

GPPH Rounds

Graduate Programs in Public Health - Tufts University School of Medicine

Fall 2002

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House of Music in Cienfuegos, Cuba

Joseph Donroe, MD/MPH'05

For ten weeks this summer I participated in the Global Project of Cienfuegos (GPC) in Cienfuegos, Cuba. It was a project that I happened upon by chance, searching for a way to visit this country which has intrigued me for so long but was so difficult to get to. The GPC is a community-based project aimed at lowering the incidence of non-communicable diseases by modifying the risk factors that precede them such as smoking, nutrition, and physical inactivity. The project began in 1991, initiated by my preceptor, Dr. Espinosa-Brito, and other public health officials in Cienfuegos, in response to the increasing morbidity and mortality due to heart disease and certain cancers within the population of Cienfuegos. In my time there I participated in many aspects of the project including intervention planning and idea exchange with doctors, members of the community, and government officials. I also performed an evaluation of the achievements made in the reduction of physical inactivity within the community and offered ideas on where to target further interventions. My experiences taught me an incredible amount about working on a community based project; success depends on the involvement and leadership from all sectors of the community, and also relies on flexibility and constant evaluation of the interventions so that everyone can be targeted by them. Equally important, I accomplished a personal goal of gaining insight into Cuba itself.

Many find it hard to imagine that a developing nation can report health indices similar and sometimes superior to those of more developed countries. In 1999, Cuba had an infant mortality rate of 7.2 per 1000 live births, a life expectancy of 76 years, and control over many of the infectious diseases that cause significant mortality and morbidity in most poor nations. Having traveled and worked in parts of Asia, Africa, and South and Central America, it took being in Cuba to understand how this poor country could reach

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GPPH Rounds

The Graduate Programs in Public Health of Tufts University School of Medicine publishes the GPPH Rounds semiannually. It reports on the activities of the programs, students, faculty, and alumni. We welcome your suggestions, photographs and news items.

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www.tufts.edu/med/gpph/index.html



*Jeffrey K. Griffiths, M.D., M.P.H.&T.M.
Director, Graduate Programs in Public Health*

Director's Message

Jeffrey K. Griffiths, M.D., M.P.H.&T.M.

Two milestones, one large and one small, have recently happened in the history of the GPPH. Most importantly, we have just received word from the Council on Education in Public Health (CEPH) that the MPH degree program has been re-accredited for five years, with the option for a two year extension to 7 years. This option for extension has usually been reserved for schools, and not programs, of public health, and so we are delighted by this vote of confidence in the quality of the GPPH. This is the best result of an external review that we have received to date. We are tremendously proud of this accomplishment and of all the hard work that went into this.

In comparison to our state of five years ago, there is almost no comparison. Our student body is stronger and larger, and comes from an unusually broad set of backgrounds. Our faculty numbers have grown and offer increasing depth of experience to our students. Course offerings have swelled and we are now seen as an important part of the School of Medicine, and of the University. We help the School of Medicine achieve its goal of interdisciplinary involvement with other parts of the University and with the community.

Our level of community interaction has increased markedly. Research conducted by students and by faculty is over three times the volume that it was 5 years ago.

Nonetheless we still have challenges that are substantial. Although we are making progress, the Faculty is insufficiently diverse and does not fully look like the population as a whole. Scholarship funds do not yet match the needs of our students. We have only recently caught up administratively with the tremendous growth in our student body of the last five years. We have probably not fully realized the synergies and advantages of working with the University as a whole in terms of our course offerings, although our linkages with specific parts of the University are quite strong. Increasingly we receive inquiries about starting a doctoral program.

Thus I urge you to send me an email or a short note about your sense of the strategic direction for the GPPH. We will be engaging in a strategic review of the GPPH shortly and need everyone's thoughts and participation. What do you think we should look like in 5 or 10 years? How can we make the education of our students the best possible and the most relevant to their future careers? In your own work now that you have graduated, what would be the most meaningful for you?

The second milestone is more clearly a celebratory one. As of this academic year, we will organize the Alpha Rho chapter of the Delta Omega public health honor society at Tufts. This society celebrates excellent academic achievement, devotion to public health principles, and outstanding service in public health. Delta Omega also supports innovative public health curricula. The society was founded in 1924, and a short history of Delta Omega can be found at www.deltaomega.org/history.pdf. Perhaps because of the prominence public health has received since September 11th of last year, a record number of chapters (including Tufts) applied for establishment this year. Dr. William Rand and I will serve as the faculty sponsors.

We intend to host an annual lecture and to recognize outstanding students and graduates for their potential for, and contributions to, public health. If you would like to recommend a fellow graduate or an outstanding faculty member for election to Delta Omega, please send a letter or email to me or to Will Rand (william.rand@tufts.edu). Up to 10% of the graduating class can be elected yearly, and up to 10 alumni can also be elected after graduation. We anticipate some honorary memberships and faculty elections as well. As you can imagine, it will also mean that Will and I (and other inductees) get to wear yet more silly looking academic garb at graduation every year.

With best regards to you for the upcoming Holidays,

The Usefulness of Geographic Information Systems for Mass.’ HIV/AIDS Surveillance Program

Pamela Foster, MPH’02

The potential of maps for understanding spatial dynamics of health and disease has been explored for more than a century. Due to advances in technology, methods exist today that provide public health officials with more information than just simple mapping. The development and expansion of information and mapping technology in the late 1990’s lead to user-friendly desktop mapping software allowing for mapping of epidemiological surveillance data to become widespread among public health agencies. Specifically, the application of Geographic Information Systems (GIS) has allowed large amounts of data to be analyzed and viewed within a geographic context and is useful in the investigation of health and disease outcomes within populations. By utilizing GIS for surveillance of disease occurrence among a population, it is

possible to see spatial patterns of disease within a specified geographic location, which can be as broad as countries or as specific as street addresses.

My interest in pursuing this topic for my applied learning experience could not have occurred at a more appropriate time as the Massachusetts HIV/AIDS Surveillance Program (MHASP) had received Centers for Disease Control funding to conduct a GIS training seminar, specifically for ArcView 8.0®, in which I was a participant. Therefore, the purpose of my ALE was to evaluate the application of GIS to MHASP data by assisting in the implementation of GIS applications and assessment of it’s usefulness to better describe the impact of the HIV/AIDS epidemic in Massachusetts. To do this, I utilized AIDS prevalence and incidence data dating back to the beginning of the MHASP program in 1983 when clinical

AIDS (as defined by the CDC) became reportable in Massachusetts. Focusing on AIDS surveillance no longer provides a good picture of the extent of the HIV epidemic. However, the MHASP has collected HIV data since January 1, 1999 and due to the extensive amount of existing MHASP data, the decision was made to limit my project to AIDS prevalence and incidence data only.

