no matter what language you speak, diabetes is a global problem. rsph researchers are building a worldwide coalition to find a global solution.
No matter what country, diabetes is a global epidemic. The languages on the cover are (clockwise from top left) Urdu (Pakistan), Hindi (northern India), Chinese (China) and Tamil (southern India).

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A Global Solution for Diabetes

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Growing health in India

Chances are you know someone who has diabetes. With dietary and physical activity pattern changes, obesity and diabetes have rapidly increased in much of the world. Diabetes is a global epidemic that requires a global response, beginning right here at the RSPH.

Last year, Narayan launched the Global Diabetes Research Center, a partnership with the Madras Diabetes Research Center in India. By combining their respective strengths, researchers will find new ways to combat diabetes in South Asia, the United States, and elsewhere.

The Public Health Foundation of India (PHFI) was formed to create excellent schools of public health in India and provide public health training for thousands throughout the country. I have the privilege of serving on the PHFI board, and four of their faculty researchers are receiving postgraduate training at the RSPH currently. Upon returning to India, they will grow the nation’s public health workforce by teaching others.

In this issue, we recognize several people for their accomplishments, including former Humphrey Fellow Pankaj Shah. His organization received a 2007 MacArthur Foundation award for reducing maternal mortality rates in more than 160 villages in India. Just recently, the PHFI honored former CDC director David Sencer with a scholarship named in his honor and appointed Paige Tolbert as chair of the Department of Environmental and Occupational Health. In their inimitable ways, they serve as role models for us all in making lasting contributions to public health.

Sincerely,

James W. Curran, MD, MPH
Dean
In Brief

Joyce Essien is one of three physicians in the nation to receive the 2008 Pride in the Profession Award, presented by the American Medical Association Foundation. The foundation honored Essien for her longtime efforts to help underserved patients with asthma and diabetes. Essien and her collaborators say the study will help shape policies and interventions in the areas of sudden infant death syndrome, autism, asthma, obesity, heart disease, and schizophrenia.

National study targets children’s health

Epidemiologist Pamela Mink is one of seven Emory faculty members named as 2008 Distinguished Cancer Clinicians and Scientists by the Georgia Cancer Coalition (GCC). She studies environmental and occupational factors on human health. All are helping position Emory and the state as national leaders in environmental and genetic epidemiology studies ever conducted—the largest such study ever conducted—will follow 100,000 children from pregnancy to their 21st birthday. Emory was awarded $25.5 million for its part in the study, a response to the 2000 Children’s Health Act.

The article “A Legacy Beyond Controversy” had the subscript: “Roger and Susan Rochat reach out to students studying the lives of women broken apart by abortion.”

Recent studies report that 42 million abortions were induced in 2007. About 48% of all abortions worldwide were unsafe, and more than 97% of all unsafe abortions were in developing countries. About 14% of all abortions in 2003 were induced in developing countries. According to an article in The Lancet 2007, safe abortions are defined as “those that are performed in countries where abortion law is not restrictive, and (b) that meet legal requirements in countries where the law is restrictive.” Most abortions are safe in countries where the procedure is legally permitted under a broad range of criteria. Pregnancies terminated early have an associated maternal mortality rate of 1 per million procedures.

In brief, the GCC has named 47 Distinguished Scholars at Emory, including nine from the Emory School of Medicine and the School of Public Health. In addition to Mink, they include Jack Mandel, Robert Bostick, and Paul Freemantle.

A cadre of cancer experts

Pamela Mink

Epidemiologist Pamela Mink is one of seven Emory faculty members named as 2008 Distinguished Cancer Clinicians and Scientists by the Georgia Cancer Coalition (GCC). She joins a growing cadre of scientists committed to reducing cancer-related deaths statewide. Mink is also among the newest faculty members at the Emory. She formerly was a senior managing scientist with Exponent Inc. in Washington, D.C. Much of her research focuses on factors that may increase or decrease risk of cancer, including obesity and body fat distribution, diet and nutrition, exercise, family history and medical history.

Epidemiologist Pamela Mink is one of seven Emory faculty members named as 2008 Distinguished Cancer Clinicians and Scientists by the Georgia Cancer Coalition (GCC). She joins a growing cadre of scientists committed to reducing cancer-related deaths statewide. Mink is also among the newest faculty members at the Emory. She formerly was a senior managing scientist with Exponent Inc. in Washington, D.C. Much of her research focuses on factors that may increase or decrease risk of cancer, including obesity and body fat distribution, diet and nutrition, exercise, family history and medical history.

A landmark study is taking aim at the environment to find out what part it plays in children’s health.

Emory is one of 22 new centers that will examine the effects of environmental and genetic factors on human health. The National Children’s study—the largest such study ever conducted—will follow 100,000 children from pregnancy to their 21st birthday. Emory was awarded $25.5 million for its part in the study, a response to the 2000 Children’s Health Act.

The NSM and the School of Medicine, along with Morehouse School of Medicine and the National Children’s Study, will manage recruitment of 2,000 women and data collection.

Emory will enroll participants equally from DeKalb and Fayette counties because of their diverse populations. “The study arose out of concern that environmental factors are affecting children’s health and that when we look at the causes of childhood illnesses, they go back to pregnancy and even before,” says NSM epidemiologist Carol Hogue, one of the study’s Emory site leaders.

Hogue and her collaborators say the study will help shape policies and interventions in the areas of sudden infant death syndrome, autism, asthma, obesity, heart disease, and schizophrenia. “If we can prevent disease before a baby is conceived or in the womb, we’ve done a huge public health service,” Hogue says.

She is in charge of recruiting 1,000 women and collecting data in DeKalb County, aided by NSM colleagues Barry Ryan, Carey Drews-Botsch, and Lance Waller. They have five years to enroll women. During that time, the remaining 105 U.S. study locations are expected to open, making the full study extend well into the future.

“That’s one reason we are so excited about this research,” Hogue says. “It’s an opportunity for students and junior faculty to work with a population for decades.”

Letter to the Editor

The Fall 2007 issue of Public Health included a story on the Global Elimination of Maternal Mortality from Abortion (GEMMA) Fund. Established by global health Professor Roger Rochat and his wife Susan, the fund supports publication of student research to eliminate maternal deaths from abortion. Here is Dr. Rochat’s response to the article.

The article “A Legacy Beyond Controversy” had the subscript: “Roger and Susan Rochat reach out to students studying the lives of women broken apart by abortion.” The intent of the GEMMA Fund is to prevent maternal deaths from unsafe abortion, but the subscript may have misled readers to think that all abortions are highly restricted by law, abortions are frequently done by unqualified providers, are self-induced, or are done under unhygienic conditions. The maternal mortality rate from unsafe procedures may be as high as 3 per 100 procedures.

Unsafe abortion can still cause maternal death in the United States. In the early 1990s, a college student in the Southeast became pregnant despite using contraception. She made an appointment for an abortion at a health care facility. When she went for her appointment, she was detained by protesters, went home, and used a coat hanger to induce abortion. She developed an overwhelming infection, was hospitalized and had a hysterectomy; but died.

A better subscript to the Public Health article would have been, “Roger and Susan Rochat reach out to students studying the lives of women broken apart by unsafe abortion.”

Joyce Essien

Joyce Essien is one of three physicians in the nation to receive the 2008 Pride in the Profession Award, presented by the American Medical Association Foundation. The foundation honored Essien for her longtime efforts to help underserved patients with asthma and diabetes. Essien also founded the Autism, a program that trains community health workers who help the families of inner-city children with asthma manage the disease. Most recently, Essien established a nonprofit foundation for the Carver Early College School, the first small-school concept implemented by the Atlanta Public Schools.
Faculty earn association honors

Three faculty members in the RSPH received honors in conjunction with professional meetings last fall.

