# GPPH Rounds

Graduate Programs in Public Health - Tufts University School of Medicine Fall 2002

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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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# "Terrorism and Public Health"

Photo by Heath Photography

*Barry S. Levy, MD, MPH*
*Adjunct Professor of Family Medicine*
*& Community Health*

*Jessie Glasser, MD/MPH'05*

"In Chinese the word for 'crisis' has two symbols: one stands for danger; the other, for opportunity. The 'crisis' of terrorism presents not only dangers, but also opportunities in public health for strengthening systems and protecting people." These beginning words of "Terrorism and Public Health," edited by Barry Levy, MD/MPH, Adjunct Professor of Family Medicine and Community Health at Tufts University School of Medicine and an independent consultant in occupational and environmental health, and Victor Sidel, MD, Distinguished University Professor of Social Medicine at Montefiore Medical Center and Albert Einstein College of Medicine and Adjunct Professor of Public Health at Weill Medical College of Cornell University, are symbolic of the opportunity that Levy and Sidel took following the events of September 11th, to review the public health system as it relates to terrorism and share this information with public health professionals.

At the annual American Public Health Association meeting, Levy and Sidel discussed ways to shed light on what had taken place on September 11, and how to prepare the public health system for potential future events. "To put a book out from conception to having books in hands happens very rarely in the medical and public health community," Levy explained. "We needed expert authors who could work with short deadlines." The project was completed within 8 months.

There are three main subjects covered in "Terrorism and Public Health." The first is a description of the terrorist attacks on September 11, as well as the later dissemination of anthrax, with an analysis of the public health responses. The public health response to the crisis in Afghanistan is also discussed, "fully recognizing the desperate lives that people led … under the Taliban regime," Levy said.

The second portion of the book describes different types of terrorist weapons, both conventional and nuclear/biological/chemical weapons. Here, Levy makes use of his experience as an Centers for Disease Control's Epidemic Intelligence Service Officer , as he authored the chapter on Biological Weapons.

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# Director's Message

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

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

This year has been an unsettling one for many of us. The war in Iraq, and the long term issues it raises, has been the subject of active discourse, and captured much of our thinking, for months. Here in Massachusetts the downturn in the economy has led to cuts in the public health infrastructure and the dissolution of programs known to improve public health and save money in the long run, while simultaneously major resources are flowing into the bioterrorism arena. A new and difficult-to-control emerging disease, SARS, has arisen in China, and pundits are even comparing aspects of this disease to the 1918 influenza pandemic. Unsettling indeed.

Yet even in these uneasy times there are some positive aspects to things. The importance of public health and to health communication could not be better highlighted by these events. We know that the training, and opportunities, we provide in the GPPH are central to theissues mentioned above. As I write this missive, the media is filled with stories about preserving public health in Iraq, and the importance of clean food and water. As painful as the budget cuts are in Massachusetts, the public health community has been able to help frame the debate in the Commonwealth so that the consequences of today's budgetary decisions are clear to the body politic.

SARS outlines all of the issues involved in new diseases: its origin may have been in domesticated animals given its genetic makeup, qualifying as a zoonotic disease; lax surveillance and control measures in China and several other sites are thought to have contributed to its spread; intense, early recognition by global public health bodies has undoubtedly slowed its transmission and limited its impact; and in a breathtaking event, its genetic code has been deduced in a week long marathon at laboratories in Canada and the CDC. A vaccine is now being discussed. It is difficult to imagine an environment where public health training, and the ability to communicate clearly and intelligently on these issues, could be more important or relevant.

Life is always uncertain, and it seems sometimes that the only certain thing is that things will change. What does not, or should not, change? I offer up to your consideration core values of integrity and altruism, and professional qualities of skill mastery, adaptability, flexibility, and practicality. We will continue to work towards making theses values, and skill sets, the hallmarks of our programs. They serve us well in all times, both good and bad and unsettled.

With best wishes to all our new graduates,

Jeff Griffiths

# Public Health in Saudia Arabia: Opportunities Abound

*Skye K. Schulte, MS, MPH'02*

My curiosity about the Middle East started soon after I began my Applied Learning Experience on Bioterrorism in Boston for the MPH Program at Tufts University School of Medicine. Dr. Gregory Payne, Associate Professor of Organizational & Political Communication at Emerson College and Adjunct Associate Professor of Family Medicine & Community Health at Tufts, was one of my preceptors and also taught a class on Communication and Terrorism. My project for that class addressed the negative effects of terrorism on the public's health, and it was there that I learned of the Saudi-American Exchange Program that Dr. Payne and Saudi Prince Faisal al Saud had created to "promote understanding through communication," in the wake of September 11th. I was invited to attend as part of a delegation of twenty-one young professionals from around the country to spend two amazing weeks in Saudi Arabia in January 2003. As a recent public health graduate, I was especially intrigued by the health of the Saudi citizens and what sort of infrastructure was in place to deal with their health issues. Below is an overview of what I learned.

*Sky Schulte, MS, MPH'02 with HRH Prince Mohammed bin Fahad bin Abdul Aziz Al Saud, Governor of the Eastern Province of Saudia Arabia*

**Islamic Medicine: An Ancient History**

Islamic scholars in the 9th century translated untold numbers of Greek texts into Arabic and other languages. Islamic physicians produced vast medical literature of their own, based on earlier Greek (predominantly Galenic) medicine. By the eleventh century, Arabic medical theories and practices began to filter into Europe, and during the crusades the medical and scientific knowledge then common in Islamic lands was thought to be vastly superior to that in Europe.