The final results were six different sets of maps of three main types: dot-density maps of AIDS prevalence and incidence; color shaded maps of calculated rates of alive and incident AIDS cases as well as change in rate of incident AIDS cases over time; and a proportional symbols maps to display incident AIDS cases by year. Each map type was discussed in terms of benefits and drawbacks to the viewer whereas with any type of data display, data distortion or

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An African Adventure

*Rozanne Puleo, MS-Health
Communication ’02*

Upon graduating from the Tufts Health Communication Program in May of 2002, I decided to make a radical career change. I left the familiarity of the local public health scene and took what I had learned to another part of the world.

I landed a one-year contract with Olympic Aid, the International Olympic Committee’s Humanitarian Assistance Program. Olympic Aid’s mission is to bring sport and play programs to disadvantaged children living around the world. My placement would be in Dar es Salaam, Tanzania. I left July 11th. The lessons I have learned thus far have exceeded any that I could have learned either in the classroom or in a domestically-based job.

While most of my work has taken place in the local city schools, I had the

extraordinary opportunity to work for one week in a refugee camp located in Western Tanzania, on the Burundi border.

In Dar and throughout Africa and Asia, Olympic Aid is implementing the “5 Rings” physical education curriculum in schools. The 5 Rings represent 5 aspects of healthy child development through physical activity. We helped to introduce this curriculum to some of the schools in the refugee camps in Kibondo, Tanzania.

All the refugees in the camp were Burundian refugees and many had been living in this situation for 12 years. When a refugee arrives at a camp, they are given a green tarp for shelter and are kept in a “holding area”. It may take a few days for them to register and once they’ve registered, they are required to stay within the confines of the camp.

They may be punished and exiled from the camp if they are caught leaving. All provisions are provided to the refugees in measured rations twice per month.

The first task once registered is to build a mud hut. While many of the refugees came from villages with huts being the accepted accommodation, many of them were highly productive members of society. The prospect of living in a refugee camp was quite a long fall from where they came from. I met a few politicians, university professors and businessmen who had once enjoyed a life of luxury in Burundi.

Yet, every person I encountered embodied a tremendous sense of optimism and gratitude. Olympic Aid does not offer any sustenance assistance; we implement our programs to try and improve the quality of life for the

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A Public Health Experience in the Dominican Republic



Tandra Stevenson (r) talking to Haitian migrant workers in Batey Libertad, Dominican Republic

Tandra Stevenson, MS-Health Communication '04

After graduating from Oklahoma State University, located in the sleepy town of Stillwater, I was ready to add new dimension to my personal and academic life. For

me, that element involved studying and practicing public health in the Dominican Republic, which complemented my transition to the Tufts MS-Health Communication Program. My travel to the Caribbean was possible because of funding from the David L. Boren National Security Education Scholarship.

The highlight of the program was the practicum component, which was a part of the community medicine course. The practicum gave me the chance to practice and see public health in action and to understand the urban and rural health care systems. I viewed a wide array of health care settings such as pub-

lic hospitals, drug treatment centers, hospice care centers and private medical clinics.

In addition to visiting sites, I worked with a health promoter from the Juan XXIII Medical Center in Zona Sur to provide health *charlas* (talks) to the residents in the *barrios*. The topics included *SIDA* (AIDS), sexual education, diabetes, breast cancer, and tuberculosis. During our weekend stay in Batey Libertad, home for many Haitian migrant workers, the local youth assisted us in a community-wide garbage clean up and helped to distribute health surveys. The survey responses on how to cure and contract AIDS were astounding. Many Haitians, like some African people, believe AIDS can be cured by having sex with a virgin and can be contracted by having sex with animals and women.

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The Massachusetts Mental Health Services Program for Youth



Staff of Massachusetts-Mental Health Services Program for Youth

Patricia Kapunan, MD/MPH'05

The Massachusetts Mental Health Services Program for Youth (MA-MHSPY) is a unique collaborative effort between the state's child-serving agencies, Neighborhood Health Plan (NHP), and family advocates. Partner agencies include the departments of Education, Mental Health, Public Health, Social Services and Youth Services, and the Division of Medical Assistance. The program is

administered through NHP, a not-for-profit HMO that serves a large population of MassHealth beneficiaries.

MA-MHSPY uses blended state funds to

provide primary care, mental health, substance abuse and social services to Medicaid-eligible children at risk for out of home placement via an integrated system of care. The MA-MHSPY care-planning process is family focused and strength based. Care delivery is highly coordinated, culturally competent, and seeks to empower member families and strengthen local community networks.

Children (ages 3-18) are referred to MA-MHSPY by participating agencies. Once enrolled, the child and family are assigned a Care Manager. The Care Manager helps the family define its strengths and resources, and assembles and chairs the Care Planning Team (CPT). The CPT includes anyone of the family's choosing with an interest in the child's well being. The team plans interventions that will help the child meet defined goals. Interventions are drawn from both clinical and community-based resources and are delivered within a "wraparound philosophy" which provides individualized, flexible services to meet the child's needs.

Part of my public health field experience was involvement in a chart review project designed to evaluate the success of the MA-MHSPY intervention in producing its chosen outcomes, and to identify those characteristics unique to MA-MHSPY contributing to these outcomes. Evaluation procedures were built into the

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Reducing the Prevalence of Anemia in Africa: A Workshop on Strategic Communication Approaches



Participants of the International Nutritional Anemia Consultative Group Meeting in Cape Town, South Africa

James Hyde, MA, SM

In mid September I had the opportunity to go to Cape Town, South Africa for ten days. I was asked to help plan and conduct a workshop on strategic communication approaches to address the problem of anemia in Africa. Representatives from three countries: Eritrea, Ghana and South Africa met to discuss the problem of anemia and its control with the specific goal of developing communications strategies to address the problem in very different countries dealing with the very different types of public health challenges. The workshop was funded by the U.S. Agency for International Development.

For me this was an opportunity to visit a part of Africa I had never seen and to apply the tools of health communication to address a very important and seemingly intractable public health problem.

Anemia is a global problem of enormous proportions. It exacts a major toll through its adverse impact on health and human development, thus productivity, and consequently economic development. Anemia is caused and exacerbated by a range of conditions including low levels of dietary iron, chronic infection, multiple chronic disease exposure, and certain genetic disorders. The adverse and

potentially debilitating consequences of anemia fall especially hard on children and pregnant women whose requirements for iron are comparatively higher than at other times in life. Studies of the prevalence of anemia in Africa show prevalence rates as high as 60% among children under two years of age.

Unlike the developed world in which dietary behavior may play a critical role in the incidence of anemia, in Africa other diseases and conditions are of far greater importance. Effective interventions to combat anemia exist, although the adverse consequences of anemia, notably those related to cognitive development, may not always be reversible. The primary interventions are food fortification with iron and pharmaceutical iron supplementation, which maintain or increase iron stores. In some settings these programs must be implemented concurrently with hookworm and/or malaria control to prevent iron losses caused by these infections.

