based learning for students who represent three higher education institutions in Hampton Roads. Faculty from the School of Community and Environmental Health are leading the development and planning for IPE Day 2018.

The community-wide representation on the COHS IPE Advisory Committee continues to grow. This academic year we welcomed Dr. Barbara Kraj, director of the Medical Technology Program for the School of Medical Diagnostics & Translation Sciences (MDTS), College of Arts and Letters faculty members Dr. Gary Beck from the Department of Communications and Theatre Arts and Dr. Corrin Richels from the Department of Communication Disorders & Special Education. We also welcomed a new institutional representative from Children’s Hospital of The King’s Daughters (CHKD), Megan Donnally, who is a clinical practice and education specialist.

Dr. Scott Sechrist’s beautiful photographs of the August 2016 COHS First Year Student IPE Learning Activity have graced our website and have been featured at several IPE national and international presentations. Students and faculty are now preparing to host our first annual IPE Poster Day. In addition, our students also have taken significant strides toward engaging in their own education.

The COHS IPE Student Ad Hoc Committee met to discuss the plans for IPE Day 2017 and gave specific input regarding case study content and the learning approach. Students also have responded to our call for student volunteers for the IPE Student Facilitator Corp. And the list goes on…..

IPE Day 2017 is just two weeks away. Award-winning investigative journalist Sam Quinones will share his perspective on the health, social, and policy implications of opioid use, misuse, and additions. Clinical staff from CHKD and other Hampton Roads community members, COHS Advisory Board members, faculty and students from EVMS, Hampton University, and Norfolk State University will join us.

Thanks to all for making academic year 2016-2017 one where we have definitely roared with IPE in the COHS! Your efforts and commitment are truly appreciated.
Journalist, IPE Day to focus on opioid issue

In 2014, $55 billion in health and social costs each year were related to prescription opioid abuse in the United States. That same year, opioid poisonings cost the nation $20 billion in emergency department and inpatient care. On the average day in 2014, 78 people died from an opioid-related overdose. These statistics from the Centers for Disease Control and Prevention (CDC) are absolutely staggering. And serving as a backdrop to these numbers is this daunting 2014 statistic: On an average day in the U.S., 580 people started using heroin.

As this opioid epidemic still continues to kill and rage, prescription pain medication serves as ground zero for many of its victims. And opioid addictions doesn’t discriminate. Be you rich, middle class or poor, living in the city or country, a straight-A student or outstanding athlete, opioid abuse can easily become a reality, and lead to a deadly spiral.

Just ask Sam Quinones, an award-winning journalist who spent extensive time researching and writing about the opioid epidemic in America. He opens his book “Dream Land” with an anecdote about a small town with a big problem. He zooms in on a family that is forced to face the tragic realities of having a child hooked on heroin. It doesn’t end pretty and both mother and father are left grasping for answers.

This opioid abuse issue will take center stage later this month at Old Dominion University’s Third Annual IPE Day on March 29. Quinones also will be on hand to provide additional perspective. Don’t miss out on this wonderful opportunity to take part in understanding the various implications of a very troubling crisis. Register now before it’s too late. Students can register at https://www.allcounted.com/s?did=cflb4o9z7b8d7. Staff and faculty can register at https://www.allcounted.com/s?did=kxn5hpfr5xf.

WIC research receives additional funding from Duke

Dr. Harry Zhang, an associate professor with the School of Community & Environmental Health, recently received additional funding for his research on ways to improve the Women, Infants, and Children (WIC) program.

Zhang is receiving $50,000 from the Duke-UNC USDA Center for Behavioral Economics and Healthy Food Choice Research (BECR Center) to test a new a WIC app in Virginia.

WIC provides federal grants to states for supplemental food, health care referrals and nutritional education to low-income pregnant, breastfeeding, and non-breastfeeding postpartum women. It also provides services for infants and children up to age 5 who are found to be a nutritional risk.

Based on the abstract from the grant proposal, the pilot project will help to “better understand whether an app can address behavioral barriers and help improve participants’ redemption of WIC benefits, and at what scale. The results will help in the design of app-based interventions for WIC participants in the future.”
BENJAMIN, from Page 1

go to for comfort. She was that calming spirit who would settle you down when you were going through difficult times.”

Cozy and Richard Benjamin lived in Savannah, Ga., and had three boys and three girls. Richardean was their second child. Richard owned an upholstery business and all of the children grew up working there.

“When we weren’t at school, we worked,” she says. “My father said school was our vacation.”

Getting an education was stressed by her parents, Benjamin says. But with a limited family income, going to college wasn’t easy without good grades.

“I really wanted to be a nurse early on,” she says. “I had an aunt who was a nurse and I really admired her.”

In the early 1960s, Benjamin applied to a three-year nursing diploma program in Atlanta at Grady Memorial Hospital, the largest hospital in the state of Georgia. She received a full scholarship. Working while taking classes was the norm, she says.

But these were not the best of times to be in the South. Segregation was in full effect when Richardean was getting her early education. Black nurses and white nurses wore different uniforms and even had separate housing at Grady.

