

THE UNIVERSITY OF GEORGIA COLLEGE OF

# Public Health

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# Letter from the Dean



As we move forward, we do need to have the appropriate infrastructure in place to support this workforce. Earlier this year, I was honored to serve as chair of a statewide commission charged by the state government to evaluate the existing organizational structure of our public health system. Working with colleagues from the public and private sector, our commission recommended that an independent Department of Public Health be established with its commissioner reporting directly to the governor.

Such an arrangement will require little, if any, start-up cost and reduce inefficiencies that currently exist. I am pleased to report that both houses of the state legislature passed our legislation, and this much-needed realignment will become law. Streamlining our current system will allow for greater flexibility and faster responses to the public health challenges that confront Georgia.

Our alumni and students are already on the front lines of many of these battles, and the work they do on a daily basis is a great source of pride for us. That’s why we are excited to announce the launch of our “liveWELL” campaign. This new program will proactively engage our alumni, students and supporters to help foster a sense of community and share the stories of how we are “living our legacy” throughout the state.

The education our alumni and students have earned from the College of Public Health was an investment in their long-term success, and returning that investment through their service, time, talents and gifts is a way to ensure the continued growth of the college and the long-term appreciation of a degree from the college. Throughout all of this, we have continued to add dedicated faculty and staff to help us produce the world-class research our college has become known for. We have strengthened our partnership with Makerere University in Uganda, the Wuxi CDC in China and other research institutions within the state and beyond, while continuing to emphasize public service and outreach to the state.

All of these developments, plus countless others, are exciting. Thanks to our alumni and supporters, the College of Public Health is moving in the right direction.

Sincerely,

Phillip L. Williams, Ph.D., Dean

This is an exciting time for the College of Public Health and for the broader cause of bettering public health in the state of Georgia. Our college is growing, our students and faculty are making an impact both on campus and off it, and our alumni are serving the state and beyond.

One of the things we are most proud of at the college is the strength of our diversity, both in the demographic makeup of our student population and in the broad range of academic research that our students, faculty and alumni engage in. Our total enrollment increased by 25 percent this academic year, and 17 percent of the student body is from a minority population.

A diverse student body is essential to the long-term success of our public health system because it brings varied viewpoints

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What do you think of when you hear the word ‘legacy?’

Does it conjure up images of the past?

At the College of Public Health, our legacy isn't something that is dated, dusty and discarded. It's fresh. It's new. It's vibrant. It's evolving. It's living.

And it continues to grow each year.

That's because our legacy is you.

To celebrate our legacy, we're launching the "liveWELL" campaign.

"liveWELL" (WE Live Legacies) is an opportunity to showcase the legacies we're living now and invest in the future of our legacy. Every day, our students, alumni, faculty and supporters are "living their legacy" through their work, their actions and their service to the global community.

Here are some of the ways people in the College of Public Health family are living their legacies to make a difference:

- A student working with UGA HEROs to improve the quality of life of children affected by HIV/AIDS;
- A faculty member dedicating his or her life to finding cures for the world's worst diseases;
- An alumnus working to ensure the safety of our food and water.

It's more than just living an individual legacy, but also recognizing that you're a part of something bigger. The College of Public Health is young, and, because of that, you're a part of the foundation for something that is changing the state – and the world – from the ground up.

Our collective legacy grows with you, and that's because your successes are our successes. They are a reflection of the value of your education, the abilities of your peers and the resilience of your spirit.

Throughout this magazine, you'll see stories of how the College of Public Health family is living its legacy in the world today. From Elizabeth Hedgepeth's work with Native Americans and tribal health to Dr. John Vena's cancer awareness outreach to the African-American community, these are stories that are living, breathing examples of the positive effect you are having on the world.

Through "liveWELL," we hope to build a community that embraces and celebrates the work you're doing. By participating – and investing – in the campaign you will be part of the larger College of Public Health family, helping to provide those life-changing experiences you currently live to the next generation of public health workers.

Do good work. Share your stories. Make an investment. Build a community. Live your legacy.

Kate

Kate O'Reilly  
Development Director

P.S. Take the first step toward Living WELL by using the enclosed envelope to support the work of our faculty and students.



# liveWELL

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## Ebony Caldwell



EBONY CALDWELL

Ebony Caldwell knows her career aspiration, in her words, sounds “super cheesy,” but it hasn’t deterred her from her dream.

“I’m an idealist,” Caldwell said. “So I want to change the world in such a way that the types of work I want to do now will no longer exist because everyone has equal access to care and the opportunity to achieve their ideal health and state of well-being.”

They’re arguably lofty goals, but few students have the special blend of passion and intellectual curiosity that Caldwell possesses. A member of the Arch Society and Dean’s List at the University of Georgia, she speaks of the various theories and research models in public health as if they’re a passing hobby for her.

A native of Augusta, Caldwell is seeking her bachelor’s in Health Promotion and Behavior from the College of Public Health. Always interested in studying medicine, she was originally interested in becoming a doctor. The summer prior to her freshman year at UGA, she attended a student enrichment program at the Medical College of Georgia, and it was there she was first exposed to the possibilities of a career in public health.

When she arrived in Athens just a few months later, she learned that UGA had the College of Public Health.

“I knew I had to be in it,” she said. “As an aspiring doctor at the time, I figured having a major where I promoted better health behaviors was a good deal. Then, as I began to learn what health promotion was and about the health issues that affect our society, I really realized just how much I loved the work in public health, and how passionate I was about working in its fields.”

Caldwell said that as she was exposed to different courses of study at the College of Public Health, she came to believe that she would be able to have a greater impact by working in health promotion than by being a doctor.

She pointed to an experience her freshman year where she participated in a service-learning project at Gaines Elementary School in Athens. Visiting the school twice a week for an entire semester exposed her to the level of poverty in the community, and she said she saw how intertwined health needs, educational needs and poverty truly were.

“I want my legacy to be one that really makes an impact,” she said. “I want to be able to bring new ideas and ways of thinking to all the disciplines that I plan to engage in. I want to be known for bridging the gaps in public health and medicine and enhancing the collaboration of the fields in improving the health of the U.S. population and the world.”

## Paul Hoffman



PAUL HOFFMAN

While many of his classmates found work in the public sector, Paul Hoffman opted for a different route.

Hoffman, who graduated with a degree in Environmental Health Sciences, works in the Charlotte, N.C., office of Choate Construction. He said while many graduates from the various fields of public health often wind up working at a public agency, he was drawn to the private sector.

“I know when I was going through college, a lot of the work seemed to be geared toward the public sector,” Hoffman said. “When I went to graduate school, I really became interested in the green building field, and that opened my eyes. Lately, there has been more of a move for people with my background to work in private industry where it’s become more integrated with these types of practices. I definitely can say this wasn’t the traditional step that most would have taken at the time, but it is becoming more widespread as of late.”

It may not be a traditional step, but it is one that gives Hoffman the opportunity to have a positive impact on each project he works on.

“A lot of the work I do is directly correlated to occupational health and industrial hygiene,” Hoffman said. “Indoor air quality, for instance, is a large portion of what I do, and a lot of my classes prepared me for that type of work.”

Hoffman started in the private sector performing geotechnical planning for the various construction projects, including the crafting of erosion sediment control plans. He also works with storm water management issues.

At Choate, Hoffman has multiple responsibilities. He handles the various green building requirements that are associated with today’s construction projects. He deals with energy efficiency and LEED certification for both old and new construction, and he assists new building projects with identifying the most sustainable practices.

Additionally, he handles the building information modeling for the Carolinas. This state-of-the-art technology, of which Choate was an industry leader in utilizing, enables Hoffman to develop a 3-D, digital model of a particular project. He said it gives his staff the ability to identify any potential structural and environmental challenges that might be associated with a project and address them prior to construction.

A strong supporter of the College of Public Health, Hoffman said he strives to take what he learned and, through his profession, use it to improve the quality of life for those who will utilize the projects he’s associated with, as well as the environment impacted by them.

## Susan Waltman



SUSAN WALTMAN

On the morning of Sept. 11, 2001, Susan Waltman, like everyone else, had no idea how the world was about to change.

But, after two planes slammed into the World Trade Center, Waltman, then the senior vice president and general counsel for the Greater New York Hospital Association, realized the events unfolding around her were bigger than anything she had been a part of before.

Waltman drew on the years of professional experience she had compiled in the legal and health care fields, as well as the skills she learned while attending the University of Georgia, and coolly and efficiently coordinated the hospitals’ response to the terrorist attacks.

Working with the New York State Department of Health, she helped hospitals implement their disaster plans and prepared them to expect mass casualties. She also worked with the Mayor’s office to establish a telephone hotline and web site where people could seek information about missing loved ones.

In the 10 years since that fateful day, Waltman, now the executive vice president of the GNYHA, has continued to serve her community as well as advance the work of the College of Public Health. She is the past chair of the dean’s advisory council for the college and has pledged \$100,000 to establish the Fund for Public Health Outreach.

Waltman also started a summer internship program at GNYHA for UGA students through a gift to the Honor’s Program. Participants come through a pre-med or public health background, and they work on initiatives in the areas of health policy, health management and public health.

The Fund for Public Health Outreach supports targeted work in the state of Georgia by providing financial stipends to fund outreach in communities of need. The goal is to work with individual communities to promote better health outcomes for their citizens.

Waltman said her experience working on the delivery side of health care has given her a unique appreciation of public health professionals.

“I don’t know if we give enough credit to public health,” said Waltman. “I don’t think people understand its value, and, together with education, it’s the most valuable thing that can be offered to a community.”

Waltman is compelled to support public health on a personal level as well as a professional level because of the vast disparities in health outcomes, health behaviors, access to health care and quality of health care that weigh disproportionately on diverse and underserved communities.

## Christopher Whalen



DR. CHRISTOPHER WHALEN

Intellectual curiosity has fueled Christopher Whalen throughout his life, dating back to his undergraduate days at Stanford University where he studied English. His desire to better understand – and ultimately eradicate – tuberculosis and its interaction with HIV/AIDS has made him one of the most renowned experts in the field.

