

Public Health Rounds

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

Spring 2010

An MPH Student Participates in the Haiti Relief Effort

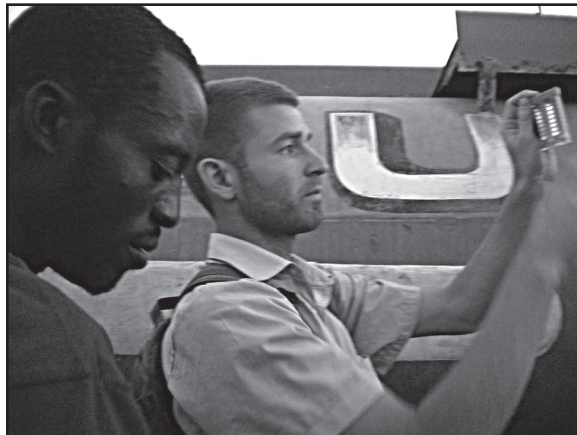
Jacquelyn Bialo, MPH'10

In the wake of the tragedy in Haiti, the Tufts Community, like others around the world, has sought to find ways to support relief efforts (see page 11). From Valentine's Day candy sales to a Public Health and Professional Degree Programs Student Senate-sponsored fundraiser to a meeting sponsored by the Tufts Medical School to discuss aid ideas, everyone is trying to find a way to contribute.

Nick Preneta, MPH candidate in Global Health and veteran Haiti health worker, traveled to Port-au-Prince to help address water and sanitation issues.

Prior to coming to Tufts, Nick spent three years in Haiti working with "street kids." During his time there, in addition to providing counseling to youth, a major component of Nick's

work was health-related. Aside from providing basic triage for the cuts and wounds that are a part Haitian "street kids" daily lives, he coordinated and supervised the medical care for the myriad of health problems that they experienced, including tuberculosis, malaria, dengue fever, stomach worms, and HIV/AIDS. Nick was also responsible for creating health education programs on topics ranging



Nick Preneta (r), MPH Candidate, testing water samples

from hygiene to sexually transmitted diseases. It was then that he realized that he wanted to build on the public health knowledge he gained from his work in Haiti by going back to school.

Nick returned to the United States to pursue an MPH, and while his Tufts education has been invaluable, when the earthquake hit, he felt an obligation to return to help the country that has become such an integral part of his identity.

During his previous time in Haiti, Nick had become acquainted with SOIL (Sustainable Organic Integrated Livelihoods), a US-based non-profit organization that works to protect soil resources, empower communities, and utilize ecological sanitation as a way to provide safe, sustainable sanitation options. SOIL promotes integrated approaches to the problems of poverty, poor public health, agricultural productivity, and environmental destruction.

When Nick returned to Haiti he reached out to his contacts at SOIL, and, with his public health background, SOIL was only too happy to have him re-join the organization.

Since the earthquake, SOIL has used donations to provide immediate relief to communities in both Port-au-Prince and the northern city of Cap Haitien. SOIL organized the distribution of culturally appropriate food kits, water, tents and tarps, and non-food items. Collaborating with other NGOs, SOIL also helped to coordinate mobile clinics and transportation for patients in need of more specialized care in areas that have not yet been targeted by some of the larger international organizations.

Because of the massive internal displacement caused by the earthquake, Port-au-Prince and the surrounding areas are experiencing a major sanitation crisis. Prior to the earthquake, the percentage of people in Haiti who had access to clean water and sanitation was the lowest in the western hemisphere and, although the Haitian government and international organizations have mounted a concerted response, there remains a serious gap in the area of sanitation. As of February 17th, the

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PHPD Programs Dean's Message



Aviva Must, Ph.D.

There have been a few unanticipated changes here at the School of Medicine since our Fall newsletter. In December, Dean Rosenblatt stepped down from his position as Dean of the Medical School to become Chief Medical Officer and Executive Vice President at Merck & Co., Inc. Vice Dean Harris Berman, former (and first) Dean of Public Health and Professional Degree Programs was named Dean *ad interim*. His tenure as Vice Dean will

serve him well in his new post, and we are confident the strong leadership he brought to our department and programs will be evident in his leadership of the School.

In other news, Dr. John M. Ludden, Tufts Program Director of the MD/MBA Program will be retiring his post, effective April 1st (*see p. 3 article*). He was honored at a retirement reception in March with an outpouring of affection from staff, faculty, and especially from current students and alumni. He has promised to stay involved, and I'll do what I can to ensure it is a promise kept.

In response to my request for contributions from Program Directors, Dr. Anthony Schlaff, MPH Program Director, offered this reflection:

*Two major public health issues have dominated the news over the past year: national health care reform and H1N1. Neither story is over yet. Important as these issues are, however, I was reminded the other day of what gets lost in media coverage related to public health. I was re-reading part of the classic book, *Who Shall Live*, by the great health economist, Victor Fuchs. Speaking of how individuals control their own health, he writes, "Most of us know this is true from personal experience."*

But of course, those of us who study public health, rather than reflect on personal anecdote, know the opposite. Life expectancy differs from community to community by decades, whether those differences in community are defined by time, geography, or socio-economic status. Surely these vast differences are due, not to a collective decision by each individual to choose a healthy or less healthy life, but by profound cultural, economic, and environmental forces. How then, can so many, including brilliant scholars such as Fuchs, fail to see this?

