With the burden of Alzheimer’s disease mounting, we need to innovate our approach to care.

HOW ONE UGA TEAM IS DOING JUST THAT.
FROM THE DEAN

During this past year, policymakers made major decisions that will shape the public’s health now and well into the future. Some of those decisions will serve goals long sought by authorities in our field, while others signal a retreat from seemingly well-established commitments.

Regardless of where one stands personally or politically on reproductive rights, vaccinations, climate change and other pressing societal issues, few can doubt that the stakes are extraordinarily high.

During our ASPPH Leadership retreat this summer, we were reminded that Iroquois elders embrace a generational principle in their decision-making. Coincidentally, in the same week as the retreat, I was looking at photos of my great grandparents and thinking of their lives – They lived in rural poverty in the 1860s, in a country decimated by civil war. My great grandmother gave birth to my grandmother at age 48. They were preparing for her death during her pregnancy. Two of their children died of diphtheria. One had polio. None received greater than an eighth-grade education.

Over the ensuing years, scientists and policymakers came together to develop and make available the childhood vaccinations that allowed me and others to have children who did not suffer from diphtheria, polio, and other infectious diseases. When I had my second son in my 40s, the efforts of earlier public health leaders helped ensure that he and I would benefit from an abundance of knowledge and care. As a first-generation student, through scholarships and an NIH training grant, I was able to attain an education with opportunities not afforded my ancestors.

My experience reminds me of an important truth. As we confront the challenges currently testing our society and our world, it’s critical that we think of the long-term as well as the present. In every decision we make, we need to visualize not only the impacts on those immediately affected but also the ramifications of our decisions on the health of future generations.

In this issue, you’ll read about the work that faculty, staff and students at the University of Georgia College of Public Health have undertaken to ensure that the generations that follow have access to healthier and safer lives.
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## About the UGA College of Public Health

The University of Georgia College of Public Health is committed to improving the health and well-being of all within our home state and around the world through innovative research, exemplary education and engaged service.

Established in 2005 as a response to the state’s need to address important health concerns in Georgia, the College of Public Health is comprised of four academic departments and three research institutes.

Our dedicated faculty and students are working in and with communities to address the issues that matter to them, including aging, disaster preparedness, environmental science, infectious disease prevention, maternal and child health, obesity and shaping policy.

As a fully-accredited College of Public Health, we are training future change-makers in public health to lead and serve.
SOPH CELEBRATES TEN YEARS

UGA’s College of Public Health hosted its tenth annual State of the Public’s Health Conference virtually on October 14, 2022. For ten years, the conference has brought together professionals across multiple disciplines and sectors to drive discussions and inspire action to improve the health of Georgia communities.

“The conference provides an annual forum for us to take a deep breath and feel a moment of sincere gratitude for our profession and the community we have in one another, and to celebrate the work of public health in our state despite tremendous challenges during the pandemic,” said conference host Grace Bagwell Adams.

This year’s program featured discussions about mental health, salient health issues affecting rural Georgia, public health law, and COVID-19’s impact on Asian American, Native Hawaiian and Pacific Islander communities.

Read more at t.uga.edu/8mo

NEW CERTIFICATE AIMS TO BOOST PUBLIC HEALTH DATA FLUENCY

Public health institutions and health care systems are increasingly relying on data to drive policies, interventions and communications. As a result, learning to work with data and become fluent with data are necessary skills for emerging professionals. To address this need, CPH has introduced an Undergraduate Certificate in Public Health Data Fluency.

The certificate is designed to equip students with the technical and problem-solving skills they need to directly work with health data and lead modern, private and public health sector teams, said certificate coordinator Allan Tate, an assistant professor in the College’s department of epidemiology and biostatistics.

Students who complete the certificate will gain new skills in directly working with public health data, generating insights, and telling stories verbally, in writing, and with data visualizations using software.

Read more at t.uga.edu/8mp
MOREHOUSE, UGA LAUNCH ENVIRONMENTAL HEALTH TRAINING FOR UNDERREPRESENTED COMMUNITIES

Through a series of short, intensive courses, promising graduates, medical students, post-doctoral fellows and junior faculty will have the opportunity to conduct environmental health research using emerging technologies in environmental health science research.

The advanced program, called Frontiers in Environmental Science and Health (FrESH), is supported by a grant from the National Institutes of Health’s National Institute of Environmental Health Sciences.

Winston Thompson, professor of obstetrics and gynecology at the Morehouse School of Medicine, and Chas Easley, an associate professor of environmental health science, will serve as principal investigators and as program mentors.

Read more at t.uga.edu/7TA

MAKING SPACE FOR ALL

Over the last academic year, the College’s Diversity, Equity, and Inclusion committee have been gathering input from College and UGA stakeholders to develop a DEI strategic plan to build an inclusive curriculum and community of belonging for all public students, faculty and staff.