Among them is Karen Glanz, who received the 2007 Elizabeth Fries Health Education Award during the Society for Public Health annual meeting. Presented by the James F. and Sarah T. Fries Foundation, the award recognizes a health educator for advancing the field of health education or health promotion.

As director of the Emory Prevention Research Center (EPRC), Glanz has built successful partnerships to reduce the burden of cancer across the country, and more recently in rural Southwest Georgia. To motivate people to improve their health, she says, “The school has provided a wonderful home for my research, teaching, and health programs over the past four years.”

All in the family

Two other RSPH faculty members received honors during the American Public Health Association (APHA) annual meeting. Alan Hinman, adjunct professor of epidemiology and global health, received the 2007 APHA Executive Director’s Citation for longest service as speaker of the association’s Governing Council. Hinman served as speaker from 1995 until he stepped down last fall.

Serving with APHA has been a family affair for Hinman. His father and father-in-law were career public health workers and long-time APHA members. Both Hinman and his brother Ed served as assistant surgeons generals with the U.S. Public Health Service. Hinman’s daughter, Johanna, 98mph, and her partner, Lisa Carlson, 93mph, now serve on the Governing Council. Johanna also serves as senior project director with the EPRC.

“A love for teaching

Similarly, teaching has been a labor of love for global health assistant professor Rob Stephenson. He was honored at APHA as the first recipient of the Early Career in Public Health Teaching Award, presented by the Association of Schools of Public Health and Pfizer Inc.

Stephenson, who taught and developed courses at Johns Hopkins and for health professionals in several countries, stopped teaching for a time, only to discover how much he missed it. Joining the EPRC in 2004 filled the void. “The more I work with students,” he says, “the more my eyes are opened to looking at things in new ways.”

A Family Affair

A new scholarship honors RSPH ‘founding father’ David Sencer

By Pam Auchmutey

As children, Steve Sencer and his sisters often heard some unusual dinner table conversation.

“Our dad would talk about schistosomiasis, malaria, and other diseases,” says Steve, now deputy general counsel at Emory. “Other dads had a ceramic Georgia Bulldog on their coffee table. Ours had a two-foot-tall smallpox idol, which scared the daylights out of my friends. It was great.”

All kidding aside, Steve and his sisters Ann and Susan were among a host of family members—both personal and professional—who recently honored their father at the rSPH. Now 83, David Sencer directed the CDC during the 1960s and 1970s and led the New York City Health Department during the AIDS crisis in the 1980s. He is also a “founding father” of the rSPH who helped launch Emory’s master of community health program.

For these accomplishments, the rSPH created the David J. Sencer MD, MPH, Scholarship Fund with support from the Sencer family. The endowment provides scholarship support for an apha student who personifies the characteristics that Sencer demonstrated throughout his 36-year career. Scholarships will be awarded to state and local public health professionals who exemplify leadership and service in the field.

“This scholarship is a way to help someone in local public health,” notes William Foege, Presidential Distinguished Professor Emeritus in the rSPH and successor to Sencer.

In Brief

Follow the example set by the Fries students. “It seemed natural to rsph Dean’s Council Scholarship Fund for $25,000 forward, donating a portion of her salary for her work in colon cancer. From the sun, and urge adults to be screened for colon cancer. Teach children to protect themselves from the sun, and urge adults to be screened for colon cancer. Serve with rsph and educate the public about health and health education by giving something back to the rsph.”

Support for the scholarship named for David Sencer (second from right) comes from his family: Steve (left), Susan, Jane, David, and Ann.
as CDC director. “That’s where their knowledge and training funnel into another individual and then into another. That’s how Dave’s truth goes marching on.”

The scholarship embodies the same philosophy. David Sencer had in mind for the community health program in the mid-1970s. Sencer was among those who devised a program to educate people to perform as leaders and problem solvers in community health and health care delivery.

Once the program was formed, Sencer asked Kathy Rufo, an educational specialist at CDC, to join Constance Conrad, an assistant professor in the medical school, in developing a curriculum for the master of community health program.

“One of the things we insisted on was that everyone who enrolled had to have worked in public health,” Sencer says. “We didn’t want people to come fresh out of one degree program and into another. They wanted to make sure they had experience in getting their hands dirty. We wanted them to learn about management and policy.”

Change of heart

Sencer acquired those traits himself early on. When he entered medical school, he had his eye on entering private practice. That changed during a nearly two-year recovery from tuberculosis. “I read, listened to the radio, and developed more of a social conscience,” he says.

He eventually joined the U.S. Public Health Service, where he discovered the rewards of working with groups of people as opposed to individual patients. Sencer transferred to Atlanta in 1960 as assistant director of the CDC—known then as the Communicable Disease Center. In 1966, he was appointed director of a 20-year-old agency that until then was only national in scope.

During his first year as director, the CDC inherited a global program—its first—to eradicate malaria. The agency revamped the effort, shifting the focus from eradication to controlling death and morbidity. That same year, the CDC agreed to be the U.S. leader in eradicating smallpox and controlling measles in 20 countries in West and Central Africa. The last case of smallpox in West Africa was reported in 1970—a year ahead of schedule and under budget.

“People say that our father was famous, or notorious, for walking around the CDC and knowing what everybody was up to,” says Steve. “Those who worked hard apparently liked that because he knew what was going on and he cared.” Dr. Foege says that when he was in West Africa working on the smallpox program, his dad never declined a request for staff or supplies. That put pressure on Dr. Foege to ask only for things that he really needed.

In contrast to its dramatic entrance into global health, the CDC broadened its domestic programs gradually to include family planning (a controversial move at the time), maternal and child health, surveillance of noninfectious diseases and the subsequence of small clusters of birth defects, and nutrition. In the early 1970s, the Smoking and Health Program and the National Institute of Occupational Safety and Health became part of the CDC, broadening the agency’s foundation in health communications and prevention.

Sencer remained steadfast in advocating cooperation between the CDC and state and local public health departments. “Health is a state rather than federal responsibility,” he says. A case in point is the swine flu vaccination program in 1976. “The federal government provided funds and vaccines, but the states did the planning and work. The states did a great job, considering all of the problems that occurred,” says Sencer. “They vaccinated 43 million people in two months.”

Sencer led the CDC’s response to a number of major outbreaks and investigations. But none stirred up more controversy than the swine flu program. Difficulties ensued, including the risk of Guillain-Barré syndrome, for which the vaccination program was halted. Washington officials subsequently asked for the CDC’s director’s resignation.

From the beginning, Sencer was prepared to take full responsibility for the swine flu program, which he knew would be difficult. “The buck did stop with him,” says Foege.

Not long ago, a friend of Sencer’s sent Steve a newspaper clipping of an interview with his father two days after he stepped down from the CDC in 1977. “At that point, despite all the attention focused on him personally, he emphasized how important it was for the CDC to continue its work,” says Steve. “He kept the institution in mind and remained devoted to state and local public health officials.

After Sencer became New York City health commissioner in 1982, he happened to drop in on an epidemiologist who told him about 20 cases of a new disease that came to be known as AIDS.

New York proved to be both a difficult and wonderful city to practice public health. For one, Sencer spent three days testifying in court before an unfriendly judge so that children with AIDS could remain in public school. He also convinced city officials that distributing clean needles to drug addicts would prevent the transmission of HIV, which he brought up the subject with Mayor Ed Koch more than once.