Whalen was trained in medicine and infectious diseases at one of the most prestigious medical schools in the country. However, he noted that at a medical school the focus was on the individual patient, but for Whalen to work toward achieving his goal of eradicating tuberculosis, he needed to focus on populations.

“It was natural to move to the College of Public Health where the focus is on population-based sciences and community interventions,” he said. “The University of Georgia has made a substantial commitment to growing the expertise in infectious disease by forming the Faculty of Infectious Diseases. This new faculty, coupled with the opportunities at the College of Public Health, made for a strong motivation to shift institutions.”

One of those opportunities is the growing partnership with Makerere University in Uganda. Whalen, whose research has been published in the *Journal of the American Medical Association* and the *New England Journal of Medicine*, said he always wanted to focus his efforts on places where there was an acute, urgent need, and that research interest led him to apply his problem-solving skills to the health challenges plaguing East Africa.

Tuberculosis kills more than one million people per year in Africa, and HIV continues to ravage the continent.

For Whalen, spreading knowledge is an effective countermeasure to the imminent threat posed by those two diseases. In addition to the countless research projects he has led in Africa, he has trained more than 53 African scientists at a graduate level in a wide variety of disciplines, ranging from epidemiology to anthropology.

The majority of those scientists have returned to Uganda, where they have played crucial roles with the nation’s Ministry of Health, its national medical schools and public health practices. Piece by piece, Whalen is steadily working to rebuild the intellectual infrastructure in Uganda and aiding that country as it copes with a host of health problems.

“I have two main missions at the school – research and education,” Whalen said. “But, I see these as one because through research we create new knowledge which we share with our students, who then can take it into practice.”



# The Value of Diversity

Johnathan McGinty

## Why diversity?

As Dr. Monica Gaughan, an assistant professor at the College of Public Health who specializes in issues of health policy and workforce diversity, explained, it's about more than equity and economics.

It's also about perspective.

*"That's the real thing about having a diverse workforce," Gaughan said. "And it's because diverse people have diverse experiences, which means we all bring different things to the table. We all are rigorously trained, but that's not the diversity. The diversity comes from our experiences."*

From diverse experiences come diverse questions, and, as in any strong institution of higher education, more questions lead to more knowledge.

"If science is objective, is there any value added by who is asking these questions?" she asked. "Perhaps because I'm a woman living in a particular time in a particular place, maybe I have some perspective about questions that should be investigated that may not be all that obvious to members of other groups. Maybe that research is something that is valuable and contributes to the bigger questions we're trying to answer."

At the College of Public Health, our diversity is our strength, and the following section puts an emphasis on that. There is a profile on a study being done by Gaughan to evaluate what are the existing barriers to success for women and minorities in the fields of science. Another article



explores a community awareness project being conducted by Dr. John Vena that aims to increase colorectal cancer screenings for African Americans, while another profiles the research being done by Elizabeth Hedgepeth, who is studying thanks to a tribal scholarship.

Their stories are our stories, and they demonstrate how their backgrounds and experiences can lead to a rich and full perspective. As an example, consider the stories of various public health professionals. A biomedical researcher could become interested in studying cancer because a family member lost his life to the disease. A Native American scientist might be interested in researching alcoholism given the disproportionate effect the illness has on Native American populations.

Because of the inherent value

of those varied perspectives – which can open the door to new discoveries and exciting opportunities – a diverse student body is an asset to the UGA College of Public Health, and a diverse public health workforce is essential to the overall health of Georgia.

The following pages help shine a spotlight on the efforts of the college to diversify its population and better understand the various challenges that confront our state.

"We live in one of the most diverse states in the country, and it's imperative that we educate our students on how to work with a diverse population," said Dr. Phillip L. Williams, the dean of the College of Public Health at UGA. "I don't see how you can effectively do that without having a culturally diverse student body."

## Study to evaluate barriers to success for women, minorities

While the United States is considered a melting pot, diversifying its public health workforce remains an ongoing challenge.

While gaps do exist, Dr. Monica Gaughan, an assistant professor at the University of Georgia's College of Public Health, is working to better understand why they exist. She has studied these issues for many years. Her most recent research, funded by a grant from the National Institute of Health, aims to identify the barriers to success for women and minorities in the fields of science and medicine.

"We've made some progress with the representation of women, but very little progress with African Americans, Hispanic American and Native Americans," she said. "So the real goal of the grant is to contribute to the discussion of what role the federal government can play in the diversification of the public health workforce."

Gaughan's research will follow the career paths of NIH-supported candidates for Ph.D. in public health-related fields in an attempt to determine how successful different types of targeted interventions for women and minorities are in higher education. She said that many women and minorities still encounter significant barriers to success despite increased access to education.

In the U.S., only four percent of professors in the nation's research universities are members of an underrepresented racial or ethnic minority, while women only comprise 30 percent of the professorships despite earning half of the Ph.D.s in life science fields.

Gaughan said the history of higher education plays a significant role in this process.

The modern university was founded in Western Europe during the 12<sup>th</sup> century, and it only offered educational opportunities to white, Catholic males. It was geared to protect knowledge, particularly during the uncertainty of the Dark Ages, and primarily educated monks and priests.

The model remained largely unchanged until the 18<sup>th</sup> century when Americans began to modify the structure of the institution to prepare ministers and teachers for the new nation. Given the predominantly Protestant makeup of the new nation, members of non-Protestant religious traditions tended to be excluded from universities. Still, the exclusionary nature of the university system remained the same.

"In the U.S., these institutions continued to admit only white men, and were de facto Christian," Gaughan said. "How long did they continue to be this way? Until my lifetime."

Gaughan said the federal government's role in integrating the nation's colleges and universities was a direct series of interventions that have yielded positive results with regard to diversity, but it is a slow process.

"We're now just celebrating the 50<sup>th</sup> anniversary of African-Americans being admitted to UGA," she said. "That is a direct legacy of a public policy of denied access to African-American people to our flagship university. Well, you can't turn this on a dime. It's going to take some time,

particularly since we integrated with only a handful of people to start with."

Equating the diversification of the nation's institutions of higher learning to the turning of a large ship, Gaughan said that progress and change take time. Her research aims to understand some of the institutional and cultural barriers that still exist to women and people of color, as well as gauge the effectiveness of many of the direct interventions the public sector has undertaken to break down those barriers.

An example of one of those historical barriers is the ongoing challenges public entities face when dealing with what Gaughan has characterized as basic human issues. For example, when it comes to family leave, many institutions started adopting consistent and fair policies only in response to the federal Family and Medical Leave Act of 1993.

Gaughan said this is largely because federal law did not prohibit gender discrimination in universities until 1972.

"There's nothing sinister about them not having a history in working on problems that disproportionately affect women, but it is important for universities, and all institutions, to start dealing with these issues," Gaughan said.



DR. MONICA GAUGHAN



# MPH Student Has Unique Perspective for the Study of Native American Health Issues

Elizabeth Hedgepeth’s diverse heritage is a point of pride for her, even if it does make her chuckle from time to time while talking about it. ‘

“I’d be lying if I said I wasn’t a little culturally confused,” she joked. “My ancestry is part colonizer, part colonized.”

Hedgepeth, a recent Master’s of Public Health graduate at the College of Public Health, is the granddaughter of a full-blooded Pascua Yaqui tribe member. He served in the U.S. Army and met Hedgepeth’s grandmother while stationed in Germany.

Her grandfather did not pass down the Pascua Yaqui culture to her mother, who married a white, Southern farmer from North Carolina. The family ultimately relocated to Valdosta where Hedgepeth graduated from high school.

Through a tribal scholarship, Hedgepeth was able to pay for her undergraduate and graduate education at the University of Georgia. She was connected to an internship opportunity at the Centers for Disease Control that focused on tribal health, and that opened her eyes.

“I have been trained as a scientist, and science generally takes a Western European view of things,” Hedgepeth said. “I used to wonder why American Indians were so against scientific studies, but now I know about phrenology and other past ways science has wronged the American Indians. That has shaped my present-day situation.”

During her internship, Hedgepeth performed a review of nine papers that analyzed birth weight data for various American Indian groups and worked developing nutritional initiatives for tribes. As part of the latter, she wrote a breastfeeding coalition proposal that will assist the Pascua Yaqui.

Native Americans are among the most underrepresented demographic groups in the public health field, and Hedgepeth said the exposure to her heritage, as well as the health challenges confronting the Native American population, has shifted her interests to tribal health. She said she was unsure how much emphasis she would put on it during her career, but she was interested in trying to bridge the gap between American Indians and scientific research.

According to Hedgepeth, her ancestry gives a unique perspective on

how to use existing scientific and research methods to address challenges confronting an underrepresented population.

To underscore the importance of varied perspectives, Hedgepeth pointed to a recent talk given by Chimamanda Adichie, an award-winning Nigerian writer whose work is inspired by Nigerian history and tragedy.

Adichie recounted an instance where one of her students told her it was a shame that African men were domestic abusers like the one in her novel. Adichie responded to the concerned student that she had just read the *American Psycho*, and that it was equally a shame that so many American men were apparently serial killers.

“The value in having a diverse workforce is that you don’t have just one story and one viewpoint on the matters at hand,” Hedgepeth said.



ELIZABETH HEDGEPETH

# Community outreach project hopes to increase cancer awareness

There’s an old adage that knowledge leads to power, and Dr. Jonathan Vena is hoping there’s some truth to that time-honored saying.

Vena, along with Stephanie Matthews, a DRPH student at the College of Public Health, are working to organize a series of community events fostering increased awareness about colorectal cancer among African-Americans.

Colorectal cancer is one of the most preventable cancers because of simple tests that allow for prompt treatment. The first test is one that detects blood in a stool sample, a key indicator of colorectal cancer. The other, more reliable screening method is that of a colonoscopy. Vena said that everyone over the age of 50 should have a colonoscopy every three years.

During the colonoscopy, precancerous polyps are identified and removed during the procedure, thus preventing any further cancerous growth.