**Modern-day Islamic Medicine**

Even now, aspects of traditional medieval Islamic medicine continue to co-exist alongside the modern European medicine. I experienced this first hand when I came down with a bad case of the flu near the end of the trip and was

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# Factors Associated with Treatment Outcome in Pulmonary TB

*Siriluck Anunnatsiri, MD, DTM&H, MCTM, MPH'03*

Thailand is one of 23 high-burden countries with tuberculosis (TB) that is faced with drug resistant TB and a human immunodeficiency virus (HIV) epidemic causing adverse effects for TB control. To determine factors related to treatment outcome in TB, a retrospective survey was conducted in adult patients with smear-positive pulmonary TB presented to Srinagarind Hospital, Khon Kaen University, Thailand during 1999 and 2001. Of 356 registered cases with smear-positive pulmonary TB, 226 available cases were evaluated. The mean (SD) age of patients was 47.2 (17.7) years. The patients were classified into 4 outcomes; cure/treatment completed (n= 69, 30.5%), treatment failure/died (n= 15, 6.7%), treatment interrupted (n= 69, 30.5%), and transferred out (n= 73, 32.3%) groups. Co-existing diseases were common (51.8%) and the two most common were human immunodeficiency virus (HIV) infection (19.0%) and diabetes mellitus (16.8%). Of all patients, 27.4% had lung cavitations and 24.3% had extrapulmonary TB involvement. The majority of the patients were taken care of by either a pulmonary physician (32.7%) or general practitioner (31.9%). HIV testing was performed in only ¼ and sputum culture and drug susceptibility testing for *Mycobacteria* were investigated in 1/3 of all patients. The yield rate of positive culture was 41.9% of tested samples. Although drug resistant *Mycobacterium tuberculosis* was found in only 5 cases, this accounted for 13.9% of all culture proven cases. The majority of cases (4 out of 5) was acquired drug resistance. Multi-drug resistant *M. tuberculosis* was found in only 1 case (2.8%). Factors associated significantly with treatment interruption were male (OR = 3.2, 95%CI 1.4-6.9) and care given by non-pulmonary physician (OR = 3.5, 95%CI 1.6-7.6). Factors associated significantly with treatment failure or death were age > 60 years (OR= 48.6, 95%CI 2.1-1128.3), HIV infection (OR=37.7, 95%CI 1.8-800.5), and history of previouslt treated TB (OR=7.8, 95%CI 1.2-48.1). Patients who received care provided by non-pulmonary physiciana were significantly less likely to develop treatment failure or death as an outcome compared to those attended by pulmonary physicians (OR = 0.08, 95%CI 0.01-0.76).

This study revealed that patients with TB in northeastern Thailand were associated with poverty, low education and co-existing diseases in particular HIV infection and DM. These results suggested that HIV testing in patients

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# The AIDS/TB Epidemic in Kwazulu-Natal

*Max O'Donnell, MD/MPH'03 &*
*J. Zelnick, MSW*

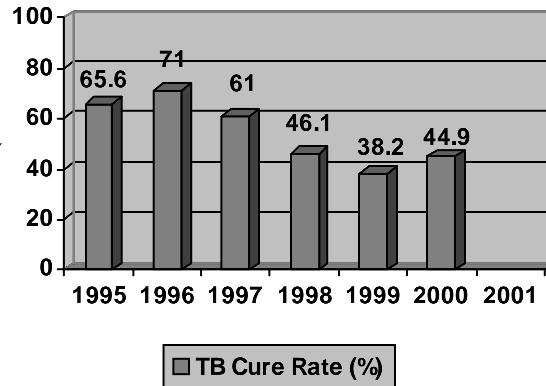
*Max O'Donnell, MD/MPH '03, and his wife Jen Zelnick, MSW, a doctoral candidate in Work Environment at the University of Massachusetts – Lowell, were affiliated with the Centre for HIV/AIDS Networking (HIVAN) in 2002. The following is excerpted from a policy brief to the KwaZulu-Natal Provincial Cabinet commissioned by the Health Economics AIDS Research Division, University of Natal, Durban.*

KwaZulu-Natal (KZN) Province in South Africa is currently experiencing an unprecedented tuberculosis (TB) epidemic fueled by the HIV/AIDS epidemic. Based on health district records, it is estimated that TB incidence has approximately **tripled** in KZN over the past 8 years. This increase is consistent with scientific modeling which shows an HIV prevalence of 20% leading to more than doubling of the average size of TB outbreaks.[1]

Tuberculosis is the most common illness that signals the onset of AIDS in KZN and in all of sub-Saharan Africa. Since AIDS prevalence lags HIV prevalence by 3-7 years, even if the HIV prevalence has stabilized in the province (currently 33% of women presenting to public antenatal clinics are HIV+), the AIDS/TB epidemic will not peak until between 2004 – 2010. Many of the social factors that contribute to TB are the same as those which create the complexity of cause that makes HIV/AIDS such a challenging disease. AIDS spreads through sexual networks, TB is an airborne disease; both are enabled by environments of poverty, inequality, and lack of knowledge.

Directly Observed Treatment Short course (DOTS), based on out-patient TB treatment and adherence monitoring, is one of the most effective and cost-effective public health interventions in the world.

**Tuberculosis Cure Rate in KwaZulu-Natal**




While the World Health Organization (WHO) has set a cure rate goal of 85% for TB, DOTS in KZN has been unsuccessful in achieving even modest cure rates.[2] These disappointing figures must also be viewed with caution. For example, the **44.9%** TB cure rate in 2000 represents only **21.9%** of facilities reporting (which are presumably better organized) and therefore may be an overestimate of the actual TB cure rate in KZN.