Recalls Sencer: “One night Ed called me at home and said, ‘David, I’ve been thinking about it. If you’re willing to be the goat, you write me a memo, and I’ll leak it. Let’s get it out on the table and let people start ventilating.’ The next day, we wrote him a memo, he leaked it, and everybody jumped on it. We eventually got a program started, and it’s now the largest in the country.”

What next?

After serving four years in New York, Sencer returned as a public health consultant and eventually returned to Atlanta. He and his wife Jane live near Emory, where he has taught in the MPH and the medical school. His daughters work in the health field—Ann as an oncology nurse practitioner at Emory Crawford Long Hospital and Susan as a pediatric oncologist in Minnesota. Two summers ago, their father took part in a reunion of the CDC’s West Africa Smallpox Program. The reunion inspired him to begin building an archive on global disease eradication, with help from the CDC’s Oral History Program and the National Library of Medicine’s Woodruff Library and Global Health Institute, and the CDC.

“We have oral histories, pictures, artifacts, seminar proceedings, and more,” says Sencer. “We want to make sure they aren’t just preserved but are available for people to use.”

Percy Chastang Jr. conducted some research of his own when he learned he had been selected as the first Sencer Scholar. “I found a visionary and a trailblazer,” he says of Sencer.

Chastang coordinates adolescent health programs in Valdosta, Georgia. As a public health professional, Chastang sees himself as part of something larger. “I belong to this wonderful family of public health,” he says. “It’s good to know there are so many people standing behind me. If I can do a quarter of what Dr. Sencer did in his career, then I think I can do a remarkable job.”

ONLINE: To view a slide show about David Sencer, visit www.whsc.emory.edu/multimedia_sencer.cfm.
A voracious reader as a child, Narayan enjoyed studying theoretical subjects like abstract physics, literature, and mathematics. When he was accepted at one of the most prestigious medical schools in India at the age of 18, he felt compelled to attend. “I can’t say I enjoyed it very much or performed particularly well,” he says. “When professors said to do
groundbreaking diabetes research with the Pima Indians, a group with the highest diabetes prevalence rates in the world. Narayan added the United States to his citizen- ship list and narrowed his focus to the study of diabetes.

Merging two rivers of science
When Narayan joined the RSPH, he dreamed of bringing researchers together on a global scale to better understand and solve the problems associated with diabetes. Bringing disparate groups, opinions, and people together is one of Narayan’s favorite occupations, in science, philosophy, conversation, and life in general. “It helps me think, and it’s good fun,” he says.

While at the CCHC, he brought ideas and experts together to create a team of internationally respected diabetes epidemiologists, statisticians, economists, and other public health experts. He is applying the same formula at the RSPH. His philosophy: “Connect good ideas to good people, and good things will happen.”

Since joining the RSPH, he has hired three postdoctoral students, one a Rhodes Scholar and the other two graduates of the University of Pennsylvania. He also works with six PhD students, several postdoctoral students and clinical fellows, two research coordinators, and a host of faculty across Emory, nationally, and worldwide. He advises several students and has sent three of them to Chennai, India, for summer field experiences. In many respects, Chennai and the RSPH represent how two rivers of science can merge to become even more powerful. Last year, Emory’s Global Health Institute awarded a seed grant to the RSPH and the Madras Diabetes Research Foundation (MDRF) in Chennai to establish the Global Diabetes Research Center. The partnership combines resources and expertise to expand research and training for scientists in the United States, South Asia, and throughout the world.

India offers a special window into the study of diabetes. As of 2007, 45.9 million people there had diabetes—the highest number of cases in the world. In Chennai alone, diabetes increased by more than 70% from 1989 to 2005. Through the Global Diabetes Research Center, the RSPH and the MDRF are combining their respective strengths to better assess the diabetes burden, test cost-effective treatments, shape health policy, and—most important—delay or prevent disease onset.

Much of the partnership is virtual. The RSPH and MDRF conduct monthly meetings via teleconferencing.

Last fall, the center launched a mentoring program for researchers to expand study of the causes of and solutions for diabetes. Epidemiology professor David Kleinbaum conducts his ActivEpi course for 32 researchers who are located 10,000 miles away in Chennai. The MDRF—led by Viswanathan Mohan, who co-directs the Global Diabetes Research Center with Narayan—has a lot of offer: a strong research base, a 150-bed hospital, a new 20,000-square-foot research building with space for Emory investigators, and the largest electronic medical record system of diabetes patients in the world.

Together, the RSPH and MDRF are laying the groundwork for new research, including a national representative survey study of 100,000 people to help explain regional differences in diabetes and a study of metabolic differences in pregnant women and how those differences may affect their children, both in India and in the United States. Researchers also are looking to prevent and treat diabetes through lifestyle intervention. Doctoral student Mary Beth Weber, 02mph, is developing a randomized study involving 700 people in India. As part of the study, Weber and others will teach lifestyle trainers there how to coach study participants and other people after the study is complete. “We want the program to be culturally appropriate and sustainable,” says Weber. “The interventions we develop will also help prevent other diseases in addition to diabetes.”

Ensuring that diabetes treatments are readily available and affordable is also a center priority. “India has world-class pharmaceutical companies that are able to produce drugs at very low cost,” says Narayan. “So the question is, are there versions of drugs or vaccines that can be produced inexpensively? Are there lessons we can learn about innovations in mass delivery? How can we in public health get those innovations to the masses and not just to those who can afford it? Those solutions could be applied in the United States as well.”

The RSPH and the MDRF plan to look more broadly at the South Asian population, both in and outside of the United States. People from these countries—some 5.5 billion included 39.8 million people with diabetes. In India, 40.9 million of the nation’s 1.2 billion people live with diabetes. By 2025, 69.9 million people in India and 59.3 million people in China will have diabetes.
American, Narayan and his daughter Sarayu share a

Sarayu after the beautiful tributary of the Ganges River. Just recently, Narayan received word that the rsrs was awarded a grant to establish a Center of Excellence for Prevention and Control of Diabetes and Cardiometabolic Diseases in South Asia. The center, one of eight in the world, involves multiple partners: the Public Health Foundation of India, the All India Institute of Medical Sciences, mdrp, and Aga Khan University in Pakistan. “Whatever we do,” says Narayan, “the fruits of our research have to be available to people everywhere.”

Narayan is developing a diabetes intervention program for South Asians in Atlanta to promote exercise. “Folk dancing is a tradition in India and other countries. People love to dance at festivals and celebrations. It’s something that people feel comfortable with and are likely to do.” Weber hopes to develop a rsrs of folk dances in collaboration with an Atlanta trainer who operates a gym geared toward South Asians. They will first test the rsrs in focus groups to ensure that it is culturally appropriate and appealing. “We want it to be something that the community takes ownership of,” says Weber.

During the past 60 years, researchers have noticed an alarming trend among U.S. immigrants. Most arrive healthy. As they adapt to their new culture, their health habits change. “They start catching up with the mainstream population within 15 years in terms of obesity,” says Narayan. “We’re trying to figure out what can be done to prevent that. We need to target children and young people the most.”

Hence, Narayan and Julie Gazmararian, associate professor of health policy and management, are developing intervention programs for schools to encourage children to eat properly and exercise more. Other intervention programs will target minority groups, such as African Americans who use Grady Memorial Hospital. Narayan also works closely with Larry Phillips, professor of medicine, and Joe Lipscomb, professor of health policy and management, to evaluate innovative screening methods for prediabetes and diabetes.

A larger challenge is how diabetes affects U.S. immigrants in general. For her dissertation research, Rena Oza-Frank is working with Narayan to analyze nine years (1997 to 2005) of data from the National Health Interview Survey. Her data sample includes more than 30,000 foreign-born and 170,000 native-born people. “Their health is going to have an enormous impact on the nation’s health care,” says Oza-Frank. “It’s important to determine their level of risk and target prevention in this subgroup.”