However, despite the high success rates associated with these prevention methods, African-Americans have a much higher mortality rate from the illness than the rest of the population.

Vena said the primary reason is the lack of access many African Americans, particularly in rural areas, have to quality care. Higher than average poverty rates, as well as large numbers of uninsured individuals in African-American communities present a financial barrier to the types of preventative care needed to diagnose and treat the disease.

“If you don’t have insurance or are a low-income individual, you’re probably not going to be able to get the test,” Vena said. “Then when you



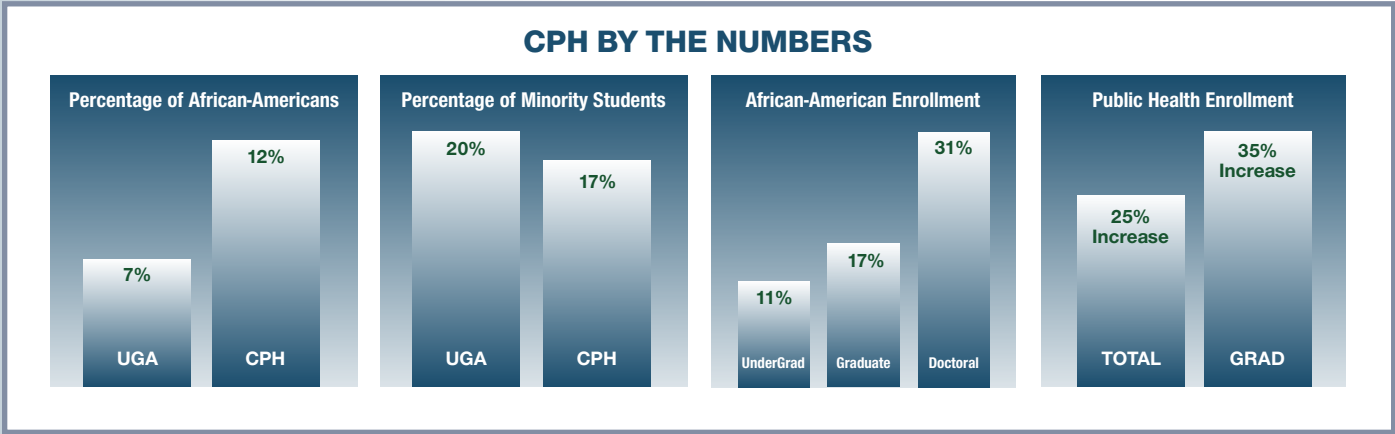
From left to right: Rev. Willie Bodrick, event participant; Shenita Peterson, MPH Student in Epidemiology; Stephanie Matthews, DRPH Student; Sarah Bauer, MPH Student in Epidemiology; Robert Wright, event participant.

do go in when you have symptoms, and the cancer has already spread out of the bowel, it’s going to be harder to treat, and you’re going to have higher mortality rates.”

Working with students and other faculty members, Vena has set up a series of events aimed at increasing awareness in the African-American community. The project, which partners the College of Public Health with various churches and community organizations, began with a pilot effort in Athens-Clarke County.

While the efforts did not include any screenings for colorectal cancer, they did serve as ways to educate the community. And, by beginning the project as an educational intervention, it will also help public health workers better understand the full scope of barriers to preventive care for African Americans.

“So the idea is to focus on awareness of the screenings, but also to get a better idea of what are the barriers,” Vena said. “Part of the information we collect will help us understand – and respond to – what makes it harder for African-Americans to get screenings.”





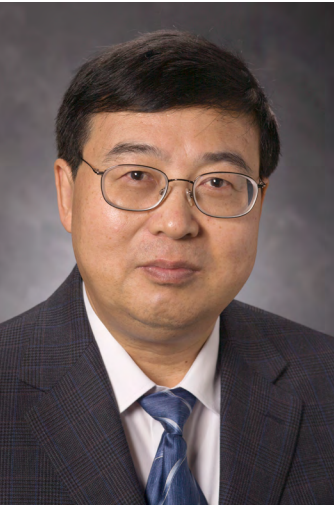
# Green tea polyphenols (GTP) research on liver cancer in China

Dr. Jia Sheng Wang, department head for environmental health science, pulls tea from every nook in his office as he explains the protective effects of green tea polyphenols (GTP) against cancer. He pulls bags from his dorm-sized freezer, canisters from his desk drawers, boxes between books on the shelves and, of course, he has tea in his cup.

Green tea has no toxic side effects, yet his research suggests it makes a big difference, is inexpensive and easy to administer. In 20 years of research and publishing more than 30 papers on his findings, Wang has set the standard for safe testing protocol, and pioneered the use of biomarkers.

When he began his career in public health, most studies on nutrition factors and disease relied on surveys. Even daily tea drinkers are hard-pressed to accurately report how much GTP they consume; not all teas contain GTPs. Green tea, which is prepared by drying or roasting fresh tea leaves, is the protective kind. Black tea (called red tea in China) is fermented to bring out certain flavors, but the process depletes the plant's antioxidants. Oolong tea is a blend of half fermented and half fresh leaves. Most Americans drink black tea.

Biomarkers can be tested to objectively detect an activity, such as smoking, or a characteristic, such as susceptibility to infection. For example, if someone smokes, Wang's lab can detect nicotine in that person's blood, urine or respiratory residue. The Georgia Cancer Coalition scholar and his team are wrapping up a five-year study using biomarkers



Dr. Jia Sheng Wang

to measure the extent of GTPs' efficacy as a preventative agent against liver cancer. Liver cancer is the third-leading cause of cancer deaths in the world. Though less common in the United States, liver cancer cases have doubled in the last 10 years, and cases are expected to double again over the course of the next decade. It is difficult to treat, so prevention is the best strategy. China accounts for 55 percent of liver cancer cases, many of them clustered in the southeast region. The geographic correlation hints at environmental factors brewing, just the type of work the College of Public Health is particularly suited for.

Wang's team went to China and collaborated with Guangxi Cancer Institute, Fusui Liver Cancer Institute and Shanghai Cancer Institute, with grants from America's National Cancer Institute, the National Institute of Environmental Health Science and the Chinese Natural

Science Foundation. They screened 15,000 people for high-risk factors and recruited 1,800 study participants to take a daily regimen of GTP capsules and check in for many physical exams over the years. One-third received capsules with half a gram, another third got a higher dose and the other third took placebos.

Amazingly, less than 10 percent of the participants dropped out after five years. By contrast, in the U.S., a retention rate of 50 percent would be considered successful. "Everyone knows someone affected by liver cancer, so people really want to participate in finding out how to prevent it or learn why this is happening," Wang said.

organic chemistry air lab where we analyzed environmental air samples for volatile organic compounds using gas chromatography-mass spectrometry. I had an amazing summer working with extremely smart and fun individuals and learning the ins-and-outs of analytical chemistry. I successfully completed a Demonstration of Capability for the particular method our lab used which meant I could officially analyze samples on my own. I was able to conduct my own project as well where I took air samples at a local coffee roastery to analyze for possible toxic substances as a result of the roasting process.

training, I began helping analyze air samples taken from the gulf. Work was very hectic as the lab analyzed an average of 10-15 samples a month prior to the spill but we were taking an average of 10-15 samples everyday during the spill. Being involved in our nation's response to the spill was very rewarding and I learned a lot about the EPA's role in protecting both the environment and human health through my experiences.

After graduating I hope to serve in the Peace Corps. I have been nominated for an environmental education assignment in sub-Saharan Africa.



The placebo group has shown more than double the incidence of liver cancer compared to the GTP capsule groups. The dramatic results are not enough for Wang's team. Their next study will be to find out why.

Wang Named Georgia Cancer Coalition Distinguished Cancer Scholar.

In 2010, the Georgia Cancer Coalition, an independent, not-for profit organization that aims to reduce cancer deaths in the state, named Jia-Sheng Wang, M.D., Ph.D., professor and department head of environmental health science, a Distinguished Cancer Scholar.

The Coalition selects scientists engaged in the most promising areas of cancer research. Wang's research focuses on the impact of environmental toxins on the formation of liver and esophageal cancers. He's also a world leader in exploring the role natural products and dietary supplements may play in preventing cancer in high-risk populations.

Begun in 2001, the Georgia Cancer Coalition's Distinguished Cancer Clinicians and Scientists program is an investment in Georgia's future as a national leader in cancer control. The Scholars' history of grants, publications and patents as well as their potential for attracting future funding is considered.



**Name:** Nick Martin  
**Degree Program:** Bachelor of Science in Environmental Health  
**Expected Graduation:** May 2011  
**Home Town:** Columbus, GA

## What did you do for your internship?

I have been lucky enough to complete two internships while a student at UGA. The first one was during the summer between my sophomore and junior years (2009). I worked in the Division of Toxicology and Environmental Medicine (DTEM) within the Centers for Disease Control and Prevention (CDC) in Atlanta. My primary responsibility was the development of Toxicological Profile "addenda". A Toxicological Profile is a comprehensive document organizing and summarizing in laymen's terms all relevant peer-reviewed research on one of over 250 toxic chemicals. Topics I was expected to analyze included the

health effects, metabolism, potential for exposure, analytical methods and epidemiological data of a particular chemical. The internship truly honed my abilities to read scientific research. I was also able to witness the debate surrounding the changing of allowed exposure levels for several chemicals. The amount of scrutiny and consideration every bit of research was given for these potentially industry-altering decisions was enormous.

My second internship was here in Athens at the Environmental Protection Division's Science and Ecosystem Support Division (SESD) laboratory as a chemical technician. I worked in the

What was your favorite part of your internship?

## What was your favorite part of your internship?

By luck, I happened to intern at two government agencies during summers of dramatic events directly affecting that particular agency. I was at the CDC at the height of the H1N1 pandemic. While my division was not directly involved with infectious diseases, I was able to attend many lectures, presentations and updates regarding the novel flu strain and witness our government's response to a potentially very deadly pandemic. I was even able to tour the "war room" where global disease outbreaks are monitored. The following summer I was at the EPA during the Deep Water Horizon oil spill. As soon as I completed my safety

What do you want to do after graduation?

