

# GPPH Rounds

Graduate Programs in Public Health - Tufts University School of Medicine

Spring 2001

## In This Issue

- ▶ *GPPH at APHA*
- ▶ *Winning APHA Poster*
- ▶ *Easy-to-Read TB Education Materials*
- ▶ *STEER*
- ▶ *Complementary Medical Practitioners*
- ▶ *Health Communicators*
- ▶ *Antibiotic Resistant Microorganisms*
- ▶ *Problem of Overweight Children*
- ▶ *Spotlight on Success II*
- ▶ *Law & Public Health Conference*
- ▶ *Cryptosporidiosis Surveillance*
- ▶ *Tufts Presidential Award*
- ▶ *Free Trade and Health*

## 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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## GPPH at APHA: Eliminating Health Disparities

*By Carolyn Buckley*

The American Public Health Association (APHA) held its 128<sup>th</sup> Annual Meeting, *Eliminating Health Disparities*, at the Hynes Convention Center in Boston on November 13 – 16, 2000. The GPPH participated on several levels taking full advantage of this important public health event happening just steps from the Tufts' Boston campus.

The meeting was an intense four-day program where more than 3,000 papers were presented. Twenty-two GPPH faculty, alumni, and students presented talks and posters on topics ranging from *The Vilification of Milk* to *The Franklin Hill Public Housing Study*. Laura Whittaker, MPH '01, said, "APHA was an incredible opportunity to see so many of the concepts we study in action. The seminars I attended on "healthy policy" and administration were an interesting taste of the challenges I will face in my career."



*Skye Shulte, MS/MPH Candidate (l) and Laura Whittaker, MPH'01 (r) with Henry the Hand*

Nearly 14,000 health professionals attended the annual meeting and were able to get current information about the Graduate Programs in Public Health at the GPPH exhibit booth stocked with information about the distinctive programs we offer. Visitors were able to speak directly with faculty, students and staff at the GPPH booth throughout the meeting. Fortune cookies were given away stuffed with public health messages, such as *E. Coli Happens* and *For Good Health, Limit Fats and Sweets to Public Health Conferences*. The messages were written by GPPH students and accented our Chinatown location and sense of humor.

The first annual *Law & Public Health: A Partnership in Action* Conference, held November 10-11, 2000, preceded the annual meeting and helped to kick off a week of public health activities. The conference, jointly sponsored by Tufts Graduate Programs in Public Health and Northeastern University School of Law, was a celebration of the new JD/MPH dual-degree and brought public health officials, lawyers, policymakers and academics together to discuss the role of law in improving public health.

In addition to the talks and the exhibits, APHA attendees did a little celebrating with their colleagues. On Monday, November 13, the GPPH held a reception for alumni, students, faculty and guests at the Fairmont Copley Plaza. The Health Communication program and the Journal of Health Communication co-sponsored an additional

*Continued on p. 8*

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## Director's Message

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

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

Last week I attended the Carter Lectures at the University of Florida on Governance and Higher Education in Africa. (Dr. Chege, the organizer of the conference and the Director of the Center for African Studies at the University of Florida, just happens to be the father of our recent MD/MPH graduate, Dr. Wairimu Chege ('99). It was a delight to be able to tell her parents again how much we had enjoyed her time in the GPPH. Drs. Wolde (the President of Asmara University in Eritrea), Ssebuwufu (Vice Chancellor of Makerere University in Kampala, Uganda), and Mkunde (the Chief Administrative Officer of the university of Dar es Salaam in Tanzania) each described the essentially heroic efforts their universities had made to recover from war, economic malaise, and financial mischief. They each had an extraordinary story to tell. Each described an arduous process of academic self-renewal, and of a subsequent tremendous renaissance in their

universities. It was great. These transformations had all tapped into the power of a committed faculty and student body, with a clear sense of mission and the determination to survive and to thrive. Their energy was infectious, and to be honest, shockingly inspiring. I was humbled by the magnitude of their accomplishments.

This raw nerve of energy and commitment is what I see motivating us in the GPPH. Commitment is common to most of the great endeavors in life, such as public health. Public health is not a sterile academic discipline; it is a professional field grounded in the reality of working in the world. In this issue of GPPH Rounds you will find descriptions of some of the projects, conferences, and other venues that our students and faculty have participated in. I hope that you can sense that same thread of energy and commitment that I feel when I talk to the GPPH students and faculty about these works. Just look at how many people gave presentations at the annual APHA meeting! This issue of GPPH Rounds also reports a number of applied learning projects conducted by our students as they demonstrated their ability to be public health professionals. Please take note that the majority of the committed professionals in the Health Communications Working Group of the APHA are Tufts and Emerson students, alumni, and faculty (page 5), speaking to the vitality of our Health Communications program. These all give voice to the action and reality of the GPPH: public health being put into practice.

Commitment to the high standards of the GPPH also means an obligation to act in a different way: to reflect on our strengths and weaknesses, our mission and goals, and our vision of what a graduate education in public health entails. In a real (albeit smaller) way, we must bathe in the same cleansing waters of academic self-renewal that our colleagues in Africa have passed through. We have now begun our self-study for re-accreditation, and hope that you will join us in acting to make the GPPH even better than it is. You will be hearing much more about this in the months to come.

Let me close this edition's Message with congratulations to Sarah Phillips, MS/MPH'00, for her award-winning poster at the APHA convention (page 2), the MD/MPH'03 students who won the Tufts' Presidential Award for Citizenship and Public Service (John Christodouleas, Claire Keating, Jeffrey Lazar, and Cindy Matsushita, page 12), and the many organizers of the *Law and Public Health: A Partnership in Action* Conference for a smashing success (page 8).

*Jeff Griffiths*



Sarah Phillips, MS/MPH'00

By Sarah Phillips, MS/MPH'00

**Poster Title:** Sex and Age Disparities in Diet, Weight Status, Alcohol Consumption, Physical Activity, and Heart Disease Among Massachusetts Elders. Winner of the APHA Student Research Poster Award.

## Winning APHA Poster

As part of my MPH Applied Learning Experience (Spring 2000) at the Massachusetts Department of Public Health (MDPH), under the direction of Ruth Polombo, MS, RD and Daniel Brooks, MPH, I compiled, analyzed, and described portions of the 1995-1999 Behavioral Risk Factor Surveillance System (BRFSS) data for respondents aged 60 and older. The results were presented at the American Public Health Association meeting last fall.

The BRFSS is a population-based, random-digit dialed telephone survey of the non-institutionalized U.S. adult population. Massachusetts conducts the BRFSS annually and it is a major source of data on adult health risks at the state level. One gap in the analysis of the Massachusetts BRFSS data is among elderly residents. Typically, BRFSS analysis is done on all adults over 18 years of age, with the older population combined into larger age categories (e.g. 55-64, 65-74, 75+). A separate focus on older adults

is important for several reasons. Despite impressive gains in life expectancy during the past century, older Americans are often living longer with chronic disease. Chronic diseases remain the leading causes of death among the elderly population and are associated not only with increased morbidity and mortality, but often with decreased quality of life. In addition, the age composition of the U.S. population has changed substantially during the past century. Currently, 1 in 6 people in M.A. is  $\geq 60$  years old; by the year 2030, 1 in 4 people in M.A. will be  $\geq 60$  years old. Finally, the aging of our population has important implications to our healthcare system since chronic disease among elders results in disproportionate rates of hospitalization and increased healthcare expenditures.

One portion of my analysis focused on several modifiable risk factors known to contribute to the burden of heart disease, including fruit and vegetable consumption.