A registered dietitian, Oza-Frank is shifting gears professionally to focus on diabetes research. Like Narayan, she is a former clinician. “He understands diabetes from all perspectives,” says Oza-Frank.

Narayan receives much in return from Oza-Frank and other students. “Being surrounded by young minds adds a tremendous force to our work,” he says.

Thus, the rsrs is a good fit for a scientist like Narayan, who studies and writes poetry—“when the inspiration hits me”—and reads classic English literature to his 10-year-old daughter at bedtime. His wife and he named Sarayu after the beautiful tributary of the Ganges River.

Classical environmental health looks at chemical exposures and very specific health outcomes. It’s what a lot of us do. But we are broadening our thinking about the impact of all human activities, such as deforestation and polluting our water and air around the globe. As the department moves forward, we’ll be hiring new faculty who focus on these wider areas.”

Public health ecology—how planetary changes resulting from human behavior affect health—is the wave of the future in environmental studies. Climate change and deforestation, for example, influence health as new patterns for disease emerge.

“If you think about a shift of one degree and what that means globally, it changes the entire distribution of a number of infectious diseases that are vector-borne,” says Tolbert. That includes diseases like West Nile virus and malaria. “As the climate warms, the distribution of the mosquito population changes. Similarly, deforestation can impact vector-borne illnesses.”

For Paige Tolbert, Atlanta is the perfect laboratory for studying the effects of air quality on health. The city has the highest number of vehicle miles driven per day in the nation.

Narayan and his daughter Sarayu share a healthy meal at home. Sarayu is named for a tributary of the Ganges River.

“Ecology and Public Health

How humans treat the planet is changing how the Department of Environmental and Occupational Health approaches the environment

By Sherry Baker and Pam Auchmutey

For Paige Tolbert, Atlanta is the perfect laboratory for studying the effects of air quality on health. The city has the highest number of vehicle miles driven per day in the nation.

Scientists have yet to discover why.

With time, future study results can be applied to South Asians, including those in Georgia, where the Indian population alone stands at 80,000. Weber is looking to launch a diabetes intervention program for South Asians in Atlanta to promote exercise.

“We need to target children and young people the most.” – K.M. Venkat Narayan

Ozra-Frank is working with Narayan to analyze nine years (1997 to 2005) of data from the National Health Interview Survey. Her data sample includes more than 30,000 foreign-born and 170,000 native-born people. “Their health is going to have an enormous impact on the nation’s health care,” says Ozra-Frank. “It’s important to determine their level of risk and target prevention in this subgroup.”

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Atlanta as laboratory

What humans do to the air they breathe and the effects on health have long fascinated Tolbert. Atlanta is an ideal laboratory for studying air quality and health, given the often-visible haze produced by emissions from vehicles and coal-burning power plants. Tolbert’s
Tolbert's research includes the largest study to date examining the relationship between Atlanta emergency room visits and air pollution.

For instance, study evidence implicates particles from motor vehicle exhaust as being important for cardiac outcomes. “The sheer size of the study allows more robust assessment of the dose-response relationships of interest,” she adds.

While there is a strong body of evidence linking air pollution with cardio-respiratory problems, the links between air pollution and other health outcomes are less clear. In other work relating to SOPHIA, Tolbert, epidemiology professor Michele Marcus, and cSc researchers are looking at birth outcomes, including pre-term births, small for gestational age birth defects, and cardiac birth defects. Jonathan Langberg, director of cardiac electrophysiology at Emory University Hospital, is analyzing data from people implanted with heart defibrillators to determine if heart arrhythmias increase when air pollution is high. Emergency medicine physician Jeremy Hess has a special interest in the heat index and how it can be used to project the health impact of climate change. In another SOPHIA offshoot, Sposito sanitation expert Chris-
time Moe is looking at gastrointestinal illness from the ED data in relation to Atlanta's drinking water.

As the study progresses, so will the body of evidence to further shape environmental policy. “Our study is a key contributor to the EPA's development of air quality standards,” says Tolbert. “The agency comes to us for our latest results because they provide key evidence. So our studies are contributing to the development of changes in air quality standards.”

The department recently turned its attention to the repercussions of China's vast environmental transformation. As part of a new collaboration with China, Tolbert and other xoh researchers will study how living near major roadways may lead to development of asthma. The study, to be funded by Emory's Global Health Institute, is just one arm of a continuing 20-year study involving hundreds of thousands of people and led by Chinese and cSc researchers. This study will set the stage for more work on the impacts of the environmental changes taking place in China.

Poised for growth

Given the scope of her research, Tolbert already had a full plate when she became acting chair of xoh in 2005. But the leadership role soon opened her eyes to the department's potential and what needed to be done to achieve that potential.

Atlanta's appeal as a hub for studying environmental and occupational health and the school's plans to open a second building with state-of-the-art laboratory space make the department and the xoh ripe for growth. The department plans to double its faculty from 20 to 40, bringing in experts to build on existing strengths and stage for more work on the impacts of the environment.

Last fall, the department introduced an interdisciplinary course on the built environment and public health. “This is another emerging area,” says Tolbert. “We are interested in expanding our research about issues such as urban sprawl, the benefits of green space, and the health impacts of land use—which can range from the very acute (motor vehicle trauma) to the long term (obesity, cancer, heart disease).”

What else does the future of xoh hold? Student interest reveals part of the answer. “They are increasingly concerned and excited about the big planetary issues. Instead of feeling hopeless and helpless about the future, there is a movement toward taking action on a personal level in addition to striving to change policies at the national and international level,” Tolbert says. “And there is an understanding that at the local level we have to plan responses and adaptation to problems like climate change.

“More and more, environmental health is being recognized as multi-level, from local to global, in terms of the kinds of action that need to happen. It’s a very important time—and very exciting time—to be part of this work and this department.”

Research includes the largest study to date examining the relationship between emergency room visits and air pollution. Funded by the nih and the U.S. Environmental Protection Agency (EPA), her study uses some of the most detailed pollution data ever collected using measurements taken by the Georgia Institute of Technology and other partners. Sposito researchers Mitch Klein, Jeremy Sarnat, Stefanie Elet Sarnat, Dan Flanders, and Lance Waller are also collaborating on the study.

“We went to each Atlanta-area hospital and collected data on more than 10 million emergency department (ED) visits,” says Tolbert. “This research has never been done before, and it provides us with an incredible resource that I think of as 'natural experiments' going on around us that we can study.”

The Study of Particles and Health in Atlanta (SOPHIA) examines the associations between daily air quality and daily ED visits for heart and respiratory problems, based on data from 41 hospitals dating back to 1994. The study looks at outcomes such as ischemic heart disease, cardiac arrhythmias, congestive heart failure, asthma, chronic obstructive pulmonary disease, upper respiratory infections, and pneumonia.

“It is well established that particulate pollution is related to these outcomes. This study allows us to extend our understanding and look at questions about what aspects of particulate matter appear to be the most hazardous,” Tolbert says. “We're using detailed air quality data that a number of researchers are developing, including our Georgia Tech collaborators. It allows us to go beyond what previous studies have done, which generally relied on routine air quality monitoring of the usual air pollutants that the EPA regulates.”

During the hot summer months, Atlanta's poor air quality sends many metro-area residents to the emergency room for treatment of heart and respiratory problems.
The PHFI is addressing the severe shortage of public health professionals in India to help reduce the burden of disease in rural and urban areas.