## What do you want to do after graduation?

After graduating I hope to serve in the Peace Corps. I have been nominated for an environmental education assignment in sub-Saharan Africa.



# Flu study shines light on diagnosis difficulties

It’s an all-too familiar feeling – the sniffing, the nagging cough, the aching muscles and the overall fatigue that knocks people off their feet.

During the peak winter season, the flu suffocates worker productivity, wiping out more than 70 million days of work in the U.S., and relegating most people to clutching their tissue boxes and sipping chicken noodle soup.

However, research done by Dr. Mark Ebell, an associate professor in epidemiology at the University of Georgia’s College of Public Health, suggests that some of those lost days might be the result of an ailment other than the flu. In a study published in the Annals of Family Medicine, he determined the flu is one of the most commonly misdiagnosed illnesses.

“It makes sense to study flu because it is common and it is important,” he said. “There are 35,000 people who die from it each year and another 200,000 are hospitalized annually. Plus, we found out (during the research) that there hasn’t been a lot of good work done on how to best and most efficiently diagnose it.”

Ebell determined that only 40 percent of the patients diagnosed with the flu actually have the illness; most of the others are afflicted with a similar virus or infection.

The reason is because many physicians rely on the evaluation of symptoms on display during a clinical visit, and the basic pairings of some of those symptoms result in an almost automatic diagnosis of the flu. For example, if a patient comes to the doctor with a cough and a fever, many



Dr. Mark Ebell

physicians will diagnose flu and not consider other diagnoses.

“Misdiagnosis works in both directions,” said Ebell. “Even during the peak of flu season, only about one-third to one-half of the patients with suspected influenza actually have that specific infection, while the rest have other viruses.”

Improving clinical diagnosis is crucial for a variety of reasons.

For starters, anti-viral drugs like Tamiflu and Relenza are only effective during the first 36 hours of patients showing symptoms. Additionally, all misdiagnosed patients who do not have the flu will receive no benefit from those types of medications. As a result, prescribing them afterward only leads to overuse, reducing their long-term effectiveness against flu viruses, and it contributes to the steadily rising costs of health care.

But, Ebell also found underdiagnosis in his research; many patients who have the flu are actually not diagnosed



with the virus. Their presenting symptoms don’t meet some of the predetermined pairings. For example, a patient might have a fever and body aches, but no cough – they may be misdiagnosed as not having the flu.

To improve clinical diagnosis practices, Ebell is finishing work on a study that better identifies the best predictors of flu. By crafting a clinical scoring system that assigns points to each symptom, it gives physicians a consistent tool that can be useful in identifying patients at low, moderate and high-risk of flu.

Ebell said the creeping advancement of digital technology, such as electronic record-keeping systems, also can help improve diagnosis rates. The Center for Disease Control provides data on the prevalence of influenza in communities throughout the country. Combining all of these components into one cohesive, comprehensive decision support system is crucial to bettering clinical care.

“We always have to be thinking about how to make care not only more effective, but also more efficient,” Ebell said. “As physicians use computers more in their offices and at the point of care, we have the opportunity to build in clinical decision support tools like the flu scoring system. There are hundreds of clinical rules like that, but they are little used because it is inconvenient to do the calculations. With an electronic health record, that decision support gets much easier. Plus, patients can take a more active role in their care by using these decision-support tools from home.”



**Name:** Anna Afonso  
**Expected Graduation:** May 2011  
**Degree Objective:** Master of Public Health in Biostatistics  
**Home Town:** Westbrook, Conn.

**What do you consider to be the highlights of your time at UGA?**  
The highlight of my time has been getting to know the incredible students and faculty that have crossed my path. Whether it has been volunteering with UGA students at a local clinic, playing volleyball at the Ramsey Center or struggling over math

problems during office hours, I continue to feel impressed and inspired by the people I have met during my time here. I feel so proud and blessed to have been a part of the UGA community during this period of my life.

**Describe any volunteer experiences that were especially meaningful?**  
I have been volunteering as a Spanish interpreter at Mercy Health Center for nearly two years now. Mercy Clinic demonstrates a mission to treat the “whole patient” by providing social services, prayer, medication

assistance and most importantly, treating patients with care, respect and dignity. The volunteers that I have met donate their time and welcome all patients with open hearts. Volunteering at Mercy Clinic has taught me a lesson about generosity and compassion that I hope to carry with me throughout my life.

**What do you want to do after graduation?**  
After graduation, I plan to get married and join my husband as a medical student at Duke University’s School of Medicine.



# Research on communal coping among older adults



the Centers for Disease Control and Prevention.

It was on that trip that Glass got to utilize one of the projects she's most proud of, as she brought copies of her video *Aging 101 for Georgia* to China. By 2050, China will have more older adults than America has people in its entire population.

The video provides information about everything from how to adjust your eating, sleeping, or exercise habits to identifying a stroke in progress and how to get help in an elder abuse situation. The video was conceptualized and directed by Glass for the Gerontology Education

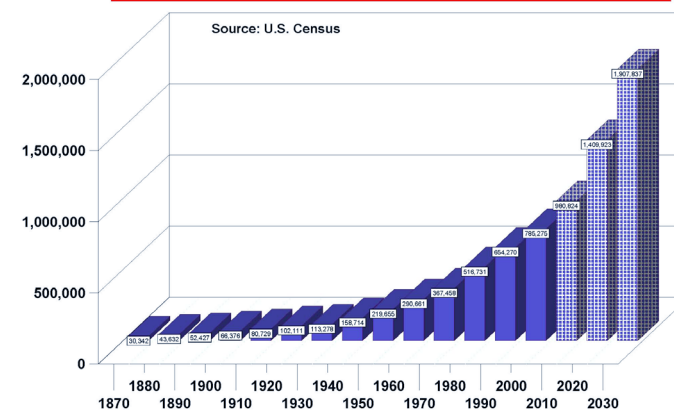
and Training Alliance of Georgia (GET-AGE) with a grant from the Healthcare Georgia Foundation

Dr. Anne Glass, assistant director and graduate coordinator for the Institute of Gerontology at the College of Public Health, keeps busy.

She is wrapping up a three-year study with a grant from the Retirement Research Foundation about communal coping and intentional communities among older adults. Elder intentional communities are neighborhoods with communal spaces and duties where residents gather to form an interdependent community of people growing old on their own terms. Last fall, she provided the Georgia General Assembly with recommendations for improving the state of palliative and end-of-life care for the state's frailest elders and those with advanced illness.

Only a handful of hospitals in Georgia offer palliative care, and 75 percent of people die in nursing homes or hospitals even though the majority of people say they would rather be at home. Because of her research in this area, the Georgia Cancer Coalition recently invited her to join a workgroup. In April, she accompanied Dr. Phillip Williams, dean of the College of Public Health, to China, where they met with the Chinese equivalent of

**GEORGIA POPULATION AGE 65 AND OVER FROM 1870 AND PROJECTED INTO 2030**



This graph shows the rise in population in Georgians age 65 and over from 1870 to 2030.



Dr. Anne Glass

Though many grants or accolades come from her innovative — sometimes even taboo — research, Glass is focused on the *Aging 101* project, updating the accompanying resource list it references and finding new ways to make it more widely available. The free video has been distributed statewide to public libraries, hospitals, churches, senior centers and through organizations like AARP, and now you can check out the YouTube

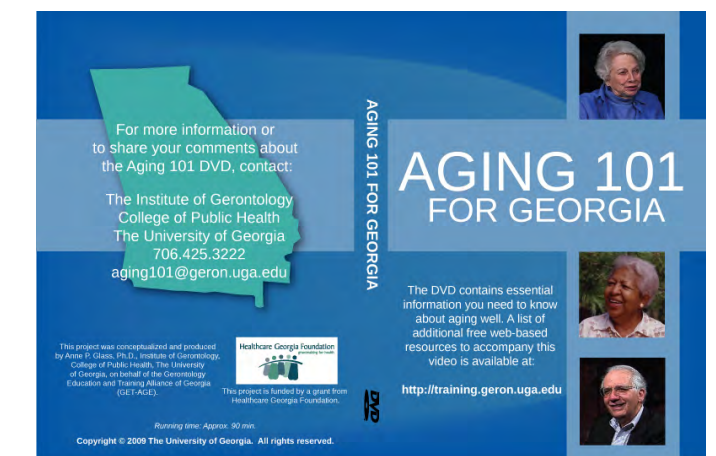
“My vision was, if you had a person for one hour, what are the most important things you would want to get in their head about aging?” Glass said. “It turned out it actually took 90 minutes.”

America has its own critical population and aging issues, as well. The population that is 65-and-over will double by 2030, but the population of traditional caregivers, who usually fit the profile of women aged 25 to 50, will only increase slightly.

channel UgaGerontology to see the whole film chapter by chapter.

Glass has heard from people across the state who have viewed the video. One example is a gentleman in rural Georgia who reported he learned not to worry so much if he has a few memory problems.

“If we can reach out and reassure somebody in rural Georgia, that’s pretty powerful,” Glass said.



To request a copy of the *Aging 101 for Georgia* video, contact Josephine Pough at [jopough@uga.edu](mailto:jopough@uga.edu).

**Name:** Chaney Smith

**Expected Graduation:** August 2011

**Degree objective:** Master of Public Health in Health Promotion and Behavior with a Certificate of Gerontology

**Hometown:** Richmond, VA and Athens, GA

**What achievements/awards during your time here are you most proud of?**

I am most proud of the research I've been a part of during my time at UGA. I started out as an undergraduate research assistant in Dr. Elaine Cress's Aging and

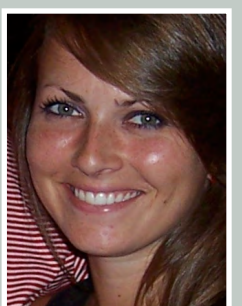
Physical Performance Laboratory. As I pursued my MPH, I was a graduate research assistant for the Institute on Human Development and Disability (IHDD) with the AgTeen Research Project. During my graduate degree and working for IHDD, I also temporarily filled a research assistant position at the Institute of Gerontology.