“The end of my first year is when the civil rights act was passed,” she says. “We had to literally move patients in the hospital to integrate it. Some of the patients got really angry.”

In 1966, Benjamin received her RN diploma, which allowed her to take her licensing exams. She continued working at Grady for about three years in the surgical intensive care unit and operating room where open-heart surgeries were performed.

Benjamin left the South for the Big Apple in 1969 as a nurse in a small hospital in Manhattan for about a year. The next four years she worked in a Methadone Maintenance Treatment Program run by Beth Israel Medical Center, which at the time was a research program. She worked in Harlem, treating patients with heroin addictions. It was there that she had her first real exposure to homeless people.

“Back in Georgia, it never appeared to be an issue,” she says. “In the ‘country,’ you always figured that at the end of the day someone always had a place to sleep that wasn’t in the streets.”

In 1975, Benjamin headed back to Savannah to work on her bachelor’s degree. She took classes full-time and received her bachelor’s from Armstrong State University. She followed that up with a master’s from Medical College of Georgia in Augusta.

“Once I completed my master’s degree, my intention was to open a clinic that would be nurse-managed,” she says.

But Benjamin soon realized she needed a doctorate degree to be more credible. At the time the University of Texas offered an incredible cost saving, so Benjamin and her daughter Carmen, who was 11 at the time, headed to Austin, Texas.
Although her original goal was to become a clinician, the educational exposure offered an opportunity to think more broadly about providing care to individuals, she says.

Benjamin and her daughter returned to Savannah after she received her doctorate degree. She took job in Statesboro, Ga., at Georgia Southern University.

“It was a small rural town,” she says. “I was an assistant professor in nursing. It was as a faculty member that I determined I could have a larger impact on patient care by the volume of students who would go on to provide direct care.”

After three years in Stateboro, Benjamin says she became “restless.” She left Georgia again—this time after being awarded a post-doctoral fellowship in the psychiatric epidemiology program at the University of Pittsburgh. She spent about three years at Pitt, diagnosing and treating children. Once again she was faced with another perspective on affecting care to individuals, especially to people of color.

In 1988, Benjamin headed to Washington, D.C., accepting a job as administrative associate of the American Nurses Association’s Minority Fellowship Program. But it wouldn’t be long before Old Dominion University came calling.

A year later, she was offered a faculty appointment as an assistant professor in nursing at ODU’s College of Health Sciences. When she went on the interview, she had a very memorable and telling experience, Benjamin says.

“When I flew into Norfolk, oddly, I was the only person on the plane,” she says. “In fact, the pilot actually came out of the cockpit and spoke to me directly. I felt really special.”

The opportunity, area, campus and connections in Norfolk made the job that much more special, she says. The School of Nursing at the time had not had a faculty member of color in seven years. Benjamin joined Edna Coleman and Faye Coleman as the only African American faculty members in the college at the time. Coincidentally, the three of them were related through marriage to three brothers.

Benjamin received tenure in 1995 and later became graduate program director for the School of Nursing. She served as chair of the school for seven years beginning in 2002 before becoming associate dean of the College of Health Sciences.

With more than 25 years of memories at ODU, Benjamin says she has witnessed a lot of changes.

“There has been more commitment to diversity,” she says. “A more open dialogue about diverse topics, such as religion and sexual orientation.”

But the journey for the university is far from over, says Benjamin, who was tapped to serve as interim dean for 18 months on Jan. 1 of this year.

As for her journey? Benjamin continues to set her sights on new adventures. She says she has reignited her goal to become a practicing clinician, which involved becoming a board certified psychiatric mental health nurse practitioner.

“I can’t seem to avoid looking for new challenges,” she says.
Spring Break offers young intern golden opportunity

By Adam Elci

My name is Adam Elci and I spent my spring break as an intern for the Old Dominion University Center for Global Health. I am currently a seventh grade student at Ghent Montessori School in Norfolk.

To be considered for the internship, I sent in a cover letter and resume and then was interviewed by Dr. Michele Kekeh, the center’s research coordinator and Angelica Walker, the center’s public relations and marketing specialist, on Friday, Feb. 24. I was asked about my skills and abilities. The interviewers also asked me about past projects I had completed and what my goals for the internship would be if I were selected. That night I received an email congratulating me on receiving the internship. I would start my one-week internship the following Monday.

Once I arrived at the center early Monday morning, I was assigned one big project for the week on active lifestyles. I was initially prepared to take on mainly administrative duties but in addition to those, I had to do research and I also had smaller tasks to accomplish such as organizing and filing. I also used creative skills to develop a health campaign for my peers. I wanted to create a campaign that would help kids my age to be healthier, so I developed and animated presentation called Decompress Your Stress: Physical and Mental Strength Conditioning using PowToons.

PowToons is an online website where you can make fun slideshows or videos. It was fun and hard at the same time. I researched the effects of not being mentally or physically active and ways to avoid those risks and improve overall health. Some of the outcomes of poor physical and mental health included depression, anxiety, strokes, heart diseases, and even diabetes. One interesting fact that I learned is that electronic use should be limited to only two hours, which is a rule I have not followed. Since electronics are so important in daily life, there are still apps on your phone and computer that can help with fitness, nutrition and coping with mental stress. My campaign can be viewed at https://www.powtoon.com/m/bkZ3tP3kYMV/1/p.