CDC/Chris Zahniser

Building public health capacity in

INDIA

Four physicians take on their nation’s future as new fellows in the RSPH

By Robin Tricoles

The prevalence of polio, tuberculosis, and other infectious diseases and the growing need for health care have strained India’s public health resources to the core. Schools in India,” says RSPH Dean James Curran, who serves on the RSPH governing board. “There are many opportunities for public health training and research in India, and the formation of these schools is integral to that process. The goal is to establish eight schools in five years.”

Alka Singh is also among the four RPP fellows who will teach in India after completing degrees in the RSPH. A pediatrician who has studied and taught public health in India, Singh is using her RPP fellowship to gain the practical knowledge she felt she needed. She is now working toward a master’s degree in global epidemiology.

“When I was bringing to the classroom was based on my clinical experience,” she says. “I could talk about vaccinations and such, but I did not have management experience. I was going to the villages, I was meeting the population, I was working with public health workers, but none of it was very effective, and that was disappointing. I came here to learn and form new partnerships and collaborations so I can return to India and teach people who are already working in public health but need to be trained.”

The RFP, through India’s new institutes of excellence, “will make public health more broad based and not just limited to physicians,” Singh adds.

“For the first time, we will have experts in diverse fields coming together under one roof.”

For Veena Murlidhar, a physician who worked as a medical officer at a busy urban health center, the RFP program has made it possible for her to study various health care systems. “There are many questions as to what type of care is needed in rural and urban India,” says Murlidhar. “In rural areas, the volume of available health care is small compared to what is needed. And in urban areas we need more hospitals, ones that are affordable. But how do we make this happen?”

The professional ties that future faculty form with experts at the RSPH and other schools of public health will help strengthen India’s public health system, Murlidhar notes. “These widespread connections give us an entire world’s perspective, which we can use to make changes when we return to India.”

Like Murlidhar, Ashish Rai is committed to improving India’s public health system but with a different bent. “The way policies are formulated is very intriguing to me,” says Rai, a pediatric neurologist and former research officer in the United Kingdom. As a medical student, Rai often heard public health policies discussed in class, but his instructors rarely told how those policies were created. “I learned later that those making policy often don’t have field experience,” he says. “Instead, policies tend to be formulated by administrators, which isn’t effective.” Once back in India, Rai intends to change that by combining the knowledge he gains in the RSPH with his own field experiences as a physician.

After conducting polio surveillance in Bombay, Vivek Singh worked at a rural health center monitoring national health programs aimed at malaria, tuberculosis, and other infectious diseases. “It was the experience and interest that I gained at that time that led me to the Future Faculty Program,” he says. “I’m grateful for the opportunities the program and the RSPH have provided me. I’m learning about standardized teaching methods and how a public health graduate program works.”

More and more, Singh has also come to value interdisciplinary collaboration and research. “When I return to India, I want to emphasize how important they are to public health,” he says. “I’m sure there will be a lot of great opportunities to improve public health in India. The key is developing good collaborations and proposals to generate grants that sustain our public health programs and research.”

Before beginning his doctorate in epidemiology at the RSPH, Vivek Singh served as a physician in Bombay’s slums. It was there that Singh went house to house conducting polio surveillance and later helped plan a large-scale immunization program to counter spread of the disease.

The prevalence of polio, tuberculosis, and other infectious diseases, the dramatic increase in chronic diseases such as diabetes, and the growing need for routine health care have strained India’s public health resources to the core. Singh is now part of a national effort to address these challenges through the Public Health Foundation of India (PHFI). Established in 2006 by the Indian government, the PHFI involves public and private partners intent on strengthening the nation’s public health infrastructure through training, research, and policy development.

A top priority of PHFI is expanding public health departments by establishing eight institutes of excellence to train thousands of public health professionals. The first three institutes are slated to open in 2008.

The institutes’ faculty members will include physicians like Vivek Singh who complete the Future Faculty Program (RPP). A fellowship program to train health professionals for academic careers in PHFI institutes. Since 2006, more than 40 candidates have received fellowships for graduate programs in public health at 30 schools in the United States, Canada, Australia, and the United Kingdom. Collaborators include Harvard, Johns Hopkins, Cornell, Oxford, McGill, and the RSPH.

“When the foundation was formed, there were no public health...
Through the MD/MPH program, students gain a society-wide perspective on health

W

himsey Milligan plans to study newborn mortality rates in developing countries. Elizabeth Lutz would like to practice as an ob/gyn and conduct public health research. And Larissa Thomas hopes to fashion a career combining clinical practice, advocacy education, and community-based interventions to reduce health disparities.

Milligan, Lutz, and Thomas are fourth-year medical students in Emory’s dual-degree md/mph program. A collaboration of the rshp and the School of Medicine, the program trains a different kind of physician—one with clinical expertise combined with a society-wide perspective on public health. To date, the 12-year-old program has graduated 56 students, and 28 more are enrolled as seniors or fourth-year medical students.

The joint md/mph program, in which students complete their md course work in 11 months between their third and fourth years of medical school, attracts some of the best and the brightest. Many are Woodruff scholars or hold other distinctions.

“The students who come to Emory with the dual degree in mind tend to be some of our very best students in medical school,” says Bill Eley, 83m, 90mph, who oversees medical education and student affairs in the School of Medicine. “They are outstanding academically, but they are also involved in the community and increasingly well traveled outside the country. Many have done work in public health before they get here.”

Consider Thomas. In the year between college and medical school, Thomas enrolled in AmeriCorps in Berkeley, where she worked with homeless youth, connecting them with medical and social services and helping start a free clinic to serve them. Since coming to Emory, Thomas served two years as president of Health Students Taking Action Together (Healthstat), a statewide coalition of health science students founded by Emory medical students in 2001. Healthstat engages in advocacy, education, and service in areas of health disparities, infectious diseases, and childhood obesity. Healthstat also coordinates the Grady is Vital Campaign, advancing to state and county government and the local business community to save Grady Memorial Hospital, Atlanta’s financially strapped public hospital.

“I think it’s great that the medical school recognizes how valuable the public health program is in attracting new applicants,” says Thomas. “It’s a huge selling point for a new generation of students who are interested in combining public health and advocacy with medicine.”

In fact, the rshp and medical school are so committed to offering public health studies to medical students that they provide significant scholarship funds for the md/mph. One example is the Thomas F. Sellers Jr., MD, Scholarship, provided by the rshp and named for the physician who was instrumental in building Emory’s community health program (and the precursor to the rshp). The medical school and the rshp supplement such funds with additional awards, which are divided equally among the students. Just recently, the School of Medicine doubled the amount of scholarship support it provides for md/mph students.

“We know an extra year of tuition is a big burden,” says Eley. “These students are going into fields where they’ll probably make less money than their counter­parts who did the straight MD. We don’t want the cost to stand in the way of pursuing their interests.”

The tuition support was a deciding factor for Demetrius Woods, a fourth-year student and recipient of a Dean’s Scholarship from the medical school and an Adopt-a-Scholar Award from the rshp. “After my first year in med school, I did a public health research project on chronic disease prevention, and that got me interested in pursuing my MPH,” says Woods, who intends to practice as an ob/gyn and research health disparities and access to care. “The help with that year’s tuition was definitely a factor in my decision to get the dual degree.”

Unparalleled health experiences

Students such as Woods are drawn to the dual-degree program by the unparalleled experiences it offers. During their public health year, students can choose from a variety of traditional and nontraditional degree concentrations. “We offer a number of concentrations beyond what is usual for a school of public health,” says epidemiologist and infectious disease physician John McGowan, who coordinates the md/mph program at the rshp. “Not only do we have the Hubert Department of Global Health, which is fairly unusual, but we offer degree concentrations in global environmental health and global epidemiology. Our students tend to be individualistic, so they appreciate the opportunity to pursue innovative pathways.”

