

Public Health Rounds

Public Health and Professional Degree Programs - Tufts University School of Medicine

Fall 2009

A Public Health Perspective on Health Care Reform

Jacquelyn Bialo, MPH Candidate

You can't look to any news source these days without seeing at least one headline about health care reform. It's unavoidable—the health care debate is ubiquitous. With the House having passed an initial reform bill and a 60-39 Senate vote opening a floor debate about the 2,074 page legislation, Public Health Rounds asked some of our Tufts experts to weigh in with their thoughts on President Obama's top domestic priority.

As residents of Massachusetts, we are no strangers to health care reform. When asked about what the federal plan could learn from the Massachusetts experience, Dr. Amy Lischko, Assistant Professor of Public Health and Community Medicine (PH&CM) and former Commissioner of Health Care Finance and Policy and the Director of Health Care Policy under former Governor Mitt Romney, says, "On the plus side, the mandate is a good thing, but on the negative side, ensuring everyone has health insurance does not mean that everyone will have access to care or use their insurance appropriately. The Massachusetts plan did nothing to reduce costs or to fundamentally change the system." Clinical Instructor of PH&CM, Mark Haas agrees, "The [federal] government better learn that if you do not control costs,

then the reform's viability will be in doubt."

there is no evidence that employers are dropping coverage; this is important so long as we depend on a system that is not single payer. Also, we have learned that an individual mandate can contribute towards reducing the proportion of the uninsured, especially in the young and healthy adult group."

One of the primary, and most controversial, pieces of the Obama Plan, is the public option. Tufts professors had mixed feelings about this element. Dr. Hattis supports it, not necessarily because it is necessary to help expand health insurance access in the near future, but "rather because it can best promote cost control in the marketplace by providing a competing option, which should push private insurers to more aggressively push providers to control their costs." Professor Haas had a similar reaction, feeling that the entire reform effort will eventually fail unless cost-restraining measures are implemented. He notes, "The public option will act as a needed restraint for the private insurance industry, and will help set the standards for affordable coverage and mandated preventive services."

Dr. Lischko, in contrast, does not support the option. She feels it is not the solution, but rather, if the federal government will use the option to drive down costs by paying providers less, "this will continue the practice of cost-shifting onto the privately-insured."

All three agree that, from a public health perspective, the most beneficial part of the Obama Plan will be a reduction in the number of uninsured, which may increase access to preventive care, such as immunizations and screenings. Dr. Hattis and Professor Haas also enthusiastically support the push towards getting providers to use an electronic medical record system. Dr. Hattis feels, "it will especially help in the quality and cost arena." Professor Haas believes, "The benefits of using an electronic medical record system are numerous. It will improve the quality and coordination of care, improve communication, increase efficiency, lowers costs, and lead to fewer medical errors." Additionally, Professor Haas notes that public health systems "will reap the benefits since electronic medical records will communicate data directly with public health departments, which will greatly enhance the reporting and research needed for public health."

Continued on p. 12

In This Issue

A Public Health Perspective on Health Care Reform

PHPD Dean's Message

Morton Madoff, M.D., in Memoriam

Putting Education into Practice: A Combined MD/MB A at Work

State Pain Initiatives

Faculty Profile: Doug Brugge, PhD, MS

Health Communication at the Federal Level

Peer Health Education

Career Advice in a Challenging Economy

New Admissions Director

Dr. Paul Hattis, Assistant Professor of PH&CM and MPH Program Concentration Leader in Health Services Management and Policy, notes that a scheme like the one we have in Massachusetts "to-date, the good news is that even with government-subsidized insurance products available,

PHPD Programs Dean's Message



Aviva Must, Ph.D.

I am delighted to pen my first communication for the newsletter as Dean of the Public Health & Professional Degree Programs. The creation of this post by Dean Michael Rosenblatt, and naming of Harris Berman, MD to it in 2004 reflected the recognition of the value of our masters' programs to the educational mission of the medical school. As the school embarks on the renewal of its strategic plan, our programs will be an important area of focus.

On a solemn note, it is with great sadness that we mourn the passing of Morton A. Madoff, MD, MPH former Tufts University School of Medicine Dean and Chair of the Department of Community Health (now Public Health & Community Medicine). As chair, Dr. Madoff established the MD/MPH Program, the first of the masters programs at the school. James Hyde, Associate Professor Emeritus and founding director of the MS-Health Communication Program offers a remembrance of our prescient friend and colleague on page 3. Mort Madoff will always be remembered, as Jim says, for his "vision and tenacity." He would be pleased at the growth of the programs and the commitment to social justice goals that permeates them.

We continue to challenge ourselves to meet the evolving needs of our students in an ever-changing world. A year ago, in the heat of a close campaign for president, there was palpable excitement about the possibility of real change in many arenas, including health care. A year later, we are a bit less giddy, as we watch Congress and the new administration work to pass meaningful health care reform. Our early experience with an individual mandate and with government subsidies and oversight here in Massachusetts provides a unique place from which to monitor progress and to engage in the dialog. In another public health realm, efforts to contain the impact of the H1N1 influenza epidemic focuses attention on the chronic underfunding of our public health infrastructure—the awareness that vaccine may arrive too late, and that public health messages about getting the vaccinated confuse rather than inform the public. It's an exciting time to train students to work in these and other health arenas with the knowledge, skills, and resolve to make a difference.