*Continued on p. 6*

## Can Easy-to-Read TB Education Materials Make A Difference?

By Catherine Clifford, MS-Health Communication'97

In Massachusetts, sixteen percent of the population reads so poorly that they cannot understand or learn from traditional health education materials. Far worse, many of the Massachusetts communities at highest risk for tuberculosis have even higher percentages of poor readers. Chelsea, Lawrence, New Bedford, Boston and Springfield for example, have 28% or more of their populations in this category<sup>1</sup>. The Massachusetts Department of Public Health (MDPH), Division of Tuberculosis Prevention and Control (TBPC) is committed to using TB educational materials that match the literacy skills of their intended audience.

We designed this CDC funded project to determine if currently available materials are effective, or if TBPC needed to produce its own materials.

The Education and Training staff of TBPC developed a brochure about TB skin testing using Easy-to-Read guidelines from *Teaching Patients with Low Literacy Skills*<sup>2</sup>. We focus group tested the brochure, then reworked and pilot tested it. For comparison we selected a brochure published by the Centers for Disease Control and Prevention (CDC). We measured the reading grade levels of the two brochures using the Fry graph. The Fry grade level is determined by using a combination of word length and sentence length. We found the TBPC brochure required a 5<sup>th</sup> grade reading ability and the CDC brochure, 7<sup>th</sup> grade.

We then recruited 122 volunteers from an at-risk population, inmates of state and county correctional facilities. We randomly assigned them to read either the CDC (58) or the TBPC (64) brochure and answer orally 6 questions

about what they had read, referring to the brochures as needed. The inmates also took the Rapid Estimate of Adult Literacy in Medicine test (REALM), which measures reading ability and provides a grade level score.

There were no significant differences between the groups by sex, age, non-English first language, prior TB knowledge, educational attainment or reading ability as measured by the REALM. Mean educational attainment was 11.3 years, with 85 (65.1%) having completed high school and 16 (13.1%) having some post-secondary education. Mean REALM score was 7<sup>th</sup>-8<sup>th</sup> grade. This discrepancy between education and reading ability is consistent with research showing reading ability to be, on average, 3 to 5 grade levels below the last grade completed.<sup>3</sup>

*Continued on p. 13*

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## STEER at Laredo Texas

*By Michelle Pent, MD/MPH'01*

The Southern Texas Environmental and Education Research Center (STEER) originated in 1994 as part of the South Texas Border Health Education Initiative. The program, located in the adjacent cities of Laredo, Texas and Nuevo Laredo, Mexico, aims to teach medical students, residents, and practicing physicians about issues endemic to the region: water sources in local colonias, dengue fever and rabies, the maquiladora plants in Mexico, and the sequelae of the North America Free Trade Agreement, (NAFTA) are among the program's explorations.

Colonias are squatter settlements along the US-Mexican border that grew out of migration – and its attendant need for low-income housing – from the interior of Mexico and Central America. An estimated 1500 colonias sprawl along the Rio Grande. More than eighty percent of these are located in the area between Brownsville and Laredo, where some 600,000 people reside. The colonies are without adequate sources of sanitation

and contaminated drinking water is a pernicious presence. In the last few years, the State of Texas passed new regulations addressing the lack of proper septic arrangements, including laws prohibiting cesspools and discouraging outhouses. Even so, the poverty of economic resources in the colonias makes these changes unreasonable to implement and contaminated water, with its companion diseases, is a persisting problem. STEER sponsors a program entitled “Agua para Beber” (Water for Drinking) that is structured around providing education and materials to colonia residents for keeping small amounts of water treated for drinking. A review of this effort found that the program reduced the incidence of diarrhea in participating households by nearly twenty percent over a five-week period.

STEER is currently working with local maquiladoras (American subsidiaries doing business in Mexico) to sponsor the Agua para Beber program on a larger scale. Maquilas in the Nuevo Laredo area employ thousands of workers; many

of these live in nearby colonias. Ninety percent of the goods produced in the plants are sold in the United States. In fact, in the six years since its inception, NAFTA has proved an unprecedented boon to the Laredo area such that the once tiny border town is now growing at the second fastest rate in the U.S.

The mission of STEER is to bring medical personnel back to the community level by bringing them into contact with the health issues associated with mundane life. “We are calling back to the days when the doctor played a larger role in the community,” says Roger Perales, one of the coordinators of the STEER program. “That is the big picture,” he emphasizes, “to see where people live and work and understand more about what really goes on with them.” Students are meant to extrapolate from these learning experiences to do similar work in other communities, not just the border region. “We want doctors,” Perales says, “to leave medical school with perception that they have a role to play with the public health.”

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## Measuring the Use of Complementary Medical Practitioners

*Amy Paturel, MS/MPH'99*

I originally submitted an abstract to the American Public Health Association (APHA) in the hope of presenting a poster on the use of complementary care in Los Angeles County. Since “alternative” therapies and complementary medicine are such hot topics with both the press and the public, APHA seemed to think that the topic warranted an oral presentation. I cringed! Let's just say that oral presentations are not my forte! Nevertheless, it proved to be a valuable experience ... one that provided not only professional exposure, but also personal fulfillment.

The presentation highlighted findings from the 1999-2000 Los Angeles County Health Survey (LACHS), a biennial tele-

phone survey of 8,354 randomly-selected adults in Los Angeles County. The survey was developed by the Office of Health Assessment and Epidemiology at the Los Angeles County Department of Health Services and conducted by Field Research Corporation. The survey collects information on sociodemographic characteristics, health status, health behaviors, and access to and utilization of health services among adults and children in the county. Results are used for county-wide planning efforts, to help public and private health organizations identify priorities, to develop appropriate policies, programs and services, and to evaluate existing public health policies and programs.

The 1999 LACHS obtained information on visits to complementary practitioners

including chiropractors, massage therapists, acupuncturists, herbalists, homeopathic practitioners; and among the Hispanic population, visits to curanderos (sometimes referred to as “medicine man” or “healer”). Five percent of the Hispanic population reported visiting a curandero and of those 5%, 47% reported visiting the “healer” because it was less expensive than visiting a medical doctor.

My presentation profiled the demographic characteristics of the population that uses complementary medical practitioners and explored the relationship between the use of complementary medicine and the use of recommended clinical preventive services. Of the complementary practices we assessed, chiropractors were the most widely used (11%), followed by massage

*Continued on p. 14*

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# Health Communicators Get an Eye-Opening Experience at APHA

By Juliana Tu,  
*MS-Health Communication Candidate*

Students, alumni and faculty from the Tufts-Emerson Master's program in Health Communication joined thousands of public health professionals, educators, and students at the 128<sup>th</sup> annual American Public Health Association conference. The event was held last November at Boston's Hynes Convention Center, giving students the unique opportunity to attend the conference right in their own backyard.

The conference gathered many notable health communicators. This year's reception at the Fairmont Copley Plaza, co-sponsored by Tufts Health Communication Program and the Journal of Health Communication, was an enjoyable venue for Tufts and Emerson alumni to share personal and professional views with leading health and communication professionals. Included in the reception

were attendees representing the Centers of Disease Control and Prevention, the National Institutes of Health, leading academic institutions, and several research and health communication organizations.

Rozanne Puleo, MS'02, of Tufts, stated "I was able to spend some time visiting booths and chatting with some organizations. It was nice to learn about the missions of some of the organizations and the ways they strive to achieve them. These out-of-the-classroom experiences are really helpful in making smart career choices." First-year Emerson student, Heather LaBelle, who attended several panel sessions "found the most interesting session to be Len Horowitz's and his ideas about the AIDS virus. His ideas were very controversial, but interesting. When you start working in the public health field, these different views will influence

people and behaviors." Another first-year Emerson student, M. Joy Igonikon, had this to say about the conference and her experience: "I learned about the different types of research being done, and about numerous advocacy groups who are working at different levels to change health status for minorities and the disadvantaged."