That’s exactly what Jeremy Hess, 03m/04mph did. Having worked on aids prevention programs in the Philippines and Thailand, investigated a toxic waste accident in Cambodia, and studied the effectiveness of a food aid program to child-headed households in Cambodia—all before his year in the rshp—he knew the degree he wanted to pursue—global environmental health. The fact that the school didn’t formally offer that degree at the time didn’t deter Hess or the mph faculty.

“They let me put together my own curriculum, and I sort of piloted that program,” says Hess, who now teaches emergency medicine and global health at Emory and researches global climate change and human health.

“The school formally launched that concentration the following year.”

Emory also offers students unequaled research opportunities through its local partnerships with the cdc, The Carter Center, CARE, and the American Cancer Society. “The Carter Center, for example, offers opportunities to work in a disease eradication program that students can’t find anywhere else,” says McGowan. “These partnerships help us attract some of the finest practitioners in the field.”

As an MD/MPH student, Jeremy Hess piloted a course on global environmental health.
Elizabeth Lutz took advantage of the CDC partnership during the summer between her first and second years of medical school to see if public health was something she was truly interested in pursuing. “I was interested in the concept of public health, but I really didn’t know what you would actually do in the field,” she says.

At the CDC, Lutz worked in a division charged with infection surveillance. She collaborated with CDC epidemiologists to develop systems to track hospital-acquired infections. “That summer at the CDC solidified my interest in public health,” she says. “After that, I knew I wanted to pursue the dual degree.”

AIM/MPH students also can take advantage of summer electives, including the global field experience (GFE) and the CDC elective rotation fellowship. Through the GFE, students apply what they’ve learned in the past year in real-world settings across the globe. Milligan and Lutz spent a summer in the Ukraine working with UNICEF. Milligan worked at a neurosurgical hospital in Kiev, gathering data on the prevalence of neural tube defects in newborns, while Lutz studied iron deficiency anemia in pregnant women at a clinic. The experience was eye opening.

“Everyone talks about how hard it is to do research internationally, but until you get over there, you’re impossible to understand,” says Lutz. “You’re dealing with another language, foreign customs. The most valuable lesson I learned is that it’s impossible to plan in this situation, so you have to give up some control and go with the flow.”

The CDC elective rotation fellowship gives students a chance to see applied field epidemiology in action, both domestically and abroad. When possible, students can go out into the field and participate in a CDC investigation of a public health issue.

**A broader perspective**

After completing their year of study in the RSPh, students return for their final year of medical school, forever changed by the experience. “The public health year gave me the opportunity to do research that will improve patient care in a nonclinical role,” says Woods.

Toward the end of his public health year, Woods began to study a new practice model for ob/gyn called obstetric hospitalists. This model addresses the issue that is keeping more and more students from pursuing a specialty in ob/gyn—unpleasant work hours. Instead of one physician trying to manage both a private practice and hospital deliveries, obstetric hospitalists would work only in the hospital, on shifts much like emergency medicine physicians. The work hours of the hospitalists are predictable, and practicing ob/gyns can focus on outpatient care without having to constantly leave their office.

“The public health year gave me a much better perspective on how hospitals run and how medicine is practiced outside the point of view of the clinician,” says Woods. “I believe having a public health background will make me a better clinician and having a medical background will make me a better hospital administrator.”

Thomas agrees. “During the public health year, you are exposed to a different type of thinking—more ‘big picture’ thinking—and you interact with completely different kinds of people,” she says. “I studied global health, but I really didn’t know what you would actually do in the field.”

Not long after epidemiologist Devra Davis published The Secret History of the War on Cancer last year, Newsweek rated the book a “must read.” Several RSPh students thought the same and selected it as this year’s book club choice for the Public Health Academy. Ben Gehardstein was among the students who suggested Davis’s book, which describes how industrial, political, and scientific leaders have focused less on preventing cancer and more on making money by treating symptoms and allowing sales of tobacco, asbestos, and other carcinogenic products. Last year, the students read Pathologies of Power by Harvard physician Paul Farmer, longtime health and social justice advocate. Gehardstein, a second-year student in environmental health, recommended Farmer’s book as well.
“Beijing appears to have actionable levels of arsenic in the air. My project looks at reduction of exposure.”

—XIAH KRAGIE

Last summer, Public Health Academy member Xiah Kragie examined air quality in Beijing (above right). She credits AT&K faculty mentor James Durant with teaching her the skill set she needed to conduct her research.

“Our book discussions have been the best way for the academy group to simultaneously create community and learn,” he says. That’s just what academy organizers intended when they established the group in 2006 to bring merit scholarship recipients together to better prepare them for careers in public health. These “scholars in action” work together to organize and lead group and school-wide activities and also study individually with a faculty mentor, who guides them through a research assistantship guaranteed for four semesters. Led by Associate Dean Kathy Miner, the academy is designed to promote a sense of community and interdisciplinary discussion.

“The idea behind the book club was to start a conversation among students from different departments,” says Miner. “Throughout the conversation, they start looking at issues and learn to keep current as part of their professional obligations.”

Paul Schramm, a first-year student grounded in chemistry, geology, microbiology, and public policy, values listening to students from different backgrounds. “They have degrees ranging from anthropology to biochemistry, work experience in everything from the EPA to field hospitals, and many have lived abroad for some time,” he says. “Interacting with them helps diversify my experience here at Rollins.”

Honing leadership skills

Like most aspiring leaders, Xiah Kragie is growing accustomed to thinking on her feet, having moderated the academy’s book discussion with Davis via speakerphone. She first learned to push beyond classroom boundaries at the University of Maryland, where she earned undergraduate degrees in engineering and economics. As a founding member of a student chapter of Engineers Without Borders, she helped build a small sanitation center in Thailand. At the EPA, she is learning how to better apply her engineering skills at large.

“Water and sanitation are technically easy to learn, but the larger issue is making those systems work in the developing world,” says Kragie, a second-year student in global environmental health. “I came to Emory to focus on the application and delivery of services.”

Kragie tested her public health skills in China last summer. Working with researchers at Tsinghua University, she examined air quality in Beijing as the city prepared to host the 2008 Summer Olympic Games.

“I learned that Beijing appears to have actionable levels of arsenic in the air, primarily from coal,” she says. Arsenic levels in Beijing were higher than those allowed in the United States. Chronic exposure to such pollutants is known to cause cancer.

“My project looks at reduction of exposure,” Kragie adds. “China could make a couple of policy changes in its coal process that would reduce arsenic exposure. My goal is to provide protection within the realm of engineering.”

She gained skills and insight for her project by working with faculty mentor James Durant, an environmental health scientist with the EPA’s Agency for Toxic Substances and Disease Registry. Durant taught her the intricacies of air dispersion modeling and data reduction as they worked together to evaluate the public health implications of emissions released by a chemical plant in Mississippi. Durant has made it a professional goal to provide learning opportunities for students like Kragie.

“There are a lot of challenges that you face in doing public health,” says Durant. “One is taking what you learn in the academic setting and applying it in a real-world setting to discover what it is you need to keep learning. Having that practical experience allows you to identify areas of interest you might not have known about so you can come back and learn more about it.”

For her assistantship experience, first-year student Carolyn Vance took a programmatic approach to her health policy major by interning with the Atlanta Feminist Women’s Health Center. Before she enrolled at the rsph, Vance lived in North Carolina, where she worked in health services research. The experience piqued her interest in reproductive health.

“I have a passion, but until now I’ve not had the opportunity to learn which populations seek services and why, how laws may affect vital services, or how certain areas may be stigmatized,” says Vance of her work with the women’s center. “At the same time, I hope to learn what makes a grassroots organization effective, how management responds to stimuli, and how traditional advocacy may or may not be effective for the populations targeted.”