The answer, I think, lies in the degree to which the forces that shape our health tend, within any individual's experience, to appear constant and to be taken for granted. How often do we reflect on the fundamental structures of our economic, political, and physical surroundings? Hold those constant – as we do – and of course individual differences appear to determine different outcomes. It is, however, those most fundamental structures that have the most fundamental effects on our health. Those who study and practice public health must remember this, and do their best to teach this to those who have power to influence how our society is shaped.

Regardless of whether we find a way to provide health insurance access to most Americans, or whether H1N1 threatens us with a third and more virulent wave, our society will struggle for a long time with disparities in health between those with and without economic means, and with the threats of emerging infections caused by the environmental degradation that results from our species' dramatic growth and use of resources. This is why we study and practice public health. Even when the media doesn't cover it, those huge issues will still be there.

Since Dr. Schlaff's reflection was penned, President Obama has signed the healthcare reform bill into law. Reconciliation went remarkably smoothly and quickly. I was personally pleased to see the requirement for calorie disclosure for food and beverages sold in vending machines, and menu labeling for restaurants in the final legislation. The major provisions of this bill represent the first meaningful reform of health care since 1965, when Medicare and Medicaid were passed. But, as Dr. Schlaff suggests, this is really just the beginning.

The Medical School wants to provide a venue to discuss differing viewpoints with respect to the wisdom of the changes in health care delivery as well as the concomitant opportunities these changes present, especially for public health. To that end, the Department of Public Health & Community Medicine will be co-hosting a Health Care Reform Forum with the Medical School Dean's Office in early April.

Finally, we are all looking forward to May's commencement ceremonies when PHPD will graduate its largest class to date: we project that 90 master's degrees will be conferred. Dr. Daniel Carr, Founding Director of the MS-Pain Research, Education, and Policy Program, (*see p. 4 article*) will give the Faculty Commencement Address. Congratulations, graduates!

With warm regards,

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

Aviva Must, Ph.D.

Dean, Public Health and Professional Degree Programs

A Salute to Dr. John Ludden



John Ludden, M.D.

Jacquelyn Bialo, MPH Candidate

After nearly a decade at Tufts School of Medicine, Dr. John Ludden MD, FACPE has stepped down as the Director of the MD/MBA in Health Management Program. His contributions to Tufts have been vast and numerous and his legacy indelible.

Initially trained as a psychiatrist and psychotherapist

in the 1960s, Dr. Ludden's first managerial experience came as the senior psychiatrist reporting to a Military Police full bird colonel at the Army prison located at Fort Leavenworth. When he returned to Boston, he became the Director of the Alcohol Clinic at Brigham and Women's Hospital (BWH) and worked as a psychiatrist at the nascent Harvard Community Health Plan (HCHP), a prepaid group practice. At BWH he was responsible for personnel, budget, and systems of the Alcohol Clinic; and it was there that he first became interested in and learned about the "ins and outs of the management process."

At HCHP, Dr. Ludden became the Health Center Director of the Kenmore Health Center and later the Corporate Medical Director and Chief Operating Officer. Over the next 15 years, under the leadership of Dr. Ludden, HCHP grew rapidly from 30,000 members to 1 million and HCHP sent him to Harvard Business School for a three-month program to learn about management.

After HCHP merged with Pilgrim Health Care and became Harvard Pilgrim Health Care (HPHC), Dr. Ludden served as its senior medical officer for policy and external affairs during Clinton Administration's attempt at health care reform. Along the way he became invested in the American College of Physician Executives (ACPE) and ultimately served as its President for a year, noting that "the ACPE deepened my commitment to management education for physician leaders."

Subsequently, Dr. Ludden left HPHC to join Harvard Medical School's Department of Ambulatory Care and Prevention, which he helped to establish. He was finally drawn to Tufts because "physician leadership requires both training and experience. The Tufts MD/MBA in Health Management Program was one of the first to recognize this and to establish its four-year course of

study. The program seemed like a natural fit for me."

Dr. Ludden's favorite aspect of his time at Tufts has been participating in students' education and learning from them "as they figure out the rewards and perils of management and medicine." He adds that "watching the balance between medicine and management develop in students reinforced my conviction that organizations cannot *care* for people but dysfunctional organizations can disrupt a physician's care for patients." This is why he ultimately feels the Tufts MD/MBA program is so important. "Medical students and young physicians need to understand the fundamentals of management to be successful in leading organizations." Dr. Ludden believes that during this time of change and innovation in the health care field, "organizational skills are paramount." Because most medical schools' curricula do not include these types of skills, the Tufts MD/MBA program is a perfect place to hone and develop them.

Dr. Ludden's contributions to the program have been abundant and his leadership invaluable. He developed the partnership with Brandeis University's Heller School for Social Policy and Management that allows medical students to earn an accredited degree from each school in four years. He has also ensured that students have the opportunity early on in their training to put their management and analytic skills to work.

Watching more than 100 students graduate and hearing them report back about their evolving careers has perhaps been Dr. Ludden's greatest and most satisfying aspects of his tenure. They are already working on a broad spectrum of activities from managing a practice to developing clinics for a major retail chain to investment analysis to entrepreneurial endeavors. Dr. Ludden says of his students, "It will still take a few years for them to re-fashion health care; I know they have the tools to do it." And for many of them, they will owe much of their success to Dr. Ludden and his unyielding devotion to his students. He will surely be missed.

MS-Pain Research, Education & Policy Program's 10th Anniversary

Daniel Carr, M.D.