Health Communication is making an increasingly stronger presence at APHA each year. Since 1997, the Health Communication Working Group (HCWG), a subgroup of the Public Health Education and Health Promotion section, is helping to establish health communication within the public health profession. The HCWG has over 100 members and most are Tufts and Emerson students, alumni, and faculty. At the 2000 conference business meetings, the HCWG steering committee worked to create a professional

*Continued on p. 14*

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## Surveillance of Antibiotic Resistant Microorganisms

By Rick Falzone, MPH'01

The main focus of my Applied Learning Experience, was the passive surveillance of antibiotic resistant microorganisms in Massachusetts hospitals, was conducted in the Epidemiology and Immunization Branch of the Massachusetts Department of Public Health (MDPH) under the tutelage of Dr. Bela Matyas.

Antibiotic resistance has become an immense problem, attributable to three factors: non-judicious physician prescribing of antibiotics, the misuse of prescription antibiotics by individuals, and the use of antibiotics in poultry and livestock. By implementing a surveillance system, MDPH wants to demonstrate that there is an actual problem with antibiotic resistance in Massachusetts hospitals. MDPH would like to distinguish differences among similar hospitals in order to convince them to help eliminate the problem. This surveillance

project helped establish a baseline of antibiotic resistance in Massachusetts hospitals and determined possible factors (e.g size, teaching) that increase the likelihood of antibiotic resistance in Massachusetts hospitals.

The methods used to design and implement this surveillance project started by initiating contact with hospitals in Massachusetts. A letter was sent requesting all antibiogram (susceptibility) data from Massachusetts hospitals on 9 specific microorganisms along with any sterile isolates of *Streptococcus pneumoniae* and VRE. As antibiograms were received, the data were entered into a database that recorded organism, antibiotic, percent susceptibility, and number of isolates. In order to compare hospitals, variables such as bed capacity, number of non-pediatric intensive care units (ICU) beds, number of pediatric ICUs, whether or not the hospital was a teaching hospital, the annual admissions from nursing homes,

location of hospital (urban versus rural) and annual discharges were collected from individual hospitals via phone, facsimile, and electronic mail. Once the data and variables were collected, the data were examined statistically to determine if there was a difference in percent resistance between teaching and non-teaching hospitals and from hospital to hospital within the identifying group (teaching and non-teaching).

The findings from this project will ultimately impact the health of the general public, more specifically the population of the sick, elderly and immunocompromised. By tracking and reporting problems of antibiotic resistance in Massachusetts hospitals, MDPH hopes to decrease the morbidity and mortality due to infections with antibiotic resistant microbes. If infections can be effectively treated with antibiotics, these intentions can surely be met.

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# The Problem of Overweight Children in Somerville, MA

By Kristen Lacijan, MPH'01

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The United States has seen a dramatic increase in the number of overweight children. Currently, the Centers for Disease Control and Prevention (CDC) estimates that 10-15% of US children are overweight, and an additional 10-15% of children are at risk for becoming overweight. These rates have more than doubled in the last thirty years. I often thought of these staggering statistics during my Applied Learning Experience at the Somerville Department of Health under the direction of Dr. Genita Johnson. My goal was to analyze the prevalence of childhood overweight in this densely populated community. This project had its genesis in the Somerville Public Health Nutrition Taskforce, a group of stakeholders committed to promoting healthy behaviors. They were concerned about overweight children, but no one knew the extent of the problem. My ALE research was one of the first steps in designing and implementing a solution: a quantitative assessment of childhood overweight in Somerville.

I focused my analysis on two groups-

fourth graders and Head Start participants. I obtained height and weight data from each fourth grader's medical record, making note of these data along with their age and sex (no names were used with any child). I converted this information into each child's Body Mass Index (BMI), and compared this to the most recent CDC percentile guidelines. The Head Start data were similarly analyzed. The results were startling: 31% of Somerville fourth graders were overweight (they had BMIs greater than the 95% percentile), and 17% were at risk for becoming overweight (with BMIs between the 85% and 95% percentile). The Head Start results were similar: 27% of these children were overweight, and 18% were at risk for becoming overweight. Males were more likely to be overweight or at risk among both age groups. Since income and ethnicity data was only available at the school level, comparisons with these factors were limited.

While the percent of Somerville children at risk for becoming overweight is comparable to national data, the percentage of overweight children is twice

as high as national levels. I researched Somerville economic data and interviewed people in the community to gain perspective on reasons behind this problem. Somerville has a high prevalence of low-income children, which has been associated with higher rates of overweight in children. While Somerville's median income is slightly higher than the national average, a 1999 report classified 69% of Somerville Public School students as low-income. The results of my interviews, which included school nurses and leaders of physical activity programs, showed that junk food and soda availability, the trend towards a sedentary lifestyle, and a decrease in physical activity during recess were strong concerns.

This ALE was an extremely rewarding experience. I feel gratified that the Public Nutrition Taskforce is using my data as they seek funding for intervention programs. This experience confirmed my belief that working at the local level is the best way to fulfill my passion for public health, and for that I will always be grateful.

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## Winning APHA Poster

*Continued from p. 3*

tion, physical activity, weight status, and smoking. Only 38% of older adults consumed five or more servings of fruits and vegetables a day. Men were significantly less likely to meet the 5-A-Day recommendation, compared to women. Overall, 15% of older adults were obese and 3.1% were underweight. The prevalence of obesity decreased with increasing age, while the prevalence of underweight increased. Although 64% of adults  $\geq 60$  years old participated in some form of physical activity during the prior month, only 30% participated in *regular* physical activity. There was a significant decrease in physical activity with increasing age, with the 80+ age group being at the highest risk for in-

activity. Walking was the most common form of exercise reported. The prevalence of current smokers was 12% overall and decreased with increasing age. However, 42% of older adults were former smokers. Overall, 20% of older adults had been diagnosed with heart disease and although men experienced a higher prevalence at all ages, women experienced increased prevalence after age 70. The prevalence of several cardiovascular disease risk factors was higher among those with heart disease.

The MDPH has several programs in place that serve its elderly population, such as the *Keep Moving Program*, the *Men's Health Partnership*, and the *WiseWomen Project*. It is hoped that these results will aid the MDPH in identifying groups of elders who are

most in need of services. Looking ahead, opportunities for prevention and health promotion among older adults must be highlighted. Initiatives to disseminate the 5-A-Day message with a particular focus on strategies targeted to meet the needs of elders should continue. Smoking cessation efforts to elders should be expanded with the message that 'It's never too late to get the benefits of smoking cessation'. In addition, opportunities for physical activity can be enhanced through participation in walking clubs. An ancient Chinese proverb said, "It is not how old you are but how you are old which matters." Ensuring that Americans can have a healthy old age, where life is added to years AND years are added to life, must be a goal for the public health community.

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## Spotlight on Success II

By Barbara Gill, Earlene Randolph, MPH'01 & Nioke Wright, MD/MPH'03

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As noted in the fall GPPH Rounds, Tufts University School of Medicine received a Health Careers Opportunity grant in September of 1999. The Health Resources and Services Administration sponsor the federally funded educational grant. It is designed to help students from economically and educationally disadvantaged backgrounds succeed in advancing into health and public health careers. The program is a “pipeline” beginning with Boston middle and high school students who participate in the University of Massachusetts-Boston pre-collegiate programs, continuing through the undergraduate program at Tufts and culminating in the public health and medical programs at Tufts University School of Medicine. Below, two students, both at the graduate level of the “pipeline”, share their views and experience.