With this issue of the newsletter we expand our reach to include all the PHPD Programs. Some "shout-outs" are in order:

- Our Pain Research, Education, and Policy (PREP) Program, the only such program in the US, turns 10 years old this year.
- Our newest program, the Master of Science in Biomedical Sciences (MBS) enrolled 98 students, the highest number to date.
- With this year's entering class, the MBA portion of the MD/MBA in Health Management will be delivered wholly by Brandeis University's Heller School for Social Policy and Management—students will earn their degree from a fully accredited program.
- The MS-Health Communication Program held its first and highly successful Summer Institute: Web Strategies for Health Communication
- The visit of the accreditation site team from the Council on Education in Public Health, the culmination of a year of self-study, went exceedingly well in that the MPH Program received a full 7-year re-accreditation.

For readers of this message who are not on this campus, the facilities on Harrison Avenue are changing! The Sackler Building at 145 Harrison has been entirely transformed, with a fitness center on the lower level, new classrooms throughout, and the Food for Thought Café and Lounge area on the fourth floor. The M&V Building is currently having its own face-lift, with window replacement and a new PHPD Programs' student lounge, with all the bells and whistles, on Stearns I. The lounge opened last month with a reception for students and faculty hosted by the PHPD Student Senate. A new entrance to the building will be completed early next year, and the building renamed Biomedical Sciences and Public Health. These accomplishments, to my mind, mark the realization of a Tufts Health Sciences Campus.

Warm regards,

A handwritten signature in black ink, appearing to read "Aviva Must".

—
Aviva Must, Ph.D.

Morton A. Madoff Professor of Public Health & Community Medicine
Dean, Public Health and Professional Degree Programs

Morton Madoff, M.D.



Morton Madoff, M.D.

James N. Hyde, Jr. MA, MSc

Associate Professor Emeritus

It's quite likely that unless you graduated before 2000 or unless you happened to pass by his portrait that hung on the 8th floor of the Sackler Building for years (and now hangs on the 1st), you might never have heard of Dr. Morton A. Madoff. Had it not been for Dr. Madoff many of us would never have come to Tufts. The passing of our friend

(How many of you knew that Mort drove a cab as a medical student at Tulane and played saxophone in a Jazz band in New Orleans?).

More than anything else, Mort had an insatiable commitment to promoting and nurturing the careers of students and faculty. He took an equal interest in students and faculty regardless of where they were in their career trajectories. As a result, Dr. Madoff's legacy can be seen in the work of a generation of students and faculty whom he encountered in the course of his career.

In thinking of how best to memorialize Dr. Madoff's career, the Medical School has decided to establish the Morton A. Madoff Fellowship. Intended as a career development award, the Fellowship will acknowledge and honor Dr. Madoff's contributions in promoting the training and career development of students with interests in public health, public policy, and health care management. We are anticipating that two awards will be made annually starting in 2010.

If you have a special anecdote or remembrance of Dr. Madoff, we would love to hear from you. We would like to share some of these in a future issue of the Newsletter. In the interim, all of us who knew and worked with him can reflect on how much he meant to our own personal and professional development.

If you would like to contribute to the Morton A. Madoff Fellowship Program contributions can be sent: c/o Mr. Joshua Young, Development and Alumni Relations, Tufts Medical School, 75 Kneeland St., Boston, Ma 02111.

To see a copy of the obituary that appeared in The Boston Globe on June 8, 2009, and Dr. Harris Berman's remarks delivered at Dr. Madoff's funeral, please go to www.medical.alumni.tufts.edu.

and colleague this past June reminded us of just how much his contributions have meant to Tufts, to the organization and delivery of health care in Massachusetts, and to public health in general.

It was Dr. Madoff's vision and tenacity as the Director of the Massachusetts' State Laboratory that led the Commonwealth of Massachusetts to build the then state-of-the-science laboratory facility it did in the 1970's. Shortly after coming to Tufts Medical School in 1978, Mort proposed the establishment of the Tufts Health Plan, employing innovative risk sharing arrangements that brought physicians, hospitals, and payers together in new ways to compete with staff model HMOs and traditional fee-for-service providers. Without his leadership, this often copied network model Independent Practice Association (IPA) would likely not have existed nor would it have gained the visibility it did.

As the Chairman of the then Department of Community Health (1972-1992, 1995-1998), Dr. Madoff established the first public health masters program offered by the School of Medicine, the MD/MPH, to simultaneously train students in public health and clinical medicine. At the time it was one of only two programs in the country in which students could obtain both public health and medical degrees within a four-year time frame. The success of the Combined MD/MPH Program was followed by the creation of other signature educational programs such as the DVM/MPH, MD/MBA, and the MD/MALD. The MPH and MS/HCOM Programs all were subsequently established during Dr. Madoff's tenure as Dean of the School of Medicine from 1992 - 1995. In sum, Dr. Madoff's vision of a school of medicine that transcended the traditional boundaries of clinical medicine to produce graduates able to undertake a broad range of roles and responsibilities in a changing world laid the foundation for the educational programs offered through the Public Health and Professional Degree Programs at Tufts today.