PUBLIC HEALTH DOCTORAL STUDENT TAKES TEDxUGA STAGE

Second-year neuroscience doctoral student Jack Harth took the TEDxUGA stage on April 1 at the Morton Theatre in downtown Athens. TEDxUGA 2022: Wonder showcased nine captivating talks from UGA students, faculty and alumni. Jack studies the human visual system and researches the role of cognitive health on lifespan development in the Institute of Gerontology at CPH. In his talk, Jack shared his personal experience with trauma and brain injury, the neuroscience of recovery and health and how everyone can unlock the potential within their own brain.

He joins a growing number of public health faculty and student presenters, including Chris Whalen, Elizabeth Hardister (MPH ’18), Grace Bagwell Adams and Lisa Renzi-Hammond.

Watch Jack’s Full Talk: tedxuga.com/wonder
HEALTH POLICY FACULTY TAPPED AS EDITORS FOR LEADING JOURNALS

Zhuo “Adam” Chen was named as Associate Editor of Health Equity, a leading peer-reviewed open access journal that meets the urgent need for authoritative information about health disparities and health equity among vulnerable populations. The journal receives support from the Robert Wood Johnson Foundation and the W. K. Kellogg Foundation.

Chen is an associate professor in the department of health policy & management. His research uses analytical methods to analyze health care systems, and social determinants of health and health disparities.

Janani R. Thapa was named as Associate Editor in Chief of the American Journal of Health Promotion (AJHP), a leading scientific periodical for research promoting healthy behaviors and communities domestically and internationally. An associate professor of health policy & management, Thapa’s research focuses on childhood obesity, behavioral economics and policy/program evaluation.

Read more at t.uga.edu/8mr

CPH RECOGNIZES 2021-22 ACHIEVEMENTS OF FACULTY, STAFF, STUDENTS, ALUMNI & COMMUNITY MEMBERS

Excellence in Teaching Award: Jessica Knight, Epidemiology & Biostatistics
Outstanding Part-Time Faculty Award: Donald Lloyd, Health Policy and Management
Outstanding Online Faculty Award: Jennifer Gay, Health Promotion & Behavior
Excellence in Research Award: Travis Glenn, Environmental Health Science
Excellence in Service Award: Erin Lipp, Environmental Health Science
CPH Outstanding Staff Award: Carmen Parr

in recognition of his contribution to promoting the health of all in Georgia.

Faculty Inductees: Sarah Saint Hamilton and Lili Tang


Student Inductees: Chiamaka Nwokeocha, Kate Templeton, Emma Shearer, Maria Hinson Tobin, Marquell Cole, Paige Borcherding, Annie Kwok, Travis Dopson, Valerie D. Bampoe and Kathryn Chiang.

DELTA OMEGA HONORS SOCIETY 2022 INDUCTEES

2022 Honorary Inductee: Dr. Mel Garber, founding director of the Archway Partnership,
EHS FACULTY HONORED WITH EARLY CAREER AWARD

Franklin Leach, assistant professor of environmental health science, was honored with a 2022 Research Award from the American Society for Mass Spectrometry (ASMS). These awards promote the research of academic scientists within the first four years of joining the tenure track or research faculty.

TWO PUBLIC HEALTH DAWGS NAMED 40 UNDER 40

AdeSubomi O. Adeyemo (BS ’11, PharmD ’15, MPH ’16) and John Rossow (BSFR ’12, MPH ’17, DVM ’18) were selected as two of UGA’s 40 Under 40 alumni “leading the pack in their industries and communities.”

THE LAST YEAR BY THE NUMBERS

93%
of 2022 UGA Public Health graduates were employed, attending graduate school, or engaged in a post-graduate internship, residency or fellowship within 6 months of graduation

$22M
in external research funding in FY22

30K
service hours with Georgia communities

4
faculty participants selected for the Rural Engagement Faculty Workshop Series, presented by UGA’s Office of Public Service & Outreach

8
faculty received a portion of eleven grants totaling $1.5 million as part of UGA’s competitive Presidential Interdisciplinary Seed Grants program

18
pop-up COVID-19 testing events supporting UGA’s surveillance effort
There are more than 2,500 crisis pregnancy centers (CPCs) operating in the U.S.

2,546, in fact, as of December 2021.

That’s according to data from the Crisis Pregnancy Center Map, an online directory of CPCs, created and maintained by two faculty epidemiologists at the UGA College of Public Health – Andrea Swartzendruber and Danielle Lambert.

Now, as most states are looking to ban abortions, the role of CPCs in the anti-abortion movement and the ways in which they impact reproductive health care is receiving more attention.

CPCs are non-profit organizations with a primary mission to dissuade women from seeking abortions, but most people don’t know much about them.

In 2018, Swartzendruber and Lambert created the CPC Map to support academic research on CPCs and to help build awareness about the centers and their mission for individuals seeking health services. Since its launch, the map has grown to be a resource for consumers, policymakers, academics and journalists.