### Nioke Wright MD/MPH '03

During my junior year of high school, my mentor told me about the research apprentice program for high school students at Harvard School of Public Health. My first reaction... What is public health? I knew I wanted to be a physician and that was it. I decided to apply to the apprentice program and see what would happen. I was accepted into the program and was fortunate to learn about some of the research that goes on at a school of public health and in the field in general. I met physicians who were public health practitioners and more importantly, learned that I had options.

I always kept public health in the back of my mind. During my senior year at Spelman College, I decided that I would pursue a master's degree in public health at some point, but I knew that I wanted to go to medical school first. While researching medical schools, I discovered the combined MD/MPH program at Tufts. This was designed just for me! I was thrilled to be accepted at Tufts.

*Nioke Wright, MD/MPH'03*

While at Tufts I learned about the Health Careers Opportunity Program (HCOP), which is geared towards exposing and recruiting disadvantaged youths into diverse health careers, and decided to join for a number of reasons. One, because of the support network put in place by the HCOP administrators, as well as, other students. Most importantly, HCOP allowed me to become a mentor and expose high school and college students to health careers, the same way that I had been. Where would I be if I had not learned about public health?

### Earlene Randolph, MPH '00

I grew up in Dorchester, Massachusetts with a loving and supportive family. I attended Boston public schools until I graduated from Dorchester High School and attended Suffolk University and majored in chemistry with a minor in secondary education. I received a Bachelor's degree in Science in June of 1999 and this past December I completed my MPH at TUSM, and am now working at Partners Health Care Systems.

From a very young age I was interested in the medical field. My first thought, as many college freshmen, was to become a doctor. Originally, I wanted a career in Forensic Pathology, so I looked for an internship and employment in this area. The exposure to pathology was wonderful and enlightening. However, as I learned more about the medical field, I realized that there were more career options in medicine than becoming a physician or a nurse. As I completed my junior year at Suffolk, I started to learn about the field of public health. With this new information in hand, I decided that a career in public health was something I wanted to pursue.

The HCOP was a wonderful new program introduced to me during my first year at Tufts. I joined HCOP because of its collaboration with the Boston Public Schools (BPS) and UMass-Boston, both of which had a successful impact on my life. While I was a student at Dorchester High, I was a member of the Urban Scholars Programs at UMass-Boston and in June 1999, I returned as a speaker for the Health Careers symposium sponsored by the UMass-Boston HCOP.



*Earlene Randolph, MPH'01*

It was of great interest to me knowing that Tufts, BPS, and U-Mass created a partnership to increase the number of minority students in the medical profession and I wanted to be part of this positive program.

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## Law & Public Health: A Partnership in Action



*Dr. Jocelyn Elders, Former Surgeon General of the United States*

*By Anthony Robbins, MD, MPA*

Fluoridation has prevented cavities. Blood levels are lower because paint and gasoline no longer contain the toxic element. Safer cars and highways, lower speed limits and less drunken driving have reduced automobile fatalities by 75% since 1950. Both male and female smokers represent smaller portions of the population, down from 50% to 28% in adult men and from 34% to 24% in adult women since 1966. "Common to each of these successes was the combination of credible health science and responsive local, state, and federal laws and regulation," declared Michael Pertshuk, co-director of the Advocacy Institute in Washington as he opened the first Tufts-Northeastern Conference on Law and Public

Health, November 10 - 12, 2000, with informal remarks at Tufts about our nation's notable progress in protecting health.

Law & Public Health: A Partnership in Action celebrated the creation of the JD/MPH dual degree program. Thirty leaders in public health and law from around the country and the Boston area assembled to address a large and engaged audience. The conference was welcomed by Richard Freeland and Roger Abrams, Northeastern President and Law School Dean. Tufts' Graduate Programs in Public Health and Northeastern University School of Law faculty who participated in the program include, Drs. Wendy Parmet, James Hyde, Eileen O'Neil, Howard Spivak, and Anthony Robbin, Richard Daynard, Clare Dalton, Lee Breckenridge, and V. Pualani Enos.

Northeastern Distinguished Professor Michael Dukakis, former Governor of Massachusetts, discussed "The Uninsured: 44 Million and Counting" with a short digression to discuss the other counting that was going on in Florida at the time. In addition to Professors O'Neil, Parmet, and Breckenridge, the plenary on The Role of Law in Improving Public Health heard from Drs. George Annas, Lawrence Gostin, and Sidney Wolfe. Professors Hyde and Daynard were joined by Joan Claybrook of Public Citizen and Stephen Teret from Johns Hopkins to discuss Deadly Products—motor vehicles, tobacco, and hand guns. Professor Dalton also chaired a session on Coordinating an Interdisciplinary Response to Violence, presenting Drs. Eli Newberger and Spivak, and Professor V. Pualani Enos. An afternoon session was convened to consider Legal Liability and Managed Care. The ses-

sion was addressed by Randall Bovbjerg from the Urban Institute, Troyen Brennan from Harvard School of Public Health, Wendy Mariner from Boston University School of Public Health, and Laurie Martinelli from Health Law Advocates. Finally, Dr. Robbins chaired a session on Globalization and the Environment, addressed by Professors Nicholas Ashford of MIT, Barry Bluestone of Northeastern, Phyllis Freeman of University of Massachusetts - Boston, and William Moomaw of the Fletcher School at Tufts, and Davitt McAteer, Assistant Secretary of Labor for Mine Safety and Health.

The conference keynote speaker, Jocelyn Elders, former Surgeon General of the United States Public Health Service, awakened the audience. Dr Elders concluded her rousing talk with a plea for persistence. "We've got to learn how lawyers think, and lawyers have got to learn about the needs of public health. We've got to develop some leadership. We need leaders willing to lead, not leaders who run out and take a poll. We've had too much of that. We need leaders willing to take control and do it right. It's hard to do it right, sometimes you may get kicked in the teeth, but you have to do it right anyway. We've got to persist if we're going to accomplish what we're to be about." "I'll tell you what my preacher told me many years ago. 'Doctor Elders, always remember the job you're doing and what you're about. It's like dancing with a bear. Always remember, when you're dancing with a bear, you can't get tired and sit down. You've got to wait until the bear gets tired, then you sit down. So here's my message: If you keep finding new partners to help you dance with that old bear, we will finally be able to sit down.'"

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### GPPH at APHA

*Continued from p. 1*

reception at the Fairmont on Tuesday, November 14. Both events were well attended.

The GPPH would like to thank SmithKline Beecham Pharmaceuticals

and Merck & Company, Inc. for their generous donations of \$4,000 and \$2,000. The donations allowed the first- and second-year MD/MPH and DVM/MPH students to attend the APHA meeting. Among those students, Gregory Albert, MD/MPH '03, said, "I had a great time at the APHA meeting.

I heard some great talks, including one on an universal health care plan in Maryland."

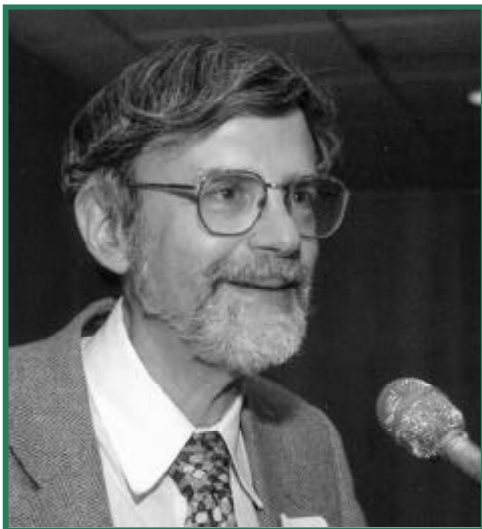
The APHA's next annual meeting will be held in Atlanta, Georgia, October 21-25, 2001, and will focus on global health. Look for the GPPH at booth #902!