Because of the multifactorial etiology of anemia, the challenge is to implement comprehensive prevention and control strategies. To be effective strategies must cut across governmental, institutional,

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Cuba, a Model of Public Health

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these heights in health care. Taking into account that the central pharmacy of Cienfuegos has a list of medicines that consists of only about 300 drugs, modern medical technology is unaffordable, and that the United States embargo has made Cuba internationally isolated, these advances in health care are even more amazing. To put a positive spin on Cuba's hard times, I think that it is precisely this scarcity of resources that has enabled Cuba to

become of model of health care. Without the crutch of technology, Cuba, through a combination of necessity and incredible foresight, directed its efforts at prevention. Since 1959, strong public health policy and political will has delivered clean water to all corners of Cuba, housing for everyone, a more than 95% literacy rate, universal health care with one doctor for every 175 inhabitants, and, one of my personal favorites, a dedication to the health and well being of all children. Cuba extinguishes all doubts about just how much public health contributes to health care.

“Here lives Dr. Espinosa-Brito, a hero of Cuba”, signed Fidel Castro. The plaque was nailed to the front of his house, on an old wooden door facing the main street in the center of Cienfuegos. I saw that plaque before I ever met the man, and reflected on what it meant for a doctor, committed to the health of his community, to be recognized as a national hero. It also made me think of how much we can learn from that developing country just 90 miles away.

User-Driven Research Workshop at Tufts European Center



User-Driven Research Workshop Participants

Anthony Robbins, MD, MPA

A new collaboration between the Alliance for Health Systems and Policy Research, based at the World Health Organization, and Tufts Department of Family Medicine & Community Health (FM&CH) held a workshop at the Tufts European Center to help research play a larger role in setting health policy and guiding health programs.

Health services researchers in the United States and other industrial countries have honed their output to make it relevant to policymakers, program managers, and practitioners, creating a constituency that would use their results and demand government

funding for their research. Starting in the 1970s, current faculty of the FM&CH Department contributed to a strategic effort in the United States. James Hyde, then at the Massachusetts Department of Public Health worked with the National Center for Health Services Research (NCHRS); David Gute contributed from his post in the Rhode Island Department of Health; and Sheldon Greenfield, a medical care researcher, also worked with NCHSR and its successor agencies, including today's Agency for Healthcare Research and Quality (AHRQ), that gave us a grant for this workshop. As a former state health commissioner, I also contributed to what became known as NCHSR's User Liaison Program.

Could US experience developing health services research and using it in policy development contribute to the Alliance's work supporting similar efforts in middle income and developing countries? Early this year, I suggested to Miguel Angel Gonzalez Block, the manager of the Alliance, that if he were interested in this question, our Tufts department might help organize the workshop, get funding from AHRQ, and provide the meeting place.

All the pieces came together—funding from AHRQ, a venue in Talloires, and our participation in planning the workshop. Miguel and I opened the workshop, welcoming 35 researchers and policymakers from around the world—Argentina, Benin, Canada, China, Colombia, Ghana, India, Malaysia, Mexico, Thailand, Uganda, UK, and USA. The Alliance's partners—the Council on Health Research for Economic Development, the International Clinical Epidemiology Network, and the Global Forum for Health Research sent representatives as did AHRQ, AcademyHealth, and World Health Organization regional offices.

Two days of shared experiences—successes and failures—prepared the workshop participants to spread the

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Geographic Information Systems

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misrepresentation is a great concern. The maps proving to be most useful for the MHASP were the color shaded rate maps, which demonstrated the geographic change and shift of rates across the Commonwealth since the beginning of the epidemic allowing rates that have increased or decreased dramatically to be recognized easily.

This initial application of GIS to MHASP data opened the door to many further mapping possibilities. Time and resource allowing, it may be feasible to

cross-reference the HIV/AIDS data with that of other surveillance programs, such as water-borne infections, to identify related geographic patterns, which could ultimately prove to be educational and prolific for future communicable disease control interventions.

An African Adventure

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children. We cannot offer anything tangible to these people; we can only hope that our programs put a smile or two on people's faces. One might think that programs of this nature would be less welcomed than some of the major

aid projects like UNICEF or UNHCR. However, every person that saw us coming to camp in the morning were so thankful that we were taking the time to teach them new ways to educate their children. It was incredibly refreshing to see people who have absolutely nothing to be so grateful for so little.

In the book "Cause Celeb", Helen Fielding writes, "people think that Africa needs them, when in reality, people need Africa". Having experienced an extreme situation of disadvantage has shown me that even seemingly insignificant interventions can have major impact on those whom you are trying to reach.

University College of Citizenship and Public Service Faculty Fellowship Program



Anthony Schlaff, MD, MPH, Director,
MPH Program

Anthony Schlaff, Director of the MPH Program and Associate Clinical Professor of Family Medicine & Community Health, was named one of six faculty fellows by the University College of Citizenship and Public Service (UCCPS). This is the charter

year for the UCCPS Faculty Fellowship Program.

UCCPS has developed the Faculty Fellows Program to dramatically expand Tufts faculty members' capacity to develop projects, teach courses, and conduct research that is at the highest level of promoting active citizenship. Faculty Fellows will form a leadership cadre that has the capacity, with UCCPS support, to develop innovative models of teaching, research and community engagement. It is UCCPS' intent that these individuals will be highly proactive in engaging other faculty and transforming the university. To this end, the Faculty Fellows Program will provide resources to enable Tufts faculty members to focus their energies on the development of breakthrough approaches to Education for Active Citizenship. The Fellows will assist UCCPS in identifying and collaborating with departments, Omidyar Scholars, other students, and other faculty members who may have their own ideas or models of active citizenship.

The pilot group of fellows will help to develop the mission, vision, and goals needed to create a sustained and effective fellows program. These fellows will also work with UCCPS to nurture the work of other faculty members not selected as fellows. These efforts will include the creation of a curriculum development program, and work with UCCPS to build collaborative projects with other departments, schools, and offices at Tufts.

As part of his fellowship, Dr. Schlaff is working with the Access Project of the Center for Community Health Research and Action to promote and support coalitions that bring health care providers and community groups together in support of policies that improve access to care. The Access Project works to strengthen community action, promote social change, and improve health, especially for those who are most vulnerable, and is dedicated to strengthening the voice of underserved communities in the public and private policy discussions that directly affect them.

Faculty Notes

Doug Brugge, PhD, Asst. Professor of Family Medicine & Community Health (FM&CH), published an article in the *American Journal of Public Health* entitled "The History of Uranium Mining and the Navajo People".

Sheldon Greenfield, MD, Professor of FM&CH, is a member of the newly formed National Advisory Committee of the Robert Wood Johnson Foundation for improving diabetes care.

Paul Hattis, MD, JD, MPH, Asst. Professor of FM&CH, recently gave a presentation entitled "Making Community Health Improvement Strategic: Challenges and Opportunities" at the Healthcare Trustees of New York State's annual meeting.

Sherrie Kaplan, PhD, MPH, Associate Professor of FM&CH, was part of the plenary session of the recent American Heart Asso-

ciation meeting in Washington, D.C., and gave a presentation entitled "Assessing Patient Preferences and Applying Them to the Individual Patient".

