A legacy project of the Service Learning Academy
College of Public Health, University of Nebraska Medical Center

Do JuSTIce

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Act as if what you do makes a difference. It does.  
*William James*
חברתיים כמנהיגים ויזמים סטודנטים – הכשרת קידום בריאות בקרב קהילות מודרות

הכשרת סטודנטים כמנחים יוניים וברחינים

כדים בריאות בקרוב קהילות מודרות

כדים מעורבות ולמידה רב-מקצועית
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<th>פרויקט בר קיימא</th>
<th>מספר משתתפים: סטודנטים / קהילה (מבעד עד 2015)</th>
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<td><strong>7,000 / 1100</strong></td>
<td>Bridge to Care (2008) פליטים (2008)</td>
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NEBRASKA
the good life
Home of Arbor Day
World Health Organization definition of **Health**:  

“The Social, Physical, Economic, Emotional and Spiritual well-being, in addition to the absence of disease.”
Health – is a Human right!

Poverty – its greatest enemy!
2015 Millenium Development Goals

- Develop a global partnership for development
- Eradicate extreme poverty and hunger
- Achieve universal primary education
- Ensure environmental sustainability
- Promote gender equality and empower women
- Combat HIV/AIDS, malaria and other diseases
- Improve maternal health
- Reduce child mortality
Sustainable Development Goals

1. No Poverty
2. Zero Hunger
3. Good Health and Well-Being
4. Quality Education
5. Gender Equality
6. Clean Water and Sanitation
7. Affordable and Clean Energy
8. Decent Work and Economic Growth
9. Industry, Innovation and Infrastructure
10. Reduced Inequalities
11. Sustainable Cities and Communities
12. Responsible Consumption and Production
13. Climate Action
14. Life Below Water
15. Life on Land
16. Peace, Justice and Strong Institutions
17. Partnerships for the Goals
Living the paradox:

- Competition
- Desire for control
- Arrogance/Lack of Humility
- Power/Authority
- Productivity; Efficiency
- Systems vs. People
The Global Consensus for Social Accountability (WHO):

“A century after Flexner’s report, the global consensus on social accountability of medical schools is a charted landmark for future medical education worldwide”.

http://healthsocialaccountability.org/
Figure 1 | Community-Engaged Teaching, Research, and Service

- Community-based participatory research
- Practice-based research
- Community-based learning
- Practice-based learning
- Service-learning
- Community service
- Academic public health practice
- Clinical service
- Community-oriented primary care

Community Engaged

Research

Teaching

Service

Linking Scholarship and Communities, Commission Report, 2005
How is SL Different from?

Who is受益？
Recipient → Provider
Who is the main focus？
Service → Learning

Who is受益？
Recipient ← Provider

服务
Recipient ← Service

受益
Recipient ← benefit

VOLUNTARISM
COMM. SERVICE
FIELD EDUCATION
INTERNERSHIP

服务学习

Adapted from Furco, 1996
Community Diagnosis
Identify Target Population → Identify the Health Needs

COPC Cycle
1. Evaluation
2. Implementing Intervention
3. Intervention Planning
4. Detailed Problem Assessment
5. Prioritizing
6. Reassessment
Interprofessional Education – IPE
UK Centre for the Advancement of Interprofessional Education
Hugh Barr

Occasions when two or more professions learn with, from, and about each other to improve collaboration and quality of care

- Inter-professional – integration
- Multi-professional – parallel
- Multidisciplinary – within one profession
Cone in the Box
Guiding principles:

- Based on community identified needs
- Community – co-teachers
- Long-term
- Sustainable
- Shared Leadership
Do JuSTIce

- **Chlamydia** and **Gonorrhea** occur at higher rates in Douglas County NE than the rest of the country
- Program designed to address these epidemic rates by engaging with inmates at the DCDC
- And – assist students in developing skills e.g. cultural awareness

Do JuSTIce Team!
What is Do JuSTIce?

- An inter-professional service learning organization where we...