**What did you do for your internship?**

I completed home visit assessments for the majority of the clients at Northeast Georgia Community Care Services Program (NEGA CCSP). CCSP is a

Medicaid home- and community-based service program that supports eligible clients in the Northeast Georgia region. I also completed a fall risk assessment

at each client's home visit. I've always been interested in preventing unintentional injuries among the older adult population because of the prevalence of injurious falls within that particular population.





# Study explores differences in U.S., French cardiovascular care

After 15 years of practicing medicine, Dr. Richard Schuster wanted more than a simple change in career. Instead, he had a desire for a deeper understanding of how the health care system he was a part of operated.

Today, Schuster is the director of the Center for Global Health at the College of Public Health, and he regularly tests those initial curiosities through a variety of research, studies and papers.

“I’ve spent much of my career trying to develop systems of improvement in care that would improve quality and reduce cost,” Schuster said. “I have an interest in how physicians work and, more specifically, how they work in their office.”

His current work compares how French and U.S. physicians manage cardiovascular risk factors in their patients. The French health care system is considered one of the world’s best, and Schuster said he wanted to better understand why death rates for cardiovascular disease in the U.S. were 30 to 35 percent higher than they were in France.

Schuster said it was an obvious choice to contrast the behaviors and practices between the two countries. In 2000, the World Health Organization ranked the top health systems in the world, and while the French claimed the top spot, the U.S. ranked 37<sup>th</sup> globally.

“(The low ranking of the U.S.) produced a furor because we in the U.S. believe we have the best health care in the world and the best system in the world,” Schuster said.

In an attempt to determine what differentiates the French system from the American one, he set up a web-based survey that was sent to a sampling of physicians in both countries. Participants were asked a variety of questions relating to office management, patient interaction and practice behaviors.

The French physicians reported spending more time with their patients, seeing them more frequently and focusing most of their time on lifestyle modification. In the U.S., physicians see their patients less, spend less time with them and devote their time to managing medication.

According to Schuster, those latter distinctions have a direct impact on why the cost of health care is higher in the U.S. American physicians are more aggressive in prescribing medicines to treat cardiovascular issues, and the high volume of prescribed drugs helps nudge the overall cost of care higher each year. Additionally, Schuster said because many patients



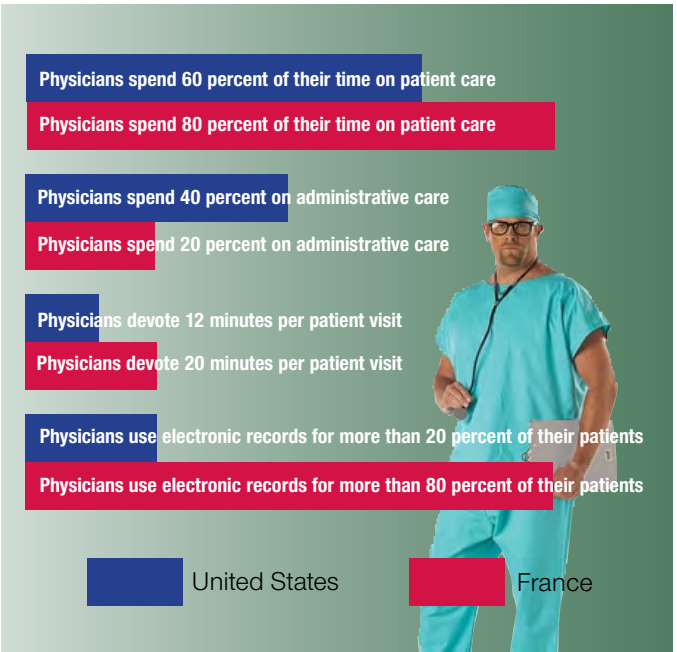
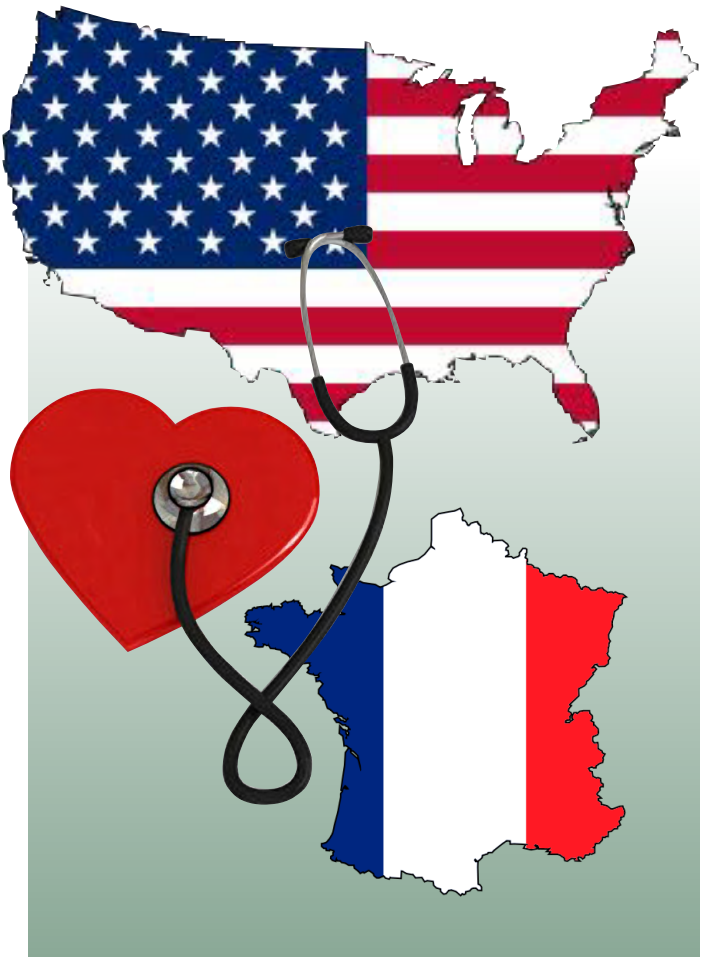
Dr. Richard Schuster

don’t take their medications properly, the chance for additional medicines being prescribed increases.

The French focus on changing the social habits of patients includes working with them to ensure all the existing medicines are taken properly as well as promoting lifestyle changes as a focus for intervention.

“If you’re going to get a patient to change his or her lifestyle, there is no inherent cost in that, and you can produce a lasting improvement in his or her health,” Schuster said. “That can ultimately lower the cost of care because the patient won’t get as sick, and if you’re successful with lifestyle modification, you may not need as many drugs.”

Schuster said another interesting find in his research was that French physicians spend less time on administrative work than their American counterparts and feel less constrained



by government oversight and regulation. The French system is driven by its public sector through a system of universal coverage mandated by the government and a single-fee system that prohibits doctors from setting their own prices for units of care.

“This paper reports an irony in that the French feel freer to practice medicine in the way they feel they should in a system that we in the U.S. would think of as more restrictive,” Schuster said.

The next phase of his study will attempt to provide a deeper understanding of those attitudes, as well as work to validate some of the responses collected during the initial survey. Working with Dr. Colleen O’Brien, who has a background in cultural anthropology, Schuster said he hopes to get a more sophisticated level of understanding of the culture of doctor-patient engagement in both countries.

“If we find that the French have best practices that appear to be more effective than what we’re doing in the U.S., that may be a contributor to why their cardiovascular death rates are lower,” Schuster said. “We might be able to inform health practices in the U.S. and work to get better outcomes, which would improve quality and potentially lower costs.”



**Name:** Elizabeth Wilson  
**Expected Graduation:** May 2012  
**Degree Objective:** Master of Public Health in Health Policy and Management  
**Home Town:** Castries, Saint Lucia, West Indies

**What did you do for your internship?**  
I am actually planning to do my internship this summer (Summer 2011). I will complete it in Saint Lucia. I will be part of a team working on a project looking at Metabolic Syndrome on the island. I also will be working on another project on the

subject of Aging in Saint Lucia.  
I am really looking forward to being part of a process aimed at assessing the current health situation, predicting the future needs and then developing and implementing an appropriate and timely response.  
**What do you want to do after graduation?**  
After graduation I intend to return home and work with the government of Saint Lucia to protect and maximize the health of our people, so that we can develop and make real progress as a nation.



# Initiatives to increase access to quality care for low income individuals

Paul Boumbulian remembers that first group of interested students coming to him. As the administrator of the OneAthens health subcommittee, tasked with implementing several key initiatives aimed at increasing access to quality care for low-income individuals, Boumbulian was appreciative of any assistance he could get. For two of those students, that initial interest blossomed into a fruitful, long-term relationship, as Allie Chambers and Ro McCooey would find a home with the group as Boumbulian’s interns, taking leadership roles on key projects that had long been advocated by the group. “They are both really smart, knowledgeable young women, and I was blessed to have them as interns,” Boumbulian said. “They did some incredible work for me, and there’s no question that, without them, we would not have been able to do some of the things we’ve done the past year.”

McCooey said deciding to get more plugged into OneAthens was an easy choice to make. The multi-faceted, community-driven effort to reduce Athens-Clarke County’s crippling 30 percent poverty level has brought various stakeholders to the table, including the local government, the University of Georgia, non-profit agencies, the business community and local health care providers.

McCooey, who said she has an interest in understanding both the policy-based and humane sides of health care, found

such a cooperative approach appealing. “The most impressive thing was the collaborative spirit of all of these efforts,” McCooey said. “For instance, even with about a dozen competing health organizations in the same room, the focus remained on improving care in Athens.”

Chambers and McCooey helped to lay out a discernable path of evolution for the OneAthens health subcommittee, which was formed five years earlier to focus on the health challenges confronting low-income citizens. That group was tasked with identifying ways to implement the various health care goals originally laid out by OneAthens, and one of those charges was the establishment of a non-profit organization that could address many of these issues.

Boumbulian said Chambers and McCooey were some of the driving forces behind the subcommittee transitioning into the Athens Health Network. The non-profit status enables the organization to seek grant funding to support the pursuit of the various health-related goals set by OneAthens.