But neither Swartzendruber nor Lambert planned for their academic careers to focus so intently on a subject that was, until recently, a niche and largely unknown area of reproductive health research – or for their work to catapult into the national spotlight.

THE WOMEN’S CLINIC AROUND THE CORNER?

The role of crisis pregnancy centers in the new fight to ensure quality reproductive health care for all

By Lauren Baggett

 Shortly before joining the epidemiology faculty at THE WOMEN’S CLINIC AROUND THE CORNER?
UGA, Swartzendruber began a policy and advocacy fellowship sponsored by the Georgia Women’s Policy Institute focused on state level policy that aimed to promote the health and safety of women and girls in the state. During the 2015 state legislative session, a bill came up that would create a grant program in Georgia to publicly fund crisis pregnancy centers.

“At the time, I didn’t know much about crisis pregnancy centers, but what I thought I knew didn’t seem very public health promoting,” said Swartzendruber. She turned to the scientific literature on CPCs but didn’t find much.

The bill passed.

“Our first research in this topic was a reaction to that. Like, ‘okay, well, what do we know about the centers here? How can we potentially inform policy decisions here in Georgia?’ So, our very first study was to just look at their websites,” said Swartzendruber (pictured left).

She reviewed 64 websites of Georgia-based CPCs, cataloging the services they advertised, the content of health information appearing on their websites and the quality of that health information.

“In some ways, these websites are their public face, and these are their words,” said Swartzendruber. “We were particularly interested in how they were describing their own services in terms of pregnancy options counseling.”

U.S. medical guidelines define a core set of family planning services for pregnant women, which include offering accurate, unbiased counseling about pregnancy options — typically parenting, adoption and pregnancy termination.

Over half of the sites included false statements about abortion, and around 75% of websites that mention condoms posted inaccurate information about the effectiveness of condoms.

“Georgia has the highest HIV rate in the country. So, that was really surprising to me at the time that anybody was saying that condoms don’t work – and our government was funding and supporting these centers,” said Swartzendruber.

The idea to create an online directory of CPCs was an invention of necessity.

“We were sitting at a conference table, saying, wouldn’t it be nice to have a list of these centers,” said Swartzendruber, “and Danielle said, ‘we can do it. Let’s do it.’”

Between April and August of 2018, with the support of dozens of student volunteers, Swartzendruber and Lambert painstakingly identified and verified a list of over 2,500 CPCs nationwide. The team used key word searches and referenced five online directories maintained by national organizations that support CPCs and other existing maps.

The CPC Map was the first rigorous and comprehensive resource tracking where CPCs’ doors were open.

UNDERSTANDING CPC OPERATIONS

In their initial studies of CPC websites, Swartzendruber and Lambert found more evidence that CPC practices do not align with public health guidance and that CPCs frequently misrepresent the scope of their services to attract more visitors.

For example, many centers used medical imagery on their sites – people in scrubs, clinical spaces like exam rooms, medical equipment. But the majority of clinics are staffed by lay volunteers, not medical professionals, and they do not offer comprehensive reproductive health or prenatal services.

“They use language like, ‘helping you make medical decisions,’ or there will be an insurance
tab, even though by and large their services are free,” said Lambert. “Things like that really can be misleading.”

Some centers, they found, even have separate websites, one geared toward donors, volunteers, supporters that is transparent about their religious affiliation and about their antiabortion views and objectives, and another that is directed toward people who might be potential clients – sans religious and anti-abortion messaging.

This lack of transparency could present an issue for people looking for basic reproductive health services like access to birth control, condoms or STI testing. Critically, pregnant women may be visiting a CPC seeking prenatal care providers and not be able to find the services they want.

There’s also a secondary area of concern related to STI and HIV testing and treatment.

In a study published in 2021, Swartzendruber and Lambert found that CPCs commonly advertise STI or HIV services, but they often did not provide testing or referral services that meet public health standards.

“About 20% of CPCs offered testing for at least one STI but often failed to offer testing for other STIs, including HIV. Approximately one-quarter of centers that offered testing appeared to have no strategy for making sure people got appropriate treatment,” said Lambert (pictured right).

In Georgia, where HIV rates are among the highest in the nation, nearly one-third of CPCs that offered STI testing did not offer STI treatment options, and nearly half failed to offer additional HIV testing.

None of the 77 CPCs in Georgia that did not already provide HIV testing could provide a referral for testing elsewhere.

Georgia ranks in the bottom 10 of the 50 states in overall health. In addition to HIV, Georgia’s rate of maternal mortality is among the highest in the U.S., while consistent access to reproductive health providers has been declining in rural areas.

“From a public health perspective, those are major concerns that could cause real harm,” said Swartzendruber.