Although HIV does increase the incidence of TB, it need not significantly impact TB cure rates. Studies, including one done in KZN, have shown that patients who adhere to treatment can be cured of TB irrespective of their HIV status[3]. However, the context of the AIDS epidemic may impact the ability to successfully implement a DOTS TB control program in the province. The AIDS epidemic has stretched the province's limited funding, staff, and community resources making it difficult to respond to overwhelming health care needs. KwaZulu-Natal's transition to a DOTS system has been slow and incomplete, and has occurred as need for HIV/AIDS care has intensified. Issues such as lack of transportation, inadequate access to health care in rural areas, and economic insecurity are problems for both TB control and HIV/AIDS care. In short, the province's problematic TB control system and what is, perhaps, the most severe HIV/AIDS epidemic in the world are the two most significant causes of this public health disaster.

Since approximately 70% of tuberculosis cases in the province are directly attributable to HIV, it will be impossible to control TB in KZN without dealing with HIV in an integrated fashion. The need for collaboration between TB and AIDS programs has been recognized nationally and, in fact, was one of the major recommendations of the 1997 National Review of the AIDS/STD program. The WHO, through the ProTest program, has piloted these recommendations internationally as well as locally in Ugu South Health District since 1999.

Other TB experts go further and recommend introducing anti-retroviral drugs (ARVs) through the TB infrastructure. Researchers at the University of Natal, Durban are among the front-runners in piloting this approach. The concept of treating with ARVs as a means of preventing TB is supported by the results of a recent study from the Western Cape which conservatively shows an 80% reduction in TB incidence among HIV+ individuals treated with ARVs.[4]

These different approaches may, in fact, be complementary. Both require strengthening of the TB control infrastructure, enhancing community structures to improve adherence to medications, and improving district and local coordination in order to succeed.

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[1] Porco, T. Amplification dynamics: predicting the effect of HIV on TB outbreaks. JAIDS. 2001. 28: 437-44

[2] For some of the reasons for the lack of success see: The Organisation and Management of Tuberculosis Services in Provincial Hospitals in KZN: Preliminary Report. KZN DoH. 1999.

[3] Davies, GR et al. Twice weekly, directly observed treatment for HIV-infected and uninfected Tuberculosis patients; cohort study in rural South Africa. AIDS, 1999; 13 (7) 811-17.

[4] Badri, M. et al. Effect of highly active antiretroviral therapy on the incidence of tuberculosis in South Africa: a cohort study. Lancet. 2002; 359: 2059-64

# Telemedicine in Malaysia: An Innovative Approach to a Public Health Problem

*Zeynep Sumer, MS-Health Communication '00*

Hands down, the last year and a half has been the most notable in my life. Beginning the week of September 10, 2001, I ventured out to spend an indefinite amount of time in Malaysia. It is interesting how things turn out because remembering back to that devastating confusing week; I can see that the possibility of not going to Malaysia at all was just as likely.

Malaysia is an ethnically diverse, resource-rich nation, anxious to develop itself and its people, but at the same time it is cautious not to become too westernized and risk the loss of its culture to MTV and Coca-Cola. What has emerged is a nation confident in its cultural roots but with an infrastructure that easily surpasses most other Southeast Asian countries allowing for innovative solutions to typical healthcare delivery problems.

Upon a delayed arrival to Kuala Lumpur, I immediately launched into the 15th month of a 30-month long government funded telemedicine project at WorldCare Health. WorldCare was selected by the Ministry of Health (MOH) to implement and maintain the Teleconsultation application of a larger, nationwide Telemedicine Project. The MOH hoped that teleconsultation would serve to even out the vast dichotomy in medical specialist knowledge between rural and urban Malaysia and would help to improve equity of access to care in underserved areas.

Spanning 41 Ministry of Health Centers across the country, the Teleconsultation Network allows for transmission of film-based radiological images as well as scanned paper documents, voice annotations, digital picture images and electrocardiogram scans. Using both a store and forward method of consultation as well as real-time consultation for emergency cases, the Teleconsultation Network aims to encourage continuing education as well.

Introducing a new technology to any established system is a challenge, regardless of how open and willing the end-users are to this change. My role in this project was that of change management; facilitating the internal transition process by incorporating new work processes, training end-users and urging for the revision of policies governing the system. Specifically, change management involved in the process of identifying possible obstacles during implementation, developing strategies and placing enablers to overcome these obstacles.

By the end of the 30-month contract period, all aspects of the project had been successfully implemented and over 1000 cases had been consulted upon via the teleconsultation system. With the outcomes of the initial 30 months and the 41 sites, the MOH is now prepared to evaluate, improve upon and expand the Network to include more MOH sites.

Malaysia is an excellent example of a country that has not allowed human resource limitations to slow down the development of its healthcare system. The farsightedness of the Malaysian government is a model from which a valuable lesson can be learned.

## Public Health in Saudia Arabia

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"amoeba". In addition to being given IV fluids in the modern emergency room for dehydration, a nurse also brought me potatoes with loads of cumin and garlic-infused yogurt to help calm my stomach and "restore strength."

**Public Health in Saudi Arabia**

Although health care is currently free to all Saudis, there is a movement to demand at least a small fee to dissuade overuse of the system because of the great expense involved with universal health care. While the hospitals and emergency infrastructure are state-of-the-art for a developing country, there are many other aspects of public health that are missing from the landscape.

For instance, there are no posted speed limits or traffic signals in most areas and very few Saudis wear seat belts, helmets, or other sorts of protection. I was told by a number of different people working in Saudi health care, that traffic fatalities are the number one killer of adults from 18-35. Smoking and use of tobacco products is also widespread and has lead to worries about cancer, diabetes, and heart disease.