Congratulations to **John Kulig, MD, MPH**, on his promotion to Professor of Pediatrics.

M. Barton Laws, PhD, Asst. Clinical Professor of FM&CH, is directing the New England Coalition for Health Equity's symposium, "The Classification and Application of Race and Ethnicity in Public Health Data", which will be held on December 6, 2002.

Barry S. Levy, MD, MPH, Adjunct Professor of FM&CH and Victor W. Sidel, MD, Professor of Social Medicine, Albert Einstein College of Medicine, have edited a new book, "Terrorism and Public Health: A Balanced Approach to Strengthening Systems and Protecting People." The book, with 36 contributors expert in various aspects of the subject,

reviews the lessons learned from September 11th and its aftermath.

William Rand, PhD, Professor of FM&CH, along with Alice Lichtenstein and Susan Roberts, both Professors of Nutrition Science & Policy, were a part of the Institute of Medicine's national panel of scientists that recently released significant revisions to the nation's dietary guidelines - stressing flexibility and exercise.

Bea Rogers, PhD, Professor of Nutrition Science & Policy and FM&CH, spent a week in Honduras with CARE/Honduras, assisting their management and staff in developing explicit exit strategies for their Title II Food Aid Programs. CARE asked all their field offices to develop formal exit strategies to ensure that the effectiveness of programs is sustained once the programs leave the communities in which they have been working.



Photo by Robert Sheehan Versatile Photography

Members of the Graduate Programs in Public Health Class of 2002

By Swapna Rao

On Sunday, May 19, 2002, students from the Graduate Programs in Public Health Class of 2002 celebrated as they graduated at the Tufts University 146th Commencement Ceremony. The graduates were comprised of 18 MPH, 16 MD/MPH, 2 DVM/MPH, 6 MS-Nutrition/MPH, and 6 MS-Health Communication students.

Skye Schulte, MS, MPH, delivered the Graduate Degree Programs Student's Address. She encouraged her fellow classmates to take risks and be creative, support one another, and learn to perceive situations from a broader scope in order to better fulfill their obligations and aspirations as health care professionals.

Quite a few students were honored with awards at the annual GPPH Award Reception. In the MPH Program, Lisa Marie Montuori received the Academic Achievement Award and the Outstanding Applied Learning Experience (ALE) Award was given to Pamela Foster, for her project entitled "*The Usefulness of Geographic Information Systems for Massachusetts' HIV/AIDS Surveillance Program*".

Arthur Wendel, was awarded the MD/MPH Academic Achievement Award and David Wolfe accepted the MD/MPH ALE Award for his project entitled "*Characteristics of Emergent Psychiatric Evaluations among Boston Children: 1990-1999*". In the Health Communication Program, Rozanne Puleo was awarded the Murray Feingold and Timothy Johnson Health Communication Academic Achievement Award, while Santhosh Mathews was given the Health Communications ALE Award for his project entitled "*Distance Learning Pedagogy and Technology: Design of a Case-Based Model Curriculum in Environmental and Occupational Health*".

The GPPH Class of 2002 presented faculty with Citations for Excellence in Teaching Awards. Mark Woodin, ScD, MS, was honored by the MPH class of 2002 while Marcia Boumil, JD, LLM, was honored by the MD/MPH and DVM/MPH students.

The Graduate Programs in Public Health established the new J. David Naparstek Community Mentor Award that will be given annually to a public health professional who demonstrates a commitment to excellence through their

work as a practitioner and mentor. The award was named in honor of J. David Naparstek, ScM, Adjunct Assistant Professor of Family Medicine & Community Health and Commissioner of Health for the City of Newton, who has consistently served the students of the Graduate Programs in Public Health as teacher, mentor and preceptor. D. Naparstek was the first recipient of the Community Mentor Award.

Graduate Programs in Public Health – Class of 2002

MPH Program

Molly Belozer, Paige Berry, Raymond Chan, Allison Doyle, Christopher Evans, Maureen Farrell, Pamela Foster, Christine Horan, Margaret Howard, Lisa Montuori, Eric Nowicki, Kimberly Puhala, Aliya Quraishi, David Russell, Laoti Russo, Lisa Stagon, Anthea Waitokus, and Eunice Yim.

MD/MPH

Arshiya Baig, Peter Capone-Newton, Jennifer Chen, Thomas Faber, Tafadzwa Kasambira, Quang Le, Ted Lee, Jennifer Quinn, Atena Rosak, Nicole Smith, Jessica Stevens, Sara Stulac, Nihil Theodore, Victor Wang, Arthur Wendel, and David Wolfe.

DVM/MPH

Jonathan Epstein and Kathryn McGonigle.

MS-Nutrition/MPH

Deepa Bhat, Valerie Green, Cheryl Hajduk, Tara Mardigan, Skye Schulte, and Malia Wagner.

MS-Health Communication

Monica Kung, Kerry Lyons, Santhosh Mathews, Patricia McTiernan, Rozanne Puleo, and Inez Wu.

Good luck to the GPPH Class of 2002!

ancement and Awards



Clockwise, MD/MPH'02 Graduates, Jennifer Quinn, Jennifer Chen, Atena Rosak, Nicole Smith, Jessica Stevens, Sara Stulac, and Arshiya Baig; Inez Wu, MS'02 and Rozanne Puleo, MS'02; Dr. Jeffrey Griffiths and David Naparstek, ScM; MPH Graduates, Molly Belozer, Pamela Foster, and Lisa Stagnon; MD/MPH'02 Graduates, Peter Newton, Tafadzwa Kasambira, and Thomas Faber

Office of Graduate Degree Programs

Fall Activities

Jim Glover, MSW, MEd

The Office of Graduate Degree Programs (OGDP) has a number of interesting things to report this fall. Our office planned and held the first new student orientation where the MD/MPH students and other MPH tracks spent a large part of the day together. It is the beginning of what we hope to be a higher level of integration amongst all the MPH tracks. We also scheduled a month's worth of orientation events in September. On the administrative side, we are spending the early part of the fall preparing for a number of database and systems projects.

We began this semester by launching the first month long orientation. The OGDP hosted a baseball game at Fenway Park on September 8th. Over fifteen students, faculty and staff attended this event on a bright and warm Sunday afternoon. On September 28th, the OGDP planned and

joined students for a Duck Tour around Boston, followed by lunch at Dick's Last Resort.

We are also working on a number of administrative initiatives. The OGDP is dedicated to improving the transitional processes for students moving between our joint degree programs such as the MS/MPH, JD/MPH and BA/MPH. Database projects are high on our priority list. Over the next two years, we hope to integrate our database systems more closely to centralized university resources. Students may not see the results until a year or so from now, but we do hope the higher level of integration will at least be in part visible to students by sometime this coming summer.

Jim Glover, MSW, MEd, is the Registrar/Director of Student Services for the Office of Graduate Degree Programs.