Lest all of this make Mort sound too much like a humorless, one dimensional, educational innovator, we also remember fondly his warm, informal, style and his wonderful sense of humor.

Putting Education Into Practice: A Combined MD/MBA at Work



Rahul Sharma, MD/MBA'01

*Jacquelyn Bialo, MPH
Candidate*

When Dr. Rahul Sharma entered the combined MD/MBA program at Tufts School of Medicine, he didn't know exactly where his career would take him. He had always been interested in combining business and medicine and enjoyed leadership roles, but he wasn't sure how he would use his business degree in the medical

world. Fast-forward to 2009 and Dr. Sharma is utilizing his MD/MBA every day as the Assistant Director for Operations in the Department of Emergency Medicine at New York-Presbyterian Hospital-Weill Cornell Medical Center in New York City.

Dr. Sharma was first drawn to Emergency Medicine during his summer practicum with the Chief of Emergency Medicine, Dr. Alasdair Conn, at Massachusetts General Hospital between his first and second years of medical school. There, he studied the operations and management structure of the Emergency Department. He really enjoyed his time at Massachusetts General, as it gave him the opportunity to “bring different concepts and theories I learned in class into real-life, clinical practice.”

After graduating from Tufts in 2001, Dr. Sharma returned home to New York to complete his residency in Emergency Medicine at NYU/Bellevue Hospital where he was also named Chief Resident. He felt Tufts gave him an excellent medical school education and his clinical rotations prepared him well for his residency. According to Dr. Sharma, his Tufts experience was “second to none.”

In the first few years after finishing residency, Dr. Sharma was still very involved in academic medicine, focusing much of his energy on teaching and contributing to the literature through publications. Only in the past two years has he transitioned into more administrative roles. In his current position as the Assistant Director for Operations, he is involved with several operational projects and initiatives in the Emergency Department as well as the hospital.

Presently, Dr. Sharma is heavily involved in improving Emergency Department throughput and patient satisfaction scores, because, as Dr. Sharma notes, “If a patient has to wait a long time in the emergency room due to systemic problems, satisfaction scores will inevitably decrease.” By examining patient flow through the emergency room, and meeting with nursing managers and higher-level administrators, he is able to study and identify throughput problems that may cause bottleneck effects. Dr. Sharma's work has really paid off—his emergency room is the most improved department in the hospital in patient satisfaction and the one to which others are looking to as a model. Several other Emergency Departments are now looking at what New York Presbyterian-Weill Cornell has done in order to improve their own operations and patient-centered care initiatives.

Dr. Sharma feels his MD/MBA was the “best thing that ever happened to me.” In addition to being a clinician, what he enjoys most about his position is being able to tie in what he learned in business school with his clinical practice. He says, “I really like thinking about what is important to patients and how I can improve their experience, and given my position as the Assistant Director for Operations, I have the ability to help implement changes.” He credits his Tufts business education with teaching him how to think critically from a systems point of view. Dr. Sharma says that “I use concepts every single day that I learned in operations management, negotiations, organizational behavior, finance, and public speaking”.

He has some words of advice for future MD/MBA graduates who are considering following his path. “If you want to be respected and successful in hospital management, you must get the clinical and academic expertise before anything else. The rest will come.” He adds, “Create opportunities for yourself. Start slow and aim high.”

Dr. Sharma will continue to be busy in the coming months. He has a trip planned to Dubai and the United Kingdom to teach trauma to physicians and health care providers. He also plans to continue to help improve Emergency Department throughput and patient satisfaction. “A patient can come in with chest pain and we can make a clinical diagnosis, but people often forget about the patient's entire experience in the Emergency Department. This includes the time to see a physician, staff courtesy, and overall length of stay in the Emergency Department. That's something I can reflect on and influence so as to give patients the best experience possible in our hospital.”

State Pain Initiatives Organizational Dynamism and Fragility

Cynthia Rodman, MS-Pain Research, Education and Policy '09

The undertreatment of pain is increasingly recognized as a serious public health problem in the United States. Pain is traditionally viewed as a symptom of another medical problem, and therefore not something that most physicians address directly. In fact, most healthcare professionals receive little formal training about pain and how to manage it during their primary medical, nursing, pharmacy, or other health education. Acute pain is usually a beneficial protective mechanism to limit further tissue damage. However, chronic or persistent pain typically lasts longer than 3 months and serves no beneficial purpose. Advances in the understanding of the science of pain have shown that undertreated acute pain can become persistent pain, and pain experts increasingly view persistent pain as a disease.

A 2006 study by the National Center for Health Statistics of the Centers for Disease Control and Prevention, estimates that more than 50 million adults (almost 25%) in the United States suffer from moderate to severe persistent pain lasting more than 3 months. Persistent pain has a serious economic impact, costing \$100 billion annually for direct health care expenses, plus the indirect costs of lost wages, productivity, and disability. The serious undertreatment of pain has received increasing attention from a small group of clinical and research pain experts during the past three decades. This applies particularly to pain associated with cancer since 70%-90% of cancer patients experience moderate to severe pain at some time during their illness, especially with advanced cancer and at the end of life. There are many popular myths about pain and pain management that contribute to numerous barriers to providing adequate pain management for people suffering from persistent pain, regardless of the pain's origin.