With the experience she gains and her participation in the Public Health Academy, Vance hopes one day to operate a women’s reproductive health clinic. Kragie is weighing her options after graduation this May. She fully intends to volunteer again with Engineers Without Borders. “I see opportunities for improvement from a public health point of view and not just an engineering point of view,” says Krige of the group.

As the Public Health Academy matures, Miner believes the program will help set the rsph apart from other schools. She sees other benefits as well. “Over time, these students will stay connected to us and each other after they graduate.”
Aiding Alaska’s Native Population

Epidemiologist Laurie Helzer honored for reducing substance abuse

The past year has been nothing short of remarkable for Laurie Helzer, MPH. She bought her first home in Alaska. She trained for a half-marathon ski race. She got engaged. She published her first journal article. And she received the Living of Values award, the highest honor presented by the Southcentral Foundation (SCF), an Alaska Native health corporation. The foundation co-owns the Alaska Native Medical Center and provides primary care for Alaska Native and American Indian people living in the Cook Inlet Region of Alaska.

A senior researcher for SCF executive and tribal services, Helzer was recognized for leadership in reducing substance abuse in the Anchorage Native Community. She leads an epidemiology work group for the project and is credited with bringing together four partners—SCF, the Cook Inlet Tribal Council, the United Way, and the Municipality of Anchorage—to develop extensive data to document substance abuse in Anchorage. Developing the data in language that each partner could understand was essential to reaching consensus on how to use funds from the Substance Abuse and Mental Health Services Administration.

“Ms. Helzer has helped us find ways to sort through and prioritize information that otherwise would have overwhelmed us,” says Cristy Allyn Willer of the Cook Inlet Tribal Council. “When called upon to present these documents and findings to a broader population, she showed great skill in translating numbers and statistics into meaningful information for the general public—absolutely essential for our efforts to acquire informed and enthusiastic input from our advisers.”

As head of her work group, Helzer wrote a needs assessment for substance abuse among Alaska Native and American Indian people living in Anchorage and led a team of people to develop a monitoring system for substance abuse indicators.

“One of the hardest things was getting our team to think in terms of a public health model rather than individual behavior change/treatment models since the program required a population-data approach to solving the problems,” she says.

Her first journal article appeared in the International Journal of Circumpolar Health 2007. The article analyzed the results of a pilot study to evaluate the use of Nic-Alert immunoassay test strips and liquid chromatography-atmospheric-pressure ionization tandem mass spectrometry to measure tobacco use and secondhand smoke exposure among Alaska Native pregnant women.

“The entire supplement of the journal is about the organization I work for, so that made it quite a bit easier,” says Helzer of her first foray into publishing. “I learned a lot in the process. All in all, it’s been quite a year.”

Good Old-Fashioned Teamwork

RSPH alumna, adjunct faculty earn accolades for safe water intervention in Kenya

More and more health care workers in developing nations are promoting safe water treatment and hand hygiene because of Amy Parker, MPH, and two CDC colleagues who serve as RSPH adjunct faculty. Their success earned them the 2007 GlaxoSmithKline Circle of Excellence award for practices and programs that promote prevention, improve safety, or enhance health care quality.

Parker, Patricia Riley, and Rob Quick received the accolade for their Safe Water Program pilot intervention of safe water and hand hygiene promotion in Homa Bay District Hospital in Kenya. Their research project demonstrated the effectiveness of collaborating with local stakeholders in promoting water treatment and hand washing in a rural, impoverished area of Kenya.

“We were thrilled that 71% of patients were treating their household water during our follow-up study a year after they were initially taught the information at the clinic,” says Parker, a CDC epidemiologist in viral diseases. “As a result of the success in our Homa Bay pilot site, the water treatment and hand washing curriculum for health care workers is now being used in many developing countries worldwide.”

The team credits their success to the project’s stakeholders: CDC’s Safe Water Program, the Emory Center for Global Safe Water at the RSPH, the Lillian Carter Center for International Nursing at Emory, CARE Kenya, the Kenya Ministry of Health, and the Nursing Council of Kenya.

“Without this collective input, the project and its subsequent success never would have been realized,” says Riley, a nurse midwife with the CDC’s Global AIDS Program.

“We did not expect that busy nurses in rural Kenya would be able to find the time to add this one small, but critical piece to their daily practice,” adds Quick, a medical epidemiologist in enteric diseases. “They embraced it enthusiastically and made a difference. This is an idea that we are now trying to replicate in as many places as possible.”

Above: Nurses at a maternal health clinic in Kenya teach patients how to treat their drinking water. Right: The children with Amy Parker hold bottles of the chlorine disinfectant used to treat Kenya’s drinking water.
Ensuring Safe Motherhood in Rural India
Program led by former Humphrey Fellow receives MacArthur Award

Most of the 3,500 babies born in rural South Gujarat each year begin life far away from a hospital. For years, newborns in this westernmost part of India entered the world at home, hours away from medical help when mothers or their babies experienced complications.

It is a problem that has plagued much of India, where the maternal mortality rate rose to 800 per 100,000 live births during the 1980s and 1990s. Fortunately, those numbers are declining with the help of the Society for Education, Welfare, and Action–Rural (sewa–Rural).

Co-led by Pankaj Shah, a Humphrey Fellow at the RSPH in 1998–1999, the organization trains women volunteers and traditional birth attendants in local villages how to keep expectant mothers healthy and conduct safe deliveries at home.

The results have been impressive. Between 2003 and 2006, a set of interventions focused on residents from those villages reduced maternal mortality by 15% and neonatal mortality by 21%. Today, sewa–Rural serves as a model for communities throughout the region and the nation for reducing maternal and newborn mortality.

Last year, sewa–Rural captured the attention of the John D. and Catherine T. MacArthur Foundation, which presented its 2007 MacArthur Award for Creative and Effective Institutions to the organization. sewa–Rural is using the $350,000 award to establish a reproductive health training and resource center. The organization hopes to train 2,000 frontline workers in home delivery and maternal and prenatal care. It also provides training for traditional birth attendants.

As a result, each village has a pair of frontline workers who ensure safe deliveries and provide prenatal and postnatal care. Women health volunteers are trained to identify signs and symptoms of complications and high-risk deliveries and refer them to a Kasturba Hospital, the 100-bed facility. Additionally, they assist traditional birth attendants and know what to do in cases of premature and low birth weight babies, asphyxia, and infection.

Pankaj Shah

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Upcoming Events

Spring Diploma Ceremony
Monday, May 12
10:30 AM, RSPH Plaza
Information: amcmah2@sp.h.emory.edu

Claudia Nance Rollins Building Groundbreaking
Friday, May 30
11:00 AM, RSPH
Information: amcmah2@sp.h.emory.edu

RSPH Alumni Reunion Weekend
Friday, September 26, and Saturday, September 27
Information: alumni@sp.h.emory.edu

RSPH Open House
Saturday, October 25
8:00 AM–5:00 PM, RSPH
Information: sshe101@sp.h.emory.edu

Klatt joins RSPH development team

Atlanta community leader Kathy Klatt has joined the rspf as director of development. Klatt has served with a number of organizations throughout the city, most recently as director of major gifts with the Atlanta Chapter of the American Red Cross. At the rspf, she holds a new position that will expand the school’s ties with supporters in the local community and the greater world at large.

“Kathy will play an invaluable role by educating others about the mission of our school,” says Kathryn Graves, associate dean for development and external relations. “She will share our vision with major donors and match their interests with students, faculty, and programs throughout Rollins.”