**Opportunities for Public Health Interventions**

There are currently only a few efforts in the way of health promotion and health communication—most notably, a national agenda to encourage people to wear seat belts. It seemed like there was an opportunity for a health communication campaign around every corner, and the Saudis I talked to are hungry for information in this area.

There are countless opportunities to promote public health in the Middle East and to share our knowledge on epidemiology and health communication. I would encourage interested graduate students and professors in the Tufts Graduate Programs in Public Health to explore the possibility of more public health projects in this region. This will not only help to improve the health of millions of people, it will also help to promote understanding and communication between our two cultures—something that is sorely needed in these uncertain times.

# New Career Services Program

Chantal Stevenson
GPPH Program Coordinator

Chantal Stevenson

The Graduate Programs in Public Health is happy to announce a new career services program. This program was implemented based on students' feedback. The goal for the program is to provide students and alumni with career resources and tools to assist them in their job search. As the new Program Coordinator for the GPPH, I will be coordinating the career services activities. In addition to assisting students and alumni in achieving their professional career goals, I am also responsible for facilitating the Applied Learning Experience. I will be working closely with the faculty, students and alumni to get the program off the ground, as well as, Robin Glover, GPPH Program Manager and Swapna Rao, GPPH Program Assistant.

The career services program will offer a variety of services and resources which will include a comprehensive career website, workshops, employer outreach, career counseling and a career resource library. The career website will consist of job and internship listings and career resource links specifically for the public health professional. It will also include employer information, an events calendar and frequently asked questions. The GPPH has partnered up with MonsterTrak, an on-line college resource center that will allow students to contact alumni as well as search for jobs. There will be several different career workshops that will be offered throughout the 2003-2004 academic year and they will include "Resume and Cover Letter Writing" "How to find an Internship/ALE" "Successful Networking" and "Job Searching on the Web". The recruitment component of the program will include an Internship Fair in the fall.

Building strong relationships with employers in the federal, state and local health care communities is a top priority. We will continue to host successful events like the GPPH Alumni Panel that was held on February 4th. Over thirty-five students attended the Alumni Panel and learned about what they can do with their Master in Public Health and MS-Health Communication degrees. The Alumni Panel members represented all the MPH concentrations and various public health organizations. In addition, career counseling will be available and a new career resource library will be set up in the Health Sciences Library and it will contain career journals, books and other career related materials.

A career services survey was sent to students to identify and assess their needs and the feedback has been very helpful in developing the career services program. We are in the beginning stages and it will take some time to build the program. However, we will inform you as we complete each segment.

I hope that once the program is up and running the resources will be utilized and the events will be well attended. I look forward to working with the students and alumni, so please contact me with any ideas or feedback regarding our services at CHFM-CareerServices@tufts.edu or visit the Career Service website at www.tufts.edu/med/gpph/CareerServices/index.html.

# MD/MPH 2003 Residencies

**Gregory Albert**, Neurosurgery, University of Iowa

**Emily Chin**, Family Practice, Tufts University Family Practice Program

**Jennifer Chin**, Pediatrics, Kaiser Permanente

**Shruti Gohil**, Internal Medicine, University of California - Davis

**Diana Goldenberg**, Internal Medicine, New York Presbyterian Hospital - Cornell

**Noa Hammer**, Family Practice, Naval Hospital

**Clemens Hong**, Medicine/Primary Care, Univ of California, San Francisco/SFGH

**Jeffrey Lazar**, Emergency Medicine, Yale - New Haven Medical Center

**Rishi Manchanda**, Pediatrics/Community Health & Advocacy, UCLA Medical Center

**Cindy Matsushita,** Family Practice, Palmetto Health Alliance/Univ of South Carolina SOM

**John Metcalf**, Internal Medicine, University of California - San Francisco

**Max O'Donnell**, Internal Med, New York Presbyterian Hospital - Columbia, NY, NY

**Rachel Salguero**, Pediatrics, New York Presbyterian Hospital - Columbia

**Gina Sam**, Internal Medicine, Lenox Hill Hospital

**Monica Shah**, Medicine Preliminary, St. Joseph Mercy Hospital , Anesthesiology, Univ of Michigan

**Susan Weaver**, Internal Medicine, Beth Israel Deaconess Medical Center, Boston, MA

# Public Health Student Senate Explore Funding Options

*Tambra Stevenson, MS-Health Communication'04*

Though less than a year old, the Public Health Student Senate (PHSS) at Tufts has made remarkable strides—one of which was the development of its Constitution, which is currently under review by the Student Senate and GPPH Administrators. Drafted during its inaugural year, the Constitution serves as a fundamental document establishing, defining and limiting the basic organs of power, stating general principles and declaring the rights of the students. Other accomplishments have been the Senate approval of its official name, the Tufts Public Health Student Senate, its logo, which has various shades of blue that represent the diverse fields within GPPH, the establishment of paid applied learning experiences, monthly meetings, and a Senate email address.

One critical piece of the Constitution that has been up for debate is how the Senate will generate revenue. According to Article X of the draft Constitution, the PHSS Senate "will be supplied each year with monies obtained from the Student Activities Fund of the university" and "shall have sole control of the Student Activities Fee, which will be levied on all enrolled students in the GPPH." What does this all mean to students? Well depending on the proposed budget and approval by the Senate and administration student fees could increase. But one administrator mentioned that would most likely not happen.

The funding and budget is the backbone of the Senate. With funding, the PHSS can form other student organizations in GPPH, revive student publications, and provide travel assistance for student presenters.