TARGETING PEOPLE WITH FEW OPTIONS

CPCs have been criticized by other leading public health and medical organizations, including the American Public Health Association, the Society for Adolescent Health and Medicine and the North American Society for Pediatric and Adolescent Gynecology for their use of deceptive tactics and advertising to direct clients to their centers.

An advantage of the CPC Map is the ability to see where CPCs are operating in any given geographic area.

It’s unclear how many people use the centers in Georgia (example map of the metropolitan Atlanta area shown above), but Swartzendruber says related research shows that centers are clustered around public high schools and colleges or universities, more so than traditional family planning clinics.
“CPCs tend to target groups that historically have been denied easy access to quality healthcare,” she continued, like teens, people of color and people with low incomes. “These same groups are disproportionately affected by STIs and HIV and unintended pregnancy.”

Recent studies suggest that seeking services at CPCs is commonplace among people of reproductive age. The numbers could be higher in Southern states that have not expanded Medicaid, where healthcare is limited or unavailable for many people, said Swartzendruber and Lambert.

“Most of their services are free and are heavily advertised as free, so they often draw people who don’t have access to healthcare and quality patient-centered prevention and treatment services,” Lambert said.

But what are the experiences of the people who visit CPCs?

The team recently completed a round of surveys, interviewing women who had used CPC services. What they found was nuanced.

“Many folks value them for complicated reasons,” said Swartzendruber. “There were some people, of course, who went to crisis pregnancy centers, thought they were going to a medical center, thought the center offered services they didn’t provide, and were mad. They felt stigmatized, they felt shamed, they felt guilted. We had others who glowed and had very positive things to say about a crisis pregnancy center.”

One thing was clear, though – people who visit CPCs aren’t always aware of what they are and may have made other choices if they’d had more information about the centers’ limitations or better access to healthcare.

“The person that you meet at a CPC may not be a person with malintent. They’re trying to live out what their own values are, and I respect that,” said Swartzendruber.

“However, where I disagree and where many others disagree is using deceptive tactics and misinformation, according to one’s own ideology, to convince people or deter people from decisions that they want or need to make, or as part of their health care.”

THE LEGALITY OF IT ALL

Compared to federally-funded family planning centers like Planned Parenthood, which must adhere to a comprehensive set of service guidelines, CPCs are largely unregulated. To qualify for state funding, centers only have to show a short history of providing pregnancy support services.

State support of CPCs may exacerbate the spread of inaccurate and incomplete reproductive health information among young, pregnant people.
Infographic: CPC Map

“Many folks are already living in a post–Roe environment. Abortion care health care is not accessible to them today. All of the different legal requirements, all of the restrictions and just lack of access to care and referrals and information already exists for many communities,” said Swartzendruber.

Now, Georgia is now among 13 states with the strictest abortion laws, banning abortions about after 6 weeks of pregnancy.

It’s an important question going forward, says Lambert, whether CPCs can meet the health care needs of people who may not have another option.

“I think there’s a lot of implications there in terms of thinking about health disparities and equity. I think getting into some of the more nuanced issues around reproductive health and maternal and child health, especially as it comes to CPCs, is important instead of simply claiming they’re places that help women. I don’t think it’s that black and white,” she said.

For example, the millions of state tax dollars allocated to CPCs could help expand telehealth infrastructure or supply more home testing kits for HIV and STIs, she said.

Awareness of what these centers are and their mission remains hazy for many people. But as more states move to limit abortion care, they suspect the profile of CPCs will rise, too.

“They are certainly a key part of the anti-abortion movement. They are well funded. They are supported. There is money and organization and strategy behind crisis pregnancy centers,” said Swartzendruber.

Swartzendruber and Lambert feel that their work is needed now more than ever. They now receive daily requests from fellow researchers and journalists to use CPC Map data. Web traffic to the CPC Map has dramatically increased over the summer of 2022.

“I’m so proud of the work that we have done. I’m proud to see that people value it and value it for different reasons – to do interesting stories, to do research that we couldn’t do, that we have no expertise in,” said Swartzendruber.

“This is all raising the level of awareness about safe, quality care and what CPCs are, and spurring on more discussions about access to quality care.”
A PROMISE FULFILLED

How UGA faculty are bringing better Alzheimer’s care to more people

By Lauren Baggett

Lisa Renzi-Hammond remembers the last months of her grandmother Evelyn’s life in flashbulb moments. For 10 years, Alzheimer’s disease had steadily chipped away at Evelyn’s memory and executive functioning until she needed full-time care.

On her last visit to Renzi-Hammond’s house in Georgia, Evelyn stood in the hallway peering into her granddaughter’s face, her hair as fiery red that day as it had always been. But she couldn’t recall who Renzi-Hammond was.
“It was heartbreaking,” said Renzi–Hammond.

This was the woman who had called her *honeybunch* and bought her sparkly things and dangly earrings when she was a little girl. And now here her grandmother stood, unable to recognize her.