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## Law & Public Health Conference Participants



*l-r, Drs. Anthony Robbins, Nicolaos Madias, Roger Abrams, and John Harrington*



*Dr. Richard Daynard, Tobacco Control Resource Center, NUSL*



*Michael Pertschuk, Co-Director, Advocacy Institute; Former Chairman, Federal Trade Commission*



*l-r, Drs. Eileen O'Neil, Sidney Wolfe, Wendy Parmet, George Annas, Lee Breckenridge, and Lawrence Gostin*

# GPPH's APHA Presentations & Posters

## **Bernadette Bindewald**

### **MS-Nutrition/MPH'00**

Data Analyst, Department of Family Medicine & Community Health

Poster: "Reported cryptosporidiosis and reporting practice regulations in the United States: The first lesson learned" (w/Elena Naumova, PhD)

## **Doug Brugge, PhD, MS**

Assistant Professor, Department of Family Medicine & Community Health

"Conditions in public housing are a public health problem";

"The Franklin Hill public housing study" (w/Pamela Rice, MPH'00)

## **Nicolas Carballeira, ND, MPH**

Assistant Clinical Professor, Family Medicine & Community Health

"Problems of ethnic identification in data systems: Report of the New England Coalition for Health Equity" (w/M. Barton Laws, PhD, MA)

## **Catherine Clifford**

### **MS-Health Communication'97**

President, Health Communication Solutions

"Do Massachusetts correctional inmates need TB education materials that are easy-to-read?" (See article on page 3)

## **Norman Daniels, PhD**

Goldthwaite Professor, Department of Philosophy

Adjunct Professor, Department of Family Medicine & Community Health

"Benchmarks of Fairness for Health Care Reform in Developing Countries"

## **William DeJong, PhD**

Adjunct Professor, Department of Family Medicine & Community Health

"Using formative research in the risk communication process: Results from Massachusetts" (w/James Hyde, ScM, MA)

## **Jeanne Goldberg, PhD, RD**

Professor and Director, Center on Nutrition Communication, Tufts School of Nutrition Science & Policy

Adjunct Professor, Department of Family Medicine & Community Health

"Nutrition and the Web: Evolution of an Effective Nutrition Website";

"The Vilification of Milk" (w/Aviva Must, PhD)

"Sisters Together: Findings from a Model Program" (w/Rima Rudd, ScD, MSPH)

## **James Hyde, ScM, MA**

Associate Professor, Department of Family Medicine & Community Health

"Using formative research in the risk communication process: Results from Massachusetts" (w/William DeJong, PhD)

## **Sheldon Krimsky, PhD, MA, MS**

Professor, Department of Urban & Environmental Policy, Arts & Sciences

Adjunct Professor, Department of Family Medicine & Community Health

"The Public Health Implications of Genetic Technology"

## **M. Barton Laws, PhD, MA**

Assistant Clinical Professor, Family Medicine & Community Health

"Problems of ethnic identification in data systems: Report of the New England Coalition for Health Equity" (w/Nicolas Carballeira, ND, MPH);

"Language and Cultural Access Project in Boston-A model for immigrant communities"

"Screening mammography rates in Boston Haitian neighborhoods"

## **Barry S. Levy, MD, MPH**

Adjunct Professor, Department of Family Medicine & Community Health

Director, Barry S. Levy Associates

Past President, APHA

"Protecting Vulnerable Workers in the Era of World Trade";

"Eliminating Health Disparities: Addressing 21<sup>st</sup> Century Challenges"

## **Naomi Schussler Mermin, MBA**

Assistant Professor of Family Medicine & Community Health

Poster: "Keep It Clean Campaign: Using Hardware Stores to Deliver Lead Safe Renovation Education"

## **Robert Morris, MD, PhD**

Associate Professor, Department of Family Medicine & Community Health

"Statistical tools for characterizing the emerging waterborne diseases: A time series approach" (w/Elena Naumova, PhD)

## **Aviva Must, PhD**

Associate Professor, Department of Family Medicine & Community Health

Poster: "The Vilification of Milk" (w/Jeanne Goldberg, PhD, RD)

## **Elena Naumova, PhD**

Assistant Professor, Department of Family Medicine & Community Health

Poster: "Reported cryptosporidiosis and reporting practice regulations in the United States: The first lesson learned" (w/

Bernadette Bindewald, MS, MPH)

"Statistical tools for characterizing the emerging waterborne diseases: A time series approach" (w/Robert Morris, MD, PhD)

## **Amy Paturel, MS-Nutrition/MPH'99**

Research Analyst, LA County Department of Health Services

"Measuring the use of complementary medical practitioners and its association with use of clinical preventive services in LA County, 1999 (see article on pg 4)

## **Sarah McDonough Phillips**

### **MS-Nutrition/MPH'00**

Research Associate and Instructor, Department of Family Medicine & Community Health

Poster: "Sex and age disparities in diet, weight status, alcohol consumption, physical activity, and heart disease among Massachusetts elders" (See article on page 3)

## **Pamela Rice, MPH'00**

Project Manager, Department of Family Medicine & Community Health

"The Franklin Hill public housing study" (w/Doug Brugge)

## **Anthony Robbins, MD, MPA**

Professor and Chair, Department of Family Medicine & Community Health

Past President, APHA and Member, APHA Governing Council

Local Organizer of the *Activist Physicians' Dinner*

## **Beth Rosenberg, ScD, MPH**

Assistant Professor, Department of Family Medicine & Community Health

"Work environment impact assessment"

## **Anthony Schlaff, MD, MPH**

Associate Clinical Professor, Department of Family Medicine & Community Health and Director of MPH Programs

"The primary care provider toolkit"

## **Meg Young**

### **MS-Health Communication'00**

Training Materials Associate, iScribe

Poster: "Tailoring Health Communications to Specific Audiences"

## MPH Fall 2000 Applied Learning Experiences

**Moyosade Ajala**, *A Comprehensive Review of the Risk Behaviors for Disordered Eating in Newton Middle Schools*. Preceptor: Linda Walsh, RN, BSN, Newton Health Department

**Luke Ascolillo**, *Public Health in Public Housing*. Preceptor: Doug Brugge, PhD, MS, Tufts University School of Medicine, Department of Family Medicine & Community Health

**Rick Falzone**, *Designing, Implementing, and Evaluating Statewide Hospital Surveillance for Antibiotic Resistant Microorganisms*. Preceptor: Bela Matyas, MD, Massachusetts Department of Public Health, Epidemiology Program

**Christine Gandolfo**, *Evaluation of the Keep Moving Program*. Preceptor: Chris Economos, PhD, Tufts University, Human Nutrition Research Center

**Kristen Lacijan**, *The Problem of Overweight Children in Somerville, MA*. Preceptor: Genita Johnson, MD, MPH, Somerville Health Department

**Johnson Nsubuga**, *Human & Avian Surveillance for West Nile Virus in MA for the Year 2000*. Preceptor: Bela Matyas, MD, Massachusetts Department of Public Health, Epidemiology Program

**Earlene Randolph**, *Pilot Glaucoma Screening Program for African-Americans in Roxbury, MA*. Preceptor: Ruth Palombo, MS, MSc, Massachusetts Department of Public Health

**Laurie Ventola**, *The Pediatric Asthma Workgroup and Data Tracking Initiative*. Preceptor: Elena Byrne, MPH, Department of Health & Human Services/HFCA

## Cryptosporidiosis Surveillance

*By John Christodouleas, MD/MPH'03*

*Cryptosporidium parvum*, a gastro-intestinal parasite, is known to cause substantial illness through waterborne infection in both developed and underdeveloped countries. In the United States, for example, *Cryptosporidium* was responsible for the single largest outbreak of infectious disease, which afflicted over 400,000 people (Milwaukee, 1993). Two features make *Cryptosporidium* a special concern. First, it is not deactivated by chlorination, the standard disinfecting method used to render drinking water potable. Second, its small size makes it difficult to filter out of water. Thus, standard water disinfection practices cannot reliably deactivate or remove this parasite.