In a letter to the GPPH Administration, the Senate pointed out that at other graduate public health programs, it appears that the student government collects revenue by informal dues, university-leveled fees, or fundraisers. Consequently, the revenue is spent, in accordance with the by-law provisions, for social events, senate materials (such as photocopying, supplies, and/or brochures), or even research stipends for applicants from the general student body.

Receiving money indirectly through built-in student fees or through an informal "dues" system or by charging admission for events seems to be the obvious viable options noted in the letter. The medical school currently collects a student activity fee from all medical students and established polices and procures governing how the money is distributed to student activities. This and other options are being explored. "We just want to pursue all options more fully before incorporating our choice into the bylaws," said Ethan Eddy, JD/MPH Representative.

Recently the GPPH Steering Committee approved a $2,000 PHSS activity budget for the 2004 fiscal year. This is great in that it will meet the needs of the student body.

Guiding under the motto "your voice, your choice," Senate members encourage GPPH students to actively participate on committees and attend PHSS meetings, which are typically the last Sunday of each month at 5:30pm in the Dept. of Family Med. & Community Health, Conf. Room 1, 136 Harrison Ave., Boston. To learn more about opportunities in the Student Senate, email us at GPPHSenate@tufts.edu.

## "Terrorism and Public Health"

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The book concludes with a discussion of the challenges and opportunities the public health system is facing and describes ways to improve the system, including what needs to be done to protect civil liberties and promote international health.

The "Terrorism and Public Health" book is notable for its attention to the fact that terrorism is not the only public health issue being faced. "Yes, we need to learn about the terrorist attacks in 2001 and prepare for the possibility of future attacks, but we also need to not lose sight of the fact that there are other public health problems in the U.S. that need attention," Levy noted.

"Terrorism and Public Health" is Levy and Sidel's second book together. They also worked on "War and Public Health" in 1991. "By writing these books, we wanted to promote the thought that war and terrorism are closely linked to public health in not only traditional ways, but in many aspects," Levy explained.

"The events (of 9/11) served to educate the public about what public health is and about the importance of public health," Levy added. "Society as a whole is beginning to provide the funds and other resources to strengthen public health."

# GPPH Goes to the APHA Annual Meeting

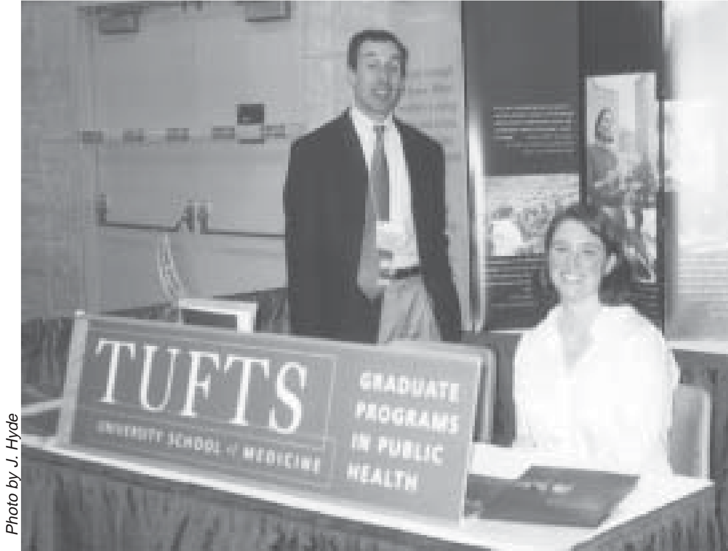


Photo by J. Hyde

*Paul Hattis, MD, JD, MPH, Assistant Professor of Family Medicine & Community Health and Beth Oldmixon, JD/MPH'03*

*Tambra Stevenson, MS-Health Communication'04*

Among the 12,000 public health professionals from around globe who attended the 130th Annual Meeting of the American Public Health Association (APHA) in Philadelphia in November, there were several faculty and students representing the Tufts Graduate Programs in Public Health (GPPH).

According to the *Nation's Health*, the five-day meeting featured 4,000 scientific papers, 900 scientific, educational and poster sessions and networking and social events. Guest speakers included U.S. Surgeon General Richard Carmona, MD, MPH, FACS; George Alleyne, MD, FRCP, Director of the Pan American Health Organization; and Governer of Vermont Howard Dean, MD, to name a few.

Centered on the official theme of "Putting the Public Back into Public Health," many APHA sessions focused on the new challenges of preparedness and bioterrorism and the way public health has shifted since the events of fall 2001. Several speakers pledged to balance their new responsibilities with the everyday public health needs of their communities and not overlook the basics, such as prevention and health promotion.

At the APHA meeting, public health professionals and students had an opportunity to present their current research projects to a diverse audience which gave them an opportunity to practice public speaking, collaborate with colleagues and get insight on related projects. For example, Doug Brugge, PhD, Tufts Assistant Professor of Family Medicine & Community Health, presented his project on environmental management of asthma at top-ranked U.S. managed care organizations.

Expectations were high and consistent with each Tufts attendee at the meeting. The GPPH faculty and students who attended the APHA Meeting unanimously agreed that networking was key for enlightening their experience. Networking is useful and particularly imperative in this current economic climate for future employment, collaboration, and funding to name few. Throughout the conference, social hours and events allowed participants an opportunity to network with colleagues within their field or explore another field.

Participants at the APHA meeting had an opportunity to explore every aspect of public health ranging from maternal and child health, school health education, epidemiology, nutrition, health law, policy, immigrant health, community health planning, and social work. The topics were boundless.