**Jenay Beer** was there once, too. It took some time for Beer and her family to realize something was going on with her 80-year-old grandmother, June, who lived in another state.

“She declined rapidly, and when we were notified by a family friend that there might be an issue, things weren’t looking good for her. Her kitchen wasn’t stocked. Her home was a mess. She wasn’t keeping up with herself, and we didn’t know these health changes were happening,” remembers Beer.

When they first joined the Institute of Gerontology at the University of Georgia College of Public Health, Renzi–Hammond and Beer were pursuing individual lines of research focused on helping people live better as they age.

Renzi–Hammond studies how diet and lifestyle can prevent neurodegenerative diseases like dementia. Beer specializes in assistive technologies that could help older adults, in particular those with cognitive impairment, and their families cope with health challenges.

They talked about their work and talked about their shared history with Alzheimer’s and dementia.

Over time, the seed of an idea began to form, an idea to innovate Alzheimer’s and dementia care – to combine the best of prevention education, care technologies and post-diagnosis support in one place and make it accessible to people beyond the borders of the UGA campus.

In 2019, the Cognitive Aging Research and Education Center, or CARE Center, was born – a promise, they said, to their grandmothers.

Beer and Renzi–Hammond are now leading a multidisciplinary team of UGA scientists and health professionals who are working to ensure that any Georgia resident facing an Alzheimer’s or dementia diagnosis can get the care and support they need.

**THE VISION**

More than 6.5 million Americans today are living with Alzheimer’s disease or related dementia (ADRD), a number that is expected to double in the next 30 years.

Renzi–Hammond and Beer know they’re up against a mountain of challenges. Dementia is a complex disease that’s been understudied, and people living with dementia are facing a constellation of symptoms that will alter their behaviors, relationships and ability to function normally.

But they have a plan. Rather than focus on one domain of dementia care, which is radically siloed in today’s health care system, the CARE team is bringing together experts from the key disciplines that touch individuals before and during their care journey.

These include geriatrics, neuroscience, pharmacy, psychology, social work, health education, health care policy and telehealth – as a start.

Each of these areas ladder up under three pillars of activity – (1) educating communities and health care
providers on Alzheimer’s and dementia prevention and the need for diagnosis, (2) connecting patients and providers to diagnostic tools and expertise, and (3) supporting patients and families as they navigate each new stage of the disease.

At all levels, undergraduate and graduate students are heavily involved, receiving training to become future leaders in dementia treatment and care.

Offering family and caregiver support, in particular, is another critical part of the CARE model.

Their role can’t be overlooked, says Renzi-Hammond, who remembers the pain, sacrifice, and love that her own mother and aunt provided for her grandmother Evelyn.

“There are funny moments. There are humiliating moments. There’s the feeling of saying goodbye in inches,” said Renzi-Hammond. “And my promise was simply that we could make it better, that we would spend our time and our lives dedicated to making it better.”

THE ROAD SO FAR

The CARE team began offering cognitive assessments to individuals who could travel to UGA’s Health Sciences Campus in 2019. To date, the team has assessed 14 patients at the CARE clinic and helped their families through the next steps of treatment and support care.

These services are already making a difference, not only in connecting clients to diagnostic services, but in helping them reframe how they conceptualize the next years of their lives.

“To see someone on the scariest day of their life and give them options and say, it’s going to be okay, this
is a decade of life, and there are opportunities to do things – those conversations are empowering,” said Renzi-Hammond.

At the same time that they were building clinical capacity, Beer and Renzi-Hammond were developing a curriculum to educate communities and health care providers about Alzheimer’s and dementia prevention and the need for diagnosis.

In a recent survey by the Alzheimer’s Association, 80% of older adults don’t know the early signs of Alzheimer’s or dementia, so they miss an opportunity to catch the disease early when treatments are most effective.

To help get that curriculum in front of rural communities and providers, they turned to specialists at UGA’s Cooperative Extension. With offices serving all 159 Georgia counties, Extension offers an array of programs, services and health education that support local businesses and families.

In 2022 the CARE team started training Extension agents on Alzheimer’s and dementia topics – like spotting the early signs of dementia or eating well to prevent cognitive decline – that they could fit into existing nutrition and wellness programs, and the team has created tailored curricula and resource guides to reflect the needs of those communities.

In short time, they recruited Don Scott, associate professor of medicine and campus director of geriatrics and palliative care at the Augusta University–University of Georgia Medical Partnership; Bernadette Heckman, a professor and director of clinical training in the department of counseling and human development services at the Mary Frances Early College of Education; and Larry Sweet, psychology professor and director of the Clinical Neuroscience Laboratory in the Franklin College of Arts & Sciences.

BRIDGING GAPS

Currently, the bulk of dementia-related health care is provided in the state’s major cities.

