



SPRING 2022
VOL. 3, NO. 2

Innovation
RFU is committed to creating an environment that encourages innovations that bring lasting impact through improved health and wellness.

Undaunted. Resilient. Inspired. Jennifer.

A first-generation American from Longwood, Florida, **Jennifer So, DPM '21**, served as her grandfather's medical interpreter during his long battle with Type 2 diabetes. She spent long hours in study and service at Scholl College while also working as chief medical consultant for her startup, KEYQO Security, LLC, which is designing the next generation of healthcare IT products.

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Rosalind Franklin University is inspiring and educating diverse, equitable healthcare professionals who will be dedicated to better community health outcomes.

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HELI~~X~~

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IN OUR AIMS



RFU is committed to creating an environment that encourages innovations that bring lasting impact through improved health and wellness. We're leveraging our strength and expertise in interprofessional, team-based collaboration and health professions education to build partnerships that transform systems of care, create more equitable, community-based solutions and design ways to make it easier to be healthy.

Please note, any group photo that does not feature physical distancing or mask-wearing was taken prior to the state of Illinois issuing such guidelines, or it reflects guidance in place at the time. RFU has policies in place that require these and many other safety measures.

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COVER STORY

The EatWell Culture

Jasmine Westbrook, MS '19, RD, LDN, co-founded a nonprofit that educates and advocates for culture-focused nutrition.

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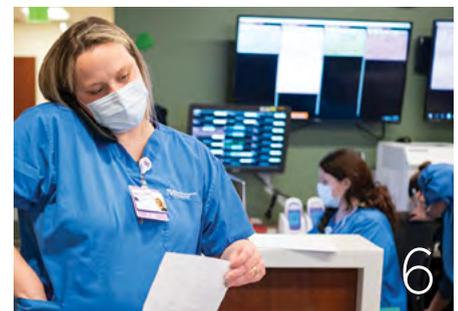
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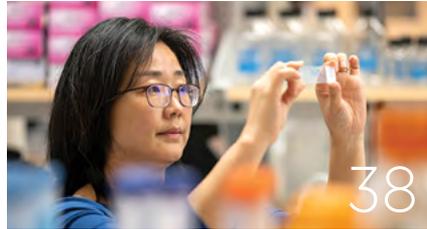
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of MEDICINE AND SCIENCE
UNIVERSITY
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In times of great change and uncertainty, Rosalind Franklin University stays the course, driven by its mission of education, discovery and service to humanity. We are committed to preparing future biomedical and health professionals who can research and bring care and healing in dynamic and evolving environments. But we also want to prepare students who can create change, disruptors who will challenge systemic inequities and break down every barrier to health and well-being.

The critical importance of that work has been underscored by the last two-plus years of a pandemic that revealed brilliant breakthroughs in the treatment and prevention of a deadly virus, but also the persistence of widespread health disparities.

“Our College of Nursing, which will matriculate its first class this fall, will help build equity in education and health.”

This issue of *Helix* highlights how we’re moving forward through strategic actions and partnerships that build trust and invest in the health and wellness of underserved populations. It also features stories of students,

faculty, alumni and philanthropic partners who are working across sectors and in collaboration with their communities to develop innovations that improve health and healthcare delivery.

Our College of Nursing, which will matriculate its first class this fall, will help build equity in education and health. We're developing it in partnership with local and regional healthcare systems that need nurses in many areas of service — especially in critical care and behavioral health. Clinical partners include Northwestern Medicine, Ann and Robert H. Lurie Children's Hospital of Chicago and NorthShore University HealthSystem. We are also working with academic partners that include neighboring Lake Forest College and the College of Lake County, in addition to business, government and community organizations.

The new college will feature a Nursing Education to Workforce Pathway for underserved youth in northern Lake County interested in the nursing profession. By expanding access to higher education, we can build a more diverse pipeline of advanced-practice nurses who can help improve patient outcomes, promote health and create new, more equitable models of care.

We are also working to improve health equity in our region by expanding health and education services through our Community Care Connection mobile "Care Coach." The expansion is made possible through a generous contribution from the NorthShore Foundation. Mobile health clinics are an excellent way to combat barriers to access and provide cost-effective preventive care. According to the Mobile Health Map, each mobile clinic on the road results in 600 fewer emergency department visits per year.

This *Helix* also reflects our investment in the basic and applied science underway in our Innovation and Research Park and among member startups and early-stage companies within our Helix 51 incubator. Our efforts to patent the work of our brilliant scientists and to support young companies determined to create new technologies that improve access to care offer more evidence of our mission in action and our very hopeful path forward to a healthier future for all.

I am grateful for the tireless efforts of so many in our extended community of faculty, students, staff, alumni and supporters who have helped us accomplish such important work in the face of so many challenges. Your commitment inspires us each and every day. ✕

Wendy Rheault, PT, PhD, FASAHP, FNAP, DipACLM
President and CEO



VISIT OUR YOUTUBE CHANNEL

for university updates and more messages from leadership.

[youtube.com/RosalindFranklinU](https://www.youtube.com/RosalindFranklinU)

EDITOR'S NOTE

A traditional funeral Mass was held for a mother who raised seven children while surviving traumas that included burying another child in infancy and then her husband in his mid-40s. Her oldest child delivered the eulogy, recounting a full life and a legacy of family ties.

The only time she paused to contain her emotions was when detailing her mother's final stage: "Alzheimer's is not a merciful disease." Just saying the words was almost too much to bear.

A few years later, another unmerciful disease visited the family. COVID-19 had demanded a third visit to the hospital, this time for intubation. Once again, a single line summed up the overwhelming feeling of helplessness: "This virus just won't let him go." Another funeral would follow.

Every family history includes chapters of illness taking loved ones away before anyone was prepared to see them leave. A grandfather whose heart gave out while walking through a country field. An uncle who succumbed to an antibiotic-resistant infection. A preschooler surrounded by a network of support who still lost a two-year battle with leukemia.

The survivors are left to contemplate what could have been done to give everyone more years together. This is where innovation in health care and bioscience responds to our losses and delivers hope that today's terminal diagnosis will be tomorrow's treatable illness. This edition of *Helix* delves into the boundaries being pushed by the RFU community, including the research and charitable funding aimed at chronic conditions like cystic fibrosis and Parkinson's disease. We illustrate the straight lines that can be drawn from equity and food access to community wellness and avoiding chronic illness. The pages of Spring *Helix* 2022 demonstrate how contemporary dilemmas are approached with future outcomes in mind.

Along with their sorrows, many families can also find comfort in success stories — like a patriarch being granted another quarter-century of life through a coronary bypass procedure that was unheard of at the time of his birth. That's how innovation — with time and tenacity — proceeds to a more optimistic reality.

Dan Moran is the communications director with RFU's Division of Marketing and Brand Management.

Submit your letters, comments or compliments to the editor at dan.moran@rosalindfranklin.edu.



SOLVING THE NURSING SHORTAGE



THE JOURNEY along the Nursing Education to Workforce (NEW) Pathway — a hallmark program of RFU's College of Nursing, which welcomes its first class in the fall of 2022 — will begin long before students matriculate at Rosalind Franklin University.

By Judy Masterson
Photos by Michael R. Schmidt

Previous pages, from left to right: Cristo Rey St. Martin College Prep Counselor Sharon Holdvogt, at left, and junior Vanessa Garcia walk through the Waukegan school; Dr. Sandra Larson, center, with students from RFU's Nurse Anesthesia program; registered nurses Mark Jongko, at left, and Alyx Taaca at Northwestern Medicine Lake Forest Hospital in spring 2022.

A network of support, including mentoring, academic guidance and enrichment, along with clinical placements, internships and employment, awaits local high school students who enter the pathway, progress to admission at Lake Forest College and matriculate into a Master's Entry into Nursing Practice at RFU. NEW students will hail from high-hardship ZIP codes, where education levels, median incomes and life expectancies are substantially lower than those in more affluent suburbs. The pathway will attack one of the root causes of health disparities — low educational attainment. It will attract and retain diverse student cohorts that share an extraordinary commitment to equity. At stake is no less than the health and well-being of their own families and communities.

Systemic inequities that underlie poor health are revealed in Lake County Health Department data that show correlation between disparities in health and education, with dramatically higher rates of hypertension, obesity and diabetes among those who attain high school diplomas or less. Diversity of the healthcare workforce offers another telling metric. In Lake County, Black and Latinx nurses together account for 17% of the nursing workforce but make up 30% of the population, per the U.S. Census.

“The NEW pathway is a very bold vision and requires a holistic and long-term relationship with the student,” said College of Nursing Founding Dean Sandra Larson, PhD, CRNA, APRN, FAANA, FNAP. “Such a commitment is necessary to make a meaningful impact on their educational achievements and professional development, and to ensure they remain in the pathway. Optimally aligning a broad coalition of community organizations and individuals who are committed to engaging and supporting the nursing pathway students and their families will be the key to its success.”

“We could try and recruit talent from other places. But that overlooks the people who are already here: members of our communities that have suffered decades of disinvestment and chronic unemployment.”

A Nursing Education to Workforce Advisory Council is paving the pathway. Members include representatives from academia, business, government, health care and the community. The council is committed to the goal of building Lake County's nursing workforce — the key strategy in advancing education equity in Lake County.

“Council members are actively working together to align their unique knowledge and capacities to help us build, resource, grow and sustain the pathway, which will help expand, develop and diversify the nursing workforce,” Dr. Larson said.

Bethany Williams, strategy and intelligence director for the non-profit economic development group Lake County Partners, said the nursing pipeline must be filled “much earlier and more strategically.”

“Health systems are telling us that they desperately need people,” Ms. Williams said. “We could try and recruit talent from other places. But that overlooks the people who are already here: members of our communities that have suffered decades of disinvestment and chronic unemployment. We need to make an investment in their potential. We have an obligation to do that. And it's not just a moral obligation. It's an economic one.”

Karen Mahnke, MS, RN, NEA-BC, Northwestern Medicine Lake Forest Hospital vice president and Bernthal Family chief nurse executive, looks to a future in which the NEW pathway helps solve two major challenges, including a pipeline that can fill an estimated 300 annual openings for highly educated registered nurses over the next decade.

**A
SNAPSHOT
of DISPARITY**
Lake County,
Illinois, scores*

NO. 1
as the
wealthiest
county
in the state

85/100
for economic
health

**BUT
20/100**
for equity

**AND
3X HIGHER**
for racial disparity
in educational
attainment than the
national median





Above: Roy Trivelino, a biology instructor at Cristo Rey St. Martin College Prep in Waukegan, Illinois, works with a group of freshmen.

“The pandemic has been very challenging for those of us who work in health care,” she said. “We’ve seen turnover related to stress, life changes and relocation. Our goal is to establish a consistent workforce so that we can continue to provide outstanding patient care to support our Patients First mission. We also want our workforce to look like the patients that we care for. Diversity is key to that. It balances perspectives, leads to better decisions and more holistic, patient-centered care.”

The pandemic exposed significant health disparities among low-income communities whose members are underrepresented in higher-paying health professions like nursing, despite evidence that shows Black, Latinx and Native American health professionals are more likely than their counterparts to practice in underserved areas.

“We know that higher education fundamentally improves a person’s economic stability,” Dr. Larson said. “It impacts the social context and environment in which they live. It’s key to health equity and the promotion of community wellness. Our partners understand that if the end goal is well-educated nurses who hail from diverse backgrounds and who will help move their health systems forward, we must all work together, as partners, to realize an integrated vision.”

*Source: usnews.com/news/healthiest-communities/illinois/lake-county.

**Source: Census data-based high hardship index communities are rated on factors such as unemployment rates; number of residents age 25 and older without a high school diploma; per capita income level; number of residents living below the federal poverty level; number of residents living in housing units with more than one person per room; and percentage of population younger than 18 or older than 64 years of age.

<p>9 of 27 ZIP codes in Lake County are designated High Hardship Index** communities</p>	<p>1 in 4 ADULTS holds a bachelor's degree</p>	<p>6 HIGH SCHOOLS serve majority Black and Latinx student populations</p>	<p>\$27,000 median family income</p>	<p>Poorer physical and mental health and Lower life expectancy</p>
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ALIGNING EDUCATION WITH INDUSTRY AND COMMUNITY NEEDS

“Nursing is a career that can help support a family,” said Demar Harris, a member of the pathway’s advisory board and director of programs for Lake County Workforce Development. “That’s what underrepresented individuals are looking for — in-demand, stable careers that pay sustainable wages.”