Ten years ago, a front page article in the Tufts Daily announced the launch of a new Master of Science program in Pain Research, Education and Policy (PREP). Kathryn Lasch PhD, a medical sociologist now with an international outcomes research consultancy firm, and I were its co-founders. The inaugural class had 2 students. Dr. Shahnaz Turkistani, a female physician, returned to her native Saudi Arabia after graduation and now treats women with pain. Ewan McNicol, MS-PREP'02, a Tufts Medical Center Pharmacist and now a member of the PREP faculty, is known internationally for systematic reviews of pain therapies with the Cochrane Collaboration and others.



Daniel Carr, M.D.

The first of its kind in the United States, our program remains unique and has grown steadily (if slowly) since 1999. We now offer a shorter, certificate track in addition to the original MS track. We owe much to the Sackler Family, whose initial and ongoing support has been indispensable; the Hermanson Family for funding scholarships; and the Saltonstall Family for supporting pain research in the Department of Anesthesia at Tufts Medical Center, the source of many PREP faculty. Jeanne Connolly-Horrigan, former program director, combined a marketing background and passion for pain control to help us grow enrollment during the mid-2000s. Richard Glickman-Simon, Assistant Professor of Public Health and Community Medicine (PH&CM) and the current PREP Program Director, brought a career-long interest in complementary and alternative medicine and built a successful combined degree program between PREP and the New England School of Acupuncture.

Our faculty have taught students, treated patients, advised policymakers and professional organizations, and authored many articles and books. Our next book is a guide to pain treatment for busy clinicians practicing in the current era of health care reform. The editors of this volume are Ewan McNicol, Lecturer for PH&CM, Carol Curtiss MSN RN BC, Adjunct Clinical Instructor of PH&CM and a distinguished nurse educator, and me; other contributors include Dr. Glickman-Simon, Libby Bradshaw DO, Assistant Professor of PH&CM and Academic Director for the PREP Program, and another valued faculty member, Steven Scrivani DDS PhD, Professor of General Dentistry. In addition to contributing to the guide, we are also members of the PREP Steering Committee. Given

pain's burden upon public health, it is most appropriate that PREP is housed within the Department of Public Health and Community Medicine, capably led by Dr. Harris Berman, Interim Dean of the Tufts Medical School and more recently by, Dr. Aviva Must, Dean of the Public Health and Professional Degree Programs and Chair of the Department of PH&CM

For me, the best thing about the first 10 years of PREP has been seeing our students succeed as they extend and enhance their careers, helping those with pain and becoming educational resources for their new colleagues. Students have come to PREP from across the US and from many countries, with diverse healthcare

and non-healthcare backgrounds, and from other graduate programs at Tufts and affiliates. They have been medical doctors, nurses, dentists, pharmacists, physical therapists, occupational therapists, emergency medical technicians, and others. One is the principal pain nurse educator in a large urban medical center. Another works with a world-famous outcomes research consultancy, on pain. Yet another accepted a high-profile advocacy position at a major pharmaceutical company. Another works in a hospice. Others have proceeded to medical or osteopathic school.

Our students are a very special group of altruistic people. We are proud of all they have achieved. We look forward to serving more and more students as society at large and the health professions increasingly understand how fundamentally important pain control is for quality of life, and accept pain control as a basic human right.

Dr. Daniel Carr, Adjunct Professor of Anesthesiology, is the founding directors of the MS-Pain Research, Education and Policy Program.

Visit the PREP Program Blog

Visit the PREP Blog at <http://blogs.uit.tufts.edu/tuftsuniversitymspainresearcheducationandpolicy/>, which is the first step in a social marketing initiative to increase awareness of the MS - Pain Research, Education, and Policy Program and is led by Lisa Neal Gualtieri, PhD, ScM, Adjunct Assistant Clinical Professor of PH&FM. We encourage you to read and contribute to the blog. The blog was initiated by Richard Glickman-Simon, MD, Assistant Professor of PH&FM, Ylisabth "Libby" Bradshaw, DO, MS, FACEP, Assistant Professor of PH&FM and Pam Ressler, MS-Pain Research, Education, and Policy Candidate.

Blogging in a Health Care Setting

Emily Taylor, MPH'10

In the spring of 2009, I entered the MPH Program's Applied Learning Experience (ALE) planning class with one priority: I was aiming to find a host organization and project that would incorporate my interest in medical ethics, in which I have an undergraduate degree, with my graduate school concentration in health communication.

I began by contacting organizations working on medical-ethical issues in Boston and eventually was put in touch with the Director of the Office of Ethics at Children's Hospital Boston (CHB), Christine Mitchell, RN, MS, MTS. An initial meeting with Ms. Mitchell revealed that the Office of Ethics was looking to address recent changes in communication patterns between providers and patients. These web-based communications, mostly in the form of blog posts, were often considered inappropriate: compromising patient confidentiality; the professional roles and reputations of staff members; and placing undue stress on the patient-provider relationship. Hospital staff and clients were in desperate need of guidance and education on the issue.

I was brought on to consult and assist with the formative evaluation of hospital staff, patients and families; to analyze data; and to assist with the development of institutional staff guidelines. We began by reviewing the limited body of literature on blogging -- specifically pertaining to the health care setting. The next step involved enhancing a draft of a web-based hospital staff survey that was intended to reveal how often providers were interacting with patients/families online; and what those interactions were composed of (reading only, reading and responding, etc). The survey was also designed to gauge the interest level among hospital staff regarding this type of communication and whether or not staff members found it useful/valuable in patient care. We evaluated the survey with a focus group, which highlighted the need for questions specifically pertaining to social networking, which was possibly accounting for a larger share of online communication between these two populations than we had originally anticipated. For example, several of the providers in our focus group were desperate for ways to politely deny "friend" and other requests from patients and their families. They also stressed their desire for a hospital-wide policy on online communication with patients and families, as well as scenario-based guidelines.