Faculty Seminars

The Department of Family Medicine & Community Health's Faculty (FM&CH) Seminars are held on the third Thursday of the every month from 12:00 - 1:00. The Seminars highlight the department faculty and guest speakers' research.

December 19, 2002

Paul Hattis, M.D., J.D., M.P.H.
Adjunct Assistant of Family Medicine & Community Health (FM&CH)

January 23, 2003

Beth Rosenberg, Sc.D., M.P.H.
Assistant Professor of FM&CH

February 27, 2003

Al DeMaria, M.D.
Dir., Communicable Disease Control
Mass. Department of Public Health

March 27, 2003

Timothy Edgar, Ph.D.
Director, Marketing Communication
Emerson College

The Seminars are held in FM&CH, 136 Harrison Avenue, 1st floor. For more dates and details, go to www.tufts.edu/med/gpph/events/index.html.

Students' Corner

Congratulations to **Christopher Chinn, MD/MPH'04**, on his marriage to Susan Catherine Watts. They met while undergraduates at Tufts University. Also kudos to Chris on his American Academy of Family Physicians scholarship award.

Julie Martin, MS-Health Communication Candidate, recently completed a summer internship with the Division of Health Care Finance and Policy (HCFP) in their Office of Communication. She will continue to work at HCFP into next year.

Congratulations to **Max O'Donnell, MD/MPH'03**, on his recent publication along with co-authors **Dimitri Bacos, MD/MPH'03**, and Michael

Bennish, MD, Associate Professor of Family Medicine & Community Health, in *Disaster* entitled "Nutritional Response to the 1998 Bangladesh Flood Disaster." Max also spent the last year as a research associate on HIV/AIDS Policy at the Centre for HIV/AIDS Networking at the University of Natal, Durban (UND). He also had four abstracts presented at conferences; mostly on TB/HIV co-infection in KwaZulu-Natal (KZN), South Africa. In addition, Max, under auspices of the Health Economics AIDS Research Division at UND, presented a policy brief to the provincial cabinet on TB and AIDS in KZN.

Congratulations to **Christopher Rake, MD/MPH'04**, on his marriage to

Alyssa Radke, M'02. They met while undergraduates almost ten years ago in their first week of college at the University of California - San Diego and continued dating through periods of long separation, then Chris, had the great fortune to be accepted to Tufts.

Congratulations to **Thomas (TJ) Schuch, MD/MPH'05**, on his marriage to Kristen LeFlamme, who is also from Indiana and studying Biomedical Engineering (Ph.D.) at Boston University. Also Kudos to TJ on receiving the Gold Foundation Fellowship for his work at Project Bread which involved exploring the gap in health care concerning food insecurity screening.

The New GPPH Student Senate

Robin Glover

The Graduate Programs in Public Health is proud to announce the formation of their new Student Senate. The Senate was created to give students a bigger role in the management and development of the Graduate Programs in Public Health and to provide a formal mechanism for them to give input and feedback to administration. The responsibilities of the Senate are to serve as a vehicle for students to identify issues and concerns, and to present them to the program faculty and staff for discussion and resolution and also serves other functions as deemed necessary.

The Senate includes representatives from all the MPH Tracks: BA/MPH, MS-Nutrition/MPH, JD/MPH, Combined MPH (all four classes) Tracks; MPH Concentrations: Environmental Health, Health Communication, Nutri-

tion, Epidemiology/Biostatistics, Health Services Management & Policy, and undeclared; and the MS-Health Communication Program. The representatives are elected by the students they represent and all terms are for one year.

The Senate will meet monthly and is responsible for communicating to the entire student body about its work.

The inaugural GPPH Student Senate Representatives are: Trang Au, Undeclared Concentration; Thomas Ostrander, Health Services Concentration; Peter Baggenstos, Nutrition Concentration; Ethan Eddy, JD/MPH Track; Valerie Rock, BA/MPH Track; Diane Redwood, MS-Nutrition/MPH Track; and MD/MPH & DVM/MPH Tracks: Jeffrey Lazar, Class of 2003; Allison Christie, Class of 2004; Demetria Malloy, Class of 2005; and Ekwutosi Okoroh, Class of 2006.

In addition, students have been invited to sit on the GPPH Governance Committees (Admissions, Academic Affairs, Promotions and Steering). The Steering Committee representative will be the senate president and the other committees will have up to three representatives, one from the Combined MPH Track, the MPH Tracks and the MS-Health Communication Program. The committee representatives are also elected by the students they represent. The GPPH student committee representatives are:

Admissions: Colleen Conyngham, MPH Program representative; Leon McLean, MD/MPH & DVM/MPH Tracks. Academic Affairs: Ethan Eddy, MPH Program representative; Melissa Watcherman, MD/MPH & DVM/MPH representative. Promotions: Johanna Porter - MPH Program representative. Steering Committee: Student Senate President

Massachusetts Mental Health Services

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program at inception and occur in four outcome domains: functional outcomes, family satisfaction, service utilization and cost. Results have been promising regarding family and child satisfaction, and MA-MHSPY's capacity to maintain children in their communities and reduce overall costs. However, evaluation of MA-MHSPY outcomes against those of a reference population has proved challenging, due in part to the difficulty of obtaining reference population data at a comparable level of detail.

Cambridge Health Alliance (CHA) presented as a logical source for such a population, because of the geographical overlap of communities served, and CHA's similar commitment to community-based, patient-centered care, albeit within a traditional service system. Furthermore, MA-MHSPY members receive care through the CHA system. Control group eligibility

requirements were chosen that approximate requirements for MA-MHSPY eligibility.

The retrospective chart review, which began in May 2002, focuses on demographics, diagnosis, process of care and level of restrictiveness. A Chart Review Tool was specially designed to extract data from both sets of records in a standardized, structured manner. These data will be supplemented by claims data from NHP and CHA which serve as measures of cost and additional measures of service utilization.

The chart review is ongoing and sufficient data have not been collected to permit preliminary analyses. Obstacles encountered thus far illustrate the difficulties inherent in comparing data gathered in a clinical research setting with those extracted from a purely clinical milieu. These include differences in record-keeping practices probably related to the perceived goal of documentation. For example, MA-MHSPY records are designed for use in monitoring process as well as clinical

outcomes. In addition, differences in data characteristics exist due to the distinctive scope of the MA-MHSPY model. CHA records contain less information about patients' non-clinical history or experience with community-based therapies, both of which are integral to the MA-MHSPY intervention. Finally, there appears to be a difference between the data sets in how therapeutic goals are defined and the types of interventions attempted, which may complicate comparison based on these parameters.

An unanticipated benefit of the review is the opportunity to assess the comparability of claims and medical records data, and of medical records and MA-MHSPY satisfaction data. The project is certainly an important step towards evaluating a unique and promising process of care delivery for high-risk children, who are considered by many to be ill served by the current system.