Mr. Harris’ mother worked as a nurse for the former Saint Therese Medical Center in Waukegan for more than 30 years.

“My brother and I would go there to study while she worked double shifts,” he said. “As an African American, that experience hits home. It’s very important that people of color from underserved communities who are typically underrepresented in health care are exposed to this career pathway. Patients should see equal representation. They should experience an inclusive environment. That helps build trust in the system.”

Mr. Harris is a proponent of how students in the NEW pathway will understand the clear connection and necessary steps between education, graduation and occupation.

“It is important that education is aligned with industry, and that education is aligned with the demand within the local community,” he said. “But ultimately, the pathway has elements of work, earn and learn that make it attractive to learners as they progress through the program.”



**“IMPROVING HEALTH INEQUITY IN
LAKE COUNTY AT ITS ROOT CAUSE —
LOW EDUCATIONAL ATTAINMENT —
REQUIRES PERSISTENCE.”**

—Sandra Larson, founding dean,
College of Nursing



The pathway is designed to offer wraparound services to learners who face structural challenges in the pursuit of higher education and STEM careers. Many students at pathway partner Cristo Rey St. Martin College Prep in Waukegan — 94% of whom identify as first-generation college students — took on jobs to help support their families during the pandemic. They shouldered household responsibilities, including child care and e-learning for their younger siblings. The average family income for a Cristo Rey family of four is \$41,717.



But despite those barriers, interest in nursing is strong among the student body, which is 95% Latinx and 5% Black.

“It’s been a challenge for our students to go straight into a nursing program, not impossible, but definitely a challenge,” said Cristo Rey St. Martin College Counselor Sharon Holdvogt. “So to see that our students who do so well at Lake Forest College will have that opportunity to continue on, to gain a master’s of nursing, is huge. So often, our students who are interested in nursing speak about wanting to come back and work in their own community. Some of them have to translate for their families during medical appointments. They understand the importance of nurses who look like them and understand their culture.”

“We’re bringing together a network of support that will enable us to create a longitudinal, integrated, educational journey for students that begins long before they ever enter Rosalind Franklin University,” Dr. Larson said. “That’s going to enable us to create diversity in the workforce. It’s going to enable us to increase the supply of the nursing workforce. And perhaps most importantly, it’s going to enable us to optimally prepare the knowledge and skills of the future nursing workforce.”

“There’s very little that we’re able to accomplish without building a collective partnership,” Ms. Williams of Lake County Partners said. “The most successful solutions to complex challenges are always going to be multidisciplinary. That’s why RFU is such a great partner. Partnership and collaboration are baked into its culture. The university recognizes the role it plays in the community, not just as an educational institution, but as a neighbor, as a community partner.” ✕

Judy Masterson is a staff writer with RFU’s Division of Marketing and Brand Management.

Clockwise from opposite page: A team of registered nurses at Northwestern Medicine Lake Forest Hospital that includes Chief Nurse Executive Karen Mahnke (in white coat) huddles during a shift in the Universal Care Center; Mark Jongko, BSN, RN, works on a chart.

Lake County, Illinois
AVERAGE ANNUAL OPENINGS IN HEALTHCARE OCCUPATIONS
 2020–28, Pre-Pandemic

300 Registered Nurses	206 Pharmacy Technicians	87 Dental Assistants	24 Emergency Medical Techs	7 Dentists (general)
268 Nursing Assistants	123 Medical Assistants	56 Pharmacists	9 Respiratory Therapists	

Source: Emsi occupational employment data provided by Lake County Partners

MEET | OUR INSPIRATION

NURSING EDUCATION to Workforce Pathway students will participate in RFU's nationally recognized INSPIRE, a mentoring and applied summer research program that will expand to two tracks. Students interested in nursing will split their time between clinical settings and either RFU or Lake Forest College. INSPIRE students earn a stipend and work toward demonstrating competencies and earning certificates that can help them gain entry-level positions with employers across health and science sectors.

By Yadira Sanchez Olson

Photos by Michael R. Schmidt



To excel in life, opportunities are needed. The rest relies on passion and hard work.

Sarah Mata, 18, a senior at Grayslake Central High School, is a first-generation American who was afforded an opportunity by way of her mom and dad migrating from their home in Mexico to the United States, hoping to give their children a better life.

Through her academic work and achievements, Miss Mata is on track to be the first in her family to go to college. Beyond that, another opportunity Miss Mata is taking advantage of is one provided by all of the people who make possible the Influence Student Potential and Increase Representation in Education (INSPIRE) program at RFU. Since its inception in 2011, INSPIRE has created a pipeline for mostly Latinx students pursuing higher education in the fields of science and biomedical research.

Miss Mata's first stint in the eight-week program last summer felt like a very new experience, she said, as she had never been exposed to so much information in anatomy and physiology. While challenging at first, once she figured out a method to learn the material presented by student mentors and faculty, Miss Mata said she "enjoyed seeing how everything came together."

She had been interested in the medical field, and taking part in the INSPIRE program has solidified her choice. Her will is there, and the moral support from her parents is there, too. But coming from a family unfamiliar with navigating higher education, so much is a mystery.

"We came from Mexico, and we started from the bottom. I know whatever it is we invest in her will be worth it."

"I had no idea how I'd get there," Miss Mata said of her goal to be a physician assistant in OB-GYN. INSPIRE is changing that. "It makes you realize that you can do it. The journey seems more enjoyable and less stressful."

Making sure INSPIRE students' families understand the importance of their support is a key component of the program, said Professor Hector Rasgado-Flores, MSc, PhD, chair of INSPIRE and Chicago Medical School director of diversity outreach and success. He developed INSPIRE knowing the barriers that underrepresented populations face.

"That family support is critical," Dr. Rasgado-Flores said. "It's different for students who come from homes where they have role models and financial means." He added that immigrant families who face hardships want their children to pursue higher education, but their financial standing keeps them from thinking they can achieve that.

"We came from Mexico, and we started from the bottom," said Miss Mata's mother, Maria Padilla. "I know whatever it is we invest in her will be worth it."

Victor Alejandro Barragan, CMS '24, serves as INSPIRE's graduate student instructor and coordinator. His goal is to pass on the things he wished he'd known at the start of his higher-education journey to students in the program so they can be better prepared.

When the university shifted to virtual learning due to the pandemic, Mr. Barragan and the rest of the team coordinated work so that not only would the program keep going, but it would be strengthened. Mr. Barragan — who also serves as program coordinator for Science Saturdays, which immerses local high school students in RFU research labs — said more teacher assistants of color were hired, and the team was more methodical about pairing the students to mentors. The program's material is tailored to students' needs as either first-time participants or those who have been participants for several years.

"Dr. Rasgado gives us this creative freedom, because he trusts us to succeed," Mr. Barragan said. "In turn, we trust the students will succeed, too."

Having been in the program for three years with a spot already assigned for a fourth this summer, Lake Forest College student Perla Arias, 19, said INSPIRE helped her become proficient in time management and learning skills that have better prepared her for college. She said the core of her current LFC classes in neuroscience feels like a review.

Miss Arias added that she's excited about her future and eager to be a beacon to patients who, like her parents did at one point, feel disconnected to the medical healthcare system because they feel they can't

Previous page and opposite page: INSPIRE students Perla Arias, at left, from Lake Forest College and Sarah Mata from Grayslake Central High School during a visit to RFU's Innovation and Research Park.

trust it. Dr. Rasgado-Flores said in the United States, only 14% of doctors are minorities, and they treat 50% of the minority population.

“Coming from another part of the world has made me more resilient and a more humble person,” Miss Arias said. In a recent ThankView video made for donors whose generosity makes the INSPIRE program possible, Miss Arias thanked them sincerely. INSPIRE is supported by the Steans Family Foundation, the Gorter Family Foundation and the CPASS Foundation.

“Giving people who really want to make an impact a chance is really admirable,” she said. “More than just education, they’ve given me another perspective on how I can live my life.”

Daniel Martinez, 18, who is currently matriculating at Colgate University in Hamilton, New York, said INSPIRE’s exposure to what the world of higher education would look like has made the transition to college less challenging.

“The path looks rocky, but I’m not drowning, and that’s a sign I can keep going,” Mr. Martinez said, adding that his INSPIRE mentor’s advice is a powerful tool he uses to free his mind from anxiety so he can concentrate on his classes and be in the moment.

“Having that connection to a med student gave me a glimpse of medical school, from the MCAT to applications to interviews,” Mr. Martinez said. “If he can do it, I can do it.”

For Benedict Erharbor, 16, a junior at John Hersey High School in Arlington Heights, Illinois, his first summer in the program in 2021 opened his eyes to the magnitude of the task at hand if he’s to realize his goal to be a physician assistant.



The Dr. Scholl Foundation

has committed \$250,000 to a College of Nursing Health Equity Scholarship to fund 10, two-year scholarships for low-income, first-generation and students of color in Illinois. The gift is part of \$1.2 million provided by the foundation for scholarship support aimed at removing barriers, empowering aspirations and enhancing diversity in the healthcare workforce.

“In my high school Zoom classes, people could just sit through the whole class quietly, but in my INSPIRE Zoom groups, the expectation was that you contribute,” Mr. Erharbor said. At first, he didn’t know how he’d handle all the work, but his mentor was always there to guide him, and soon he was having meaningful discussions with his peers about the material. For example, he said he enjoyed learning about histology, which he had never heard of before. The histology class was introduced in summer 2021. It’s an example of how the program adapts from year to year to meet the needs and interests of the students. Another new feature slated for summer 2022 will have the INSPIRE students receive instruction on how to take the MCAT.

Mr. Erharbor was able to participate in the program thanks to its shift to virtual learning, which allowed its slots to be open for students throughout the region since the transportation aspect was eliminated. Traditionally, INSPIRE is offered to students attending Cristo Rey St. Martin College Prep in Waukegan, North Chicago Community High School, Round Lake High School and Waukegan High School.

Dr. Rasgado said that while the program continues to shift and be made better by the resilience of its students and graduates — and by the INSPIRE participants — the goal to help underrepresented groups reach their full potential remains the same. ✕

Yadira Sanchez Olson is a Lake County-based freelance writer who has written extensively about the Latino community.

THROUGH THE MICROSCOPE is a reoccurring *Helix* column that poses an issue to our community of experts.

Opinions expressed in "Through the Microscope" columns are solely those of the authors and are not intended to represent those of Rosalind Franklin University.

HOW CAN INSTITUTIONS RESPOND TO THE CHALLENGES STUDENTS FACE IN AFFORDING HEALTH SCIENCE EDUCATION?



By Jason Radke, MMS, PA-C

These past two years have led to a great deal of introspection. More than ever, we have become aware of just how connected we are, and how an impact we have on a personal level can have an effect on a community and even a global scale.

The recent past has also provided the opportunity for growth and innovation not only when it comes to education, but also in advancing our respective professions. Having this community and global view, we are even more aware of the need to diversify our workforce, and that better access to healthcare education can lead to better access to health care overall.

This can start at the recruitment and admissions processes. If the pandemic taught us anything, it's that we can effectively build a cohort through virtual interactions. In a "new normal," what does this mean for how we approach recruitment and admissions? Equity can play a role in who makes it to campus for a visit or an interview, whether that is based on factors like ability or financial means to do so. As we redefine our processes, are we better able to provide access to our programs for a wider range of highly qualified students? With innovations and with our mission in mind, we can demonstrate and teach equity from our very first interactions.

"These are truly investments in not only a student, but in communities and our future."

We can also view financial aid and scholarships in the same way. These are truly investments in not only a student, but in communities and our future. If finances are a stressor throughout education, that directly translates to a distraction from learning. If that barrier can be removed to whatever degree, a student can pour their focus into the knowledge and skills necessary to become a competent provider.

Removing barriers also gives students a better start in their careers. An investment at those early stages can pay off in ways that are not easily seen. Think for a moment about a graduate of our university who takes a position in family practice. If they are seeing roughly 30 patients a day, five days a week, that is nearly 8,000 patients per year. Over a 40-year career, that becomes at least 320,000 people with a single graduate impacting health and wellness. Expanded to their families and the community that provider serves, the number can grow exponentially. That early investment suddenly looks much smaller — and much more meaningful.