Concerns about undertreated pain, particularly cancer pain at the end of life, was an important catalyst for the creation of professional pain-oriented organizations to advance the scientific understanding of pain, professional education, policy advocacy, and public awareness about pain management. The state pain initiative movement, one of the early pain-oriented organizations, began in Wisconsin in 1986 with a focus on cancer pain that later expanded to pain of all types. Over the next decade, grassroots volunteer-based state pain initiatives (SPIs) of healthcare professionals who predominantly treated cancer pain expanded to almost every state. These organizations focused on providing pain education to other healthcare professionals, advocating for state and federal legislative and regulatory reform needed to improve pain management, increasing public awareness, and addressing numerous myths about pain and barriers to pain management. During the past

year, I have served on the Massachusetts Pain Initiative (MassPI) Steering Council, developing new programs to enhance awareness of the facts around pain, and working with one of the most active SPIs in the country.

For my Capstone project, I studied the characteristics that contributed to the strongest SPIs. The primary purpose was to identify opportunities for improvement for the MassPI, and secondarily for opportunities that might benefit other SPIs and the national Alliance for State Pain Initiatives (ASPI). The Capstone included in-depth qualitative and quantitative research into the SPIs. This included reviewing written materials on the SPIs, a literature review of academic research on grassroots volunteer organizations, quantitative analyses of the current SPIs efforts based on their web sites, and in-depth key informant qualitative interviews with SPI leaders from around the country. Sixteen 45-60 minute interviews were conducted, which confirmed findings from the other research elements and identified new issues from the SPI leaders.

Taken together, the combined results from all of the Capstone research elements provided insights into important characteristics of active SPIs, and identified immediate and longer-term opportunities. A few key findings included the importance of creating and reinforcing a strong brand identity for the SPIs and ASPI, the need to strengthen the SPIs by adding a formal focus on sustainability and renewal activities, and an opportunity to strengthen the use of the Internet. Findings were summarized at presentations to the MassPI Steering Council in May 2009 and the ASPI national Advisory Council at their October 2009 annual meeting in San Francisco. MassPI adopted several of the organizational proposals and ASPI has already integrated some of the information into their efforts. Both organizations have expressed an interest in further integrating some findings and proposals in the future.

Enroll in the Tufts Summer Institute

Web Strategies for Health Communication

July 18 - 23, 2010

Learn from Tufts faculty and distinguished guest speakers how healthcare and public health organizations develop and implement Web strategies to drive the success of their online presence.

For details go to: <http://www.tufts.edu/med/docs/education/phpd/SummerFlyerAPHA.pdf>

Faculty Profile: Doug Brugge, PhD, MS

*Diane M. Randolph, MS-
Health Communication
Candidate*

Entering Dr. Doug Brugge's office on a brisk fall afternoon, I am met with the typical arrangement of an academic suite; his walls are hung with bulleted newsprint, the desk is bursting with presumed fodder for research, the phone rings urgently, people stop by asking his opinion on topics in public health. I linger over my notes, wondering if my pre-fabbed questions will engage and encourage the good doctor to share his notable body of work in a way that is approachable; serving not to overwhelm those of us who are still en-route. Little did I know I had nothing to worry about.

Dr. Brugge's background is impressive. He has a MS in industrial hygiene from the Harvard School of Public Health and a PhD in cellular and developmental biology from Harvard University. Currently, Dr. Brugge is Professor of Public Health and Community Medicine here at Tufts University School of Medicine. He also directs the Tufts Community Research Center, and is part of the community engagement leadership team of the Clinical and Translational Science Institute. He has published over 100 academic works of original research, reviews, policy and historical analyses.

Dr. Brugge is director of the NIH funded Community Assessment of Freeway Exposure and Health (CAFEH) study. His research career boasts an extensive list of current community based participatory research (CBPR) activities including: Language, Literacy, Culture: Communication of Health Concepts Health Literacy Project; The Healthy Public Housing Initiative; Chinatown Environmental Justice Series; and the Navajo Uranium Mining Project. Each of these projects has operated within local communities exploring environmental health issues. His work draws strength from community collaborations, culturally and linguistically appropriate data collection methods, and timely and relevant content.

Dr. Brugge defines environmental health as being inclusive of the greater lived environment and those within it. That environment, however, is not limited to whales and ambient air pollution, but also inclusive to the urban landscape. Shifting the



l-r, Dr. Bart Laws, Community Co-Chair Ellin Reisner, and Dr. Doug Brugge at a CAFEH Committee meeting

definition of environment opens the door to analyze the urban landscape and resultant health concerns, particularly; road traffic injuries, local air pollution, and hot spots. This broader and inclusive definition of environment captures to a much greater extent issues of specific and often immediate need, e.g. urban sprawl, housing developments and pests, asthma.

When asked how he came to this field, both academia and

CBPR, he laughs and pauses, describing his eureka moment when he first obtained funding for a project and realized he could do this as part of his work, operate with a fair amount of autonomy, and foster his own learning within an environment of cultural brokering. He noted that the work is exciting and growth-yielding; his role one he has grown into.