Another highlight of the meeting was the plethora of companies, organizations, and academic institutions that participated in the APHA Expo. Of the estimated 2000 participating agencies, exhibitors included John Hopkins, Columbia, Emory, Centers for Disease Control and Prevention, U.S. Dept. of Health and Human Services, Pfizer, Food and Drug Administration, Sage Publications, Westat, and Doctors of the World.

APHA also provided resources at the meeting that included the CyberCafé which allowed users to surf the net; CareerMart, which provided participants an opportunity to review current job openings; and the Resource Center, which was available to those who wanted to get up-to-date public health literature.

When students become an APHA member, they automatically become a member of the Public Health Student Caucus (PHSC), a student-run organization within APHA with over 4,500 members. PHSC has valuable resources and opportunities from its National Mentoring Program to its National Leadership Conference for Students in Healthcare to public health employment. If students are not immediately interested in joining APHA, they still have the option of becoming members of the Caucus. For information, visit the PHSC website at www.phsc.org.

The 131st APHA Annual Meeting will be held in San Francisco, California on November 15-19, 2003. The theme is "Behavior, Lifestyle, and Social Determinants of Public Health." For more information, visit www.apha.org/meetings.

# International Health Fellowship in India

*Deepa Bhat, MS-Nutrition/MPH'02*

With a career goal of working in the area of international health, I could not have asked for a more relevant assignment after graduating from the MS/MPH program.

Travel is a form of education and that is why when I was accepted as an America India Foundation (AIF) Service Corps Fellow, I decided to travel to India in January for a six-month assignment to work with a local non-governmental organization called Karuna Trust.

AIF is an organization that was initiated by former President Bill Clinton in response to the earthquake in Gujarat in 2001. Most of AIF's work involves fundraising for development projects in India. A portion of the funds goes toward the AIF Service Corps Program.

I worked in Biligirirangana Hills (BR Hills), in the southern state of Karnataka, with rural and tribal populations in the area of reproductive health. BR Hills is a wildlife sanctuary and home to the Soliga Tribe and wild elephants, tigers and bison.

Karuna Trust is affiliated with Vivekananda Girijana Kalyana Kendra (VGKK, Tribal Welfare Association). Karuna Trust operates a primary health center (PHC). Currently there is a movement in India in which the government is handing over PHCs to be operated by private organizations to increase the quality of health centers. VGKK operates a semiresidential school for tribal children and that is where I lived. One of my assignments included designing and delivering a training program to the Auxiliary Nurse Midwives (ANM). The ANM are female health workers who lived in the community and provided a wide range of reproductive health services to the women in the community. Together with the project coordinator, after conducting a needs assessment with the ANMs, we developed a training program covering the topics of indicators, disability issues, and confidence building. This included developing training materials each week.

Along with the ANMs and the Project Coordinator, I worked on another project developing a menstrual hygiene program for adolescent girls in the community. Sanitary napkins were just introduced in this area by the government of Karnataka and the organization wanted to monitor its usage with the purpose of increasing its sales. One of my main responsibilities was initiating an abortion research project, which included writing a proposal and budget. Our research

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## MPH Fall 2002 Applied Learning Experiences

**Melissa Aab**, *Environmental Assessment of Public Housing – South Street Development*, Committee for Boston Public Housing, Preceptor: Abu Moulta Ali, MA

**Jennifer Andia**, *Nutrition and Pregnancy: Knowledge, Practices and Behavioral Change of Latino Women Enrolled in the Comadres Program*, Latin American Health Institute, Preceptor: Dora Gutierrez, MD

**Siriluck Anunnatsiri**, *Factors Associated with Treatment Outcome in Pulmonary Tuberculosis*, Tufts University , Preceptor: Christine Wanke, MD

**Amy Branowicki**, *Diabetes Disease Management Project*, Mass. Group Insurance Commission, Preceptor: Bob Carey

**Heather Carter**, *Get the B Attitude: Folic Acid & The March of Dimes*, Preceptor: Antonia Blinn, CHES

**Seema Dixit**, *Community Education – Breast Cancer Risk Factors and Healthy Lifestyle*, American Cancer Society, Preceptor: Vina Harvey

**Negar Elmieh**, F*ood Insecurity Among Pregnant Women Participating in the Massachusetts WIC Program*, Mass. Department of Public Health, Preceptor: Elizabeth Barden, PhD

**Charlotte Hanson**, *Nutrition Education Activities for Youth at the Dorchester House*, Dorchester House, Preceptor: Emily Feinberg

**Erin Hennessy**, *Understanding Physical Activity Behavior in Parents – Results from the Healthstyles Survey*, Centers for Disease Control, Preceptor: Judith McDivitt, PhD

**Marla Hoffman**, *Quality Health Services for Immigrant and Refugee Women of African Descent*, New England Research Institute, Preceptor: Sargut Wolde-Yohannes, MPH, EdM

**Diane Holland**, *Monitoring and Evaluation for the WIN Russia Project*, John Snow, Inc, Preceptor: Patricia David, MA, MSc, PhD

**Betsey Philip**, *Creutzfeld-Jakob Disease Surveillance in Massachusetts*, Mass. Department of Public Health, Preceptor: Michele Jara, MPH

**Kristen Riehman**, *Association Between Housing Conditions & Health Outcomes in a Public Housing Development in Boston*, Committee for Boston Public Housing, Preceptor, Edna G. Rivera Carrasco

**Stacey Schuft**, *New Haven County Liver Study – Death Certificate Substudy*,Yale Emerging Infections Program, Preceptor: Amanda Durante, PhD