As we move forward, we need to always center ourselves on what we want for our professions. We need to continue to focus on diversity, equity and inclusion in everything we do; we need to find ways to remove barriers for our students; and as a university community and network of alums, we need to invest in our future colleagues to truly carry out our mission. ✕

Jason Radke is the chair and program director of RFU's Physician Assistant Program.

MICHAEL REESE RESEARCH AND EDUCATION FOUNDATION

By Stephanie Geier

In summer 2021, the Michael Reese Research and Education Foundation provided Chicago Medical School with funding for two full-ride scholarships for students from underrepresented populations in medicine. The foundation has expanded its commitment to advancing health equity through an \$877,200 grant to establish the Michael Reese Research and Education Foundation Center for Health Equity Research at Rosalind Franklin University. This gift, which was announced in March 2022, will cultivate new and leverage existing community partnerships to actively collaborate on and examine the measurable, systemic, avoidable and unjust differences in health between groups, stemming from differences in levels of social advantage and disadvantage.



“The support from the Michael Reese Research and Education Foundation for the newly formed Center for Health Equity Research is essential to the future of this center,” said Ronald S. Kaplan, PhD, executive vice president for research. “We are finishing up a national search for the director of this center and the foundation’s support will allow building out the center’s cores, which together with the director’s efforts, are fundamental to its success.”

While there is overwhelming evidence in the medical field that health disparities are real, there is currently limited research to support the development of effective strategies to reduce or eliminate these disparities. The Michael Reese Research and Education Foundation’s philanthropic partnership to provide scholarships to create this new center is an important step in reducing health disparities.

“Scholarships that promote equal access to medical education, and investments in research to better understand and remedy the unjust difference in health between groups with different levels of social advantage and disadvantage, are both paramount to addressing health inequities in our communities,” said CMS Dean Archana Chatterjee, MD, PhD.

The center will leverage Rosalind Franklin University’s community partnerships to develop and test outcome-based interventions to reduce inequity and prevent chronic disease, as well as provide the data needed to help community leaders, healthcare providers and Lake County citizens work together to implement meaningful solutions that will make a difference. ❖



Stephanie Geier is executive director of RFU’s Stewardship and Advancement Services.



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THE EATWELL CULTURE

THE OFF-PUTTING FOOD PYRAMID is long gone. The more straightforward plate has taken its place. Everyone knows the plate and the same 30-to-40 foods, according to Jasmine Westbrooks, MS '19, RD, LDN, CDCES, that end up there for our breakfasts, lunches and dinners. But does expert advice on how to fill our plates reflect our population's ethnic diversity? The co-founder of EatWell Exchange, Inc., a nonprofit specializing in culturally sensitive nutrition education and improving access to healthy foods in underserved communities, Ms. Westbrooks is in the vanguard of diverse voices emerging on the subject of nutrition — a foundation for good health and one of the fastest-growing fields in health care. She earned national exposure for her guest blog "My Experience as a Black RDN in a White Dominated Field" for the Academy of Nutrition and Dietetics. Here, she weighs in on topics from a long and nourishing conversation about the need for cultural humility in working with patients from diverse backgrounds, her dive into the nonprofit sector and why dietitians should never, ever, wag the finger.

By Judy Masterson

Photos by Michael R. Schmidt





EATWELL EXCHANGE: THE BACKSTORY

It was 2017, and I was working for WIC (the federal Special Supplemental Nutrition Program for Women, Infants, and Children) with my partner, Ashley Carter, in Tampa, Florida. We noticed that a lot of people of color, specifically African American and Latina women, were told to eat foods foreign to them and their upbringing — stuff like quinoa. When they resisted, they were labeled non-compliant. We knew there were other barriers: Maybe they lived two bus rides from the nearest grocery store. Maybe they didn't know how to cook. But the main misunderstanding was that the food they were eating wasn't necessarily bad. Maybe it needed to be prepared in a way that was still flavorful to their tastes, but could have some kind of health benefit. Their cultural foods weren't celebrated. The women weren't respected. And so we established a nonprofit that educates around culture-focused nutrition. We quickly realized access was a major issue. We jumped in because we saw a problem — so let's try to fix it. We can't save the whole world. And we get that completely. I'm learning that as an entrepreneur, you can't do everything right — right? But you can inspire the next generation. You can have that influence¹, and you can delegate people to really stick with your vision and to see it through.

DROP THE SAVIOR COMPLEX

I moved to take new positions in Sebring, Florida, and now in Knightdale, North Carolina. Transitions take time. I always tell people who want to do the same work that we do that you have to give it time to actually make an impact in a new place. Especially if you're not from there, because sometimes as professionals, we like to put on this hero cape. We think we have to save the world. Sometimes we think we need to walk into communities that are deemed unhealthy or have less access to healthy food but are also surrounded by food swamps assuming that we can take over and make changes. But that's not respectful to that community. You have to listen, get to know the community, the leaders people respect — because once you are able to connect with them, you're able to connect with the community, and then they become more open and you start to build rapport, and then you can start developing programs and outreach as needed.² We've been planning our "prevent diabetes" culinary programs and are currently expanding accessibility to healthy food through community fridges. The concept is to

take what you need, leave what you don't need. So it becomes a more sustainable process. And that's big with EatWell. We also host virtual gardening parties. If we can teach people how to grow seed to soil to harvest, that creates sustainability and expands access to healthy food.



¹ **Jasmine Westbrooks**, who is among the nation's fewer than 3% of Black registered dietitians, traveled to Washington, D.C., in 2020 to share her insights before the Dietary Guidelines Advisory Committee. Following a commenter who extolled the benefits of 100% fruit juice, Ms. Westbrooks called attention to the 23.5 million Americans who live in food deserts — communities that lack access to grocery stores and "where fresh produce and other healthy foods are scarce or non-existent."

² "Residents of food deserts also have a difficult time finding foods that are culturally relevant and that meet their dietary restrictions, according to the White House Task Force on Childhood Obesity," Ms. Westbrooks added, then posed a question to the panel: "How can we improve a community without the tools to make a positive and healthy change?"

Previous page: Ms. Westbrooks shops at the Black Farmers Hub in Raleigh, North Carolina. Top: Speaking before the national Dietary Guidelines Advisory Committee in Washington, D.C. Bottom: Ms. Westbrooks visits the YMCA in Raleigh, where she and helper Donnaé Ward Laughinghouse give a healthy cooking demonstration.

“You have to listen, get to know the community, the leaders people respect — because once you are able to connect with them, you’re able to connect with the community...”

³“About 34% of Americans are from diverse nations that have their own cultural values, foods and traditions,” Ms. Westbrook said. “To impact these communities, we must first be knowledgeable about their foods and how we can use them to satisfy a healthy dietary guideline based on culture.”

⁴ Ms. Westbrook called for the recruitment of dietary guideline ambassadors from diverse neighborhoods “who have a cultural connection to the lifestyle and the ability to introduce respectful changes,” with the goal of using nutrition education to bridge the gap between dietary guideline recommendations and the foods communities are familiar with.

Let’s say you have a plate of food: some vegetables from the can; some kind of starch like grits; maybe some plantains — that’s big in Caribbean culture — and maybe a piece of jerk chicken.³ But those plantains are fried. As professionals, we’ve been guided in this habit of demonizing the one potentially unhealthy cooked item on the plate, and then we all of a sudden demonize the entire plate. We assume those fried plantains are unhealthy, but plantains have more heart-healthy fiber and less sugar than bananas. We throw away the entire plate. But nobody’s diet is perfect. We need to respect and praise the other foods on that plate. Canned vegetables? If you tell someone canned vegetables are bad and they can’t afford fresh or frozen, what other option do they have? We have to get around our bias — thinking that if we can afford to shop Whole Foods, then everybody else can too.

We tell dietitians, like literally, the people you serve usually live in the community where you work. So how about you take a little field trip? Visit a grocery store, visit a few. Notice the markups on certain produce, or the lack of produce. Compare that to your own neighborhood, because your assumptions about your patients may be based on your own experience. Your neighborhood versus theirs. That will be helpful, but it’s not going to make you an expert. We need to understand there is no such thing as being completely culturally competent.⁴ Professionals — we get a certificate, and we’re like, “Oh, we’re culturally competent.” Yeah. You’re not. It’s a lifelong effort and process.

DON’T DEMONIZE THE PLATE

TAKE A FIELD TRIP

BEANS, GREENS AND APPROPRIATION

Beans are an underground food that has limited appeal in the Western diet. It's like the last resort. But in other cultures, it's the main resort. Beans are so beautiful in the many different ways they can be made — looking at how African American, Caribbean and Latin cultures use beans in all types of foods. They're crammed with protein and a healthy source of high-fiber carbs. I tell people that beans alone can supply a lot of the nutrients that you need on your plate. And greens! For enslaved Africans, that was one of the only foods they were told they could eat. But the nutritional benefit was great. And I'm talking about kale too, which some think of as a new Western food. I recently did a project on nutrient-rich foods brought over by the African diaspora like leafy greens: kale, collard and mustard greens, turnip greens, cabbage. That's something else that we need to take back and say, "This is from our culture." And we can share it.



THE STRESS OF SYSTEMIC RACISM

I'll start by saying that we — not we as in people of color, but people that are not of color — need to understand that it's going to be uncomfortable for you and accept that uncomfortable feeling, because we're not going to be able to address the problem or even start to address the problem if you cannot be uncomfortable with what's really going on.⁵ You have to be OK with feeling uncomfortable. Our generation is very vocal about our experiences and what needs to change, and that's amplified by social media. We want to get more involved with policy around nutrition, which often works against supporting people of color. It's OK to disagree, but not to steer away from what we're saying so that you're going in another direction. We're not saying that you as a person are guilty because you are white. But you need to know what is happening to us. You need to understand microaggressions — everyday subtle comments and behaviors of bias that are targeted toward culturally marginalized groups — really understand what you're saying. It can be something as simple as, "You speak really good English." That's a microaggression, conveying you assume a person is not American. It's a learning process. So that's number one. You have to be uncomfortable. Sorry to say it. Yes. It's on the record. You've got to be uncomfortable. We, as a race, are tired of making other races comfortable, because what it's doing is killing us. ✕

Judy Masterson is a staff writer with RFU's Division of Marketing and Brand Management.



⁵ "It's important to understand that unhealthy eating is not a personal or individual problem," Ms. Westbrook told the committee. "It is a systemic problem. Variations among cultures cannot be ignored. The foods we eat, the way we live and the resources we have access to impact our overall health."

Above: Ms. Westbrook, who uses social media platforms to reach her target audience, takes a photo during meal prep to post to her accounts. She emphasizes ingredients that pack flavor and nutritional punch, including spices such as turmeric, cumin, cayenne pepper, garlic powder, paprika and low sodium 80/20 Creole all-purpose rub.

LEARN MORE
eatwellexchange.org



or **Visit on Facebook** at **EatWell Exchange Inc.**

MONICA PLY'S TIMELESS MISSION

By Stephanie Geier



Monica Ply, who passed away in September 2021, left a bequest that will carry forward her passion for and relentless pursuit of a cure for Parkinson's and cardiovascular disease.

Mrs. Ply, who was married to Navy Chief Robert Ply for 53 years, was steadfastly committed to supporting veterans through informed, insightful philanthropy aimed at improving their health. Chief Ply had a heart attack in 1964 before leaving active duty, and he later developed Parkinson's disease and was cared for

at what is known today as the Captain James A. Lovell Federal Health Care Center. Following his death, Mrs. Ply committed her time and effort to serving veterans and supporting Parkinson's and cardiovascular discovery research. Her connection at Lovell FHCC led to a relationship with Rosalind Franklin University that developed over a decade, as she built stronger connections with the faculty and administration of the university and became a tireless advocate for research.

"During her life, Mrs. Monica Ply was a strong supporter and friend of RFU. Her contributions were fundamental to continued progress in the understanding of and the eventual amelioration of these two diseases," said Ronald S. Kaplan, PhD, executive vice president for research. "The Monica Ply Research Innovation Award will allow annual awards to be made to RFU investigators in these two areas for the next decade, thereby supporting continued progress in these disease areas, which were of such personal importance to Mrs. Ply. Her legacy will live on. We are immensely grateful to Mrs. Ply and will miss her dearly."