The data from the survey revealed several themes: Roughly half of the staff respondents had cared for patients/families that were engaging in online communication about their illness experience; most staff respondents who read blogs only did so

when asked by a family member; and most staff respondents felt that it was better not to read blogs at all. Many respondents also felt that communication with a patient was at least sometimes enhanced by reading a blog.

Following the release of our provider survey, we developed a similar web-based survey that was released to community members. The data revealed that very few respondents had ever used a blog to write about an illness that they or a family member had experienced; respondents were split in answering whether or not they thought hospital staff should use these mediums to communicate with patients; and the majority of respondents noted that they would like to be able to communicate with their provider online. The survey also revealed, however, that face-to-face interaction was still the preferred medium of communication for patients in regards to their providers.

We were ultimately able to use our data to influence and compose a set of recommendations for guidelines that will offer staff institutional support and guidance for engaging in online communication and relationships with patients and their families. Furthermore, we were able to draft a patient communication brochure that focused on educating patients and families about appropriate web-based communication within the hospital. Both deliverables were intended to guide the two populations towards responsible decision-making; our ultimate task was to ensure that quality of care was being maintained within the hospital.

This issue is certainly one that will be evolving in the future as web-based communication becomes more commonplace in the health care setting. It will be interesting for all of us as potential patients to see how it evolves, and to see how comfortable we feel partaking in it.

Web Strategies for Health Communication

July 18 - 23, 2010

Enroll in the Tufts Summer Institute and 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 got to: <http://WebStrategiesforHealth.com>.

A Novel Approach to Increase HIV Voluntary Counseling and Testing Access and Uptake Among Youth - Port Elizabeth, South Africa

Rowena de Jesus, MPH'10

HIV (human immunodeficiency virus) voluntary counseling and testing (VCT) is a critical entry point to HIV treatment, support, and care services. South African youth bear the brunt of the HIV epidemic where progress on changing the tide of the epidemic is impeded by low VCT uptake, especially among youth. Skillz tournaments include a soccer tournament, HIV prevention education and VCT. It effectively uses soccer as a tool for motivating youth to make healthy decisions and engender change in the

community by reducing stigma around HIV testing. Grassroot Soccer, Inc (GRS) an international non-governmental organization (NGO) and partner in the football for an HIV-free generation initiative implemented the Skillz tournaments. Their efforts have resulted in over 7,000 people being tested for HIV since 2007. Grassroot Soccer

currently operates flagship sites in South Africa, Zambia and Zimbabwe and has designed and launched sustainable projects in Botswana, Ethiopia, Kenya, Lesotho, Malawi, Namibia, Sudan, Tanzania, Guatemala and the Dominican Republic.

I conducted a process evaluation of a Skillz tournament held in Port Elizabeth, South Africa for my MPH Global Health Applied Learning Experience, which was supported by a Tufts Global Health Travel Scholarship. I worked under the guidance of my preceptor, Mr. Zak Kaufman, and the Port Elizabeth site staff. Schools (120 youth) from the Zwide and New Brighton townships were invited to participate in the tournament and approximately 500 community members attended the tournament. There were 258 people (tournament participants and community members) tested for HIV (85% VCT uptake) and over 50% of those tested were in the 15-24 age group. The rate of VCT uptake was similar for both males (50.4%) and females (49.6%). Qualitative evaluation using key informant interviews, structured participant interviews, and focus group discussion provided insights to this unique VCT model.

Key informant interviews with the Head Nurse from the Eastern Cape Department of Health and New Start Site Manager

indicated that Skillz tournaments are appropriate and relevant for increasing access and uptake of VCT among youth. The New Start Site Manager shared, "They (youth) want excitement and action, so the event works well. It is a comfortable environment for them. The participants enjoy the game (soccer) while getting to know their status." In addition, key stakeholders thought the event helps to reduce stigma and discrimination through accessibility and positive peer pressure.



Participants during a Skillz Tournament in Port Elizabeth, South Africa

Key findings from structured participant interviews suggest that Skillz tournaments foster a supportive environment, which was observed by teammates and Skillz coaches. Having a support system serves as a crucial element in making healthy decisions and life skills. In addition, participants felt comfortable talking to their coach about HIV and a significant number (80%) had intentions to

test for HIV in the future, especially

when their test result was negative. They viewed the future intention to test as a way to guard or protect their negative HIV status. A participant (male, age 15) shared that he would test again in 3 months because, "Results today are not safe forever."

The combination of soccer, HIV prevention education, and testing proved to be an effective method in increasing access and uptake to VCT and HIV related services among youth, especially males. Increased uptake of VCT among men and adolescents is critical in reducing the burden of HIV and AIDS in South Africa. Skillz tournaments represent an innovative and replicable approach that can be linked with existing programs in the region.