A Public Health Experience in the Dominican Republic

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My week-long stay in the *clínicas rurales* was the climax of the program. Two students and I worked in the rural clinic in the town of Ojo de Agua. We observed doctor-patient consultations and went on home visits with a nurse. As the week progressed, by talking with the clinical staff I became aware of the residents' health status, which I presented at the end of the program. For instance, of the 2,264 people in Ojo de Agua, there were 98 documented cases of *gripe*, a flu-like illness. The major ways to develop *gripe* are by working near the *hornos de cal* (lime ovens) and chewing on *cacao* (which contains cocoa beans). There was a plethora of illnesses related to *gripe* such as bronchitis, asthma, bronchopneumonia, pneumonia and pharyngitis. Though prevention and intervention efforts, such as protective equipment and *charlas* had been provided, people did not readily utilize them. The *hornos de cal* impeded the occupational health of the people, yet they supplied the economic backbone of the community.

The province of Salcedo, home to the town of Ojo de Agua, ironically is ranked by the government as well as local residents as the model of public health in the Dominican Republic. But, during a visit to the regional hospital, low sanitary standards were prevalent. Moreover, the Ojo de Agua rural clinic ranked as the best choice among the residents in comparison to clinics in the surrounding area. At this sought-after clinic, it was common to observe the low standards used in sterilizing equipment.

I am grateful for the educational and cultural experience to view the public health systems in the Dominican Republic. Though I drew a critical outlook, the current systems work for the country. Nonetheless, more attention at a national level is vital to provide equal health care to the people as well as to improve the public health care systems. Consequently, health education initiatives should be the focal point in refining the health of the Domini-

can Republic. Because of this experience, I anticipate working to improve minority health through innovative communication strategies, research and policy.

Reducing the Prevalence of Anemia in Africa

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and disciplinary boundaries often frustrating their implementation.

The motivation behind the workshop was the recognition that technologies exist to control anemia but different groups that often do not work together closely manage the interventions. Clearly for an anemia control program to be effective there must be collective ownership of the program by all those who can affect the outcome. This will only be achieved if people speak with one voice and there is agreement on the public agenda for anemia control, the advocacy needed to develop and implement appropriate policies and programs, and the actions needed to promote a positive change in the enabling environment.

I was asked to design the agenda for the workshop and conduct the planning sessions. Thirty participants broadly representative of the different disciplines needed to address the problem met for two days. Sessions included a basic overview of the problem of anemia, a session on anemia in Africa and a broad overview of global approaches to anemia control. That was followed by a presentation on basic communications strategies and approaches and an overview of strategic planning principles. During the balance of the workshop participants worked on crafting country specific communications strategies to address anemia control. U.S. AID is now reviewing these proposed plans and is considering funding the initial stages of their implementation.

The experience provided a great opportunity to take the tools and approaches that we teach here at Tufts in our health behavior and health communications courses and apply them to a critical global health problem.

Any one who has taken the Health Behavior course with Dr. Langford or myself would instantly recognize the Ecologic Framework that was used to organize the workshop. For me it provided a chance to validate these approaches in an international setting.

I will be traveling to Morocco in February to report on the results of the workshop at the International Nutritional Anemia Consultative Group Symposium in Marrakech. AID is also considering the possibility of conducting similar workshops in other parts of the world where anemia control is a major public health problem.

User-Driven Research Workshop

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word that it is possible to engage researchers and policymakers. There is however, no fixed formula, as the cultural contexts are critical. But could the Alliance take the next logical step? Are national efforts to foster “user-driven research” and the “research to policy process” ready for organized global funding? (*Proceedings* will be published.)

Starting with the Consultative Group on International Agricultural Research, which was organized with the help of the World Bank, donors, both international and national, have come together to fund research—setting priorities and evaluating results. For tropical diseases, reproductive health, vaccines, and now HIV, TB, and malaria, there are global funding mechanisms. Can the Alliance demonstrate that health policy research capacity and engagement between researchers and users are sufficiently important to improving population health that this field too, deserves and is ready to benefit from a system of global funding?

This is the question, as it developed at our Workshop that I will take to the Sixth Global Forum for Health in Arusha, Tanzania in November. A special late breaking session has been created to present the results of the Talloires workshop.

GPPH Spring 2002 Applied Learning Experiences

MPH

Molly Belozer, *Pediatric Asthma Research in Other States*, Preceptor: Tobi Quinto, MPH, Office of Sen. Cheryl Jacques, Senate Post Audit and Oversight Bureau.

Paige Berry, *Promoting Healthful Eating for the Prevention of Colorectal Cancer*, Preceptor: Korey Antonelli, MPH, American Cancer Society.

Allison Doyle, *Policy on How to Handle Alleged Incidence of Physical/Sexual Abuse in Residential Facilities*, Preceptor: Gary Shostak, MPH, CCHP, Department of Youth Services.

Christopher Evans, *Quality of Life in Live Liver Donors*, Preceptor: Alyson Nixon, MPH – Tufts '00, Eric Richman, MSW, LICSW, Lahey Clinic.

Pamela Foster, *The Usefulness of Geographic Information Systems for Massachusetts' HIV/AIDS Surveillance Program*, Preceptor: James Murphy, MPH, Mass. HIV/AIDS Surveillance Program.

Christine Horan, *After School Program for Belmont Middle School Girls*, Preceptor: Devorah Bunton, MSW, LCSW, Office of the Youth Commission in Belmont, MA.

Lisa Montuori, *Evaluation of Child Nutrition Access Project (CNAP)*, Preceptor: Melissa Diamond, MS, Project Bread.

Jennifer Nix, *Domestic Violence and Children: Applying the Research to the Advocacy*, Preceptor: Christine Durkin, JD, Greater Boston Legal Services.

Eric Nowicki, *Attitudes and Behaviors of Diabetes Management in Patients who Attend a Latin American Community Health Center Compared to Patients who Attend a Clinic at New England Medical Center*, Preceptor: Nicolas Carballeira, ND, MPH, Latin American Health Institute.

Aliya Quraishi, *Housing Conditions and their Health Implications on Newcomers*, Preceptor: Malika Bey, Somerville Community Corporation.

Skye Schulte, *Bioterrorism and Communication*, Preceptor: Suzanne Strickland, MPH, Boston Public Health Commission.

Susan Shah, *African Refugee Community Health Education Initiative*, Preceptor: Jennifer Cochran, MPH, Massachusetts Department of Public Health.

Lisa Stagon, *HIV and Substance Abuse Prevention in Dorchester Adolescents*, Preceptor: Emmanuel Daphnis, MPH, Dorchester House Multi-Service Center.

Eunice Yim, *Evaluation of Treatment Outcome Performance Sense*, Preceptor: Stewart Landers, JD, MCP, John Snow, Inc.

MD/MPH

Arshiya Baig, *Maternal Health Policy in the United States*, Preceptor: Regan Ralph, National Women's Law Center.

Peter Capone-Newton, *Telepsychiatry on the Mid-coast Islands of Maine*, Preceptor: David Bear, MD, Department of Psychiatry, New England Medical Center.