He offers this advice to students who are potentially interested in working within local communities: "Do so, but to start slowly. Be respectful. Prove your commitment and trust-worthiness. Cultivate and personally sustain these relationships, even when funding goes south, even when there is no approaching deliverable or task". He later adds, "Humility goes a long way." He has himself moved between vastly different realities: working amid the Navajo population in the south-west examining Uranium exposure, in housing developments in Dorchester examining public living conditions, in various communities where English is not the primary language; however true concern and commitment aptly transcend the rigidity of language, class, and expectation.

Dr. Brugge feels the Tufts community has supported his endeavors and greatly enjoys the enthusiasm of the interns who have worked with him. Current students who are interested in learning more about community-based internship opportunities (single semester or for a full academic year) may send an email to doug.brugge@tufts.edu to learn more.

Faculty Notes

Marcia Boumil, JD, LLM, Associate Professor of PH&CM, recently published “Multidisciplinary Representation of Patients: The Potential for Ethical Issues and Conflicting Professional Duty in the Medical-Legal Partnership Model” in the Journal of Health Care Law and Policy. Also, this year’s JD/MPH students who participated in “Health Law Moot Court” received the designation of “Extraordinary” for the Legal Brief submitted in the competition.

Steven A. Cohen, DrPH, MPH, Assistant Professor of PH&CM, received the 2009 James Zimmer New Investigator Award from the Gerontological Health Section of the American Public Health Association (APHA) Annual Meeting, held in Philadelphia this November. He gave presentations at APHA this year, two of which were co-authored by Elena Naumova, PhD, Professor in the Department of PH&CM. Steve’s research will also be presented at the 2009 International Society for Disease Surveillance Conference in December 2009 in Miami.

Catherine Coleman, MA, Adjunct Clinical Instructor of PH&CM, presented “Online Learning for Health Care Professionals and Policymakers” at the Global Cardiovascular Disease Training Summit at the US Centers for Disease Control and Prevention in October. Over 70 cardiovascular disease-prevention experts from 20 countries participated in the summit, which developed recommendations for preparing health care providers, policymakers, and public health leaders in developing countries to address the epidemic of non-communicable diseases. Catherine is a member of the Regional and Global Collaboration Implementation Group of the National Forum for Prevention of Heart Attack and Stroke.

Sherwood Gorbach, MD, Distinguished Professor of PH&CM, was invited to deliver the Annual George A. Jacoby Lectureship in Infectious Disease in December at the Lahey Clinic. It was a series of two lectures, one on Clostridium Difficile and the second on Toxigenic Clostridial Infections.

Lisa Gualtieri, PhD, ScM, Adjunct Assistant Professor of PH&CM, presented a paper, *Improving Patient-Physician Communication about Internet Use: “Why ‘Don’t Ask, Don’t Tell’ Doesn’t Work”*, at the Medicine 2.0 Conference in September in Toronto. She was also invited to present the keynote at the Medical Library Association’s Annual Conference in May 2010.

Mark Haas, MBA, Clinical Instructor of PH&CM, presented at the American Health Information Management Association annual meeting in Dallas, TX as well as the New England Health Care Compliance Association annual meeting in Boston, MA this Fall. At both meetings, he discussed the Federal Trade Commission’s new law called the “Red Flag Rule” and its application to hospitals. The new law requires hospitals and other healthcare organizations to have an identity theft prevention program in place by June 2010. In his presentation, Professor Haas provided specifics about the plan at Massachusetts General Hospital and how biometric technology is used by hospitals to assist with patient identification.

Stewart Landers, JD, MCP, Assistant Clinical Professor of PH&CM, presented “Putting Public Health into Health Care Reform: Massachusetts’ Chronic Disease Integration Pilot Project” at the 2009 American Public Health Association Annual Meeting in Philadelphia, PA. The presentation described Massachusetts Department of Public Health initiatives to improve health outcomes by adapting public health programs to reflect a new reality following the significant expansion of insurance coverage in the Commonwealth.

Alice Lichtenstein, DSc., Stanley N. Gershoff Professor of Nutrition Science and Policy, was the Keynote Speaker at the 14th Annual Meeting of the Israeli Society for Research in Eilat, Israel, October 15-18, where she presented on “Nutrition and Cardiovascular Disease: Dietary Guidance to Reduced Cardiovascular Disease Risk? Where Should the Emphasis Be?” At the Nutritional Epidemiology Symposium in Tel Aviv, Israel on October 22, Dr. Lichtenstein also spoke on, “Not all Fats are the Same: Current Recommendations for Coronary Heart Disease Prevention.”

Beatrice Rogers, PhD, Professor of Nutrition Science and Policy, and co-PI Jennifer Coates, PhD were in Washington DC in November to present the results of the first round of data collection from their multi-country study of how food assistance programs work to assure sustainability of impacts after the programs themselves shut down. The presentation, was made at the Academy for Educational Development and attended by representatives of the FANTA2 project and USAID, presented results from Bolivia and Kenya.

Beth Rosenberg, ScD, MPH, Assistant Professor of PH&CM, testified at the State House on Nov. 3 in favor of the Safer Alternatives Bill, which would encourage the use of safer substitutes for toxic chemicals in Massachusetts.