Faculty Notes

Odilia Bermudez, PhD, MPH, Associate Professor of Public Health and Community Medicine (PH&CM), along with **Jeffrey Griffiths, MD, MPH&TM, Associate Professor of PH&CM**, were joined by Dr. Patrick Webb of the Friedman School of Nutrition Science & Policy as course faculty for the Inaugural International Course in Nutrition Research Methods in the Bangalore Boston Nutrition Collaborative in Bangalore, India. This course was an interdisciplinary two-week course taught at St. John's Research Institute (SJRI) held during January 2010. The nutrition research methods course was directed at Indian professionals from diverse professional backgrounds who were provided with substantive knowledge and methodological skills in nutrition research, with applications to clinical, research, program, policy, and laboratory areas.

Daniel Carr, MD, Adjunct Professor of Anesthesiology and Founding Director of the MS-Pain Research, Education and Policy Program, delivered the opening Plenary Lecture at the 26th Annual Meeting of the American Academy of Pain Medicine in February in San Antonio, Texas. His talk, "Pain Medicine's Stake in Healthcare Reform", addressed the historical forces that have brought American healthcare to a situation of unsustainability characterized by inequities in cost, quality and access to care. He described the inevitable consequences of legislative and regulatory efforts to move the healthcare system out of crisis, regardless of which specific bill is eventually enacted.

Steven A. Cohen, DrPH, MPH, Assistant Professor of PH&CM, published three manuscripts this winter. Two of them examined the social epidemiology of influenza in older adults. "Trends For Influenza And Pneumonia Hospitalization Among The Older Population In The United States: Age, Period, and Cohort Effects" was published in *Epidemiology and Infection*, and "Grandparental Caregiving, Income Inequality, and Respiratory Infections In US Seniors" was published in the *Journal of Epidemiology and Community Health*. The third paper, "Measuring Disease Burden In The Older Population Using The Slope-Intercept Method For Population Log-Linear Estimation (SIMPLE)," is to be published this spring in *Statistics in Medicine*.

Catherine Coleman, MA, Adjunct Clinical Instructor of PH&CM, became Assistant Director of the Health Communication Core, Dana Farber Cancer Institute. She continues to direct the Lown Foundation's Ashanti-ProCor Project, which is researching the cardiovascular disease information needs of health workers in Ghana in order to increase access to useful, timely health information.

Susan Gallagher, MPH, Assistant Professor of PH&CM, is the 2010 recipient of the Alex Kelter Vision Award from the State and Territorial Injury Prevention Directors Association. The award recognizes individuals who have brought leadership and vision to the field of injury and violence prevention. She will address the members

at their Annual Meeting in Ann Arbor, Michigan in April 2010.

Jeffrey Griffiths, MD, MPH&TM, Associate Professor of PH&CM, and **Siobhan Mor, BVSc, PhD, Research Assistant Professor of PH&CM**, along with Dr. Saul Tzipori (Cummings School of Veterinary Medicine), and James Tumwine, Grace Ndeezi, Maheswari Srinivasan and Deogratias Kaddu-Mulindwa from Makerere University School of Medicine in Uganda, have a forthcoming paper in the *Journal Clinical Infectious Diseases* entitled "Respiratory Cryptosporidiosis in HIV-seronegative Children, Uganda: Potential for Respiratory Transmission". This paper implicates a novel route of transmission via the respiratory tract, based on the finding that a large proportion (35%) of children with *Cryptosporidium* diarrhea and cough have evidence of respiratory tract infection with the parasite.

Lisa Neal Gualtieri, PhD, ScM, Adjunct Assistant Clinical Professor of PH&CM, is giving the keynote address at a symposium on E-Patients: The Techno-Cultural Revolution of Health Consumers, part of the Medical Library Association annual conference in May in Washington, D.C.

Sabrina Kurtz-Rossi, MEd, Adjunct Clinical Instructor of PH&CM, recently completed work on a curriculum, "Who Can You Trust? Health Information and the Internet," designed to improve health literacy skills among youth and young adults and increase community access to reliable Internet-based health information. The curriculum was piloted in rural Oxford County, Maine at 2 middle and 2 high schools and 1 adult education center. Professor Kurtz-Rossi presented on the project at the Medical Library Association 2009 Annual Meeting in Honolulu, Hawaii. To download the curriculum, visit http://www.rvhcc.org/pdf/HIL_Sourcebook.pdf

Barry S. Levy, MD, MPH, Adjunct Professor of PH&CM, recently completed work as lead editor of the sixth edition of the textbook *Occupational and Environmental Health: Recognizing and Preventing Disease and Injury*, which will be published by Oxford University Press later this year. He is also co-editing two other books that will be published by Oxford University Press: *Mastering Public Health: Essential Skills for Effective Practice* and second edition of *Terrorism and Public Health*.

Amy Lischko, D.Sc., Assistant Professor of PH&CM, has authored several publications evaluating the Massachusetts health care reform effort for the Pioneer Institute including, "An Interim Report Card on Massachusetts Health Care Reform" and "Drawing Lessons: Different Results from State Health Insurance Exchanges," a Massachusetts public policy think tank. She presented on health care reform at a Health Resources and Services Administration national meeting for state policymakers who were recently awarded federal grants to expand

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A MS - Biomedical Sciences Alumnus Reflects on Tufts' Experience

Photo by Joann Hoose Photography



Justin Rice, MBS/MPH'09

graduated from Tufts with an MS and a MPH with a concentration in Health Services Management and Policy.

Jacquelyn Bialo, MPH'10
With the MBS program still in its formative years, *Public Health Rounds* thought it would turn to recent alumnus, Justin Rice, currently a first-year medical student at Albany Medical College in New York, to answer some of your questions about the value of an MS in Biomedical Sciences (MBS) degree. Justin

What drew you to the MBS program?