Mrs. Ply's belief in the work of RFU research is reflected through her estate gift. It will continue to empower university researchers to fund work that, we hope, will lead to progress toward the cure of these deadly diseases. ❖

"Her legacy will live on. We are immensely grateful to Mrs. Ply and will miss her dearly."



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When you include Rosalind Franklin University in your estate plan, your generosity ensures students to improve wellness through innovation and discovery.

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THE PATH TO MORE MOBILITY

By Yadira Sanchez Olson

From the bathroom of a research lab in San Antonio, Texas — where Claudia Moreno Romero, SCPM '24, worked in 2020 — she whispered into her phone the news of her acceptance to the Dr. William M. Scholl College of Podiatric Medicine, and, on top of that, she'd been awarded a \$20,000 Scholl Foundation Scholarship.

On the other end of the line, sounding overjoyed, her mother admitted to also being a little sad, because it meant her baby would be moving far away from their Texas home to study.

"We're an immigrant family," Ms. Moreno Romero said. "To be going to med school is a big deal."

For that reason and many more, Ms. Moreno Romero is making her time at the Rosalind Franklin University campus truly count. She served as president of the Illinois Podiatric Medical Students Association, following a stint as parliamentarian. During the 2021-22 academic year, she served as Interprofessional Clinic Initiative executive officer of multicultural affairs. Working under the mentorship of Noah Rosenblatt, PhD, interim director of Scholl College's Center for Lower Extremity Ambulatory Research (CLEAR), Ms. Moreno Romero led an eight-week summer research project.

The pilot study, titled "Intact Foot Characteristics in Individuals Who Use a Lower Limb Prosthesis," tied for third place in the RFU Summer Research Poster

Session in October. Winners then represented Scholl College at the Midwest Student Biomedical Research Forum in Omaha, Nebraska, in February.

As the research branch of Scholl College, CLEAR provided the state-of-the-art technology that allowed Ms. Moreno Romero to perform walking assessments by testing the balance, strength, sensory and range of motion of patients from a variety of positions. Ms. Moreno Romero was one of 12 students taking part in the summer research program, under which most students receive a stipend through a National Institutes of Health T35 training grant.

"Opportunities to study at the CLEAR lab are the best that there are," Dr. Rosenblatt said.

Ms. Moreno Romero conducted preliminary groundwork for further exploration on the characteristics of the intact foot of individuals with lower-limb amputations above or below the knee, and how their non-amputated side could contribute to complications on the amputated side. As Dr. Rosenblatt described it, research has shown that "individuals who lose a limb tend to rely more on the other limb."

"It's interesting how people adapt over time. I think it's harder to adjust when the amputations happen during middle age."

CLAUDIA MORENO ROMERO

Ms. Moreno Romero's working hypothesis is that over time, those individuals can develop complications due to increased use. Along with Dr. Rosenblatt, she studied younger and older amputees who were non-diabetic to compare them and see whether changes they experienced could be attributed to age, not their amputation.



Above: Claudia Moreno Romero sets up for a clinic at Bionic Prosthetics & Orthotics in Munster, Indiana; a look at some of the equipment Ms. Moreno Romero carries to each site she visits.

Recruitment for the study proved to be challenging, though, due to the small population that met the criteria for the research. They wanted to compare amputees who were non-diabetic to non-amputee adults, but a large majority of amputations in the United States are due to diabetes. A partnership between RFU and patient care company Bionic Prosthetics & Orthotics was fruitful in that Ms. Moreno Romero got to study its patients — clients at Bionic have long-term amputations, while RFU Health Clinics patients have lost their limbs more recently. Coordinating patient visits at a Bionic facility in Munster, Indiana, Ms. Moreno Romero was able to experience these differences up close.

"It's interesting how people adapt over time," Ms. Moreno Romero said. "I think it's harder to adjust when the amputations happen during middle age. At a young age, it seems easier to accept, and that attitude toward their condition plays a role in their healing."

To Dr. Rosenblatt, Ms. Moreno Romero's observations were "eye-opening," and he feels that her Mexican culture

brings a distinct viewpoint to the research. "Particularly fascinating is that she understands the Latinx population," Dr. Rosenblatt said, adding that it's an ethnic group that will require more podiatric care in the future. According to the National Center for Biotechnology Information, prevalence and incidence of Type 2 diabetes among the Latinx population in the United States are higher than the national average.

Ms. Moreno Romero said certain machismo attitudes are one reason Latinx patients may have reservations in seeking treatment, so as not to appear weak. The longer-term goal for the work at CLEAR is finding whether medical intervention can stop development of further issues for amputees. ✕

Yadira Sanchez Olson is a Lake County-based freelance writer who has written extensively about the Latino community.

DIABETES AND LIMB AMPUTATION

Approximately **200,000** **NON-TRAUMATIC AMPUTATIONS** occur annually.

Every day, **230** **AMERICANS WITH DIABETES** will undergo an amputation.

Worldwide, **A LEG IS AMPUTATED EVERY 30 SECONDS** with 85% the result of a diabetic foot ulcer.

Doctors in California performed more than **82,000** **DIABETIC AMPUTATIONS** from 2011 to 2017. **BLACKS OR LATINOS WERE MORE THAN**

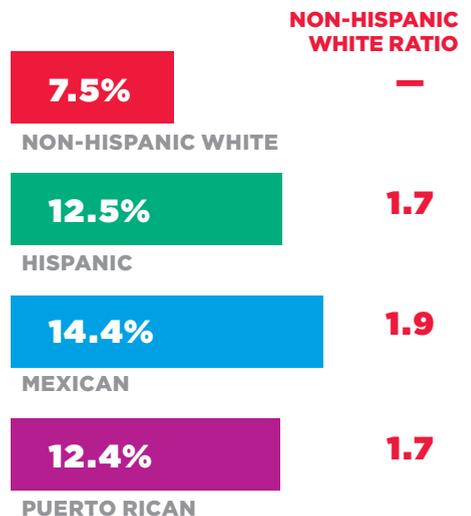
2X as likely as non-Hispanic whites to undergo amputations related to diabetes.

Sources: *American Journal of Managed Care*, 2018; *Kaiser Health News*, 2019

ajmc.com/view/increasing-awareness-this-national-diabetes-month-can-save-limbs-and-lives

AGE-ADJUSTED PERCENTAGE OF DIAGNOSED DIABETES

ADULTS AGE 18 AND OVER, 2017-2018



Source: CDC 2020. National Diabetes Statistics Report, 2020. Appendix Table 3

cdc.gov/diabetes/data/statistics-report/index.html

IMPROVING ACCESS: NORTHSHORE PARTNERSHIP IS KEY TO HEALTH EQUITY

By Sara Skoog



Above: Lupe Rodriguez, APN, second from left, director of community care for the Rosalind Franklin University Health Clinics, with Community Care Connection team members. Bottom: The Care Coach visits a site in Lake County, Illinois.

Rosalind Franklin University is committed to reducing the health disparities that exist in its own community and surrounding areas in Lake County, Illinois. The differences in life expectancy and health measures between high- and low-income towns in Lake County, combined with high incidence of preventable and manageable disease in lower-income areas, underscore the need to bring free health services to underserved and under-resourced regions.

A generous gift of more than \$680,000 provided by NorthShore University HealthSystem’s Community Investment Fund (CIF), which aims to improve health equity for residents of underserved communities, will support the efforts of RFU’s Community Care Connection to improve healthcare access for those in greatest need. The partnership and support from NorthShore will help extend the hours of operation of RFU’s mobile outreach, which means more residents will receive essential health screenings, health education and connections to additional healthcare resources for individuals who lack a medical home.

RFU is one of just seven recipient organizations selected by NorthShore to collaborate on programs that enhance health and well-being, advance health equity and support local economic growth. The university was granted the largest portion of the \$2.6 million total distributed among the seven awardees in this first round of CIF grants.

“We are grateful for NorthShore’s support, which will allow us to expand our work with community partners to provide primary care services and health education for our neighbors most in need,” said RFU President and CEO Wendy Rheault, PT, PhD, FASAHP, FNAP, DipACLM. “We will continue to seek out philanthropic partners who will join forces with us to improve the well-being of communities.”



The Community Care Connection’s Care Coach provides mobile health services staffed by licensed healthcare professionals throughout Lake County, bringing residents a variety of free health screenings for cardiovascular disease, diabetes, cholesterol and osteoporosis, as well as vaccinations and health-education programs. For many underserved residents in the Lake County community, the Community Care Connection is their first step toward better long-term health. ✕

Sara Skoog is a staff writer with the RFU Division of Marketing and Brand Management. In addition to writing for Helix and other university publications, she also produces Pulse, RFU’s monthly e-newsletter.

CCC FACTS

Primarily serves patients in **Antioch, Gurnee, Highwood, Mundelein, Round Lake, Round Lake Park, Waukegan** and **Zion** who may be unable to access reliable health resources due to a lack of transportation, citizenship status, financial issues and other social conditions that frequently contribute to poor health.

Travels to more than 30 established sites and partner organizations throughout Lake County, including village halls, schools, senior centers, shelters, food pantries, social service agencies, libraries, churches and community centers.

Nearly 80% of CCC patients are of a minority race or ethnicity — primarily Black and Latinx — and 42% speak Spanish as their preferred language.

Annually saves 400 quality-adjusted life years, reduces emergency department usage by approximately 650 visits and results in almost \$30 million in total cost savings.

In late 2021, averaged five pop-up vaccination and wellness screenings per week. With additional staff and services, operations could be expanded by at least 25% over the next year.

WHEN TRACY REED, DPM '97, DABPM, sent her patients away with prescriptions, she couldn't be sure they took the next step to fill them. Being in an under-resourced part of St. Louis didn't help, since that meant many of Dr. Reed's patients couldn't always easily access pharmacies — or health care.

FILLING A PRESCRIPTION FOR THE COMMUNITY

By Dawn Rhodes

Photography by Lifetime Media

“There’s not much around here but some houses and some cemeteries,” said Dr. Reed, who has been in private practice 20 years in northwest St. Louis, right at the edge of the city. “Down the street from us, a Walgreens closed. There’s another Walgreens that’s somewhat close to us. There’s a federally qualified healthcare center not too far away. Other than that, there’s no large medical centers in the immediate vicinity.”

Wanting to streamline ongoing, long-term medical care for her patients, Dr. Reed and a pharmacist partner launched TPD Pharmacy in the same building as her practice in June 2017. Jensine Chacko, PharmD, now serves as the pharmacist in charge, offering quick-fill prescriptions, free delivery, pickups after appointments or during office hours, and counseling.

Dr. Reed said having that in-house service is not only convenient, but also is a critical way to make health care less daunting and more personal for patients.

“I can consult with the pharmacist and then know that my patients pick up their medication,” Dr. Reed said. “Now, they may not take it, but at least they picked it up — that’s half the battle right there to get them to be more compliant with the treatment.”

Dr. Reed now is readying to open TPD to the community at large, hoping it can be an important step toward health equity in the area. As of March 2022, TPD Pharmacy was on hiatus for a few weeks while Dr. Reed explored a potential merger with another local pharmacy to open the service to the broader public. The goal is to merge under the same umbrella organization but open multiple sites to serve the area outside of her practice and her patients, Dr. Reed said.

Growing up in Florissant, northwest of St. Louis and south of the Missouri River, Dr. Reed initially wanted to be an engineer. She attended Lindenwood University in St. Charles, Missouri, graduating with a degree in chemistry in 1992.

Not wanting a discipline that involved too many bodily fluids — “I can’t do dentistry; I don’t know how people do it,” Dr. Reed said, chuckling — podiatry piqued her interest because it was something “where I can make people feel better on their first visit. There were a lot of things that attracted me about being able to make people feel better, quicker.”

Her parents were skeptical about it when she first approached them, Dr. Reed said. But when her father asked around, he learned the brother-in-law of one of his golf buddies was a podiatrist. Her father arranged for her to shadow Robert Moore, DPM, at his practice in St. Louis.