Countries have only recently begun collecting human Cryptosporidiosis (CS) surveillance data, and consequently, little is known about the epidemiology of CS. What factors influence the seasonal pattern of CS and what exactly determines the intensity of CS within a specific region? The purpose of my summer research was to explore these questions.

When MPH students go abroad for an international health project, they usually travel to countries whose public health systems are less developed than our own in order to gain experience working in extremely impoverished communities and solving health problems with limited resources. By contrast, I went to the United Kingdom, whose public health system is certainly not less developed than that of the U.S. and in some aspects is clearly superior. The purpose of my trip was to utilize their outstanding CS surveillance system in hopes of shedding light onto the seasonality of CS. The U.S. Environmental Protection Agency (EPA) and the Centers for Disease Control (CDC) have been gathering CS data for only about four years. As a result, data describing the endemic disease in the

U.S. is sparse and may not be valid, especially since American physicians are still being educated about the importance of CS surveillance. The United Kingdom, however, has been operating a thorough CS surveillance program since 1990.

Under the direction of my preceptor, Elena Naumova, Ph.D., Assistant Professor of Family Medicine and Community Health, I am using 10 years of CS data from 15 health authorities in the United Kingdom to examine the relationship of various environmental and demographic factors to four statistics descriptive of each health authority's CS seasonality. Preliminary work suggests that the factors most strongly associated with the pattern and intensity of CS in a particular health authority are its drinking water source and the number of sheep and cattle farms contained in its area. Both findings may be explained by the fact that sheep and cattle shed *C. parvum* from their gastro-intestinal tracts. A health authority with drinking water sources near grazing sheep and cattle may have high rates of CS due to *C. parvum* in its drinking water. Similarly, a health authority with a great number of sheep and cattle farms may have high rates of direct *C. parvum* infection due to physical contact with these livestock and their stools.

For more information regarding CS in the United Kingdom, feel free to contact Professor Naumova at [elena.naumova@tufts.edu](mailto:elena.naumova@tufts.edu) or me at [john.christodouleas@tufts.edu](mailto:john.christodouleas@tufts.edu).

<sup>1</sup> Clark, DP. "New insights into human Cryptosporidiosis." *Clin. Microbiol. Rev.* Oct. 1999; 12(4):544-63.

<sup>2</sup> Rose JB. "Environmental Ecology of *Cryptosporidium* and its Public Health Implications." *Annu Rev Public Health* 1997;18:135-61.

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## Presidential Award for Citizenship and Public Service

*By Robin Glover*

Congratulations to John Christodouleas, MD/MPH'03, Claire Keating, MD/MPH'03, Jeffrey Lazar, MD/MPH'03 and Cindy Matsushita, MD/MPH'03 on winning a Tufts' Presidential Award for Citizenship and Public Service. The award is given to students who have demonstrated civic responsibility and a spirit of "giving back" to society. The MD/MPH students won the award for their participation as Tufts' volunteer student leaders for the Boston Coalition for Adult Immunization Project (BCAI).

The BCAI's principle goal is improving the coordination of adult immunization activities in communities through expansion of access to and availability of influenza and pneumonia vaccines. The intent of BCAI is for their activities to result in the increase of immunization of high-risk populations. Targeted areas of activities include underserved populations; medical, nursing, and public health student education; and media/

communications. Representatives for BCAI are from hospitals, government agencies, health maintenance organizations, nursing schools, public health schools, and private agencies.

The TUSM Graduate Programs in Public Health (GPPH) students participated in the BCAI Program for the third time last fall along with students from Boston University School of Medicine (BUSM) and Harvard Medical School. Tufts' student leaders began the planning phase of the immunization campaign in early September by attending meetings at BUSM, setting up training sessions and site visits. Other responsibilities included recruitment of students, securing funding as a student organization, assigning students to site visits and ensuring that the students would be able to participate.

Students were trained how to administer vaccines by practicing with saline solution on oranges and then demonstrated proficiency on each other. The site vis-

its commended at the end of October and continued through late November, with two to four Tufts medical students attending each clinic. The sites were quite diverse, the students visited the Boston Alzheimer's Center, Latino Health Institute, Heritage Assisted Living, Springhouse, St. Helena's House, Church of the Advent and Pine Street Inn. For the first time, the students organized a Tufts Day event at the Boston Campus where over 200 people were vaccinated. Medical students assessed the health status of the people coming in for their immunizations and gave the appropriate flu and/or pneumococcal vaccines. Overall the student leaders trained 50 students and visited 8 community/clinic sites various times during the month of November.

The students will be honored at a breakfast on April 6, 2001. Please join the GPPH in congratulating John, Claire, Jeffrey and Cindy!

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## Office of Graduate Degree Programs

*By Rick Barber*

The Office of Special Programs' name has been changed to the Office of Graduate Degree Programs (OGDP) to more accurately reflect the population that it supports; students in Tufts University School of Medicine's graduate degree programs. The OGDP is responsible for the oversight, administration and student services for the Graduate Programs in Public Health, as well as the MD/Master in Business Administration, MD/Master in Law and Diplomacy and MS-Pain Research, Education and Policy programs. Other functions include: management of academic records and registration; recruitment and admissions processing; coordination of course evaluations; and program promotion.

Rick Barber is the Registrar and Director of the OGDP. He has been in the office for about a year and a half. He plans to increase student services by expanding the use of technology to ease the registration and application process.

Adrienne Gibbons is the Assistant Director and Admissions Officer. Some of Adrienne's responsibilities include coordinating the admissions process, recruitment, and guiding incoming students through much of the orientation and registration processes. Her recruitment work has helped to bring in a record number of students to Tufts' graduate programs over the past year.

Rounding out the OGDP's team is Matthew Hast, Program/Admissions Assistant. Matthew provides administrative support to the OGDP and assistance to

students.

The OGDP recently unveiled its Website, which includes a wealth of information and resources for current and prospective students. Some of the highlights are admissions information, course schedules and locations, student forms, and academic schedules. You can access the Website at <http://www.tufts.edu/med/ogdp/index.html>.

Feel free to visit OGDP at Tufts University School of Medicine, 145 Harrison Avenue, Sackler Building, Room 417, or contact them at [med-ogdp@tufts.edu](mailto:med-ogdp@tufts.edu) or (617) 636-0935.

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## Free Trade & Health

By Tom Minor, MD/MPH '00

*The following is a very brief overview of a larger project on creating a scientific framework for analyzing the Impact of the NAFTA on Population Health in Mexico and the United States.*

Economic globalization has very wide reaching effects on population health. Clearly, the creation, possession and distribution of wealth have impressive potential to alter health status. The North American Free Trade Agreement (NAFTA) – an accord designed to eliminate all trade barriers between Canada, Mexico, and the United States, creating the largest free trade bloc in the world and the only one involving developed and developing economies – is one such example. Being viewed as a first step towards true globalization, or a response to it, the NAFTA is a microcosm of the trends of economic globalization. Insights into its impacts on health may illuminate ways in which we can structure future trade agreements to maximize health benefits.

NAFTA exerts its impact on population health through several variables:

- Via impacts on the economy; thus impacting labor market patterns (economic expansion, job creation, currency values, etc.)
- Via direct impacts on labor markets and labor market experiences (jobs, wages, exposures, etc.)
- Via impacts on the environment and environmental health: regulation, altering industrial output patterns, exposures, etc.