“Rural health care systems often lack the neuroimaging equipment, cognitive testing tools and advanced laboratory facilities needed to diagnose and treat Alzheimer’s and dementia, so the CARE Center is creating infrastructure and addressing economic barriers to diagnosis,” said Beer.

In an environment drained of resources, many remaining providers have turned to telehealth as a way to connect with specialists.

The CARE Center wants to partner with providers, Extension offices and community centers to serve as spokes to the experts working out of the CARE clinic hub in Athens.

“The idea is not that you drive four hours to get specialty services and wait a year,” said Beer. “Instead, you can walk right into your local UGA facility or even your local doctor’s office, if they want to participate, and connect immediately to somebody who can help, who has the expertise to do that job, in a place that feels familiar and comfortable.”

Renzi-Hammond says collaborating with communities will be key to the success of the CARE Center.
“They tell us, this is what we have here and this is what we’re missing here. Then it’s our job to bring the might of UGA to solve that problem. We’re not holding our resources here. We want them distributed where the need is greatest,” she said.

THE ROAD AHEAD

Back at the CARE Center, the duo reflects on the road ahead.

With support of grants, including one from the National Academy of Medicine, and seed grants from UGA, they hope to launch the telehealth arm this year and continue building their post-diagnosis support to include more social work, financial, legal and traditional counseling services.

And Renzi-Hammond can’t help but think about what her grandmother, Evelyn, would make of their work.

That day standing in her home, Evelyn had said, “I don’t know you, but I feel like I can trust you.”

“Some relic of me was present in her head, and I’m glad she thought that she could trust me even when she didn’t know me. There are so many people in the world going through this, and they may have no one that they could trust,” said Renzi-Hammond.

If all goes to plan, there will be that someone, someone who cares, for everyone in Georgia.
Leo Martinez first learned what health equity looked like in a public health crisis studying tuberculosis in Peru.

A Master of Public Health student at Tulane University, Martinez was making regular excursions into the shantytowns of Lima, Peru to measure tuberculin sensitivity for his internship project. His daily commute from his hostel in one of the city’s wealthier districts into its poorest neighborhoods left a deep impression.

“TB is a disease that is extremely prevalent in the poorest areas in the world, and is often out of sight and mind for people in the U.S. and developed countries,” said Martinez.

Motivated by a desire to do more, Martinez sought out Dr. Christopher Whalen, a leading international expert on HIV/AIDS and tuberculosis transmission and director of the College’s Global Health Institute.

“Dr. Whalen introduced me to epidemiology and all the complicated issues that are involved in the field and in TB research,” he said.

Looking back to his time at CPH, Martinez points to Whalen’s unwavering emphasis on the importance of

ALUMNI PROFILE:
LEO MARTINEZ

OCCUPATION:
• Assistant Professor, Epidemiology, Boston University School of Public Health.

DEGREES EARNED:
• Ph.D., Epidemiology (University of Georgia, 2017)
• MPH, Global Community Health and Behavioral Sciences (Tulane University, 2011)
formulating a “good research question” as formative to his development as an epidemiologist.

“I remember I would come to him with some questions, which we would then bat around and discuss, and he would advise me to look at this paper or explore this topic more. We would go through this process again and again. It was frustrating.”

Yet, Whalen’s guidance helped Martinez learn to tease out exactly which topics were the most important to focus on in order to make as big an impact as possible.

“The TB field is extremely complex. You basically need to know everything that’s happening in the TB field, put it all into context, and create a question that is going to make an impact based on all that context, and then be able to go and answer that question,” said Martinez.

In 2017, shortly before graduating with his doctorate, Martinez was awarded the inaugural Stephen Lawn TB–HIV Research Leadership Prize at the 48th Union Conference on Lung Health in recognition of his doctoral work and contributions to reducing the burden of TB and HIV/AIDS in Africa.

In 2020, he received both The Union Young Investigator Prize and American Thoracic Society’s Pulmonary Infections & Tuberculosis Rising Star Award, while completing a post-doctoral fellowship at Stanford University.

Both awards recognized Martinez’s work organizing a consortium of investigators from around the globe to assemble data from 46 cohort studies in 34 countries in order to study TB transmission in children. The resulting effort found the risk of TB in infants and young children was especially high and quick to develop after exposure with huge implications for prevention strategies.

Today, Martinez is an assistant professor at Boston University’s School of Public Health studying the transmission dynamics of tuberculosis primarily in Brazil, South Africa, and China. His research has been published in top-tier clinical and epidemiological journals, such as The Lancet, the American Journal of Respiratory Care & Critical Medicine, the European Respiratory Journal, JAMA Internal Medicine, Clinical Infectious Diseases, to name a few.

“What overlaps in all of my TB work is a focus on high-risk populations that are often neglected and not really advocated for,” said Martinez, including incarcerated individuals.