From there, she did a summer, pre-med program at Fisk University in Nashville, then was accepted into the Dr. William M. Scholl College of Podiatric Medicine. She received her degree in 1997 and completed her residency at Saint Barnabas Hospital in New York, before going into private practice in St. Louis in 2001.

Proper health care is a continuum, necessitating preventive and routine care to avert the need for critical medical intervention. Over her two decades in the field, Dr. Reed said she has seen how patients in the Walnut Park West neighborhood where she practices have systematically been denied that kind of care.

As in many underserved areas, health problems lie at the intersection of multiple social equity issues, like nutrition. The area near Dr. Reed’s office is peppered by fast-food restaurants, including national and international chains like McDonald’s, Wendy’s, White Castle, Popeyes Louisiana Chicken, and numerous pizza, burger and barbeque spots.

“You can get all the fried chicken you want around here ... but that’s about it,” Dr. Reed said.

Transportation is a factor as well.

“If you want an apple or banana, you have to go kind of far. We’re right on a bus line, but you would definitely have to take a bus or drive further down several miles before we get to a grocery store,” Dr. Reed said. “It’s really hard to get a decent grocery store in the area.”

“It breaks my heart that they have to go through a whole lot of stuff and then they end up coming to me so I can fix something somebody else didn’t take care of.”

The area is predominantly African American. Dr. Reed said she often has patients with inadequate insurance coverage, plans that involve extremely high copays or as high as 90% coinsurance costs.

Combine the lack of quality-of-life amenities with paucity of comprehensive medical care, and “it just makes it harder for them to access the things that they need,” Dr. Reed said.

“Then when they do need something drastic — like they do need some medication because they got (diabetes) but also because they weren’t able to take care of themselves — it just makes it harder for them to try to get medication. It’s hard for them to have (proper) nutrition to try to heal a diabetic foot ulcer and just harder for them to even get somewhere to be seen to get it treated.”



Historic mistreatment of people of color in medicine continues to play a role, Dr. Reed said.

“I just want to make sure that my patients are taken care of, because sometimes I’m seeing them go to other places, and they kind of get subpar treatment because they are people of color ... or they might think that they’re going to get decent treatment, and I see different things that have been done to them.

“It breaks my heart that they have to go through a whole lot of stuff and then they end up coming to me so I can fix something somebody else didn’t take care of. Or they’ll come to me when their foot is almost hanging by a thread, and I’m like, ‘I wish you could get here earlier.’ I try my hardest to make sure that my amputation rate is low, (because) a lot of it is really treatable and even preventable.”

At left, Dr. Reed works with a patient in her podiatry practice. She said her inspiration to become a podiatrist stemmed from a desire to “find something I want to do that’s got a lot of people around, and it’s not just in a lab.”

All of that informs Dr. Reed’s approach to TPD Pharmacy. Along with making medication easier for patients to get, she said they can provide personalized service, answer questions and guide people through the treatment. It’s a throwback to the type of relationship neighborhood pharmacists commonly had with patients, who sought them out for advice in addition to — or even instead of — physicians.

It’s “definitely a more personal touch, because I think people respond better to that,” Dr. Reed said. “Sometimes, people are trying to get medication pre-approved from the insurance company — that is some paperwork sometimes just to get your patient what you need to get them. The pharmacist is willing to go the extra mile and make sure they get that or help me get it for the patient, and that helps. ... She’s also good at making sure they take (medication) correctly, following up to see if they’re using it, things like that.”

Once TPM Pharmacy is open to the wider area, Dr. Reed said she has no intention of stopping there. She wants to compete with, or even surpass, major chain pharmacies.

“But I’ll start in the community and work our way up,” Dr. Reed said. ✕

Dawn Rhodes is a Chicago-based writer and editor. She’s worked in journalism for more than a decade.

PHARMACY DESERTS — defined as neighborhoods where the average distance to the nearest pharmacy is 1 mile, or a half-mile in neighborhoods where at least 100 households have no vehicle — can be found in 1 out of 3 neighborhoods in U.S. cities with 500,000 or more residents.



15 MILLION of U.S. residents live in a pharmacy desert. An estimated **8.3 MILLION** are Black or Latinx.

CONNECTING PATIENTS TO CO-PAY RELIEF

Recognizing that prescription drug costs are one of many barriers to treatment, the College of Pharmacy is working to raise awareness of resources that can ease the financial burden for patients in need.

The Co-Pay Relief program, managed by the Patient Advocate Foundation and now supported by the American Diabetes Association (ADA), offers RFU pharmacy students the opportunity to guide qualifying patients with diabetes and other chronic diseases toward resources that can help pay for prescribed medications, provider visit co-pays, medical devices and other diabetes-related expenses.

“We’re educating future pharmacists who can support the patient in a holistic way,” said Jolee Rosenkranz, MPH, COP, associate dean for external relations and instructor for the Department of Pharmacy Practice. “For patients with diabetes, paying for medication is one piece of what can be an incredibly costly puzzle. And these costs are enduring.”

The ADA recognizes disproportionate rates of diabetes among people of color. Black Americans are 60% more likely to be diagnosed with the disease — clear evidence of systemic health inequity.

The foundation estimates that 13 million of the 34.2 million people in the United States who have diabetes would qualify for financial support under the co-pay relief fund. People with diabetes incur average medical expenditures of \$16,752 per year, according to the ADA.

“There is great demand for financial assistance and support for those with diabetes,” Kayla Carter, ADA associate director of development for Illinois and Wisconsin said in announcing the program. “The co-pay assistance fund will be a main priority of the ADA for years to come.”

The College of Pharmacy has partnered with the ADA for a decade, collaborating on outreach to the ADA’s broader community and to specific patient populations, including children and adults with Type 1 and Type 2 diabetes and populations at increased risk for developing the disease.

“The co-pay relief fund supports those with costly chronic illnesses by offering a whole-patient, comprehensive disease, state-focused approach,” Ms. Rosenkranz said. “Pharmacists advocate for their patients every day by helping them navigate access to available drug-specific savings, typically offered by the manufacturer. Promoting the fund and other programs like it during these conversations will allow RFU future pharmacists to further empower their patients to be their own advocates.” ✧



PHARMACY DISPARITIES

between Black and Latinx neighborhoods and white or diverse neighborhoods were most pronounced in Albuquerque, Baltimore, Boston, Chicago, Dallas, Los Angeles, Memphis, Milwaukee and Philadelphia.

In Chicago, **1% of white neighborhoods** were defined as pharmacy deserts compared to **33% of Black neighborhoods**.

Source: *Health Affairs*, “Fewer Pharmacies In Black And Hispanic/Latino Neighborhoods Compared With White Or Diverse Neighborhoods, 2007-15,” May 2021

HOW WE RISE

By Judy Masterson

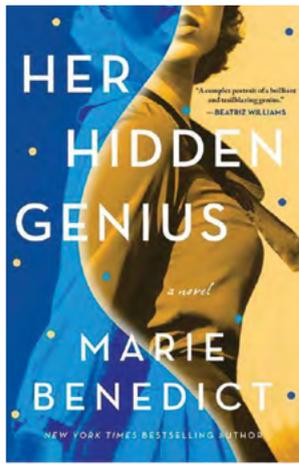
RFU Trustee Rosalind Franklin, the unofficial tender of the life and legacy of her aunt, Dr. Rosalind Franklin, and Marie Benedict, who specializes in unearthing the hidden stories of important women, met by Zoom for a conversation about the author's latest work of historical fiction, "Her Hidden Genius," and the scientist who inspired it. They agreed at the outset that rather than dwell on the conflict and sexism that so often cloud the portrayals of Dr. Franklin, they wanted to focus on how she emerged from those challenges — unstoppable, without bitterness, determined to improve "the lot of mankind, present and future."



Rosalind Franklin: So many women are drawn to her story, how it speaks to them. But so often we are creating a narrative of Rosalind's life in its entirety, albeit short-lived, out of the two years she worked at King's College. Talking about her life after, that's the most important thing. What do you do with hardship? We can take that to Ukraine. We can take that to the world. Right? How do we rise above the ashes? That's the strength of women. It's how we rise.

Marie Benedict: Absolutely. It's about what you do with the barriers, what you do with the conflict at the end. And that was so important to me to focus on in her book. If people are familiar with Rosalind, they are familiar with the conflict arising from her marginalization with the DNA discoveries, or a bit more if they're in the scientific community. But most people don't know about her life and legacy after the conflict over DNA. In "Her Hidden Genius," I also focus on the lesser-examined work she did after the DNA controversy at Birkbeck on RNA and viruses, which is so fundamental to our understanding of COVID and the creation of the vaccines. All of that happened after the story that we usually talk about. Each of the women I write about wanted to do something and be something beyond what society typically had in store for women, and they were going to surmount the barriers. I feel as though Rosalind certainly embodied those qualities. Do you agree?

RF: I definitely do. Rosalind had a purpose. She really wanted to do something for mankind. She believed in her gift to do something more. She believed in and embodied what her family did through service but through intellectual academic pursuit in a way that would leave an everlasting impact. And I think that's striking — the commonalities among people who have real drive to leave behind something beyond themselves, without feeling that anyone can stop them.



MB: Right. That perspective is what allows them to go forward and achieve far beyond expectations, far beyond the boundaries that, in the case of the women I write about, traditionally encircle them — the narrow sort of slotted roles they were consigned to. Rosalind so far exceeded that. Her legacy is so vast, and we don't even know yet the full impact of her legacy, which is amazing.

RF: You are the first author to ever put Rosalind in the first person. You make her accessible. And that's important, because most people aren't going to read the Brenda Maddox biography. Daniel Kahneman, the psychologist and Nobel Laureate, said something to the effect that he doesn't think we will solve climate change because the movie "An Inconvenient Truth" got 4 million views while funny dog tricks got 4 billion. But with "Her Hidden Genius," you can read a narrative and a storyline. You are feeling somebody and you're connecting with a character, not just learning about a character. And I think that allows your Rosalind's story to resonate so much more freely, without diminishing her. Magic, really. It's important what you are doing through all the stories you're telling, which is making the women you write about more human and relatable.

MB: You'll make me cry. When I'm writing about Rosalind and the other women, I'm really trying to honor them as people, not just as a legacy, not just as a one-dimensional or even two-dimensional person, but as human beings and the modern resonance of their lives. To know that you see that and recognize that really means the world to me. It's not often that I get to connect with a family of the woman that I'm writing about. Your Rosalind in many ways is the ultimate embodiment of what I'm trying to do. And the fact that more people might know her, might recognize her humanity and also recognize the legacy that she's left us that's permeated so many areas of our lives, is really meaningful for me personally.

RF: It also goes to something important — a message for this generation, for readers and students who have chosen the path of health care, which is not a glamorous pathway. It's not somewhere you become famous. It's somewhere you are really of service to human health. And that goes to the idea that you don't have to be seen, you don't have to be recognized. You don't have to be known to change the world. Rosalind was not awarded the Nobel. She wasn't on the front cover until people wanted to give her credit. She lived under the radar, but she changed the way we live. I think that's a message for our students — that life is not Instagram. It's not instant gratification. It's none of those things. And I think the (Rosalind Franklin) Rover embodies that too. You don't know when you send it up — after spending years and years and years on it — if it will ever come to anything. That scientific pursuit, that kind of dedication without ever knowing if anything will come of it. Right? It's a special kind of person who can make that happen.

MB: Absolutely. In your own family, there was a huge encouragement toward education and giving back. That Franklin familial quality of service seemed to have been embodied by Rosalind in her groundbreaking contributions to mankind's greater understanding of itself. That's the long game. And most of the men in her world, by contrast, were in it for whatever they could immediately glean, right? Whether it was Maurice Wilkins, or James Watson, or Francis Crick. The nobility of her pursuit, I think, is so clear. She engaged in science for the right reason: science for science, for the sake of mankind, over personal gratification and rewards. And that part of her story just jumped out at me when I was reading the letters and some of the research materials. It's in such bold contrast to some of the men in her professional life. For example, the three-dimensional molecular model that Watson and Crick built had to have data in order to be successful. The only person doing the research to create the data was Rosalind. And she knew that, of course. So when she saw that model, I can't help but think that she must have realized on some level that these men had access to her information. Now, what she knew about how they got it, how much they had access to, I kind of intentionally kept that vague in the book because I wanted her to rise up — the way she did — and walk away from it. I wanted to show the nobility of how she rose above the betrayal, refused to let it fester, and instead let it all go and moved forward, on to Birkbeck College to do groundbreaking virus research. She chose the bigger path, always.