Anthony L. Schlaff, MD, MPH, Associate Clinical Professor of PH&CM, was elected earlier this year to the Board of the Association for Prevention Teaching and Research (APTR). He is also serving as co-chair for APTR’s Annual Meeting. The theme of the meeting, scheduled for March 25 - 27, 2010 in Washington DC, is “Prevention and Health: Seizing the Moment.” More information about the meeting can be found at <http://www.aptrweb.org/teachingprevention/index.html>.

David Tybor, MS, MPH, PhD, Assistant Professor of PH&CM, successfully defended his thesis in Nutritional Epidemiology this September at the Friedman School of Nutrition Science and Policy. The title of his research was “Central Adiposity and Chronic Disease Risk in Adolescence.” Dr. Aviva Must, Dean of PH&PD Programs, chaired his Thesis Committee. He also presented this research at the Annual Scientific Meeting of the Obesity Society in Washington DC, in a presentation entitled “Do Changes in Waist Circumference Over Adolescence Predict Cardiovascular Disease Risk Factor Levels in Females, After Adjusting for BMI?”

Health Communication at the Federal Level

Jacquelyn Bialo, MPH Candidate

Every year the National Cancer Institute (NCI) gives graduate students and recent Masters level college graduates the opportunity to participate in the Health Communications Internship Program (HCIP) in Bethesda, Maryland. The purpose of the program is to provide interested individuals the chance to partake in health and science communications projects at the NCI. With an MS in Health Communication, a HCIP internship was the perfect fit for Tufts alum Elizabeth Austin, MS'09.

After receiving her undergraduate degree from Bentley University in Information Design and Corporate

Communication, Liz knew a purely financial career was not for her. Growing up as the daughter of a nurse, health issues were often a topic of discussion, so it was important to Liz to find a career that was able to combine her interest in health and communications. After graduating from college she worked at in internet marketing and at a small college doing web and electronic communications. After learning about health communications and how it is used in public health, Liz says, "I knew I had found a perfect fit for a degree since it merged many forms of communication and my love of health and education."

Liz first heard about the NCI internship program from a fellow Tufts Alum two years ago. She was excited at the prospect of being able to work in a federal setting and getting to see public health from a different perspective. Because she didn't have much experience working in health communications prior to graduate school, so she thought an internship with a federal health agency would be an ideal place to jump-start her career.

Currently, Liz is working in the NCI Office of Cancer Complementary and Alternative Medicine (OCCAM). Research at OCCAM focuses on identifying new cancer treatment, improving the ratio of standard and investigational anti-cancer therapies, and researching lifestyle modifications, such as diet, exercise, and mind-body approaches, to see their impact on cancer outcomes.

Liz's experience at OCCAM has not disappointed, as she has



Elizabeth Austin, MS-Health Communication '09

had the chance to work on a breadth of projects. Working closely with a mentor, Liz has helped to edit, research, organize and write pieces for the NCI Annual Report on Complementary and Alternative Medicine, which is distributed to Congress, and the OCCAM's bi-annual newsletter, which is disseminated to oncologists, CAM practitioners, patients, and advocates. Additionally, she compiles relevant news stories about cancer and CAM and circulates these stories to OCCAM staff through a weekly email bulletin, Cancer CAM in the News. She also assists with organizing, writing, and maintaining the OCCAM website.

She feels her education at Tufts has been invaluable to getting the most out of her time at OCCAM. "At Tufts," she says, "we learned about concise writing and editing skills for health communications." She notes how important this, and targeted writing is, particularly when working on pieces intended for a wide range of audiences, from Congress to oncologists to lay persons. The skills she learned in her epidemiology/biology class have enabled her to understand and deconstruct complex journal articles. Tufts, she felt, really emphasized the importance of being able to work in a team and to speak up. "My mentor constantly asks my opinions on matters and wants me to bring fresh ideas to the table, so I try to remember all those times in class when we were asked to pose interesting questions or challenge our professors to a lively debate."

Liz has thoroughly enjoyed her time at the NCI, and hopes to use what she has learned in her next job. After NCI, Liz hopes to stay in the D.C. area working for either the federal government or a non-profit entity. It is important to her to find her public health niche, and to be able to "see my work in action and work closely with the end users of public health messages." Overall, she feels that the "NCI internship has been the perfect opportunity for me to start a career in health communications and public health, and learn more about how health policy and research are structured at the top level."

For more information on HCIP, please go to <https://hcip.nci.nih.gov/>.

Peer Health Education Outreach Program at Youth on Fire

Elizabeth Samuels, MD/MPH '12

The health and personal risks endured by homeless youth are distinct from those experienced by housed youth and homeless adults. Increased transience, unstable housing, exposure to violence, substance abuse, and engagement in survival sex work contribute to high health risks and poor health outcomes. Barriers to receiving care include transportation, affordability, and distrust of the medical establishment due to a history of poor experiences. In an effort to address these barriers, I partnered with Dr. Ralph Vetter, Medical Director of the Sidney Borum, Jr. Health Center, to design the Peer Health Education (PHE) Outreach Program based at Youth on Fire (YOF) in Cambridge, MA. My summer field experience marked the beginning of this project.