After having majored in psychology and pre-professional studies, I graduated from the University of Notre Dame in May 2007. While I did fairly well on my MCAT, I didn't work quite as hard as I should have in college and my science GPA suffered. When I was a senior at ND, I applied to medical school for the first time. I interviewed at a few schools and was subsequently waitlisted. By April of 2007, I still had no acceptances and serious panic began to set in as graduation approached. I was resolute in my determination to go to medical school, so I had to come up with a Plan B.

I had recently received an email from my undergrad pre-med advisor about the new Tufts Special Master's Program (SMP). I only learned what an SMP was several months prior to this, and I decided that such a program might be exactly what I needed to get into med school. I ended up applying to the Tufts and Loyola Chicago SMPs in April and was accepted to both. As a medical school acceptance seemed less and less likely for the following fall, I really struggled to decide which program to attend. I ended up choosing Tufts, both for its reputation and for the option to get an MPH in the year following MBS. I was very interested in doing an MD/MPH program, and felt that if med school wasn't meant to be—at least not yet—I could do my MPH in the meantime.

The MBS was originally only supposed to only have 30 students. It ended up having around 50 in the inaugural class, but I still found this to be a very favorable student:faculty ratio. Coming from a school where there were tons pre-meds and inevitably large science classes, I felt like I could really benefit from having both the accountability and support provided by

a smaller class.

What was your overall experience like in the MBS program and how has it helped you in medical school?

In terms of my overall experience, I was very pleased that I chose Tufts. I remember hearing about the "Tufts Family" during orientation, and I later found this to be one of the best features of the school. I made some amazing friends in my MBS class.

The faculty and administrators were extremely supportive when I had a family emergency during the spring semester. I had to leave in the middle of finals week and was unsure when I would be returning to Boston. I was told on several occasions not to worry about making up my finals, that all of my attention should be on my family. Overall, I could not have asked to be surrounded by better people while going through the stress of a medical school course load.

I didn't find the MBS class material in itself to be more difficult than that of my college classes, but the volume and speed at which the information was taught was definitely an adjustment. In this regard, I haven't felt at all overwhelmed by the intensity of medical school. I knew from my MBS experience how much time and work would be required to be successful in medical school. I've become very involved at Albany Med, and have been able to balance my schoolwork and extracurricular activities very well.

If you could give advice to current MBS students about how best to utilize the program and tips for applying to med school, what would you say?

Use your year in MBS to really work on the aspects of your application that need help. If your science grades were low, work as hard as you can to do well in the MBS classes. If your MCAT needs work, utilize the MCAT prep class. I'd recommend not applying to a lot of schools during the MBS program because you really don't have much new data to show them. I didn't apply during my MBS year, but had I not wanted to do the MPH program, I would have applied to my state school and a few other carefully chosen schools.

If you come from a school where you had large science classes and didn't really get to know your professors, create relationships with the professors and your advisors at Tufts. With the relatively small class size, take advantage of the opportunity to get some really good recommendations. Unless you're in desperate need of more activities for your AMCAS application, I'd probably only pick one meaningful volunteer activity in which to get involved. Your grades and MCAT should really be your focus while in MBS.

The Health Care Reform Merry Go Round

John Biebelhausen, MD/MBA '11

The rapid whirl, musical allure, glitz and glamour of the merry-go-round make it a popular children's ride. Yet, its roundabout nature ultimately becomes repetitive, much akin to the debate over health care reform which seems to wax and wane with sudden urgency every so many years. The headlines of yesterday play just as well today as they did back then: "Health-care reform hanging on for dear life," USA Today, June 20, 1994.

Indeed, efforts at reform are burdensome, complicated by the political nature of the health policy generation and the competing interests at stake. However, change is possible as evidenced by the passage of Massachusetts Chapter 58 of the Acts of 2006: An Act Providing Access To Affordable, Quality, Accountable Health Care¹. Since its passage, over 408,000 individuals in Massachusetts have obtained health insurance. No doubt a major advance in access and coverage, however the Commonwealth is now struggling with the enormous cost burden of this reform. Harnessing the growth in health care expenditures is now the Commonwealth's primary goal.

With wonderment and curiosity, I have watched the rapidly evolving health policy arena in Massachusetts since enrolling in Tufts University School of Medicine's MD/MBA program. This year, I made a concerted effort to formally involve myself by attending the 2010 Massachusetts Health Policy Student Forum. The forum, organized by The Massachusetts Health Policy Forum at The Heller School for Social Policy and Management at Brandeis University, is designed to offer advanced graduate students in public health, medicine and health policy a look at the inner-workings of state government as well as an orientation to health policy making.

During the course of the two day forum, a range of top officials within the Massachusetts state government and Department of Public Health spoke to the process, pitfalls and triumphs of health policy and legislative creation. Elected officials' primary concern is over cost containment especially now that Massachusetts has enacted Commonwealth Care and coverage for the majority of its citizens. Massachusetts

1. MA DHCFP, "Health Care in Massachusetts: Key Indicators." Nov. 2009.

Faculty Notes

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access to health care. Professor Lischko also recently completed an issue brief on health insurance exchanges for the National Governor's Association and spoke at their March health care summit.

Paula M. Minihan, PhD, MPH, Assistant Professor of PH&CM, was an invited participant in a Symposium on Ethical Issues in Interventions for Childhood Obesity, sponsored by the

Senate President, Therese Murray, who opened the forum, expressed concern over physician reimbursement. Along with Representative Harriett Stanley of the Massachusetts House of Representatives and Senator Richard Moore of the Massachusetts Senate, she placed the spotlight on the current fee-for-service reimbursement system as a major impetus behind the rapid growth in health care spending.