“Trying to find ways to address the health care needs of these populations is not only challenging, but, in terms of impact, very important and fulfilling for me.”
It’s a sunny April morning and Kim Metcalf has found the perfect patch of soil. She pushes a probe into the soft earth, twisting it further underground before extracting it to examine her sample. This lump of dirt has a story to tell about the environmental conditions of the area, like whether erosion control measures and stormwater management efforts are working.

It’s all in a day’s work for Metcalf, who has spent the last 26 years as an environmental consultant, much of that time at the helm of her company, Riverbend Environmental, Inc., which works with clients to help them comply with state and federal environmental protections.

On warm spring days, children can be seen splashing and playing in Georgia creeks that Metcalf investigates. Her work makes it possible for children to play in the creeks with clean water. One of the most inspiring parts of her job, says Metcalf, is “seeing the impact that we tangibly have.”

In 2011 Metcalf was honored as one of UGA’s 40 Under 40, and in 2015, Riverbend Environmental was first recognized as a Bulldog 100 fastest growing business.

“The secret to my success is my village,” said Metcalf.

**ESTABLISHING NETWORKS**

Beginning college, especially at a large state school, can be daunting, but Metcalf quickly found that even a large school can feel like home if you create community.

She enjoyed making friends through groups and clubs, joining the Environmental Health Science Club and playing on an intramural softball team. She reminisces about her days with the EHS Club – from hawking pecans to raise money for the club to the nights spent studying at Steverino’s pizzeria at
Five Points. By her senior year of her undergraduate degree, she was president of the EHS Club.

She also formed long-lasting relationships with her professors, including Dr. Harold Barnhart and Dr. Phillip Williams, the founding dean of the College of Public Health.

Metcalf became the first master’s student in the environmental health sciences program, working under Williams. He connected Metcalf with Georgia Power, and she was awarded an assistantship to work with Georgia Power as a consultant.

“It is a dream come true, because we have all been trying for so many years to get that in place,” she said.

In its first year, the board hosted an online alumni connection series and its first meet-and-greet events with faculty, current students and Atlanta-area alumni. She hopes that these events will make the college more personal and supportive for the students, faculty, and alums.

“There is power behind our alums. We just have to do a better job of harvesting that, and I think we’re there now,” Metcalf says.

Metcalf has also put that same energy toward supporting current students. When the UGA Mentor Program launched in 2019, Metcalf participated in the pilot. The program pairs UGA alumni with current students in order to support their academic and personal growth.

Metcalf’s first mentee was Briana Hayes, a Health Promotion major from rural South Georgia. Hayes is now a second-year law student at UGA’s School of Law, and she and Metcalf still talk regularly.

“It’s great for me to see how Briana is doing, and her intention is to become a mentor, too. It’s a circle,” says Metcalf.

As she was helped by her professors and colleagues, Metcalf feels called to grow her village with new students and new connections, finding value in creating and maintaining relationships that enhance her life and the people around her.

GROWING A VILLAGE

Metcalf has been an active member of UGA’s Alumni Association for years, serving as the vice president of the Athens Chapter of the Alumni Association, twice on the UGA Alumni Association Board of Directors, including a term on the Executive Committee.

Recently, Metcalf was instrumental in the formation of the newly created Alumni Board for the College of Public Health, where she now serves as vice president. Establishing an alumni board within the CPH has been on Metcalf’s radar for years.

“I was someone he invested in,” Metcalf said. “When people talk about UGA being so big and impersonal, it is very personal if you allow it to be.”

Now, as a successful business owner and public health steward, Metcalf is inspired to invest time back into UGA as an alumna.
FROM ATHENS TO

By Alexandra Steele

Photography submitted by Michelle Ritchie, Kate Foral, Sloane Sengson
For two weeks in May and June, two graduate students working with Institute for Disaster Management assistant professor Michelle Ritchie, took an unexpected opportunity to deepen their research skill sets conducting fieldwork in Iceland.

Disaster management students have long been encouraged to engage and participate in research and outreach projects going on at the Institute.

When Ritchie first discussed her upcoming field visit to Iceland with graduate research assistants Kate Foral and Sloane Sengson, the purpose of her research immediately interested them. Ritchie’s work seeks to understand the processes that encourage households to adapt to rapid environmental change. The goal is to better understand how people value and relate to the natural environment where they live.

Foral and Sengson asked half-jokingly, “Can we join?”

“I paused, and my heart jumped because this was the same question that I had asked my undergraduate professors heading into the field nearly a decade ago,” said Ritchie. “Their welcoming ‘yes’ launched me into the career path that led to UGA and the Institute for Disaster Management.”

That day the group bought tickets.

Their study area encompassed roughly 1,650 square miles, and the team spent a lot of time driving to speak with residents from every town. Each interview was conducted in a unique location, from cultural centers and restaurants to fishing piers and beaches.