RF: That's a thread to today. What I love is also trying to bring hope and how that consistently stays relevant. It's not a thing that's static. It's alive. It's dynamic. And that same story transcends time and place. ✕

“When I’m writing about Rosalind and the other women, I’m really trying to honor them as people, not just as a legacy, not just as a one-dimensional or even two-dimensional person, but as human beings and the modern resonance of their lives.”

Opposite page: Images from a March 2022 Zoom discussion show Marie Benedict, at left, connecting with Rosalind Franklin. Above: Cover art for "Her Hidden Genius: A Novel."



“We’re enabling patients to initiate their own diagnostic tests in a way that’s very accessible, but also very reliable.”

Above: Everyplace Labs co-founders, from left, Burhan H. Adhami, Claire Zhou and Michael Tu with a prototype of their self-service diagnostic kiosk, which is undergoing beta testing at area manufacturing plants.

DISRUPTING THE WAY DIAGNOSTICS ARE DELIVERED

By Judy Masterson

A Helix 51 company has designed a novel way to administer and process rapid diagnostic tests in the workplace and in the community. The Everyplace Labs kiosk can deliver a spectrum of specific test kits, instruct the user in sample collection, process the sample and deliver a clinically valid result within minutes.

“The pandemic showed us why it’s really critical to improve access to diagnostics,” said founder and CEO Michael Tu. “That’s our inspiration.”

Mr. Tu, a former systems engineer for the healthcare company Baxter International, and co-founder Prasanth Bijjam worked together as part of a graduate school team that developed a litter box that analyzed cat urine to detect kidney disease.

“Our real passion was improving human health,” said Mr. Tu.

He, Mr. Bijjam and other co-founders interviewed physicians and learned that urine testing is a major source of patient bottlenecks in emergency departments. They began work on a diagnostic smart toilet. Then the pandemic hit. Patient volume dropped.

“We asked ourselves, ‘How can we still have a meaningful impact?’” Mr. Tu said. “We realized if we repurposed our core technology, we could develop it into a kiosk that automates the point-of-care diagnostic process and deploy it outside of clinical settings.”



Members of the Helix 51 incubator and RFU researchers can tap into the Entrepreneur in Residence program for advice from six entrepreneurs with skill sets in different areas of drug and medical device development:

- **Intellectual property/patents**
- **Startup formation, commercial partnerships and investors**
- **Product development/product scale-up**
- **FDA regulatory strategy**
- **Non-dilutive funding (grants)**
- **Investor partnering/prep**

The program is funded through industry partnerships and a grant from the Searle Funds at The Chicago Community Trust.

Prototypes for the kiosk are undergoing user testing at manufacturing plants in the Chicago suburbs. The kiosk will initially be used at essential worksites to facilitate turnkey, on-demand testing. Their solution aims to make testing accessible without significant oversight — a key challenge HR leaders faced during the pandemic.

“We’re disrupting the way diagnostics are delivered,” Mr. Tu said. “We’re enabling patients to initiate their own diagnostic tests in a way that’s very accessible, but also very reliable. We’re automating the entire process and eliminating user error.”

RFU’s Helix 51 incubator supplies the specialized lab space Everyplace Labs needs for testing, allowing the company to keep its R&D in Chicago. The Entrepreneur in Residence program has been particularly helpful, said Mr. Tu, whose team has benefitted from introductions to potential investors and advice on grant strategy. Raising new capital has been challenging, but success is on the horizon.

“We recently closed our first major investor for our current seed round,” Mr. Tu said. x

DEVELOPING PRECISION MEDICINES FOR RARE DISEASES

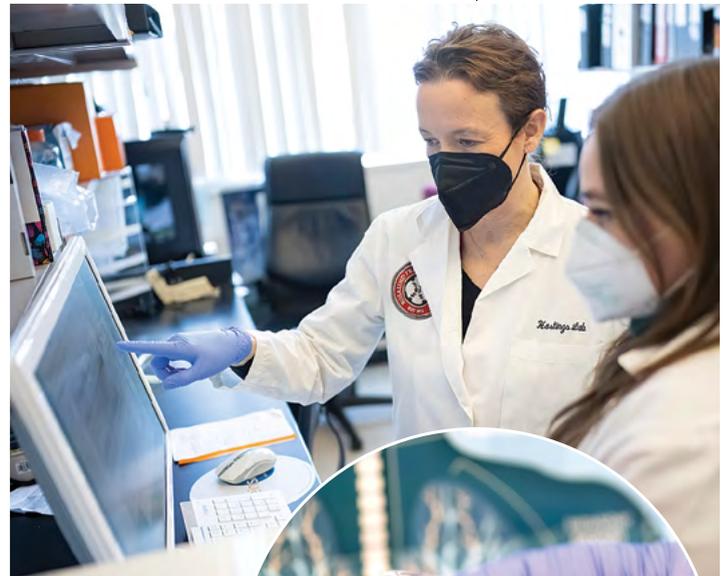
By Judy Masterson

Michelle Hastings, PhD, looks forward to the day that she can give hope to parents of children with genetic diseases who reach out to inquire about potential treatments.

“I get emails all the time from families of newly diagnosed patients who are racing to find a drug or therapeutic,” said Dr. Hastings, who serves as director of the Center for Genetic Diseases. “I would love to say, ‘Yes! We do have an ASO that we’ve already tested.’ But we’re only partway down that path.”

ASOs, or antisense oligonucleotides, are tiny pieces of RNA or DNA designed to modify gene expression by binding to specific RNA molecules to alter production of proteins required for cell health.

Dr. Hastings, in collaboration with experts in different diseases at RFU, has designed numerous potentially therapeutic ASOs — the first in 2009 for Usher syndrome, which causes childhood deafness and blindness. The university holds a portfolio of ASO patents based on her work on Usher syndrome, cystic fibrosis (CF), Parkinson’s and Batten disease, and Alzheimer’s disease. The latest was granted for a promising new therapeutic approach for the treatment of a difficult-to-treat mutation that causes CF, a devastating lung and multi-system disease. Described in a recent study published in the *Proceedings of the National Academy of Sciences*, the approach uses ASOs in combination with approved CF drugs for patients with a specific class I mutation in the disease-causing gene.



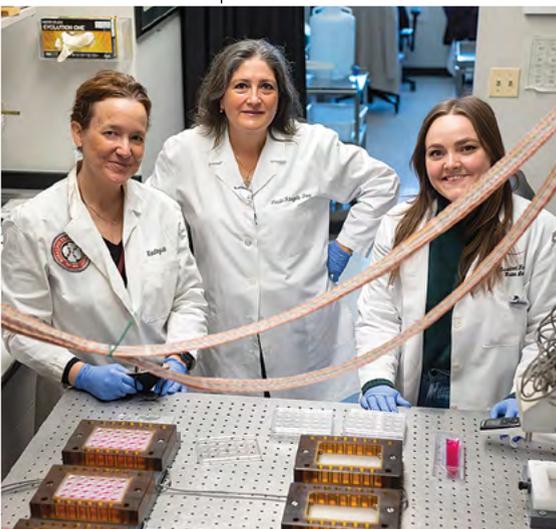
“We’re quickly realizing that most diseases have a genetic component.”

“We’re quickly realizing that most diseases have a genetic component,” Dr. Hastings said. “Many of them are very specific and personal to each individual. So these types of individualized, precision medicines that can be developed in a very specific, mutation-targeted way are gaining in interest and importance.”

Patent protection allows RFU to move promising therapeutic approaches into development — to draw interest from companies that will support clinical trials, product development and commercialization. While only a few ASO therapeutics have been approved by the FDA, many disease-based applications are in the pipeline, and the agency is working to advance their development.

Dr. Hastings looks to a future in which a toolkit of ASO strategies will be available to treat mutations in every one of the human genome’s estimated 30,000 genes.

“Every day, we find more diseases and pathological conditions that are caused by genes of unknown function,” she said. “I’m really excited about the work we’ve done so far, which has demonstrated the initial efficacy of the platform and brought recognition and appreciation for it. I’ll feel really successful once we get drugs in humans.” x



Above: Dr. Hastings, at left, works with Wren Michaels, PhD. Inset: A laboratory sample from the work performed in the Center for Genetic Diseases. Bottom, from left: Dr. Hastings, senior research associate Cecilia Pena Rasgado and Dr. Michaels.



“The idea is to take the principles of anatomy and biomechanics and apply them to a woman’s dress shoe. The key here is to do it invisibly.”

Above, from left: Dr. Parke in a recent provided photo; a Marion Parke dress shoe demonstrates what Dr. Parke clinically describes as “a lateral post to encourage a more rectus position of the rearfoot,” a design that promotes comfort.



THE INGENUITY BEHIND THE LUXURY

By Margaret Smith

Whether dressing for the office or finding the right shoes for a night out, footwear decisions more often than not come down to style or comfort. As for Marion Parke, DPM '09, she had grown tired of standing at the threshold of her closet mulling over which pair of shoes to wear. “These shoes are beautiful, and many of them are very expensive, but I can hardly walk in them,” she’d often thought. This notion would later prove to be the very foundation of her venture into the world of retail footwear — where her unique designs strike perfect harmony between luxury and podiatric wellness.

Dr. Parke is the creative director, CEO and founder of Marion Parke — a luxury footwear brand that harnesses the strength of a patented, specialty insole and the boldness of high-end shoes. “I knew I could take what I know as a podiatrist and tastefully integrate that into a beautiful shoe. Like a lot of entrepreneurs, I saw a problem and felt I could provide a solution,” Dr. Parke said.

However, her expertise does not lie solely in her eye for design nor in her extensive education and practice in the field of podiatry, but, rather, at the intersection of these two elements. In the summer of 2015, Dr. Parke took the first steps to launching her company and securing the patent on her “Triple I™” insole. Yet, the logistical aspect of her budding business was not her only concern. Come the fall of 2015, Dr. Parke visited Italy for the first time in the name of research on her craft, an experience she dubbed “incredibly eye-opening.”

“Since the beginning, I’ve emphasized the importance of luxury quality sourcing, design and production,” she said. “Working with craftsmen and tanneries in Italy who take a tremendous amount of pride in their work ensures that we are delivering a product that is second to none.”

The ingenuity behind Marion Parke footwear is its sleek ability to conceal what every other luxury shoe is missing: the twice-patented “Triple I™” insole — which stands for Invisible, Intelligent, Insole.

“The idea is to take the principles of anatomy and biomechanics and apply them to a woman’s dress shoe. The key here is to do it invisibly,” Dr. Parke said. The “very low profile” insole is permanently fixed to the shoe and is covered in the same materials to seamlessly blend the design.

Marion Parke’s namesake seeks to limit consumers’ frustration when it comes to choosing “between either a beautiful, Italian-made shoe or an uninspiring, low-quality shoe.”

However, she notes that it wasn’t just the execution that she battled with.

“To be perfectly honest, I was nervous about what my friends, instructors from school and other professionals who learned about the brand and concept might think,” she said. “I wasn’t sure if everyone would support the idea.” Customers and colleagues alike came to praise Dr. Parke for tapping into an undervalued aspect of footwear.

Additionally, with resources — such as the lab that helped create the first prototype of her insole and peers who actively recommended her shoes to clients — the Marion Parke brand gained real traction.

Despite overwhelming support since the company’s onset, Dr. Parke spoke candidly about times of strain — namely, COVID-19. “COVID was the most impactful setback in the history of the business. People weren’t wearing shoes, at least not dress shoes. They weren’t going to the office, events were canceled and people were really just staying home,” Dr. Parke said. “We had to scale back our spending and kind of go into ‘hibernation mode.’”

Coming out on the other side of a pandemic as it wavered on, Dr. Parke credited her team for “being so nimble and creative” in regards to keeping the company afloat — so much so that 2021 sales exceeded 2019 numbers.

Going forward, Dr. Parke plans to keep things simple while reinforcing the core aspects of the business, such as growing the Marion Parke team and boosting wholesale and direct-to-consumer sales.