Jennifer Chen, *Effect of Intervention on TB Prevention in Refugees at the Time of Entry into the United States*, Preceptor: Jennifer Cochran, MPH, Massachusetts Department of Public Health.

Jonathan Epstein, *A Feasibility Study for the Reintroduction of Eastern Bongo to Kenya*, Preceptor: Richard Kock, MA, VetMB, MRCVS, Pan-African Programme for the Control of Epizootics: Organization of African Unity, Inter-African Bureau for Animal Resources.

Thomas Faber, *The Association between Public School Funding and MCAS Scores*, Preceptor: Jeffrey Scavron, MD, Brightwood Community Health Center

Quang Le, *Effect of Hepatitis B Vaccination on the Population at Risk in*

Ho Chi Minh City, Vietnam, Preceptor: Chi Nguyen, MD and Tho Nguyen, MD, Institute of Tropical Diseases and Ho Chi Minh City Department of Public Health.

Ted Lee, *Asthma Project at Josiah Quincy Elementary School*, Preceptor: Doug Brugge, MS, PhD, Tufts University School of Medicine.

Rishi Manchanda, *A Case-Control Study of TB Treatment Defaulters: Feasibility of Directly-Administered Anti-Retroviral Therapy (DAART)*, Preceptor: Elizabeth A. Talbot, MD, Center for Disease Control and Ministry of Health in Botswana, the BOTUSA Project.

Katie McGonigle, *Chronic Obstructive Pulmonary Disease (COPD) in Non-Smokers*, Preceptor: David Mannino, Center for Disease Control in Atlanta, GA.

Jennifer Quinn, *Parity and Smoking History as Risk Factors for Invasive Breast Cancer*, Preceptor: Kathleen Egan, PhD, Harvard School of Public Health.

Atena Rosak, *Adolescent Motor Vehicle Drivers: How Crashing Alone is Different than Crashing with Friends*, Preceptor: Amy Pasini, Baystate Medical Center.

Jessica Stevens, *The Impact of a Sibling's Suicide on Adolescents and Young Adults*, Preceptor: Jannette McMenamy, PhD, The Floating Hospital for Children.

Sara Stulac, *Use of Varicella and Pneumococcal Conjugate Vaccines among Northwest American Indian and Alaskan Native Children*, Preceptor: Dee Robertson, MD, MPH, Northwest Tribal Epidemiology Center.

Nihil Theodore, *Evaluation of the Effectiveness of Public Health Strategies to Prevent Vitamin A Deficiency in Gujarat State*, Preceptor: Ushma Vaishnav, MS, FHMSc, Tej Eye Hospital.

Victor Wang, *Examination of Risk Factors for Hepatotoxicity in HCV-HIV Co-infected Patients on HAART*,

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GPPH Spring 2002 Applied Learning Experiences

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Preceptor: Tamsin Knox, MD, MPH, New England Medical Center.

Art Wendel, *Clearing the Air: The Ability of CNG vs. "Clean Diesel" Buses to Meet the Public Health Needs of Dudley Square*, Preceptor: Penn Loh, MS, Alternatives for Community and Environment, Inc.

David Wolfe, *Characteristics of Emergent Psychiatric Evaluations among Boston Children: 1990-1999*, Preceptor: Charles Moore, MD, New England Medical Center.

MS-Health Communication

Monica Kung, *The Production of Community Television Health Specials*, Gloria Wu, MD, "HealthTalk with Dr. Gloria Wu."

Kerry Lyons, *Connecting Communities to Help Produce Change, The Children's Health Initiative – Health Care for All*, Denise Lau, Health Care for All.

Santhosh Mathews, *Distance Learning Pedagogy and Technology: Design of a Case-Based Model Curriculum in Environmental and Occupational Health*, James Hyde, MA, MS, Tufts University School of Medicine.

Inez Wu, *Strategies for the Prevention of Secondhand Smoke Exposure on College Campuses*, Tracey Geran, MS, Smoke Free Communities Project.

Roz Puleo, *Production of ABC News' Healthy Woman, An Online Women's Health Series*, Amy Malick, MMed, PhD, "ABC News."

Patricia McTiernan, *A Strategic Communication Plan to Promote Single Payer Health Care*, Michael Carr, JD, Universal Health Care Education Fund.

Alumni Notes

MPH

Lori P. Marcotte, MS/MPH'98, of Melrose, MA, is a Project Manager at Tufts Friedman School of Nutrition in the BONES Project. This project aims to improve bone health among children in grades 1-3 in after school programs. Outside of work she spends much time with her daughter Emily.

Congratulations to **Melissa (Page) van den Ancker, MPH'98**, on the birth of her son, Maarten, this past July! She lives in Munich, Germany with her husband.

Marcy Gleit Carty, MD, MPH'99, of Boston, MA, finished medical school this past May at Columbia University. She is looking forward to combining her career in internal medicine with organizing and managing health care systems, and would love to hear from her former colleagues in her class.

Lauren Alongi, MPH'00, of Boston, MA, is a Project Manager at Tufts Health Plan in the Clinical Quality Measurement Department.

Danielle Valley, MPH'00, of Winthrop, MA, is an Analyst and Project Manager at Veterans Health Administration in Jamaica Plain, MA.

Allison Waxman, MPH'01, of Worcester, MA, is a Site Services Supervisor at BBK Healthcare.

Paige Berry, MPH'02, of Medford, MA, is a Project Manager at Cambridge Health Alliance in the Center for Multicultural Mental Health Research.

Allison Doyle, MPH'02, of New York, NY, is a Ph.D. candidate in Public Administration and a Senior Research Assistant at New York University's Wagner School of Public Service in the Center for Health & Public Service Research. She is currently working on a project to assess patient and staff satisfaction in response to a reengineering effort in New York City's public hospitals.

Valerie Green, MS/MPH'02, of Washington, DC, is a Research Associate at Scientific Consulting Group, Inc. After completing a 6-month health communications internship with the

National Cancer Institute's (NCI) Office of Communications, she was offered a job as a full-time consultant in nutrition communications and national campaign planning for NCI's 5-A-Day program. Their goal is to increase consumption of fruits and vegetables a day to 5-9 daily servings for chronic disease.

Congratulations to **Laoti Russo, MPH'02**, of Boston, MA, on her recent marriage to Thomas Bussone III, MBA! L. Russo is a Project Manager at the Dana-Farber Cancer Institute in the Medical Oncology Department.

Malia Wagner, MS/MPH'02, of Brighton, MA, is a Nutrition Demo Coordinator for Whole Foods Market in the North East Regional Office.

Anathea B. Waitekus, MPH'02, of Marblehead, MA, is an analyst for the pharmaceutical industry at Decision Resources, Inc. She and her husband Raymond are in the process of adopting a baby girl from China.

MD/MPH and DVM/MPH

Alan Hirshberg, MD/MPH'90, of Vineyard Haven, MA, is the Medical Director of the Emergency Department at Martha's Vineyard Hospital.