This was Dr. Ritchie’s fourth trip to Iceland, and she says that the impacts of climate change were stark.

“The environmental changes that took hold over only the past 10 years were all too visible and dramatic. Glaciers big and small had receded or were entirely gone, glacial lakes lost their large icebergs, landslides dotted the mountainsides, and biting midges were out in force,” she said.
“From geysers, glaciers, and geothermal hot pools to black sand beaches, powerful waterfalls, and tectonic plate boundaries, I have never been more in awe of the earth’s natural beauty and raw power.”

-Kate Foral

Kate Foral is pursuing an MPH in environmental health. She is interested in the interactions between humans and the environment, with a specific focus on climate change adaptation, ecosystem services, citizen science and cave ecosystems.

As an undergraduate student, Foral was a Udall Scholar and has given a TEDx Talk on how participation in environmental research can create global change.
“Throughout this trip, I gained experience conducting an international social science experiment in the field, with improved skills of interviewing, field notes, and an increase in understanding general quantitative data collection for a study. However, the biggest takeaway will continue to be the responsibility I have to continue aiding communities and improving health outcomes through the utilization and dedication of my knowledge in disaster management and climate change resiliency.”

—Sloane Sengson

Sloane Sengson is pursuing an MPH concentrating in disaster management. Her research interests include emergency preparedness and disaster management, disability inclusion, sustainability and climate science, sexual and reproductive health, mental health, and clinical research.

Sengson was a 2021–22 Health Equity Fellow and a College of Public Health undergraduate ambassador.
In high school, Caleb Snead planned to study public policy in college, but strong passions for health and science, as well as the interdisciplinary nature of public health, led him to UGA where he is earning his bachelor’s degree in health promotion and a master’s degree in public health as a part of UGA’s Double Dawgs program.

This year, Caleb was able to apply the skills he’s learned in his coursework to research co-responder models to help strengthen mental health resources and infrastructure within the city of Moultrie, located in rural south Georgia. Working with UGA’s Archway Partnership as a Public Service & Outreach Student Scholar, Caleb had the opportunity to translate his research on a co-responder model in Athens-Clarke County to provide recommendations for a program designed to refocus the way police respond to emergency calls involving people experiencing a mental or behavioral health crisis.

He will present the findings of his research and share his experiences working with the Moultrie Police Department to Georgia’s public health workforce this fall at the College’s annual State of the Public’s Health conference.
When Destany Ware first arrived in the picturesque mountain town of Libby, Montana, she didn’t know what to expect.

Located on the Kootenai River and shadowed by the Cabinet Mountains, Libby is a small city of 2,775 residents with an early history rooted in the mining and timber industries. But it’s also a town known for its high rates of asbestos exposure, and as a result a high rate of mesothelioma, asbestosis, and lung cancer, due to decades of contamination from vermiculite mining.

Ready to put her epidemiology training to the test, Ware traveled over 2,400 miles and out of her comfort zone to begin the first nine weeks of her MPH internship with the Center for Asbestos Related Diseases (CARD) located in Libby.

The center, established in 2000, is a non-profit clinical research center currently funded by the CDC to provide screening, diagnosis and specialty care to people in Libby and across the U.S. impacted by exposure to Libby amphibole asbestos.

Since the clinic opened, CARD and its staff have monitored the health of patients living in the area and those who have moved away, providing preventative or acute care as needed.

As cases of Libby-related asbestos disease continue to rise, the staff at CARD are seeing more and more patients every year, said Ware.
“The disease itself, in Libby especially, is very subjective,” said Ware. “The CT of one person with severe disease might look identical to somebody with mild disease. And that’s why they wanted me to come in to try to find this trend line that matches the CTs, with the questionnaires, with the patient history.”

Ware was tasked with developing a severity index, working closely with CARD’s medical director and CEO, that could be used to predict a patient’s risk for developing or dying from Libby-related asbestos disease.

The center’s mission has expanded over the years to incorporate outreach and psychosocial services as well.

“People may not realize that the popcorn ceiling they want to scrape off is full of asbestos,” said Ware. “Libby shipped a lot of their vermiculite all over the country, and we see the same disease popping up in places like Seattle, Washington, Cincinnati, Ohio, and Austin, Texas; all areas of port that had been receiving Libby vermiculite shipments.”

Statistics from Ware’s summer work will be used to produce educational videos about Libby-related asbestos disease, exposure risk and the resources available for screening and testing.

Ware graduated with her MPH in epidemiology in August 2022, and she can’t help but reflect on how positive and transformative her internship experience was in preparing her for the road ahead.

“Through it all, I had to keep reminding myself, this is no longer hypothetical data or a hypothetical patient. I was working with real patients with real values and real data,” said Ware. “It was surreal. It was intimidating. It was affirming. It was a side of public health that you can’t learn in the classroom. You have to learn by experience.”
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