- Via direct impacts on health service delivery and access (including health care finance)
- Via impacts on broader social forces: income distribution and inequality, migration, changes in social structure, cultural exposure & values, social cohesion, etc.

Since NAFTA's enactment in 1994, there has been a marked increase in exports from all three countries, largely in component parts (Mexican exports to the US up 139%; US exports to Mexico up 92%). Trade deficit patterns have changed, however – switching from Mexico to the United States. Of note, the effects of NAFTA are felt much stronger on the smaller Mexican economy than in the US. Further confounding this picture is the Peso devaluation in Mexico in 1995, and the fact that many of these trends were well underway before NAFTA.

In Mexico, NAFTA was expected to increase foreign direct investment and manufacturing jobs, but it has limited itself largely to the malquiladora area on the US-Mexico border. The overall increase in jobs, however, has largely been mitigated by an influx of workers from rural areas, spurred by a loss of small farming jobs to larger agribusiness corporations. Hence, despite the economic growth along the malquiladora area, job creation has not kept up with the growing labor pool, and *has* spurred the massive overgrowth of many malquiladora cities unequipped to handle large numbers of people. This, coupled with the

peso devaluation in 1995, has kept wages lower than they were in 1980 and 1994. In addition, there has been a shift in exposures, for Mexican workers, from traditional farming towards industrial exposures, ergonomic issues, etc. Several of the noted changes were expected by Mexican officials. Though there has been overall growth, all of these factors ultimately point towards poorer health, but the peso devaluation has likely played a greater role than the NAFTA.

In the US, data suggests a negligible overall *creation* of jobs directly due to NAFTA. The service sector has absorbed 70% of those jobs, and created more, leading to the overall decrease in US unemployment since 1994. On the other hand, wages and demand have shot up for skilled professionals since NAFTA's inception. In the US, this points towards a growing schism between skilled and less skilled workers, with differential health impacts accordingly.

One of the presumed advantages of NAFTA was that it would draw foreign direct investment away from the already super-saturated malquiladora area, and into mainland Mexico. Unfortunately, this did not occur, and there exists an environmental crisis in the area. Furthermore, the infrastructure created to address environmental concerns are largely powerless, with insufficient funds to address all needs. To its credit, however, NAFTA was the first trade agreement to ever discuss environmental implications. NAFTA has had little

*Continued on p. 16*

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## TB Education Materials

*Continued from p. 3*

Inmates who read the new TBPC brochure gained significantly more knowledge than did those who read the CDC brochure. The mean scores were 4.3 (CDC) and 5.1 (TBPC) out of 6,  $p=0.0002$ . Neither education nor reading ability explained this difference. This lead us to the conclusion that easy-

to-read materials are valuable for a population with limited reading skills.

In part as a result of this project, TBPC has appointed a Coordinator of Patient and Community Education, who will work with the staff of the correctional facilities to develop TB education materials that meet the needs of the inmates.

<sup>1</sup> U. S. Department of Education, Adult Education and Literacy. State of literacy in America. 1994.

<sup>2</sup> Doak, C. C., Doak, L. G. and Root, J. H., Teaching patients with low literacy skills. 1996. J. B. Lippencott Company. 43-59.

<sup>3</sup> Jackson, R. H., et al. Southern Medical Journal. 1991. 84(10)

## Faculty Notes

Congratulations to **Doug Brugge, PhD**, Assistant Professor of Family Medicine & Community Health, on his grant from the US Department of Housing and Urban Development. He is co-principle investigator along with Pat Hynes, Boston University and Jack Spengler, Harvard University. The grant will assist in engaging public housing residents in a community-based, participatory research project to find ways to effectively address building problems and other factors that adversely affect children with asthma.

Congratulations to **Richard Glickman-Simon, MD**, Assistant Professor of Family Medicine & Community Health, on his grant from the Tufts Academic Technology's Internal Grants Program. The grant will help to continue the development of a Web-based tool for developing cases in the Health Sciences Data-

base. This "case shell" will make it possible for faculty to easily create virtual cases for didactic teaching and student self-learning.

**Eileen O'Neil, JD, PhD**, Assistant Professor of Family Medicine & Community Health, presented a paper, "Patients' Rights in the US: Provisions and Enforcement" in Santiago, Chile in November. She was one of six lawyers from different countries to speak to 150 attendees including Chilean legislators, public health officials and representatives of the Pan American Health Organization. The impetus for the meeting was the Chilean legislature's work on a comprehensive Patient's Rights Law to apply to all Chileans whether covered by private insurance or the country's public health care system.

**Beatrice Rogers, PhD**, Professor of Nutrition Science & Policy, is serv-

ing on an Expert Advisory Group for a USAID review of the impact of its Food Security Policy paper, "Food Aid and Food Security Assessment." The study will involve an assessment of how well food aid programs are meeting the food security objectives stated in the policy paper. Dr. Rogers along with a School of Nutrition Science & Policy student and two faculty members developed a training module on Food-Based Safety Net Programs for the World Bank Institute, which offers a two-week course for middle- and high-level program and policy officials from developing countries.

**Beth Rosenberg, ScD, MPH**, Assistant Professor of Family Medicine & Community Health, with the help of the Environmental League of Mass., is continuing to advocate adding silica to the list of substances regulated under the Toxics Use Reduction Act.

## Complementary Medical Practitioners

*Continued from p. 4*

therapists (9%), naturalists (5%), and acupuncturists (4%). The demographic profile is as follows:

\* People between the ages of 30 and 50 were the most likely to seek some form of complementary care.

\* Whites were significantly more likely to receive complementary care (51%) than, Latinos (25%), Asian/Pacific Islanders (16%), or African-Americans (9%).

\* Respondents of higher income and education and those with health insurance were more likely to receive complementary care.

\* Use of clinical preventive services including breast exams, pap smears, blood pressure tests, cholesterol tests, colonoscopies, and health care visits did not vary significantly between recipients and non-recipients of complementary care.

Recent studies report that total visits to complementary medical practitioners exceed the total visits to all US primary care physicians<sup>1</sup>. The majority of US medical schools now offer courses on alternative medicine<sup>2</sup>. Insurers and managed care organizations are also recognizing the shift toward alternative therapies and some are beginning to offer alternative medicine program benefits<sup>3</sup>. The LACHS confirmed that there are several issues surrounding complementary medicine that warrant further research.

Perhaps the best thing that came out of my presentation in Boston was that I was given the opportunity to foster friendships with alumni that should have been established while I was at Tufts. Since I missed the boat the first time around, it sailed by again in the form of APHA—and I am so grateful!

<sup>1</sup> Journal of the American Medical Association, 1998; 279; 19, 1548-1553.

<sup>2</sup> Journal of the American Medical Association, 1998; 280; 18, 1569-1575.

<sup>3</sup> Journal of the American Medical Association, 1998; 280; 18, 1569-1575.

## Health Communicators

*Continued from p. 5*

identity within APHA and public health as a legitimate and science-based field, as well as develop strategies towards meeting priority health communication goals in Healthy People 2010.

The Working Group is currently planning programs and activities for this year's APHA annual meeting in Atlanta, Georgia from October 21-25, 2001. Our most exciting event will be a joint National Communication Association (NCA)/APHA panel session. There will also be a focus on health literacy and cultural competency. With the theme of "One World Global Health," it promises to be another exciting and eye-opening experience for all. If you are interested in participating in the HCWG, contact me at [jtu01@opal.tufts.edu](mailto:jtu01@opal.tufts.edu) or visit the website, [www.hehd.clemson.edu/PublicHealth/phehp/HealthComm/WEBCOMG4.htm](http://www.hehd.clemson.edu/PublicHealth/phehp/HealthComm/WEBCOMG4.htm)

# Alumni Notes

## MD/MPH and DVM/MPH:

Phyllis Dunckel, MD, MPH '91, of Anchorage, Alaska, is now working at the Anchorage Neighborhood Health Center, "with a wonderfully diverse patient population." She writes, "I am a family practice doctor doing deliveries, caring for many HIV+ men and women. I have a beautiful son now and look forward to sharing his life in Alaska."