Joel Ackelsberg, MD/MPH'93, of Montclair, NJ, is a Bioterrorism Preparedness Coordinator in the Bureau of Communicable Disease at the NYC Department of Health & Mental Hygiene.

Congratulations to **Richard D. Klein, MD/MPH'93** of Whitmore Lake, MI on his marriage to Hana Aschelmonnova in Prague, Czech Republic! R. Klein is the Chief Resident for Plastic & Reconstructive Surgery at the University of Michigan. He plans on completing his residency in plastic surgery in June 2003 and then doing a fellowship in cranio-maxillofacial surgery.

Congratulations to **Tania Bandak, MD/MPH'94**, and **Kurt Diebold, MD/MPH'95** of East Longmeadow, MA, on the birth of their second child Peter, who was born last December and welcomed home by big brother Nicholas. T. Bandak will be joining a multi-specialty group as a family practitioner with a focus on women's health.

K. Diebold is an Academic Hospitalist and Assistant Professor of Internal Medicine at Baystate Medical Center.

Josephine Hooten Lake, MD/MPH'94, of Charlotte, NC, is a Physician at Huntersville Pediatrics and Internal Medicine.

Dan Brugger, MD/MPH'97, of Davis, CA, is a Pediatrician at Kaiser Permanente in Sacramento, CA.

Vanda Blinn (Szuszkiewicz), MD/MPH'98, of Marion, MA, is a Pediatrician at Marion Pediatrics. She and her husband Alan have 2 children - Isaac (3) and Isabelle (1 ½).

Congratulations to **Elie Kurzer, MD/MPH'98**, of Brooklyn, NY, and his wife Jill on the birth of their daughter Gabrielle Shaine Kurzer. E. Kurzer is a Resident at Downstate Medical Center in the Urology Department.

Jennifer Nelson, MD/MPH'98 of Emeryville, CA, is an Attending physician at the University of California at San Francisco and an assistant clinical professor at Alameda County Medical Center-Highland in the Medicine Department. She is enjoying teaching and working as a site PI for a multi-site observational study on "Personal Growth during Residency."

Elizabeth Wilson, MD/MPH'98, of San Francisco, CA, is a Research Fellow at the University of California at San Francisco in the Department of Family and Community Medicine.

Chandrasekhar Bob Basu, MD/MPH'99, of Houston, TX, is a Resident in Plastic and Reconstructive Surgery in the Michael E. DeBakey Department of Surgery at the Baylor College of Medicine.

Wendy Brooks Barr, MD/MPH'99, of Philadelphia, PA, is a Clinical Instructor and Research Fellow at the University of Pennsylvania in the Department of Family Practice & Reproductive Health at UPENN. As part of her fellowship, she returned to school to acquire a master's in clinical epidemiology. One of her research projects on gestational dating methods has been accepted for presentation at the North American Primary Care Research Group Annual Meeting.

Lisa Hope Feinstein, DVM/MPH'99, of Hollywood, FL, is a small animal

practitioner at Stetzer Veterinary Hospital. She married Russell Kaplan, a lawyer in South Florida, last February.

Christina Gillespie, MD/MPH'99, of Washington, DC, is a Family Physician at Unity Health Care, Inc., an organization that provides care for the uninsured/underinsured population of DC.

Jeffrey J. Hamer, DVM/MPH'99, of Jim Thorpe, PA, is an Associate Veterinarian at a private large animal and ambulatory practice. He recently served on the Sussex County Bioterrorism Preparedness Committee as the Veterinary liaison.

Amy Kirkpatrick Brown, MD/MPH'99, of Rochester, NY, is a 4th year resident at the University of Rochester in the OB/GYN dept. She is in her last year of residency and currently applying for a fellowship in Gynecologic Oncology.

Bob Nguyen, MD/MPH'99, of Boston, MA, is a 4th Year resident in the Department of Orthopedic Surgery at New England Medical Center. He has also been accepted for a Sports Fellowship in Sydney, Australia for the 2004 Olympic Games!

Anthony Porto, MD/MPH'01, of the Bronx, NY, is a 2nd year Resident in the Pediatrics Department at the Children's Hospital at Montefiore.

John Schneider, MD/MPH'01, of Chicago, IL, is a member of the Internal Medicine house staff at the University of Chicago Hospital.

Arshiya Baig, MD/MPH'02, of Ann Arbor, MI, is an Intern at the University of Michigan Hospital in the Department of Internal Medicine.

Jonathan Epstein, DVM/MPH'02, of Cranston, RI, is an Intern in the Small Animal Emergency and Critical Care Department. at Ocean State Veterinary Specialists.

Thomas Faber, MD/MPH'02 of West Roxbury, MA, is a Med/Peds Resident at Harvard as part of the Combined Med/Peds program.

Tafadzwa Stephen Kasambira, MD/MPH'02, of Brookline, MA, is an Intern in the Boston Combined Residency Program in Pediatrics at Children's Hospital and Boston Medical Center.

Katie McGonigle, DVM/MPH'02, of Mattituck, NY, is a Field Veterinarian at Wildlife Trust, a nonprofit wildlife conservation organization. The project she is working on is an assessment of sea turtle health and population in Long Island's Peconic Bay.

Atena Rosak, MD/MPH'02, of Grantham, NH, is a resident in the Department of Surgery at Dartmouth Hitchcock Medical Center (DHMC) and encourages students to consider DHMC for their residencies. She absolutely loves life in New Hampshire and recently purchased a house there!

Sara Stulac, MD/MPH'02, of Lebanon, NH, is a Resident at Dartmouth – Hitchcock Medical Center in the Pediatrics Department.

Victor Wang, MD/MPH'02, of Santa Monica, CA, is an Intern in the Internal Medicine Department in the VA Medical Center at West Los Angeles. He has also been working with the Division of Digestive Diseases at UCLA and the Dumont-UCLA Liver Transplant Center on the Model for End-Stage Liver Disease scoring system and its use in liver transplant allocation and prediction of long-term survival post-transplant.

Arthur Wendel, MD/MPH'02, of Seattle, WA, is currently doing his residency at the University of Washington Hospital in the Family Practice Department. He is getting adjusted to life in Seattle.

MS-Health Communication

Meredith Brown, MS'98, of San Francisco, CA, is an E-Business Consultant at Blue Shield of CA.

Congratulations to **Jacqueline Buchanan Bryan, MS'98**, of Rye, NH, and her husband Mike on the birth of their second child Michael Jr. born on March 5, 2002, who was welcomed home by big sister Kasey. J. Bryan is a Registered Nurse in Cardiac Rehabilitation at Exeter Hospital.

Julie Tu, MS'01, of Rockville, MD, is a Community Health Specialist at National Heart, Lung, and Blood Institute in the Office of Prevention, Education, and Control.

Santhosh Mathews, MD, MS'02, of St. Louis, MO, is a resident at Barnes-Jewish Hospital, part of Washington University, in the Internal Medicine Department.

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