Chambers has devoted much of her time to researching health assurance models as a means to develop a system of care for the working poor, as well as small businesses in the community. It’s built off what is known as a “concierge” model of health care, where individuals pay doctors a monthly retainer fee for unlimited care.

The health assurance model is a derivative of the co-op model, where patients pay a set fee per month to a coordinating group which then selects a physician who



L-R: Allie Chambers and Ro McCooey

handles all the primary care needs of that group. There is no system of insurance as the monthly fee pays the chosen physician, and the patients are not required to make a co-pay whenever they see their doctor.

“In most models I have been researching, other services are provided at a 50 percent discount, or specialty insurance can be purchased at a deeply discounted rate,” Chambers said. “As for primary care, the middleman of insurance is cut out, and the doctor and patient can both focus on the medical care rather than the administrative burden of financials.”

McCooey’s work has centered on developing a network

of lay health educators which could help low-income patients navigate the existing health care system. It’s a cost-effective idea that utilizes existing resources, and a similar program is currently employed by Mercy Health Center, a faith-based health clinic in Athens-Clarke County.

Boumbulian said Chambers and McCooey also worked on a pair of important research projects that yielded useful tools for the organization to use. One project focused on reviewing the Affordable Care Act – the 5,000-plus page health care reform law – and prepared a PowerPoint presentation that neatly collapsed the major reforms into five easy-to-understand areas.

The two also conducted a study of the capacity of the health clinics in the region, and developed a presentation to accompany that work as well.

Improving the efficiency of the health care system and making it more accessible and functional for low-income citizens are central driving forces for both Chambers and McCooey.

“Health and poverty are interactive,” McCooey said. “Unfortunately, the economic environment in our area makes it extremely difficult for many people to establish medical homes or receive the treatment they require. Public health is really what goes on outside the walls of (the Paul D. Coverdell Center for Biomedical and Health Sciences), and, as professionals, it is our duty to use what we know to serve others.”

**Name:** Erica Nicole Parks  
**Expected Graduation:** May 13, 2011  
**Degree Objective:** Master of Public Health in Health Policy and Management  
**Home Town:** Atlanta, GA

**What did you do for your internship?**

I served as an Administrative Resident at the G.V. (Sonny) VA Medical Center in Jackson, Mississippi in the Center Director’s Office. This internship was awarded through Minority Access, Inc., a non-profit educational organization that supports individuals, academic institutions, federal, state, and local government



3500 applicants as one of the Top 40 Interns for federal government agencies

agencies, and various corporations to diversify campuses and work sites by improving the recruitment, retention and enhancement of minorities. I was selected amongst

through Minority Access, Inc. internship program.

My favorite part of my internship was my ability to apply the knowledge and practical skills obtained from the MPH Program at the UGA. During my internship, I was able to rotate through the various service areas for training in Quality Management, Home-Based Primary Care Clinic (HBPC), Medical Service, etc. I was an active participant in the mock Joint Commission on Accreditation of Healthcare Organization (JCAHO) survey for the Home Base Primary Care Team. I developed a skin care program policy for HBPC, served as the Assistant-Manager for the Annual

“Above & Beyond” staff appreciation event. I also initiated and researched Veterans Healthcare Administration HIV/AIDS Policy, screening efforts and prevention initiatives, to identify missed opportunities in screening Veterans for HIV/AIDS. Compiled data information from several sources, presented HIV/AIDS Report to senior leadership, and strategically demonstrated cost-effective screening measures. In addition, I illustrated the incorporation of the OraQuick Advance HIV 1/ 2 Rapid Test for the (6) Community Based Hospital Clinics (CBOC’s), and the hospital’s community outreach initiatives. Also, I initiated and developed community

partnership for the VA to enhance their service areas in HIV Prevention, Education, & Training Initiatives.

**What do you want to do after graduation?**

Upon graduation, there are several goals that I am aiming to accomplish:

- To further my work in HIV/AIDS Prevention & Treatment and health policy on the national level within the federal government;
- To develop HIV/AIDS Prevention nonprofit organization for minority youth and young adults;

- To obtain my Juris Doctor (JD) in Public Health Law;
- To be a part of the policy making progress in Congress.

**What did you do before coming to the UGA College of Public Health?**

I served in the United States Army Reserve for 8 ½ years as a Medical Supply Specialist Sergeant for the 427<sup>th</sup> Medical Logistic Battalion. During my enlistment, I served active duty in the Operation Enduring Freedom (OEF) War in Bagram, Afghanistan. I was awarded the Army Accommodation Medal (AAM) for this tour.



# Research on behavior and attitudes of scooter and motorcycle users

Though they continue to grow in popularity on campuses across the state, there is surprisingly very little known about scooters, and their riders, in Georgia. While retail sales information can provide an estimated number of scooters on the roads today, the behavior and attitudes of scooter users simply isn't as well known.

Dr. Carol Cotton, an instructor at the College of Public Health, said the recent media focus on high-profile scooter accidents on college campuses – including the accident that paralyzed former Georgia baseball player Chance Veazey in 2009 – brought some much-needed attention to the safety challenges associated with scooters.

“... there simply isn't much information about scooters, and, without any knowledge of who is using scooters and how they're using them, it would be difficult to craft any sort of educational outreach program.”

“We had noticed around campus that scooters seemed to be more and more evident,” Cotton said. “Our research was guided by this increased use of scooters in our community, and we wanted to gather data to better understand this change in driving behavior.”

Cotton said there simply isn't much information about scooters, and, without any knowledge of who is

using scooters and how they're using them, it would be difficult to craft any sort of educational outreach program.

“If (educating scooter drivers) was the end goal, we needed to know who we were dealing with and what was going on in Georgia,” she said. “It became very clear early on that we needed to collect some data to come up with our denominator – who are these people and how many of them are out there?”

Cotton is finishing up a first-of-its-kind project that aims to answer those questions. Her team distributed a comprehensive survey to all the scooter and motorcycle dealerships in Georgia. The survey asked the businesses what types of vehicles they sold, who was making these purchases and if they noticed an increase or decrease in sales, perhaps due to the economic sluggishness of the past few years.

In addition, it sought to better understand the behaviors and experiences of the buyers. Given that Georgia state law does not require the registration of a scooter with an engine smaller than 50 cubic centimeters, Cotton said she was interested in determining whether or not dealerships require a valid driver's license at the time of purchase or if any educational materials are distributed.

She said more than 40 percent of the dealerships have responded to the survey, and that work to evaluate the data is underway. Cotton said she is especially interested in identifying how the recent economic recession is impacting driving behavior.

“Because of the economy, we asked people (on a recent statewide poll) if they had changed driving behavior, and we found out there is a certain percentage of the population that said ‘yes, we've changed vehicles,’” Cotton said. “In that poll, not one person out of 1,000 respondents said they had changed their driving behavior to include moving from a car to a motorcycle or scooter. Yet, we see more motorcycle registrations in the state,



Dr. Carol Cotton

and we're seeing more scooters on the streets. So, what is going on?”

“Our idea is – or our question is – whether or not people are moving from cars to motorcycles and scooters to save money, or, instead, are they giving up their motorcycles and scooters because they're recreational vehicles?”

Another interesting and important aspect of scooter safety involves the ridership of scooters by young people and the elderly. Both of those groups are considered at-risk populations with higher traffic-mortality rates.

Younger drivers, for instance, have limited experience in operating any type of vehicle, and, in many cases, haven't driven a two-wheeled vehicle other than a bicycle. Older drivers frequently share the same limited experience on a scooter as their younger counterparts, but they often have slower reaction times.

“If you've never driven a two-wheeled vehicle, other than a bicycle, and you have to obey the traffic laws – so you've got to stop and start, you've got to watch out for the other cars – you have to learn how to drive this thing,” Cotton said. “In a risk-taking population, it begs the question, how long can we sustain this without it being catastrophic?”



The key to addressing these questions is increased awareness and more readily available safety information, and Cotton said the data she's collecting from this survey will begin to chart the course for making those goals a reality.

“This will be a window into traffic safety in Georgia like we've never had before,” Cotton said.

**Name:** Laura Burch  
**Expected Graduation:** December 2012  
**Degree Objective:** B.S. in Health Promotion and Behavior, Pre-Medical Intention  
**Hometown:** McRae, GA

**What has been your favorite part of your experiences thus far?**

Health promotion has the power and the capability to transform individuals' lives, change groups' perspective, and completely alter our healthcare system. Every experience I have had as instilled in me the responsibility to convey value of leading a



healthy lifestyle within others and help them realize the principles and importance that go along with such an existence. Health is our number one resource because without it, we will never be able to fully experience any other aspect of life.

**What do you consider to be the highlights of your time at UGA?**

There are so many. I've enjoyed being a member of Kappa Delta sorority, as well as interacting with prospective and incoming students as an orientation leader. It's been very rewarding to serve on the “Whatever It Takes” initiative which is aimed at ending the cycle of poverty in Athens-Clarke County. I've worked on the Health and Wellness Strategic Action Team with “Whatever It Takes,” and I've also enjoyed being a member of the executive council of UGA Heroes, which is an organization dedicated to improving the quality of life of children affected by HIV/AIDS.



# UGA expert consults with networks about Japan’s nuclear crisis

Dr. Cham Dallas was awakened by the call early in the morning of March 11, rudely greeted by the news that his colleagues in Japan had just endured one of the strongest recorded earthquakes in history.

The resulting tsunamis swept inland for more than six miles, leaving a swath of devastation behind them. Compounding the problem was the fact that the cooling systems at several Japanese nuclear power plants had failed as the waves washed ashore, putting the nation on the brink of a nuclear disaster.

In the wake of this crisis, Dallas, the director of the Institute for Health Management and Mass Destruction Defense at the College of Public Health, found himself in high demand. As one of the world’s most preeminent authorities on disaster management and nuclear safety, he spent the two weeks in the aftermath of the earthquake making appearances on CNN and CBS News, as well as several local and regional media outlets.