Lisa Jane Jacobsen, MD, MPH '91, of Canton, Mass., is an OB/GYN and Pediatric Gynecologist for Caritas Medical Group in Walpole.

Joel Ackelsberg, MD, MPH '93, of Montclair, New Jersey, is Medical Director of the Emergency Readiness & Response Unit for the New York City Department of Health, Communicable Disease Program.

E. Kerry Gallivan Bennett, MD, MPH '93, of Waltham, Mass., is an Attending Surgeon for Tufts – Winchester Hospital. She is the, "proud wife of John Bennett, proud mother of Sam, DOB 9/24/99, and very happy."

Katherine McGowan, MD, MPH '94, of Brookline, Mass., is a Pediatric Emergency Medicine Fellow at Children's Hospital in Boston.

Tani Sanghvi, MD, MPH '94, of New York, New York, is an OB/GYN Physician in private practice.

Tushar Desai, MD, MPH '95, of Boston, Mass., is a Pulmonary & Critical Care Fellow at Boston Medical Center.

Congratulations to Elie Kurzer, MD, MPH '98, of Brooklyn, New York, who married Jill Reitman in New York on November 11, 2000. Elie is a Urology Resident at SUNY Downstate.

Elisabeth Wilson, MD, MPH '98, of San Francisco, Calif., is a Family Practice Resident at San Francisco General Hospital.

Judy Lee, MD, MPH '99, of Los Angeles, Calif., transferred to Children's Hospital of LA after completing her first year at Columbia-Presbyterian. She is now in the process of applying/interviewing for a neonatology fellowship.

Bob Nguyen, MD, MPH '99, of Boston,

Mass., is an Orthopaedic Surgery Intern at New England Medical Center and is enjoying snowboarding and painting.

Robin Houck, MD, MPH '00, of Seattle, Wash., is currently in the traditional/categorical medicine track at the University of Washington, "and loving it." He writes, "I'm very glad to have come back to Seattle!!"

## MPH:

Melissa (Page) van den Ancker, MPH '98, of Cambridge, Mass., is a Research Assistant at Massachusetts General Hospital. Melissa was married in November 2000 to Dr. Mario van den Ancker in Duns Castle, Duns, Scotland!

Eric Engels, MPH '98, of Columbia, Mary., is an Investigator for the Viral Epidemiology Branch of the National Cancer Institute. Eric and his wife are expecting their second child in March!

Julie Robarts, MS, MPH '98, of North Reading, Mass., is a Project Director for Healthy Choices, at the Mass. Department of Public Health, Division of Community Health Promotion. Julie has an 18-month-old son, Zachary, and is expecting baby #2 in April 2001!

Ethan Balk, MD ('87), MPH '99, of Brookline, Mass., is Assistant Director of the Evidence-based Practice Center at New England Medical Center.

Tanya Wei, MPH '99, of Santa Clara, Calif., is a Student at Santa Clara University School of Law.

Emmanuel Daphnis, MPH '00, of Pawtucket, Rhode Island, is a MassCALL Program Coordinator at Codman Square Health Center in Dorchester, Mass.

Christine Doe, MPH '00, of Norwood, Mass., is a Student at New England School of Law, concentrating in Intellectual Property/Biotechnology Patent Law.

China Eng, MPH '00, of Boston, Mass., is a Program Analyst for the U.S. Department of Health and Human Services, Office of Inspector General, and recently worked on a report entitled *Informed Consent in Tissue Donation, Expectations and Realities*, January 2001.

Richard Falzone, MPH '00, of Somerville,

Mass., is a Research Technician at Tufts University School of Medicine, Department of Family Medicine & Community Health.

Lauren Khalil Alongi, MPH '00, of Boston, Mass., is a Health Care Analyst for Clinical Quality Measurement at Tufts Health Plan.

Melissa A. Nasiff, MPH '00, of Medford, Mass., is a Health Policy Financial Analyst at Partners Healthcare Systems, Inc.

Maria-Elena Orejuela, MPH '00, of Somerville, Mass., is an Epidemiologist for the Mass. Department of Public Health, Bureau of Health Statistics, Research & Evaluation.

Laura Valeri, MPH '00 of Leominster, Mass., is a Quality Assurance Project Coordinator at Biopure.

## MS-Health Communication:

Stephanie Tse, MS '97, of Warren, New Jersey, is a Project Director/Account Executive for Cline, Davis & Mann, Inc., and willing to speak with current students about entering the pharmaceutical sales, marketing, or medical education fields.

Congratulations to Jacqueline Buchanan Bryan, MS '98, of Rye, New Hampshire who was married last September to Michael Bryan! Jacqueline is a Territory Representative at Cambridge Heart in Bedford, Mass.

Laurie (Brown) LaRusso, MS '98, of Auburndale, Mass., is a Managing Editor for HealthGate Data Corp., which provides health information to websites including NBCi.com.

Dana McCants, MS '98, of Providence, Rhode Island, is Principal Community Training Specialist for the Rhode Island Department of Health, Office of Drinking Water Quality.

Courtney E. Paskell, MS '98, of York, Penn., is a Physician Liaison/Stroke Program Champion at HealthSouth Rehabilitation Hospital of York.

Christina McCormack, MS '00, of North Reading, Mass., is a Project Manager at Tufts University School of Medicine, Department of Family Medicine & Community Health.

Zeynep Sumer, MS '00, of Jamaica Plain, Mass., is a Business Development Associate for WorldCare Asia.

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## Free Trade & Health

*Continued from p. 13*

quantitative impact on health service delivery or access to date, though it was not until this past year that US health insurers were allowed to penetrate the Mexican market. There exists a fear that this could degrade systems in Canada and Mexico, which provide greater universal coverage.

It is difficult to elucidate a quantitative formula to discern the exact health impact of NAFTA from other societal forces. However, there is some concern that several of NAFTA's impacts threaten to harm the health of certain populations in the US and Mexico. Free trade does have immense capacity to generate income and thereby allow for health improvements. Our best course of action may lie in careful construction of trade agreements and regulation of investment, so as to guide generated resources towards the greatest social and health needs.

## Attention Alumni!

The GPPH is beginning its re-accreditation process with the Council for Education for Public Health (CEPH). CEPH is an independent organization recognized by the US Department of Education to accredit schools of public health and graduate public health programs. CEPH believes that accreditation serves multiple purposes for different constituents. In general, specialized accreditation attests to the quality of an educational program that prepares for entry into a recognized profession.

Our self-study document for CEPH will be completed during the month of October 2001 and a team of site visitors will be at Tufts from April 11 - 12, 2002. As Dr. Jeffrey Griffiths, Director of GPPH, stated in his letter to faculty, students and alumni regarding re-accreditation, "we have a number of tasks before us. This includes revisiting the GPPH's mission, values, and goals; re-examining how well we are performing our educational mission;

and delineating where we think we are going."

We will be paying careful attention to the suggestions, comments, and perspectives of our graduates. A series of meetings and focus groups will be arranged with you and current students so that your perspectives, ideas, and concerns can be heard, addressed, and incorporated in our self-study.

Please expect - and reply to - our forthcoming survey of how your public health education has served you. This information will help to guide curriculum development. It will also enable us to prepare for re-accreditation.

As Dr. Griffiths noted in his letter, "No self-study process can be genuine and meaningful without your support, commitment, and participation."

We look forward to hearing from you!

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