“I have a very wise mentor who once called it ‘the ecosystem,’ which I really like,” she said. “The ecosystem approach keeps us from relying on one sales channel, and is much more stable. Our hope is to grow in all ways.” ✕

Margaret Smith is a Chicago-based freelance editor and writer whose work largely focuses on current sociopolitical happenings.



Above: Dr. Parke’s trademarked insole uses medical grade material with what she describes as “a similar durometer to the soft tissue on the plantar aspect of the foot for cushioning.”

PUBLISHED REVIEWS OF MARION PARKE FOOTWEAR:

Parke has solved the conundrum of wanting to wear heels and walk comfortably as well. In other words: it’s possible to pretend to be Carrie Bradshaw wearing strappy stilettos all day, and transition into an evening gathering with no problem. They are that comfortable.

Sarah Adams, Town & Country, May 2021

Overall, I could not recommend these shoes more. They’re not just game-changing, they’re life-changing. Never having to worry about being stuck in heels when you have to stand or walk longer than you expect is such a relief.

Colleen Kratofil, People, February 2018

If you are a fellow shoe lover who loves heels of varying heights but also need or want more support, what Parke has created is sheer game changing genius. ... You immediately feel the difference her insoles make, and it just feels right. Parke’s mission to make luxury wearable has been accomplished, and the best part is that you will happily want to put on your dress shoes.

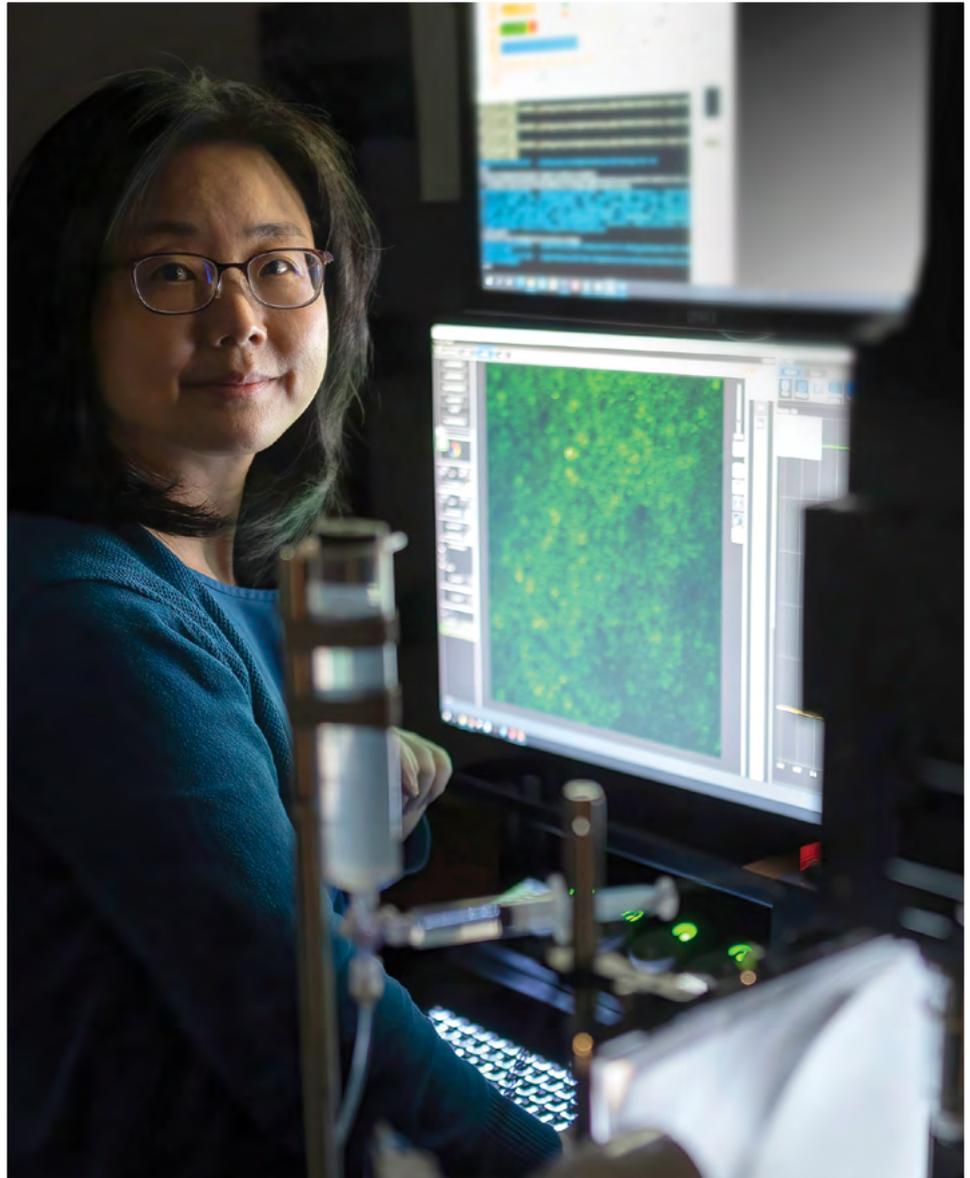
Meggen Harris, Forbes, January 2017

They redefine comfort. It’s hard to forget about the hidden cushiness of her Italian-made heels once you’ve experienced it.

Rebecca Malinsky, The Wall Street Journal, June 2017



“These 118 early-career scholars represent the most promising scientific researchers working today.”



EUNJUNG HWANG AWARDED SLOAN RESEARCH FELLOWSHIP

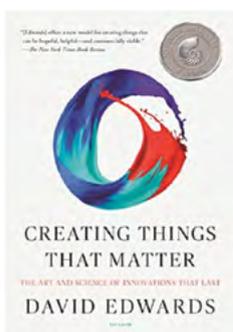
The Alfred P. Sloan Foundation announced in February that Chicago Medical School Assistant Professor EunJung Hwang, PhD, was awarded a 2022 Sloan Research Fellowship — one of the most competitive awards available to early-career researchers and is often seen as a marker of the quality of an institution’s science faculty.

“These 118 early-career scholars represent the most promising scientific researchers working today,” the Sloan Foundation stated in announcing the 2022 fellowships. “Their achievements and potential place them among the next generation of scientific leaders in the U.S. and Canada.” Awardees receive \$75,000 over a two-year term in support of their research.

Dr. Hwang joined the Stanson Toshok Center for Brain Function and Repair, which is part of RFU’s Brain Science Institute, in August 2020. Her lab uses large-scale imaging of network activity in the vertebrate brain with single neuron resolution to examine “how the brain circuits operate to select an action, fulfill the chosen action through movements and learn from the action outcome in both health and disease.” [x](#)

AEROSOL SCIENCE PIONEER SET FOR KEYNOTE ADDRESS AT COMMENCEMENT 2022

Harvard University aerosol scientist, biomedical engineer and visionary David Edwards, PhD, is scheduled to deliver the keynote address June 3 at RFU's 108th Commencement ceremony. A pioneer in inhalation drug and vaccine delivery for diseases including diabetes, tuberculosis and chronic obstructive pulmonary disease, Dr. Edwards is committed to discovery and innovation that promotes human wellness.



His award-winning 2018 book "Creating Things That Matter: The Art and Science of Innovations That Last" emphasizes the need to break down the walls between artistic and scientific processes to create

long-term solutions to problems posed by technology and how people think and live.

If COVID-19 protocols allow, the ceremony will take place at the Credit Union 1 Arena in Chicago. It would be RFU's first in-person commencement since 2019 after two years of virtual ceremonies during the pandemic. ✕

"Through the Health Clinics, we will develop an exceptional clinical experience for our students, our clinical/support staff and the community we serve."



RFUHC ADDS VP OF CLINICAL SERVICES TO LEADERSHIP TEAM

By Sara Skoog

Jeff Espina, MBA, joined Rosalind Franklin University in February and will be providing strategic leadership for the university's Health Clinics. His more than 20 years of healthcare management experience includes working in surgical specialties, musculoskeletal care, medical subspecialties and kidney/dialysis care. Prior to joining RFUHC, Mr. Espina served as vice president of operations for DaVita, Inc., where he launched a new service line focused on improving patients' quality of life through in-house dialysis at skilled nursing facilities. His career in healthcare operations, finance and administration includes a three-year tenure as an assistant vice president with NorthShore University HealthSystem's Orthopaedic & Spine Institute and five years as senior business director in perioperative services.

Earlier in his career, Mr. Espina was a certified structural, flight line and wildland firefighter, and he served in the U.S. Air Force during Operation Desert Storm, where he was assigned as the Fire and Rescue Crew Chief for the F-117 Stealth Fighter. He earned a bachelor's degree in healthcare leadership and a master of business administration degree from National Louis University in Chicago. ✕

IMPACT STUDENTS' PROFESSIONAL AND CAREER DEVELOPMENT

Speak from experience and share your expertise. You can make a difference by mentoring current students and connecting with student clubs and organizations.



rosalindfranklin.edu/alumni/volunteer

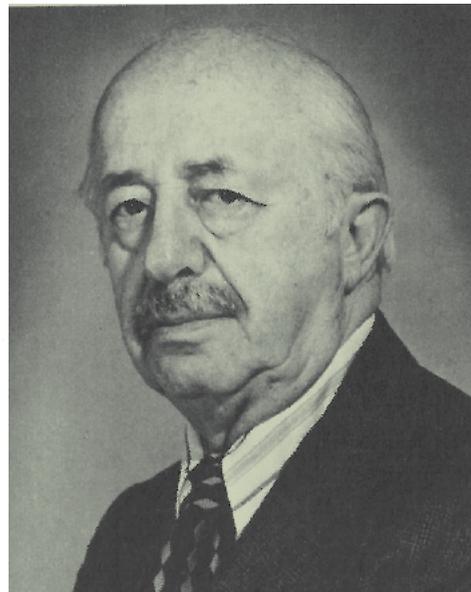


He was successful in leading efforts for a change that positioned podiatric medicine as a primary healthcare provider.

Opposite page, clockwise from left: Dr. Brachman attending an alumni banquet in 1971; images of his ambulatory splint for children; addressing the 1971 alumni banquet; speaking at a professional conference.

DR. BRACHMAN: PODIATRIC LEADER, INVENTOR AND BRIDGE BUILDER

By Kelly Reiss



Philip R. Brachman, DPM '34, assumed the presidency of Illinois College of Podiatric Medicine in 1971, bringing more than 35 years of clinical practice and decades as a faculty member of both Illinois College and the Chicago College of Chiropody to the role. He was a leading voice of the profession in the field of orthopedics — precursor to what we now know as biomechanics — and he, along with fellow alumni, started the American College of Foot Orthopedists (now ACPM) in 1949.

Dr. Brachman had a clinical focus on pediatric podiatric medicine, which grew through both his private practice and serving as podiatric medical consultant to the Children's Rehabilitation Center of Mercy Hospital, where he specialized in the gait of children with cerebral palsy. This work led to his invention of an ambulatory splint, known as the Brachman Skate. This device proved to be a helpful rehabilitation mechanism for children who have experienced brain damage.

In early 1971, Dr. Brachman became president during an eight-week student walkout, organized to implement change in leadership, respond to high attrition, and improve the clinical and academic environment. He aimed to usher in a "new era of progress," according to remarks in the December 1971 *Illi-O-Grad*, a new joint publication compiling news from both the college and alumni. Less than a year into his tenure, his actions worked to rebuild relationships between students, faculty and the college.

Dr. Brachman sought federal funding to advance the college, and during this work he recognized a need for the reclassification of podiatric medicine by the Department of Health, Education, and Welfare. He was successful in leading efforts for a change that positioned podiatric medicine as a primary healthcare provider.

He became chancellor upon retirement as president of the college in 1978. Dr. Brachman was a lead voice in changing the name of the institution to Dr. William M. Scholl College of Podiatric Medicine in 1981. His portrait hangs in the Patterson Conference Room of Scholl College, and an endowed scholarship in his name supports Scholl College students in their pursuit to become the next generation of leaders and innovators of podiatric medicine.