Located a few blocks from Harvard Square, YOF is a day drop-in center for homeless and street-involved youth. Utilizing a harm reduction model, YOF serves members' physical and personal needs by creating a safe, non-judgmental youth-centered space for youth ages 14-24. Annually YOF serves 250 youth with hot meals, clothing, showers, laundry facilities, and offers weekly medical care, HIV testing, counseling, and referrals to community resources. Members are connected to primary care through Sidney Borum Clinic. The Borum provides free and sliding scale quality and culturally competent health services to marginalized youth ages 12-29. Dr. Vetter currently maintains a clinic space and sees patients at YOF one afternoon per week.

The goals for the PHE project are to: decrease barriers to care, empower youth regarding their own health, improve the outreach capacity of the Sidney Borum Jr., Health Center, and increase homeless youth enrollment in primary care and MassHealth. To meet these ends, the PHE program trains street-identified youth to recognize and respond to key health care needs among their peers, including acute (i.e., abscesses, STDs) and chronic (i.e., asthma, birth control) concerns. Peer Health Educators (PHEs) will be able to triage their peers to the appropriate sites of care, acting as health navigators to clinics or Emergency Departments. They will also be able to identify individuals who lack a primary care physician or

health insurance and help facilitate their attainment of either or both of these. As lay health workers, PHEs will help eliminate barriers to care by bringing the medical home to the patient, on the patient's terms.

To date, I have facilitated three of the six trainings that will be offered. Members identified six priority areas for these trainings: First Aid, Skin Problems, Sexual Health, Respiratory Diseases, Mental Health, and Navigating the Health Care System. Open to all YOF members, trainings are highly interactive and fun, utilizing visuals, hands-on learning, games and critical thinking, case-based examples to simulate situations PHEs will encounter.

From the training participants we will select four individuals to become PHEs. We are looking for people who are trusted by their peers, have a history of regular YOF involvement, and have good communication skills. Upon completion of the trainings, selected PHEs will receive CPR training, a first-aid kit, and a monthly T-pass to enable health site accompaniment. PHEs are expected to meet with us every two weeks for support and help with problem solving challenges as they arise. Members are compensated for all of the time they spend in trainings and meetings.

Members have enthusiastically received the program. Trainings are well attended and there are six individuals who have expressed interest in become PHEs. The real work by the PHEs will begin in February. I am excited and honored to have been a part of this project, and look forward to working with the PHEs to fully realize the potential within this program.



Got Work? Career Advice in a Challenging Economy



*Doina Iliescu
Assistant Director, Career Services*

*Diane Randolph, MS-Health
Communication Candidate*

We have been saturated with the staggering figures regarding the current economy; joblessness and downsizing of various corporations are at the highest they've been in years. Chances are that you, as a current student, soon-to-be grad, or recent alum, have your own concerns.

I had the opportunity to sit down with the Assistant Director of Career Services, Doina Iliescu, to gain perspective on the economy and get creative suggestions for how to gain your footing in order to increase your marketability and employment options.

Q: We all know the economy has been hard hit, but what does that necessarily mean?

DI: Job losses have required people to reinvent themselves. People have had to be creative about how to make ends meet. Those seeking employment have had to learn new skills by undertaking specialized training or going back to school. Or they have had to travel farther from home to find work. No matter how you look at it, job loss is emotionally difficult to manage, and challenging in a practical sense. And, in a depressed economy those challenges are magnified.

Q: How does this economic situation affect employment opportunities in the health professions?

DI: According to the bureau of labor statistics, jobs in the health industry are in high demand. Despite the economic downturn over the last year, the health care sector has managed to stay afloat. The Association of Schools of Public Health estimates 250,000 additional public health workers will be needed by the year 2020 to help replace the nearly 110,000 workers retiring by 2012. Roles in critical demand include: epidemiology, health education, and administration.

Q: Is my degree still valuable? How can we as Tufts students maximize our degree/time at Tufts?

DI: Yes, the MPH, MS, and other PHPD degrees are hugely valuable. Maximize your degree and time at Tufts by taking full advantage of opportunities to intern and volunteer at organizations that interest you. Consider building on your degrees with

additional outside coursework/certifications, and by applying for fellowships and training opportunities. Optimize your time in classes by researching areas of particular interest to you.

Q: You also manage the Tufts e-newsletter PHPD Career-Link. Volume 9 gives valuable insight RE: navigation/assessing fit, having a strong resume, etc., but is there anything more you'd add considering the current economic situation?

DI: Be flexible. You should expect to find greater competition for the jobs you are seeking. Make connections with people who may be valuable resources to job networks later on via internships and volunteering. Unless stimulus money has been made available for jobs in certain public sector agencies, organizations may currently be unable to pay for new hires. Internships and volunteerism form symbiotic relationships that nurture both the employer and the student.

Do your research to find out where the jobs are, and consider moving to places in the country where work is more readily available. Consider working for the government—federal jobs are in good supply right now, and the benefits are great! Consider taking on part-time jobs to help you pay your bills while keeping your eye on the bigger picture, once the economy improves. And remember to network!

Q: What resources are available in your shop? What is the best way to connect with those resources?