Educate → Test → Treat

- Increase awareness of safe sexual practices
- Educate to reduce high-risk behavior
- Decrease prevalence of chlamydia and gonorrhea in Douglas County
Two opportunities to get involved

DCDC (adult jail)

- 2 day/week commitment
  - Saturday mornings
  - Thursday evenings
  - Treat

DCYC (youth detention)

- 1 day/week commitment
  - Thursday evening or Saturday afternoon
  - Educate ages 12–18
Do JuSTIce

- Students ‘go to jail’ 10–12 times a semester
- Education/Screenings—Saturday
- Treatment – Thursday
<table>
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<tr>
<th>License Number</th>
<th>Name</th>
<th>Address</th>
<th>City</th>
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<td>Anderson, Roger David</td>
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<td>Babcock, George A.</td>
<td>1000 College Blvd</td>
<td>Pensacola</td>
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<td>Ft Walton Beach</td>
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<td>Hartley, Matthew Paul</td>
<td>500 Wonderwood Dr</td>
<td>Jacksonville</td>
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<td>Margaritaville 500 Duval St</td>
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<td>Mason, Daniel O.</td>
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Community leaders ~ 50
Community members ~ 17,000
Faculty (interprofessional) ~ 25
Universities - 5
Students ~ 800
Organizations - 7
Student/faculty involvement:

- Computer Science
- Public Health
- Medicine
- Pharmacy
- Allied Health Professions (PT, PA, Nutrition)
- Nursing
- Social Work
- Information Systems and Technology
- School of Communication
- College campuses (CU, UNO, MCC, Methodist, CSM)
Direct Impact:

- DCDC, DCYC organizations – implementation
- Students – awareness, tools and proficiencies
- DCHD, DHHS, Community – Infection control
- Community – Education, jobs, breaking the cycle
Community Engaged Scholarship

Assesing Jail-Based Screening of an STD for Optimized Public Health Benefit

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Chlamydia trachomatis (CT) is one of the most frequently reported bacterial sexually transmitted infections in the United States and many cases are either underdetected or not reported. Many communities and health organizations are working to improve screening and treatment programs.

What conditions allow for an epidemic to be contained and eradicated or sustain a community screen-treat program in place? The basic reproductive number $R_0(s)$ in the community screen-treat programs is defined as:

$$R_0(s) = \frac{\beta \gamma(1 - \xi)\omega}{\rho(\omega + \mu + \alpha_{1} + s) + (\omega + \mu + \alpha_{1} + s)(\omega + \mu + \alpha_{1} + s)}$$

The theoretical condition for an epidemic to be contained and eradicated or sustain a community screen-treat program is in place are given by:

- $R_0(s) < 1$ implies that an epidemic will die out, hence it will be contained or eradicated.
- $R_0(s) > 1$ implies that an outbreak will be sustained in the population.

Therefore, a value of $m$ given below condition can control the epidemic.

$$m < \frac{(\omega + \mu + \alpha_{1} + s)(\omega + \mu + \alpha_{1} + s)}{\delta\omega(\alpha_{1} \xi - \alpha_{2} \xi - (\omega + \mu + \alpha_{1} + s))}$$

Sketch of Proof 1: Basic Reproductive Number $R_0(s)$

We use the next general algorithm to compute the basic reproductive number defining the vector $F$ to be the matrix $F$.
Why **YOU** should join!

- **Unique interdisciplinary opportunity**
  - Exposure to major public health issues
  - Experience working with an underserved patient population
  - Work in a high-security facility with a transient patient population
  - Work with other students from Creighton and UNMC

- **Practice relevant clinical interviewing skills**
  - Sexual history
  - Educate patients on safe sexual practices & STDs

- **Educate, evaluate, & treat** those who test positive
  - Valuable patient-provider interaction
  - Experience treatment issues (i.e. hesitation, refusal, fear)

- **Make a difference in our community!**
How to incorporate SL

- Several ways to incorporate SL:
  - Curricular
  - Co-curricular
  - Capstone Service Learning Project
  - Individual Faculty–lead courses

The greatest good you can do for another is not just to share your riches but to reveal to him his own.  

Benjamin Disraeli