Klatt’s new role broadens her longtime interest in health. While with the American Red Cross, Klatt served on a team that raised millions of dollars for Hurricane Katrina relief. She is immediate past board chair of the Grady Foundation and serves on the community advisory board with Children’s Healthcare of Atlanta. A 13-year breast cancer survivor, Klatt has served with the Georgia Breast Cancer Coalition Fund. And she has led fund-raising initiatives for the Teen Services Reproductive Health Clinic at Grady Hospital and Hospice Atlanta.

In the course of her volunteer work and serving with the American Red Cross, Klatt learned the three most important requirements for fund raising: excellent leadership, financial stability, and a compelling need for support. “Rollins has all three,” she says.

“I’m intrigued by the school’s focus on prevention. The best way to end disease is to prevent it from happening. Both Rollins and Emory have a worldwide reach. It’s very humble to be a cog in that wheel.”
**1990s**

**DR. AMANDA NISKAR, 95MPH** joined the faculty in the Department of Environmental and Occupational Health in the School of Public Health at Tel Aviv University in Ramat Aviv. 

**BORN:** To "Christopher Hsu, 97MPH, and Elizabeth (Lisa) Preston-Hsu, 97MPH, a daughter, Zoe Joycelyn, on Sept. 30, 2006, and joins the family lives in Phoenixville, PA.

**BORN:** To "Michelle Macdonald, 98MPH, and Brian Grabowicz, a son, Noah Hans, on June 10, 2007. He joins older brother Bremen. The family lives in Norfolk, VA.

**ALI KHAN, 00MPH, was promoted to rear admiral with the U.S. Public Health Service. He is deputy director of the National Center of Zoonotic, Vector-Borne, and Enteric Diseases with the CDC.**

**MARRIED:** "Jennifer White Charrette, 01MPH, and Thomas Charrette, a son, Mathieu Thomas, on Oct. 8, 2007. Jennifer is a self-employed health care consultant in Yarmouth, ME.**

**BORN:** To "Carré Masae Mampilly, 02MPH, and Thomas Cherián Mampilly, 02MPH, two sons, Abbe and Henry Abe, on June 10, 2007. He joins two siblings. The family lives in Silver Spring, MD.

**TOLTON RAMAL PACE, 02MPH, is the health officer for the Monmouth County Regional Health Commission in New Jersey. She oversees 24 towns and is one of the first nurses in the state to hold this position.**

**MARRIED:** "Danielle Organek, 03MPH, to Jonathan Bernstein, 03MPH, on June 10, 2007, in West Bloomfield, MI. Danielle is a senior analyst with the U.S. Government Accountability Office in Atlanta. Jon will graduate with an MBA from Georgia Tech in May.

**Danielle Organek, 03MPH, Jonathan Bernstein, 03MPH, and Brian Grabowicz, a son, Noah Hans, on June 10, 2007. He joins older brother Bremen. The family lives in Phoenixville, PA.**

**2000s**

**BORN:** To "Dr. Leisel Talley, 00MPH, and Brian Grabowicz, a son, Noah Hans, on June 10, 2007. He joins older brother Bremen. The family lives in Phoenixville, PA.

**BORN:** To "Melissa Sheesley, 940X, 94C, 99MPH, and her husband, John, 98C, a daughter, Caroline Linda, on May 27, 2007. Melissa is a product manager with McKesson Corporation. John is an intellectual property associate with the Atlanta law firm King and Spalding.**

**BORN:** To "Dr. Amanda Niskar, 95MPH, Christopher Hsu, 97MPH, Elizabeth Preston-Hsu, 97MPH, and daughter, Zoe Joycelyn, on Sept. 30, 2006, and joins the family lives in Phoenixville, PA.

**MARRIED:** "Michelle Macdonald, 98MPH, and Brian Grabowicz, a son, Noah Hans, on June 10, 2007. He joins older brother Bremen. The family lives in Phoenixville, PA.

**BORN:** To "Melissa Sheesley, 940X, 94C, 99MPH, and her husband, John, 98C, a daughter, Caroline Linda, on May 27, 2007. Melissa is a product manager with McKesson Corporation. John is an intellectual property associate with the Atlanta law firm King and Spalding.**

**BORN:** To "Jennifer White Charrette, 01MPH, and Thomas Charrette, a son, Mathieu Thomas, on Oct. 8, 2007. Jennifer is a self-employed health care consultant in Yarmouth, ME.**

**BORN:** To "Carré Masae Mampilly, 02MPH, and Thomas Cherián Mampilly, 02MPH, two sons, Abbe and Henry Abe, on June 10, 2007. He joins two siblings. The family lives in Silver Spring, MD.

**TOLTON RAMAL PACE, 02MPH, is the health officer for the Monmouth County Regional Health Commission in New Jersey. She oversees 24 towns and is one of the first nurses in the state to hold this position.**

**MARRIED:** "Danielle Organek, 03MPH, to Jonathan Bernstein, 03MPH, on June 10, 2007, in West Bloomfield, MI. Danielle is a senior analyst with the U.S. Government Accountability Office in Atlanta. Jon will graduate with an MBA from Georgia Tech in May.

**Danielle Organek, 03MPH, Jonathan Bernstein, 03MPH, and Brian Grabowicz, a son, Noah Hans, on June 10, 2007. He joins older brother Bremen. The family lives in Phoenixville, PA.**
Alumni Deaths

DArLENE DEE PAES, 89MSN/MPH, on Oct. 23, 2006, at age 44 in Orlando, FL.

JOSEPH MAXFIELD (MAX) BECK, 07MSPH, on Jan. 12, 2008, at age 41. He died at his Atlanta home following a two-year battle with cancer. Beck was known for his poignancy and frankness about being born intersexed. Raised as a girl, Beck eventually changed his sex and married. In addition to sharing his story through the media, Beck was active in the Intersex Society of North America and often counseled young people with the same condition. Diagnosed with cancer in 2005, Beck nevertheless enrolled in the RSPH to pursue his interest in public health informatics. At Emory, he worked closely with neurology professor David Rye on his groundbreaking study to identify the genetic basis for restless legs syndrome. As part of the study, Beck worked in Iceland to gather and manage genetic data. “Max loved statistics and wanted to find ways to improve health,” says his wife, Tamara. Beck is also survived by their children, Alder and Griffin.

THE BECK FAMILY

Amanda Nickerson, 06MSN/MPH, completed an Association of Schools of Public Health Fellowship with the Health Resources and Services Administration and started her own firm, ALN Consulting. She works with the Commission on Graduates of Foreign Nursing Schools and other organizations. Amanda lives in Fairfax, VA.

GILLIAN S. CROSS, 06MSPH, is a research associate with Macro International in Atlanta.

AMANDA NICKERSON, 06MSN/MPH, completed an Association of Schools of Public Health Fellowship with the Health Resources and Services Administration and started her own firm, ALN Consulting. She works with the Commission on Graduates of Foreign Nursing Schools and other organizations. Amanda lives in Fairfax, VA.

MARRIED: WENDI HOLLAND, 07MSPH, and Russell Branch on April 7, 2007, in Lake Lure, NC. The couple lives in Asheville.

MARRIED: AMY WALTERS, 05MPH, to Nathaniel Schlottbauer on Sept. 8, 2007. Amy is an evaluational specialist at the Medical College of Wisconsin in Milwaukee.

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Class Notes

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A Family Affair

Family members—both personal and professional—gathered at the RSPH to honor former CDC director David Sencer (left), for whom the school named a scholarship targeting local and state public health professionals. Former CDC directors David Satcher (second from left), William Foege, and Jeff Koplan joined Sencer for the occasion. See page 7.