DI: Current resources include health care careers literature including biotech, health sciences, global health; non-profit resources, information on federal careers, and a lists of MPH alumni first jobs after graduation by concentration. We also offer diverse career-related articles on topics such as social networking; electronic resumes; and a career services website with fellowship and job/internship resources. Career skills workshops, employer information sessions, and resume critiques are also provided.

Students seeking to use any of the resources can stop by the office between 9:30 a.m. – 5:30 p.m., or meet with me by appointment at 617-636-3510 or via email: doina.iliescu@tufts.edu.

Q: Any other thoughts or resources you'd refer those anxious or cautious among us?

DI: Read career-related blogs, stay abreast of economic news, or join a professional association to stay connected to your field and as a networking tool. You never know where an opportunity will present itself.

New PHPD Programs Admissions Director



*Emily Keily, M.A.
Director of Admissions*

*Emily Taylor, MPH
Candidate*

Emily Keily, M.A., Director of Admissions for the Tufts University School of Medicine's Public Health and Professional Degree Programs, is a welcomed addition. She came to the Tufts from Regis College in Weston, Massachusetts, where she served as the Director of Admissions for over five years.

Emily arrived at

Tufts at the beginning of February, bringing with her a wide range of admissions experiences: she not only served as Director of Admissions at Regis College, but she also spent five years as the Associate Director of Admissions at Emmanuel College. While at Emmanuel College, she earned a Masters degree in Human Resource Management.

The PHPD Admissions Office presents two new challenges for Emily: here she will be working within a university and with a graduate student population. Already, she can't seem to stress enough how refreshing she finds working with prospective

.....

graduate students at a larger and research-based institution. She describes the older group of students and applicants as thankful, polite, and appreciative of the value of education. Regardless of whether applicants learned of their admissions decisions, the exchanges are encouraging, she says, especially when you call them to tell them they've been accepted.

Her main responsibilities in her position as Director of Admissions include working with faculty to review and track applications from start to finish, and working to notify applicants of their admissions decisions as promptly as possible. She commented that several PHPD Programs' applications have their own nuances—which she is learning to become familiar with. She is also working to market the programs—aiming to increase interest and visibility via a strategic communication plan—and working to “keep an eye” on the health of all of the different programs. She remarks that as her time at Tufts grows, she'll be continually researching the needs of each individual program. Her goals for the PHPD include working to maintain the richness and diversity of the programs and applicant base, as well as working to create more communication with prospective students. Emily wants to make sure that Tufts is offering prospective students a wide-variety of mechanisms to get the information they need—whether this is through information sessions and websites, or on-campus visits and tours where applicants would have access to current students as resources.

Emily is excited about her future at Tufts and the future of the PHPD programs.

New PHPD Programs Student Room



PHPD Programs Student Lounge

The new PHPD Programs Student Room officially opened in September. See the quote below from Executive Administrative Dean, Marsha Semuels.

“The new student lounge space was created to provide an area for students to study, relax, and socialize. Made possible by a generous gift from Vice Dean Dr. Harris Berman (formerly the Dean for PHPD), the area includes small group study rooms, two lounges, one of which is furnished with a TV and comfortable seating, a small kitchen equipped with a refrigerator and microwave, and vending areas. When renovations are completed, a third lounge abutting the Harrison Avenue windows will be added. The new entrance to the building, expected to be finished in January, will be through Stearns, near where the lounges are now. The guard station will be located in the sun-filled entryway replete with artwork and seating. To recognize the importance of PHPD program, the building will be renamed the Biomedical Research and Public Health complex.”

A Public Health Perspective on Health Care Reform

Continued from p.1

Finally, the Obama Plan specifically emphasizes the importance of “investing in prevention and wellness.” Neither Dr. Lischko nor Dr. Hattis feel that this type of federal platform will do much to encourage Americans to live a healthier lifestyle and engage in preventive practices. Dr. Lischko says, “Unless you have really targeted community-based approaches, very little will change.” Professor Haas notes, though, that if “more Americans are insured and take advantage of seeing a primary care doctor instead of an emergency room for care, then the emphasis on preventive health and coordinating preventive health benefits will, in fact, help Americans to live healthier lives.” Furthermore, Professor Haas believes that investing in health information technology will “immensely help primary care providers, as they can use these tools to coordinate the appropriate preventive health screenings and reminders.”

In the upcoming weeks, the Senate will heatedly debate issues, such as the public option and abortion coverage, in an attempt to pass a bill before the end of the year. If the Senate passes legislation, the House and Senate plans would have to be reconciled, requiring both chambers to re-approve the revised bill, before a final document is sent to President Obama for his signature.

Public Health Rounds

Editor

Robin Glover, M.B.A.

Newsletter Interns

Jacquelyn Bialo
MPH Candidate

Diane Randolph
MS-Health Communication
Candidate

Please send comments and story ideas to:

Robin Glover, M.B.A.
Public Health & Professional
Degree Programs
Tel: 617-636-0935
Fax: (617) 636-0898
robin.glover@tufts.edu

Visit the PHPD Web site:
www.tufts.edu/med/phpd/

Tufts

UNIVERSITY
School of Medicine

Public Health & Professional Degree Programs

136 Harrison Avenue
Boston, MA 02111