Kelly Reiss is director of the Rosalind Franklin University Archives and the Feet First Exhibition.

led May 19, 1961

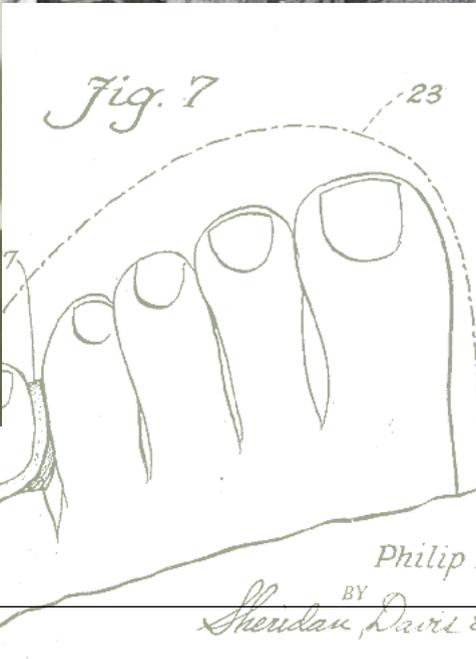
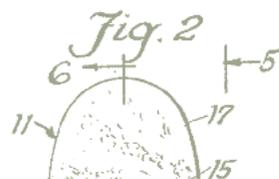
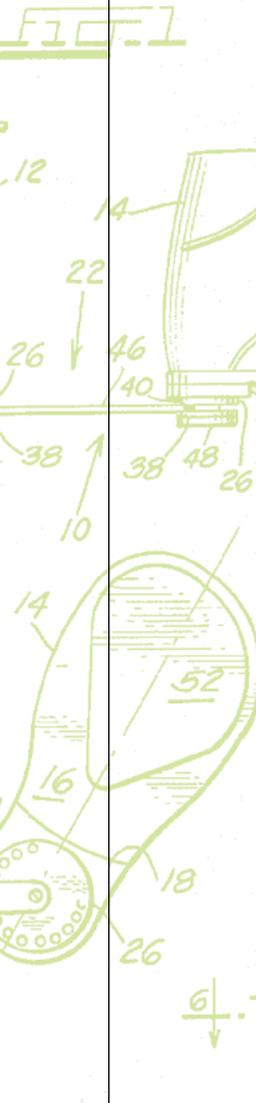


P. R. BRACHMAN

2,539,115

PAD FOR TREATING CORNS AND THE LIKE

Filed March 19, 1949



INVENTOR.
PHILIP R. BRACHMAN

BY
Silverman, Mullin & Cass
ATT'YS.

INVENTOR.
Philip R. Brachman

BY
Shendan, Davis & Cargill
ATT'YS

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1971

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Illi-O-Grad, December 1971

InStep, Winter 1987

InStep, Winter 1995

"Podiatric Medicine and
the Dr. William M. Scholl
College" by George B.
Geppner, DPM

USPTO via Google Patents

IN MEMORIAM

Among his many accomplishments, Dr. Schneider wrote the book on studying for the pathology board exam that is used by medical students throughout the United States and around the world.

PROFESSOR EMERITUS ARTHUR S. SCHNEIDER, MD '55 (1929–2021)

By Sara Skoog

Chicago Medical School Distinguished Alumnus and Professor Emeritus Arthur S. Schneider, MD '55, passed away on Dec. 13 at the age of 92. Dr. Schneider made a tremendous impact on countless students during his 40 years as professor and chair of pathology, and was a valuable member of the teaching faculty. Students showed their appreciation for Dr. Schneider by naming him Basic Science Professor of the Year in 2005. He also received the Golden Apple Award for Excellence in Teaching every year from 2001–05.

Among his many accomplishments, Dr. Schneider wrote the book on studying for the pathology board exam that is used by medical students throughout the United States and around the world. He and his fellow CMS professor of pathology, the late Philip A. Szanto, MD, co-authored the first edition of "Pathology: Board Review Series" in the 1990s and continued revising it for several subsequent editions. Notably, CMS students recorded historically high board scores in pathology during that time.

After receiving his medical degree, Dr. Schneider completed an internal medicine residency at the VA Greater Los Angeles Healthcare System, followed by a hematology fellowship at what is now the UCLA David Geffen School of Medicine/UCLA Medical Center. Dr. Schneider also served his country as a captain in the U.S. Air Force. He joined CMS as professor and pathology chair in 1975. He was inducted into the Alpha Omega Alpha Honor Medical Society in 1976, and was honored as a CMS Distinguished Alumnus in 1989. Dr. Schneider was named professor emeritus of pathology upon his retirement from CMS in 2015.



Dr. Schneider is survived by his three children, Jo Ann, William and Lynnellen, as well as eight grandchildren and four great-grandchildren. He was married for 60 years to his wife, Edith, who preceded him in death. ❖



Dr. Baldwin, second from right, stands with a group that includes, from left, Timothy Brigham, Accreditation Council for Graduate Medical Education chief education officer and chief of staff; K. Michael Welch, MB, ChB, FRCP; Susan K. Tappert, PT, DPT, MS; and Wendy Rheault, PT, PhD, FASAHP, FNAP, DipACLM, at the May 2014 dedication of the DeWitt C. Baldwin Institute for Interprofessional Education.

DEWITT C. “BUD” BALDWIN JR., MD (1922–2022)

“If you do it together, you do it better than if you do it by yourself.”

In early January, the Accreditation Council for Graduate Medical Education (ACGME) announced the passing of DeWitt C. “Bud” Baldwin Jr., MD, at age 99. The namesake of RFU’s Institute for Interprofessional Education, Dr. Baldwin was a pediatrician, psychiatrist and family physician who pioneered the pedagogy of healthcare collaboration.

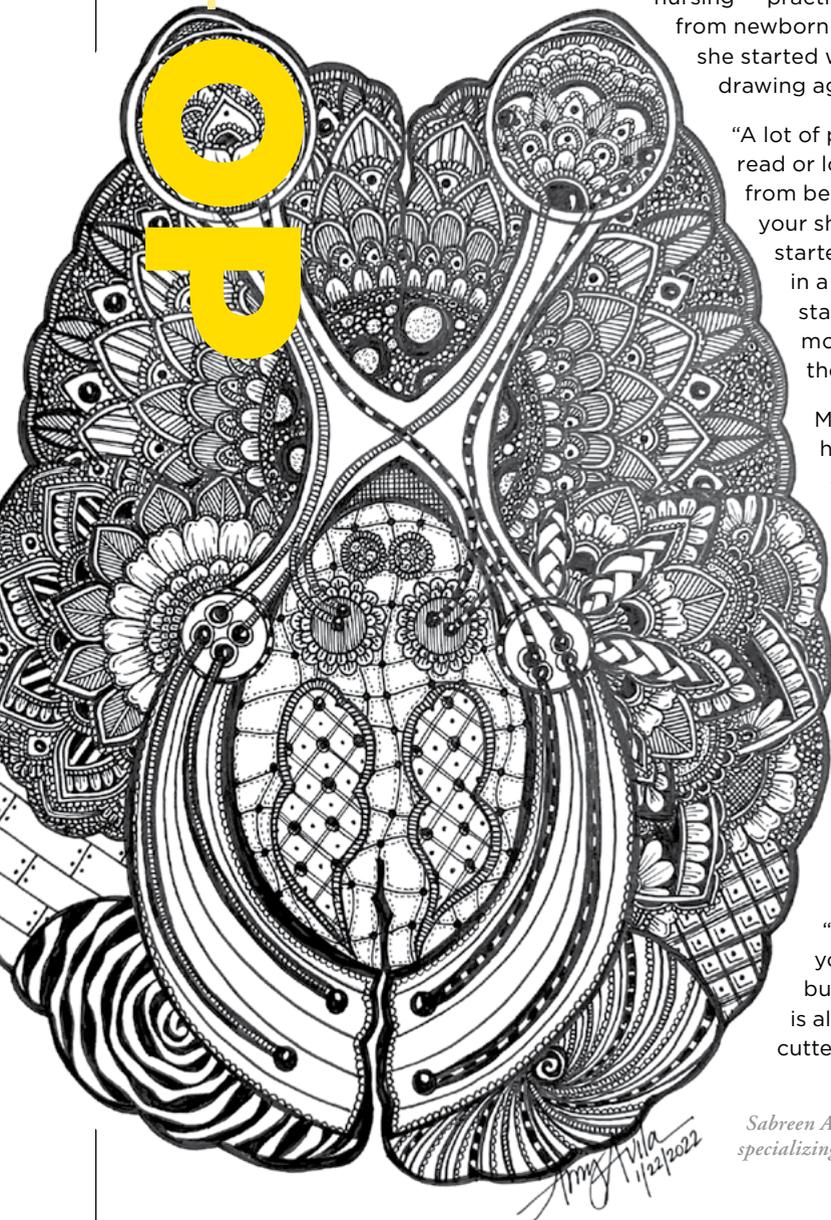
Dr. Baldwin’s career spanned seven decades, including professorial appointments across multiple fields at more than a dozen medical and graduate schools. This inspired his groundbreaking advocacy for communication and collaboration among medical teams.

RFU first honored Dr. Baldwin with a Doctorate in Humane Letters in 2011. In May 2014, the Baldwin Institute was dedicated in the Health Sciences Building with a mission to support, advance and sustain RFU’s interprofessional educational activities, including clinical rotations.

At the dedication ceremony, Dr. Baldwin was accurately described as the soul, conscience and courage of graduate medical education, and his vision was summarized with a memorable quote: “If you do it together, you do it better than if you do it by yourself.” ✧

POST

“When I would come to testing or even out in the real world, I could close my eyes and see that picture I drew, which was easier for me to recall.”



THE ART OF KNOWLEDGE

By Sabreen Alfadel

Art can be found in all areas of life, including nature and science. In fact, student nurse anesthetist Amy Avila, CHP '22, considers the practice of anesthesia to be both a science and an art. Using her artistic abilities, she has also managed to make that connection through her anatomy drawings, resulting in a stress-relieving solution and learning tool for her vigorous lifestyle as a student in the College of Health Professions' Doctor of Nursing Practice program.



Mrs. Avila has loved art in all its forms since she was a kid, but after graduating nursing school in 1992, she found herself busily involved with the gamut of nursing — practicing and gaining experience in areas ranging from newborn ICU, adult ICU and pediatrics. It wasn't until she started working night shifts that she started drawing again.

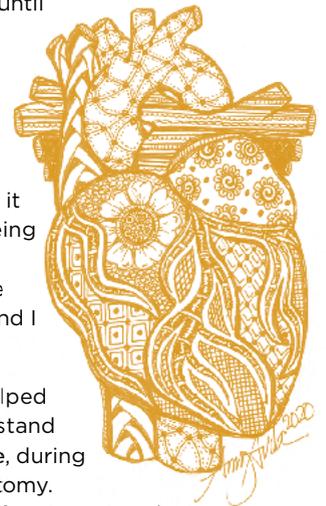
“A lot of people in the middle of the night will read or look something up online to try to keep from being sleepy when you're in the middle of your shift. I started doodling and drawing, and it started from there,” she said. “I remember being in a room taking care of a patient, and I just started drawing on my report sheet. By the morning, I had filled up the report sheet, and I thought, ‘Huh, this is kind of cool.’”

Mrs. Avila's interest in drawing not only helped her unwind, but quickly helped her understand anatomy, and implement that knowledge, during her first semester of learning gross anatomy.

“There's a book they told us to read before we started school — ‘Make It Stick.’ One of the theories that they propose is manipulation of the information,” she recalled. “You manipulate information, and that will make you learn it and store it differently, because you trigger different pathways. When I would come to testing or even out in the real world, I could close my eyes and see that picture I drew, which was easier for me to recall.”

There are innumerable ways to provide anesthesia, various drug combinations, airway skills and abilities to provide the mix that's just perfect for each patient. As Mrs. Avila advances in her career, she understands that art is inevitable in every process of a scientific craft.

“The art of it is when the drapes come down, your patient wakes up, you take the tube out — that's perfect. Anybody can follow the recipe, but the ability to alter the recipe so that it's perfect for that one person is almost artistic,” she explained. “Anesthesia can be done with a cooker-cutter recipe, or you can do really good anesthesia. That's art.” ✕



Sabreen Alfadel is a staff writer with the RFU Division of Marketing and Brand Management, specializing in content development for social media efforts and initiatives.

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