Dallas, who conducted extensive research on the Chernobyl nuclear disaster, was speaking to national audiences on CNN within hours after the earthquake.

“The media is probably one of the most critical aspects of these disasters,” Dallas said. “Obviously, the first responders are the most important people around, but, as far as mitigating the disaster, the media is so crucial.”

The key, Dallas said, is to ensure that accurate

information is readily available to both the affected populations, as well as those watching the crisis unfold through the prism of the media. Knowing that one of the major impacts of this crisis, as with any major disaster event, will be a psycho-social one, raising awareness of what’s transpiring is essential.

However, Dallas said he has been disappointed with much of the mainstream media coverage of the Japanese disaster.

“Unfortunately, this media response was fairly typical in that a significant portion of the reports were false, misleading and inflammatory,” Dallas said. “We’re used to some elements getting things wrong, but the proportion here was higher than you’d normally get. It was very interesting to watch, but it created a great deal of angst, and that led to management decisions that were unwise.”

Dallas blamed much of the inaccuracy on the breaking



Dr. Cham Dallas

news nature of the Japanese crisis. In the world of 24-hour news cycles, the media moves exceedingly fast, and he noted that can lead to the prominent placement of experts who haven’t been properly vetted by the news organizations.

Additionally, Dallas said people’s visceral fear of radiation contributed to much of the sensationalism that accompanied the coverage.

“The fear of radiation is so deeply engrained in our culture,” Dallas said. “The joke that disaster experts like to make is that most people’s knowledge of radiation comes from ‘The Simpsons’ or ‘Godzilla,’ and both of those accounts are comically wrong.”

Largely because of what he deemed “radiation illiteracy,” Dallas said he focused on staying on two networks, CNN and CBS. He worked exclusively as a nuclear safety consultant with the latter in the week after the crisis, overseeing a make-shift office to help the network analyze the accuracy of the information coming in.

His goal was to maximize his time and effectiveness at both places in an attempt to produce the most up-to-date and applicable commentary possible. In all, he made more than 20 national television appearances on the two networks in the two weeks after the earthquake.

Dallas said as Japan transitions from the crisis management phase of this multi-faceted disaster into the



Dr. Dallas (with white shirt) noted that many Japanese travel on public transportation with masks due to radiation fears.

recovery phase, it’s important to not lose sight of how long it will take for the country to return to a sense of normalcy.

“Chernobyl is still going on, and the costs are still being felt by those communities, and that’s going to be the case here,” he said. “The recovery phase for the Japanese will go on for decades.”

**Name:** Bart Lino  
**Expected graduation:** Fall 2010  
**Degree Objective:** Master of Public Health in Health Policy and Management  
**Hometown:** Queens, NY

**What did you do for your internship?**

This internship included two distinct phases. The first phase involved taking a summer course on disaster management offered by the College of Public Health and taught on the UGA campus by Israeli clinicians. Its second element involved going to Israel to observe those same



Bart Lino, right, pictured with Dr. Arie Eisenmann

instructors in healthcare settings. I spent seven weeks at Western Galilee Hospital in Nahariya, Israel, in virtually every section of the hospital to monitor overall functionality. This particular hospital also has full underground capabilities in the event of emergencies, which was utilized during the 2006 war with Hezbollah. I am currently writing a paper for publication that chronicles the experience of the hospital during the war.

This internship gave me great hope that the U.S. can adopt many of the hard-learned lessons by Israel to dramatically improve our national responses to various emergencies. The enduring spirit of the

clinicians and hospital staff that continue to serve vital roles serve as a personal source of inspiration and an example of commitment to duty. In terms of health, the continuity of care between the U.S. and Israel reinforces the theory that the U.S. standard of medical care can be feasibly maintained in even the most strained circumstances.

**What do you plan to do after graduation?**

I intend to pursue a career in pharmacy with an emphasis on the role of pharmacists responding to mass casualty events.



Dr. Dallas, second from left, with humanitarian relief personnel, where he gave a series of briefings to U.S. military and medical leaders on radiation risks to U.S. citizens in Japan.



## Creating an independent Public Health Commission to improve the health of the citizens of Georgia

THANKS TO THE WORK DONE BY AN appointed Public Health Commission, the state of Georgia is on course for a leaner, more efficient governing structure for its public health needs.

Dr. Phillip L. Williams, the dean of the College of Public Health, just finished a stint as chair of the commission. Appointed by former Gov. Sonny Perdue and the state legislature, the commission was comprised of health professionals from both the

whether the state would be best served by keeping the Division of Public Health within the Department of Community Affairs, or if a change would be necessary. After reviewing several possibilities, the group unanimously recommended establishing an independent Department of Public Health with a commissioner who serves as the state's chief health officer, reporting directly to the governor.

Rep. Mickey Channel (R-Greensboro) submitted legislation calling for the Georgia General Assembly to adopt the recommendations. Thanks to his steady leadership, the recommended changes successfully passed both the State House of Representatives and the State Senate. The proposed changes can't come a moment too soon. Georgia has consistently ranked in the bottom tier for health rankings, including having the second-highest rate for obesity among children in the U.S.

Such a decision didn't come lightly. The commission held five meetings in 2010 and collected expert testimonies from various public health professionals from across the state. Additionally, members of the commission received feedback from the public during an Oct. 18 meeting, as well as e-mail feedback throughout its engagement.

"Public health impacts every Georgian, as well as the tourists who visit our mountains and beaches, eat at our restaurants and travel along our highways and roads," Williams said. "Since 9-11, our public health responsibilities also have included 24/7 emergency preparedness and disaster response planning, from hurricanes to terrorism. This level of responsibility justifies the full-time attention of a commissioner who reports directly



Dr. Phillip L. Williams

to the governor and communicates directly with the public about the needs and capabilities of our public health system."

Williams said the recommendation is the best option to improve the health of our citizens and lift Georgia from the bottom of various health rankings. And, given the existing budgetary concerns at the state level, it's a large restructuring that would require little, if any, up-front costs.

Williams was careful to note, however, that as the state's economy improves in the coming years, additional public and private resources will be necessary to build a platform for better health in Georgia.

The initial move, however, will streamline the existing organizational structure and increase efficiencies in the existing division. Currently, public health officials in the division have to report to multiple levels of oversight, and the establishment of a Department of Public Health will set up a clear line of communication to the governor.

"Public health impacts every Georgian, as well as the tourists who visit our mountains and beaches, eat at our restaurants and travel along our highways and roads"

public and private sector and tasked with examining the state's existing public health infrastructure.

Working from July through December, the commission evaluated

## Training program opens doors for partnership with Ugandan university

SPOTLIGHTING THE PLEASANT SPRING IN Georgia may not be an academically driven rationale for an educational exchange, but it is an honest one.

"I have really liked the cooler weather and freshness," joked Ezekiel Mupere, a visiting professor from Uganda's Makerere University. "Uganda is a tropical country on the equator, so it's sunny and hot throughout the year."

Mupere, along with Juliet Sekandi and Stephen Asimwe, are three participants in a training program funded by the John E. Fogarty International Center for Advanced Study in the Health Sciences. Mupere currently teaches at the College of Health Sciences at Makerere University in Ugan-

da, while Sekandi and Asimwe are practicing physicians in the country.

The program provides for degree trainings, which enable recipients to earn their DrPH, as well as a non-degree training program that offers a variety of short-term learning activities and research opportunities. Sekandi and Asimwe are participating in the degree trainings, while Mupere spent two weeks at the College of Public Health earlier this spring as part of the non-degree trainings.

"It's a foreign exchange program to gain teaching experience with this institution even as I share my skills and knowledge to the students and faculty here," Mupere said.

Dr. Christopher Whalen, a profes-

sor of epidemiology at the College of Public Health, said the grant opens the door to additional research opportunities because, in Uganda, a medical degree is viewed as the pathway to a professional career, not a research one.

As a result, it's difficult for someone with that type of training to pursue research work.

Whalen said the relationship with Makerere began last year when Dr. William Bazeyo, the dean of the College of Public Health at that institution, served as a guest speaker at UGA's Global Health Symposium. Whalen was first a recipient of the Fogarty training grant during his time at Case Western University in the 1990s. The program provides funding to train researchers from low-income and middle-income nations.

Currently, Sekandi is collaborating with Whalen on a community-based project in Uganda that focuses on early detection for tuberculosis, while Asimwe is focusing on research related to HIV/AIDS prevention and care.

In addition to teaching various classes at UGA during his brief time in the U.S., Mupere said he worked extensively with Whalen to develop various research grants to strengthen the partnership between the two schools.



Dr. Christopher Whalen



L-R: Juliet Sekandi and Stephen Asimwe



## New faculty members passionate about serving

THOUGH THEY ALL COME FROM DIFFERENT academic backgrounds, there is one common thread that unites the four new faculty members at the College of Public Health.

Darcey Terris, Kerstin Gerst, Jayani Jayawardhana and Ming Zhang have all joined the college in the past year, adding their talents and expertise to an already accomplished faculty. Despite their research interests being rather varied, all four point to a personal call to serve the public as a driving force behind their career decision.

Terris, an assistant professor at the Department of Health Policy and Management, said she carries around a framed copy of Ralph Waldo Emerson's "To Laugh Often and Much."

"The public health field seemed to be the most fertile ground 'to leave the world a bit better,'" said Terris, quoting her favorite line in the poem. "And I was raised to believe that this was how success should be measured."



Darcey Terris



Kerstin Gerst

Terris is currently overseeing an ongoing clinical trial in Germany that is hoping to determine if treatment outcomes for psoriasis are improved if physician recommendations more closely match the individual's preferences for treatment.

Zhang, an assistant professor of epidemiology at the Department of Epidemiology and Biostatistics, focuses her research on the molecular evolution of viruses and the molecular epidemiology of infectious diseases.

Jayawardhana, an assistant professor at the Department of Health Policy and Management, is an economist who specializes in health economics and policy. She is currently studying the effects of pharmaceutical advertising and public information on consumer and physical behavior, the impact of nursing-related process improvements in hospitals on patient safety outcomes and the effects of Master Settlement Agreement on tobacco control and health outcomes.