**Eileen Socorco**, Fad Diets, Children's Hospital, Preceptor, Cara B. Ebbeling, MS, PhD

**Maged Tanios**, *Evaluation of Near Misses in the Intensive Care Patients*, Tufts University, Preceptor: Daniel Teres, MD, FCCM

**Jennifer White**, *Health Communications Strategy to Increase Utilization of Medicare Preventive Health Benefits*, Mass. Department of Public Health, Preceptor: Lillian Colavecchio, MSS, LICSW

**Andrew Zoltan**, *Assessing, Analyzing, and Reporting Latin American Health Status in Massachusetts*, Latin American Health Institute, Preceptor: Nicolas Carballeira, ND, MPH

# Advocacy and Research on the Collapse of the Public Health Infrastructure

*Anthony Schlaff, MD, MPH*

In response to the budget crisis in Massachusetts, many programs in public health and in health care services for vulnerable populations are being eliminated or dramatically reduced in size and scope. A coalition of health and human service providers, United We Stand for Public Health, has been working for a year to minimize the size and impact of these cuts. You can find out more at the MPHA website: http://www.mphaweb.org/

Tufts GPPH is a member of the Alliance for Public Health Workforce Development. As part of a joint project with the schools of public health at UMass, Boston University, Yale, and Harvard, we are seeking to create an inventory of existing and ongoing research into the relationship between the public health infrastructure and public health outcomes. Anyone with knowledge or interest in contributing to this inventory should contact Tony Schlaff at anthony.schlaff@tufts.edu.

# Students' Corner

Congratulations to **Jennifer Nix, JD/MPH'03**, on her new position with the Pennsylvania Health Law Project (PHLP). PHLP is a state-wide hotline for people with Medicaid and Medicare problems. She will be representing people who call the hotline and performing policy work on their behalf.

**T.J. Schuch, MD/MPH'05** was elected as the Healthy People 2010 Coordinator for the American Medical Students Associations' Public Health Action Committee. He will be focusing on Immunizations and is looking forward to working with faculty in the Department of Family Medicine & Community Health

# Faculty Notes

**Doug Brugge, PhD,** Assistant Professor of Family Medicine & Community Health (FM&CH), published a book chapter entitled "Environmental Health and Safety in Boston Chinatown", *In Asian Voices: Vulnerable Populations, Model Interventions, and Emerging Agendas.*

Congratulations to **Christina Economos, PhD**, Assistant Professor of Nutrition Science & Policy, on her recent 3 year 1.5 million grant award for her project, Shape Up Somerville: Eat Smart. Play Hard, a community-based environmental change intervention to prevent obesity in culturally diverse, high-risk, early elementary school children.

**Janet Forrester, PhD**, Assistant Professor of FM&CH, recently began a new study to look at the causes of micronutrient deficiencies in Hispanic drug abusers focusing on abnormalities in metabolic processes. The study is funded by the National Institute on Drug Abuse (NIDA) at NIH.

**Sheldon Greenfield, MD**, Professor of FM&CH, has been appointed as Co-Chair, along with a cardiologist, of the expert panel for the development of cardiovascular quality meaures targetted at the individual physician. This national program is sponsored by General Electric and NCQA.

**Jeffrey Griffiths, MD, MPH&TM,** Associate Professor of FM&CH, has received funding to work on interactive public health curricula in East African universities, and to work on a thermostable measles vaccine, from USAID.

**Paul Hattis, MD, JD, MPH**, Adjunct Assistant Professor of FM&CH, has an article in press in the upcoming edition of the *University of Illinois Law Forum* entitled, "Overcoming Barriers to Physician Volunteerism: Summary of State Laws Providing Reduced Malpractice Liability Exposure for Clinician Volunteers. "

**John Kulig, MD, MPH**, Professor of Pediatrics and FM&CH, has been appointed to the Adolescent Medicine Subboard of the American Board of Pediatrics for a six year term beginning January 2004.

**M. Barton Laws, PhD**, Assistant Clinical Professor of FM&CH, recently signed a contract with the New Hampshire Department of Health and Human Services for a study of racial and ethnic disparities in juvenile justice. In addition, he and **Nicolas Carballeira, ND, MPH**, Assistant Clinical Professor of FM&CH, have a research letter in press, "Use of Non-Allopathic Healing Methods by Latina Women at Mid-Life", *American Journal of Public Health*.

**Barry S. Levy, MD, MPH**, Adjunct Professor of FM&CH, presented a paper on "Challenges to Equity in the Workplace", at the 27th Congress of the International Commission on Occupational Health in Brazil on February 6, 2003.

**Katherine Tucker, PhD**, Associate Professor of Nutrition Science & Policy, gave a talk entitled "Evidence of Use of Dietary Supplements by the Elderly: Current Usage Patterns: Who and What?" at the National Institutes of Health Office on Dietary Supplements/National Institute on Aging Conference on Dietary Supplement Use in the Elderly in Bethesda, Maryland, January 2003.

# Alumni Notes

**MPH:**

**Meg P. Oberman, MPH'96**, of Chesapeake, VA, is an Associate Program Director in the Internal Medicine Residency Department at the Naval Medical Center in Portsmouth, VA. She is married to Jamie and has two young sons, 2 ½ year old Connell Dean and 7 month old Aidan Michael.

**Alyson Nixon, MPH'99**, of West Roxbury, MA, is a Data Manager in the Liver Transplant Department at the Lahey Clinic in Burlington, MA.

**Bernadette K. Bindewald, MS/MPH'00**, of Burtonsville, MD, is a Nutrition Fellow with the National Center for Health Statistics in the Health Examination Statistics Department in Maryland. She is currently working on the National Health and Nutrition Examination Survey.