During my internship, I also attended a webinar given by Dr. George Luber with the Centers for Disease Control and Prevention about climate change and public health. What I found interesting, and yet scary, is that we don’t have as much water or atmosphere as we think we do. I also helped set up a table and provide information about global health classes at ODU’s Webb Center during student activity hour.

I worked the most with Angelica, who helped me organize my campaign. Dr. Kekeh gave me research assignments, and Jamie Edmonds, the administrative assistant for the center, gave me administrative tasks. I thought this internship was important because it prepared me for jobs in the future. I learned how to write up a proper piece of research, work on projects, dress professionally, be organized, and act professionally. I learned that work does not pay off immediately -- you must be patient. Finally I learned everything doesn’t always go the way you expect and even the small things matter. I also learned more about global health and how it’s more about our community. I would like to thank everyone for this experience because I learned a lot. This was a fun internship and hopefully I will be able to do it again!
ODU experts fear the repeal of ACA

By Irvin B. Harrell

The Patient Protection and Affordable Care Act (ACA) - which is frequently referred to as Obamacare and designed to dramatically expand health care coverage for most Americans - has been trumpeted as a historic regulatory triumph but also vilified and targeted for repeal.

Since the law’s enactment in 2010, millions of previously un-insured Americans have signed up for health care coverage under ACA provisions that mandate participation through tax penalties for non-compliance. It is projected that up to 30 million people will lose coverage if the law is repealed.

Many Republicans oppose the Democrat-sponsored ACA for a variety of reasons, including its mandated and subsidized nature funded in large part from tax increases targeted at higher income brackets.

President Donald Trump promised during his campaign to dismantle the act and pulled advertisements for healthcare.gov, a website where individuals and families can sign up for ACA plans, soon after taking office in January. He also forbade efforts by the Department of Health and Human Services to encourage coverage. More recently, he signed an executive order directing federal agencies to waive enforcement of significant portions of the law.

Congressional Republicans have also begun efforts to dismantle the ACA, including the introduction, in January, of H.R. 370, a bill in the House of Representatives that would repeal the law.

Health care experts at Old Dominion University are concerned that scrapping the ACA will result in a number of public health problems.

Some of the key provisions of the ACA include:

- A Medicaid expansion to 138 percent of the federal poverty level ($15,415 for an individual and $31,809 for a family of four in 2012) for individuals under age 65;
- The creation of health insurance exchanges where individuals who do not have access to public coverage or affordable employer coverage are able to purchase insurance with premium and cost-sharing credits available to make coverage more affordable;
- Regulations that prevent health insurers from denying coverage to people for reasons such as health status;
- A requirement that most individuals have health insurance, beginning in 2014;
- Establishment of penalties for employers that do not offer affordable coverage to their employees, with exceptions for small employers.

Kimberly Adams Tufts, right, the associate dean of interprofessional education at ODU, was interviewed recently by WAVY TV’s Kara Dixon about the state of the Affordable Care Act.
Upcoming Events

**March 2017**

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<td>CE Course: Dental Radiation Safety Certification, HS Bldg.</td>
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<td>March 25</td>
<td>Admitted Students Day</td>
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<td>IPE Day, Ted Constant Convocation Center, Big Blue Room</td>
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**April 2017**

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<td>April 7</td>
<td>IPE Poster Presentation Day, 1:30-3:30 p.m., COHS 2000, 2008</td>
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<td>April 10</td>
<td>Military Appreciation Luncheon, 12:00-1:00 p.m., COHS 2008</td>
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<td>April 24</td>
<td>Spring Classes End</td>
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<td>April 24</td>
<td>COHS Awards &amp; Recognition Luncheon, 11:30 a.m., Location: Ted Constant Convocation Center, Big Blue Room</td>
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<td>April 25</td>
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Strategically, the ACA has been a step in the right direction, said Kimberly Adams Tufts, professor and interim associate dean for inter-professional education and evaluation at ODU. She notes that many countries have national health insurance programs, including Canada, Austria, the United Arab Emirates, Scotland, Great Britain, Wales and the Netherlands.

"One of the major issues with repealing the ACA is that there is a chance that any replacement would not mandate that all seek and obtain insurance coverage, she said. "Such a mandate is very important because it requires young adults, healthy persons, and those without chronic conditions to spread the risk across the insurance pool. This decreases costs for insurers and for the insured."

Robert Cramer, an associate professor in the School of Community and Environmental Health, has an expertise in LGBT health, mental health and interpersonal/community violence. He says the repercussions for the mentally ill could be disastrous with the repeal of the ACA.

"One very practical issue is that access to and funding for mental health care will decline," he said. "This raises the potential for increased rates of untreated mental health conditions. Practically speaking, this means entities and professionals, such as emergency departments and law enforcement having to be the first to interface with those in a mental health crisis even more so than they already do."

While there are many theories on what will happen if, or when, the ACA is repealed, there doesn't appear to be a clear replacement to a plan that has provided insurance for millions of Americans since its implementation.