This generated much discussion amongst the small groups during the break-out sessions at the Forum. Along with a number of medical residents from Boston University's Family Medicine Program, I expressed concern as a future physician over the feasibility of the currently proposed "global payments" or "bundled payments" within the confines of the current health care system. This proposed reimbursement scheme is one in which physicians and hospitals are paid a lump sum, essentially capitation, per episode of care versus the current system in which each individual aspect of a patient's care during a single visit or hospitalization is reimbursed.

In essence, global payments place the burden of cost containment on providers. While this will certainly put pressure on physicians to tailor their care, as was witnessed during the era of capitation under managed care in the 1980s and 1990s, physicians lack the training or infrastructure to handle such responsibility. In order to make evidence-based medical decisions that incorporate not only the standard of care, but cost effectiveness and value as well, physicians will need access to real-time comparative effectiveness data. Additionally, the health care system will need to provide the framework for such decision making with intra-operative electronic health record systems and other improved care coordination modalities.

While the Massachusetts Health Policy Student Forum exposed the many challenges and often tedious work of creating effective health policy and legislation, I left the forum with a sense of promise for health care in Massachusetts and the country as a whole. With so many thoughtful minds and a plethora of ideas on display at the Forum, I feel certain that the health care reform merry-go-round will turn on, but maybe with a renewed sense of purpose this time around.

Robert Wood Johnson Foundation in January 2010. The purpose of the symposium was to explore the ethical tension illustrated by the stewardship model of public health interventions and articulated by the Nuffield Council on Bioethics, in selected examples of interventions for childhood obesity. She spoke about children with special health care needs and disabilities in the context of community-based childhood obesity prevention interventions, and the tension that may exist between health promotion and coercion in interventions to promote healthy weights in this group.

Health Disparities Elimination in Practice: A Look at the Tufts Health Careers Opportunity Program (HCOP)

Diane Randolph, MS-Health Communication Candidate

As busy students, many of us manage significant portions of our personal life while attending school, rushing is what we do. Our time is economized. However, Barbara Gill, Program Manager of a unique volunteer led initiative called Health Careers Opportunity Program (HCOP) gives good reason to stop, check out what's in her shop, and contribute to the cause of health disparities elimination.

About 10 years ago, Dr. Douglas Brugge, Professor of Public Health and Community Medicine received a grant from the Health Resources and Services Administration (HRSA), a federal agency, to initiate programming geared towards increasing the number of disadvantaged and historically underserved students in representation in the health and public health fields. The focus was broad based, starting with recruiting scores of students from the Boston Public Schools to participate in the early iteration of HCOP.

HCOP recruits prospective first generation college students (HCOP Scholars), largely from Boston Public Schools. These students go to their undergraduate university of choice but maintain close ties to the HCOP by participating in frequent and relevant health career awareness and skills building. "By the time these students graduate, many are interested in continuing their studies in health" says Gill. Scholars are provided with funds for Kaplan review courses and second year board review exam books, preparation and materials fees. What is unique about the program is how tangible these benefits are, as well as the successes. Over 90% of HCOP scholars successfully apply to and later attend college. Many of the scholars are the first in their families to attend college or have otherwise faced other significant obstacles on the road to college.

The program hasn't moved far from the early focus, in spite of overwhelming funding challenges. The first grant reporting period supported HCOP until federal funding gaps in 2006 through 2008, requiring the program to be frugal. "We re-routed from the Medical School to the School of Arts and Sciences, becoming Tufts University Health Careers Fellows" says Gill. "Doing so allowed us to think strategically to maintain core elements of the program. Most importantly, we wanted to keep youth connected and aware of what their professional options were." Fortunately, funding has been re-allocated and HCOP has maintained a powerful presence at Tufts in both the Medical School and the School of Arts and Sciences' undergraduate program. Gill notes that "Luck isn't the word; it's a program that benefits youth, faculty, and contributes to health disparities elimination by increasing

opportunities for people who wouldn't likely have access to the health and public health professions."

In order to continue to move HCOP forward, while increasing opportunities for diverse representation in the health professions, the office is looking to recruit volunteers to support HCOP scholars. The time commitment is flexible, with most opportunities occurring during summer break with a seven-week summer education component, or during the traditional school year. Those interested in volunteering their time during the school year assist by sitting in on career panel discussions, skills building workshops, or new this coming fall 2010, assisting a middle or high school student with a particular subject by acting as a tutor.

Eligibility for HCOP is open to candidates who are students of the Boston Public Schools, first generation college students, or members of underserved groups. Students may be middle, high school or undergraduate college students. For more information please contact Barbara Gill, HCOP Program Manager at: (617) 636-0345 or via email: barbara.gill@tufts.edu. More information about HCOP may be obtained by going to: <http://hcop.tufts.edu/index.html>

Tufts Loan Assistance Program

Tufts PHPD Programs alum may be interested in learning about the Tufts Loan Repayment Assistance Program (LRAP), which is a university-wide program that assists Tufts graduates working in public service pay a portion of their annual education loan. The purpose of the program is to encourage and enable graduates to pursue careers in public service. To be eligible to apply, you must be a Tufts alum who has educational loans that were the result of attending Tufts and are working fulltime at a non-profit or public sector organization. Certificate programs do not qualify for the LRAP Program.