**Cecilia Kremer, MS/MPH'00**, of Newton, MA, is the Contact Manager Epidemiologist in the Division of Tuberculosis Prevention and Control at the Massachusetts Department of Public Health.

**Deanna M. Neff, MPH'00**, of Stow, MA, was recently appointed to the Stow Board of Health. She also spends her time raising her 2 ½ year old daughter, Haley and 4 month old son, Trevor at home.

**Skye Colclough, MS/MPH'01**, of Reading, MA, is a Clinical Research Associate at Quintiles Transnational.

**Molly Belozer, MPH'02**, of Boston, MA is active in the community as an Assistant Policy Analyst at Partners, Inc. in the Office of Community Benefits Programs.

**Christine Horan, MPH'02**, of Allston, MA, is the Community Program Coordinator in the Programming Department at the American Lung Association of Massachusetts. She's also the head coach of the women's volleyball team at Emerson College, and with her help the team made the playoffs for the first time in 2002! Congratulations!

**MD/MPH**:

**James H. Zeitlin, MD/MPH'90**, of Cape Elizabeth, ME, is a Staff Attending in the Internal Medicine Department at InterMed, P.A.

**Michael Bruce, MD/MPH'94**, of Anchorage, AK, is a medical epidemiologist for the Arctic Investigations Program at the Centers for Disease Control and Prevention.

**Kathleen H. Gallivan, MD/MPH'95**, of Boston, MA, is an otolaryngologist specializing in Head and Neck Surgery for ENT Consultants, Inc. in Winchester, MA.

**Wendolyn S. Gozansky, MD/MPH'95**, of Denver, CO, is an Assistant Professor of Geriatrics at the University of Colorado Health Sciences Center in the Department of Medicine.

**Christine MacMillan, MD/MPH'95**, of Maplewood, NJ, is a Psychiatry Attending and Assistant Professor at the New York Presbyterian Hospital and also works in private practice.

**Abigal Zavod, MD/MPH'97,** of Littlton, MA, is an Internist at the Lahey Clinic and will be spending her time giving lectures on women's health to area companies in the near future.

**Steven B. Kailes, MD/MPH'98**, of San Diego, CA, is excited about graduating next year from his residency at the U.S. Navy, Naval Medical Center in the Emergency Medicine Department. He and his wife Beth are expecting their second child in April! Best wishes to him and his family!

**Shael Brachman, MD/MPH'99**, of Key Biscayne, FL, is an attending physician in the Internal Medicine Department at Jackson Memorial Hospital. Although working with a female substance-abusing population has its frustrations due to barriers from receiving optimal care, she truly loves it. She hopes to implement public health projects in the near future. She's happy to report that the Florida weather suits her just fine!

**Amy Kirkpatrick Brown, MD/MPH'99**, of Rochester, NY, is finishing up her OB-GYN residency at the University of Rochester Medical Center in Rochester, NY and will soon be moving to Providence, Rhode Island to begin her fellowship in GYN-Oncology.

Congratulations to **Katherine Cook, MD/MPH'99**, of Brent, AL, who is expecting her second child this August! She is a Family Practice Physician at the Bibb Medical Center in Centreville, AL.

**Kimberley Carlson, MD/MPH'00**, of Mountainview, CA, is a Senior Resident at Santa Clara Valley Medical Center. After finishing her residency, she plans on taking some time to relax for a while.

**Rachel Pechersky, MD/MPH'01**, of Atlanta, GA, is a Medical Resident at Emory University School of Medicine.

Congratulations to **Nihil Theodore, MD/MPH'02**, of Bridgewater, NJ, who recently wed Nija Stephen in India! He also received Second Place for presenting a paper on a rare side effect of Nitrofurantoin at the National Academy of Family Physicians Scientific Assembly. Currently, he is a Resident Physician at Somerset Medical Center in Somerville, NJ.

**MS-Health Communication:**

Congratulations to **Loralie M. Brennen, MS'99**, of Wilmington, MA ,on the arrival of her newborn baby, Natalie, who was born on November 4, 2002. Natalie will join her big brother Nicholas as part of the family. Loralie is a Clinical Research Education Specialist at Tufts-NEMC in the Clinical Trials Department.

**Sibylle Kim, MS'99,** of Cambridge, MA, is expecting her first child in early July 2003! She's also managing a major house renovation project! Sincere congratulations to Sibylle on these wonderful developments in her life.

## Factors Associated with Treatment Outcome in Pulmonary TB

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particularly in areas with high prevalence of TB and HIV infection. Initial sputum culture and drug susceptibility testing for *Mycobacteria* should be performed in all high risk groups with drug resistant TB. Factors associated with poor TB treatment outcome should be extensively explored to improve patient care and increase treatment success. For successful treatment to be accomplished, a Special clinic should be setup to educate patients and monitor their compliance.

## International Health Fellowship in India

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question was "Who are the informal (untrained) providers of abortion in the area that the PHC serves? So far no study was undertaken in our area to determine where the women in our project areas go to have abortions. In addition, I developed the interview guides. The study is currently being carried out.

After our return from India, the Service Corps volunteers met President Bill Clinton in his office in Harlem, as he is the Honorary Chairperson of AIF. I am very thankful to AIF for providing this opportunity. BR Hills is a beautiful place and Karuna Trust is an amazing NGO. In summary, I would recommend this fellowship program to anyone who is interested in gaining international development experience in India. Opportunities are available in many disciplines, not only health. The next batch will be starting in September. For more information on the America India Foundation and this program, go to www.aifoundation.org and or contact me at deepab@alumni.tufts.edu.

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**Graduate Programs in Public Health**
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