The total number of applications and available funds determine the number and size of the awards. Award decisions are made by a committee from each Tufts school and we're happy to report that PHPD alum have been recipients of the award over the last couple of years. To learn more about the LRAP Program and the application process go to <http://lrapp.tufts.edu>.

Tufts Community Responds to Earthquake in Haiti



Tufts Public Health and Professional Degree Programs Senate Members: Back row l-r, Sumeet Jain (MD/MBA), Evan Smith (MBS), Eric MacEvoy (MD/MBA - Senate Vice President), Kyle Hoestery (MD/MPH), Arjun Chandrasekaran (MBS); Front Row l-r, Kristie Usher (MPH - Nutrition), Leianna Sanchez-Sedillo (MPH - HCOM), Deodonne Bhattacharai (JD/MPH), Michelle Eilers (BA/MPH), Ben Leong (MBS/MPH - Senate President); Not in picture: Glen Ancheta (MPH - Epi/Bio), Lauren Davie (MD/MPH), Charles Frankhouser (MD/MBA), Ashley Greiner (MD/MPH), Gogi Grewal (MPH - Global Health), Lauren Krone (MD/MPH), Julia Lane (MPH - Health Services), Grace Lee (MS - PREP), Kristina Lou (MBS), Diane Randolph (MS - HCOM)

Diane Randolph, MS-Health Communication Candidate

The greater Tufts Community participated in a number of targeted efforts geared towards supporting those affected by the Haiti.

At the Medical School, on-ground response efforts were central to providing services to those most direly affected in the region. A team of 20 Caritas physicians led by Dr. Mark D. Pearlmutter, Assistant Professor of Emergency Medicine at TUSM, deployed to treat survivors following the disaster.

The Health Sciences Campus organized a campus-wide meeting in the days that followed the disaster. Dr. Harris Berman, Dean of the Medical School, encouraged people to donate to on-ground operations in Haiti. As well, information regarding efforts was shared, which demonstrated the inclusive nature of communications at Tufts around the disaster, as well as a willingness on the side of students, faculty and staff to give as they could.

“Different people were involved in various ways,” says Dr. Joyce Sackey, Dean for Multicultural Affairs and Global Health. She went to add “Students and faculty planning across disciplines, Health Sciences and Allied Health forming brainstorming sessions, MD, MPH, HCOM and MBS students discussing new ways to approach disasters. Students have been thinking about how to spend spring break in Haiti on smaller

focused projects.”

When asked about a take-away message Dean Sackey encourages students to think about helping in broader terms: “Haiti will require long-term sustainability supports. A disaster of this magnitude calls for it.”

The Tufts Public Health and Professional Degree Programs (PHPD) Student Senate collaborated with the greater Tufts Community to host events supporting post-earthquake response efforts in Haiti. During the Multicultural Performing Arts Gala (MPAG) in January, the Senate sponsored a bake sale fundraiser during intermission. These funds went to disaster response efforts in the region. The Senate also sponsored a fundraiser event at Felt Restaurant in downtown Boston that was beneficial to the cause while giving students the additional opportunity to come together.

“Felt is just down the street from the Medical School, enabling us to reach out to the local community and contribute to the local economy” said PHPD Senate President, Ben Leong, MBS/MPH¹⁰. The student turnout was positive, both financially and socially, with 125 students attending and just about \$600 raised. Felt generously supported the event with platter donations and free event hosting. Funds raised at the Felt event went to Partners in Health.

There were also substantial efforts on the Medford Campus that included a campus-wide forum on Haiti; establishment of a Haitian Relief Coalition; and a community of student-led organizations collaborating to support the response in tangible ways. The forum included multiple local non-profit organizations from Somerville and Medford. The cities both have a large population of people originally from Haiti. This forum provided an opportunity for organizations and community members to weigh in on the discussion, share programmatic information, request volunteers, and otherwise organize to support the response. For a detailed listing of Medford campus events visit: <http://activecitizen.tufts.edu/haiti>

For more up to date information about Tufts Medical School response efforts or to learn about ways you can assist please visit: <http://www.tufts.edu/med/news/announcements/haitiancrisis/index.html>.

A MPH Student Participates in the Haiti Relief Effort

Continued from p.1

number of latrines completed covered only 12% of the target population. “With the rainy season just weeks away,” Nick notes, “those still living in camps are at serious risk for large-scale diarrhea outbreaks.”

As an organization focused on environmentally sound waste disposal, Nick says, “SOIL has reservations about the traditional approaches to sanitation that we have seen here in Port-au-Prince. These interventions have primarily involved digging trenches and pit latrines or installing above ground toilets. Pit latrines pose a major problem, as they are subject to flooding and structural collapse, which could lead to fecal contamination of water supplies.”

Recently, organizations have become more interested in SOIL’s aboveground urine diversion toilets that can not only reduce the volume of waste in the current latrine designs, but also alleviate the problems of fly breeding and unpleasant odors. Nick feels “SOIL’s toilets would greatly reduce the risk for diarrhea and contamination of water sources when the rainy season arrives.”

While in Haiti, Nick has been able to utilize his Tufts education on a variety of occasions. “Every international organization imaginable in is Port-au-Prince right now. Tufts helped me to understand how organizations can develop productive partnerships and the greater overall picture of how global health systems work together.” With all the work left to be done in Haiti, Nick will surely have many more opportunities to use his public health expertise to help heal a wounded country.

To learn more about SOIL, please visit www.oursoil.org.

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