Gerst, an assistant professor at the Department of Health Policy and Management, is a gerontologist who is currently studying diversity within an aging population, with an emphasis on older Hispanics.

"Right now, I'm examining the impact of obesity on disability incidence among elders in Mexico and elders in the U.S.," she said. "These two neighboring countries are at different stages of epidemiologic transition, so, in Mexico, communicable diseases like tuberculosis are more prevalent than they are in the U.S. In the U.S., chronic conditions like cancer and cardiovascular disease remain prevalent, but we've transitioned out of a phase where both of those health challenges confronted us."

All of the new faculty members said they have been impressed by their colleagues at the college, and that the vibrant, college town feel that exists in Athens is one of the best things about their new job.



Jayani Jayawardhana

## Training grant aims to strengthen public health workforce

A NEW GRANT WILL ENABLE THE COLLEGE OF Public Health to offer a comprehensive program of statewide trainings for the state's public health employees.

The Georgia Public Health Training Center is addressing the needs and capacity of the state's public health system. Funded by a cooperative agreement from the Health Resources and Services Administration through the recent health care reform law, the College of Public Health is partnering with five other institutions of higher learning that provide public health education to marshal the necessary resources to strengthen the technical, scientific, managerial and leadership competence of the current and future public health workforce.

"This is a very exciting time for the state of Georgia," said Ashley Wells, the project's coordinator. "The training center will provide learning opportunities for our public health workforce which, in turn, will help us to meet the ultimate goal of ensuring a healthy population in the state."

The program will work to assess the needs of the overall public health system, develop the necessary training materials and offer training opportunities throughout the state. Additionally, GPHTC will utilize the University of Georgia's Archway Partnership to anchor regional training centers throughout Georgia.

As an innovative utilization of the university's traditional land-grant model, Archway will enable GPHTC to efficiently and effectively provide a full range of supportive educational resources to foster challenges in communities throughout Georgia.

Marsha Davis, an assistant dean and principle investigator for the Center, said the project aimed to collect information

from various public health workers to better serve them.

"We've developed a survey going out to all the people working in public health, as well as conducting focus groups, and we're asking them what their training needs are," Davis said. "We'd also like to know how they'd like to receive them – would it be through in-person trainings or a webinar – and we're gathering that information and

tailoring it to be specific for their needs."

Already, preliminary feedback from the survey is shaping the potential types of trainings that will be offered. Wells said that many public health workers wanted help in developing management skills and organizational skills, particularly those related to leadership, communication and evaluation.

The project will run for five years. [www.gaphtc.uga.edu](http://www.gaphtc.uga.edu)

## College Hosts AIDS Legacy Panel Discussion



Last November, the College of Public Health was honored to host a panel discussion that chronicled the work of the AIDS Legacy Project, which captured the stories of those working on the frontlines of the crisis during those early hectic days. The panel brought together four influential leaders - Bruce Garner, Jim Martin, Nancy Paris and Sandra Thurman - who helped build the initial infrastructure that responded to the AIDS epidemic in Atlanta during the 1980s.



## College of Public Health Partners with College of Education to Create Institute

By Genevieve di Leonardo

THE UNIVERSITY OF GEORGIA COLLEGES of Education and Public Health have partnered to create the Institute for Evidence-Based Health Professions Education (EBP). The institute will facilitate and promote interdisciplinary research among UGA faculty with expertise related to the development of educational programs in fields such as public health, pharmacy, veterinary medicine, nursing, medicine and other health professions.

Ronald Cervero, a nationally known expert in continuing professional

education and associate dean of the College of Education and Mark Ebell MD, MS, an expert in evidence-based medicine, medical publishing, informatics, and clinical decision-making, are co-directors of the institute.

“While the university has several units involved in health professions education and considerable resources relevant to this kind of activity, no single unit or department has a program designed to educate and support those who educate health professionals,” said Cervero. To meet this need, the

institute will provide formal training in educational theory, program development, evaluation, epidemiology, evidence-based health care, informatics and clinical decision making for those educators.

Additionally, an online master’s degree in adult education with an emphasis on health professions education is also being created. The program’s curriculum is designed to provide health specific training through courses in epidemiology, research, and informatics as well as education specific training through courses in evaluation, program planning.

Both colleges would contribute important aspects to this degree. The College of Education brings adult education theory, program and curriculum planning, program evaluation, instructional technology, multiculturalism and diversity, and research design. The College of Public Health provides expertise in epidemiology and biostatistics.

The EBP founders hope to also develop continuing education programs, launch research and development projects with hospital and public health systems, and provide faculty development for local physicians.

The EBP will also benefit faculty development in other disciplines. Partnerships are anticipated among the health professions education programs in Pharmacy and Veterinary Medicine, as well as UGA’s Public Service and Outreach program.

Cervero and Ebell believe the EBP will help UGA become a national leader in health professions education.

For more information on the Evidence-Based Program for Health Professions Education <http://ebp.uga.edu/>

## College provides crucial support for Georgia’s traffic safety needs

FOR MORE THAN A DECADE, DR. CAROL Cotton has worked with communities across the state to assist them with the management, implementation and evaluation of various traffic studies. The funding to support such crucial work has come from a variety of sources, including the National Highway Traffic Safety Administration and the National Safety Council, but since 2006, Cotton’s work has been funded by the Georgia Governor’s Office of Highway Safety.

Her charge is to evaluate all of the funded traffic programs in Georgia. The focus is on programmatic evaluations, meaning the strategies, goals, objectives and activities of each grantee are carefully analyzed to gauge their effectiveness.

Cotton said her staff provides the technical assistance to the various programs across the state, helping them to hone their individual processes and adjust their programs to be tailored to their populations when necessary.



“The governor’s office has been so receptive to this process,” Cotton said. “To my knowledge, we are the only one in the country doing this level of evaluation of programs. My staff looks at every single objective written by every single grantee in the state, so it’s a crazy kind of detail.”

# College of Public Health



## Degree Programs

- Bachelor of Science in Environmental Health
- Bachelor of Science in Health Promotion
- Minor in Environmental Health
- Minor in Public Health
- Master of Public Health (MPH)
- Master of Science (in Environmental Health)
- Master of Science (in Toxicology)
- Ph.D. in Health Promotion and Behavior
- Ph.D. in Toxicology
- Doctor of Public Health (DrPH)

## GRADUATE CERTIFICATES:

- Disaster Management
- Gerontology
- Global Health

## PROPOSED FUTURE PROGRAMS:

- M.S. & Ph.D. in Biostatistics
- Ph.D. in Environmental Health
- Ph.D. in Epidemiology

## Student Profile

640 Undergraduate Students:

- 100 B.S. in Environmental Health
- 540 B.S. in Health Promotion

229 Graduate students:

- 172 MPH Students
- 8 M.S. Students
- 33 Ph.D. Students
- 16 DrPH Students

Over 2800 alumni

## Faculty Profile:

48 Full-Time Members

- 5 Biostatistics
- 10 Environmental Health Science
- 8 Epidemiology
- 13 Health Policy & Management
- 12 Health Promotion and Behavior



# Degree and Certification Programs

## Environmental Health Science

206 Environmental Health Science Bldg.  
Athens, GA 30602-1202  
Voice: (706) 542-2454  
Fax: (706) 542-7472  
[www.publichealth.uga.edu/ehs](http://www.publichealth.uga.edu/ehs)

### Department Head:

Jia-Sheng Wang, [jswang@uga.edu](mailto:jswang@uga.edu)

### Graduate Coordinator:

Erin Lipp, [elipp@uga.edu](mailto:elipp@uga.edu)

### Undergraduate Coordinator:

Anne Marie Zimeri, [zimeri@uga.edu](mailto:zimeri@uga.edu)

Environmental health science (EHS) is the study of biological, chemical or physical agents in the environment and their effects on human health and ecological systems. Environmental health scientists serve the general welfare by predicting which agents may cause adverse health effects and how these adverse effects occur. They safeguard and improve the quality of our air, water, natural resources, food and shelter.

## Career Opportunities

Individuals who complete a degree in environmental health science have career opportunities rich with professional and personal rewards. Environmental health scientists are employed in the private and public sectors as analysts, managers, toxicologists, industrial hygienists, auditors, risk assessors, teachers, researchers and health professionals.

## Programs

The curriculum for the Bachelor of Science in Environmental Health includes a strong foundation in basic science and analytical methods that prepares students for careers in environmental health science or for additional graduate or professional training. Graduate curricula (Master of Science (MSEH), Master of Public Health (MPH), Doctor of Public Health (DrPH), Master of Science (MS) and Doctor of Philosophy (PhD) in Toxicology) prepare students for leadership and technical positions in consulting firms, industry, academia, and government. A dual bachelors degree program is also available with the BS in Biological Engineering with a five year course of study.

## Epidemiology & Biostatistics

N132 Paul D. Coverdell Center  
Athens, GA 30602-9397  
Voice: (706) 542-9394  
Fax: (706) 583-0695  
[www.publichealth.uga.edu/epibio](http://www.publichealth.uga.edu/epibio)

### Department Head:

John E. Vena, [jvena@uga.edu](mailto:jvena@uga.edu)

### Graduate Coordinator:

Chris Whalen, [ccwhalen@uga.edu](mailto:ccwhalen@uga.edu)

Epidemiology and Biostatistics use quantitative methods to support evidence-based decision making in public health and biomedicine. Biostatistics is concerned with the development and application of quantitative methods for collecting, summarizing, analyzing and interpreting biological information in the presence of uncertainty. Epidemiology is the study of the distribution of disease in populations, focusing on patterns of risk and preventive measures for disease.

## Career Opportunities

Students who complete a Masters of Public Health with concentrations in Epidemiology or Biostatistics have career opportunities in public, non-profit and private sectors. Epidemiologists are involved in infectious disease surveillance, and assessment of risk factors for infectious and chronic disease for government agencies and healthcare organizations. Biostatisticians may become involved in the design and analysis of clinical trials and public health survey data, total quality assurance, and may be employed as consultants and research-team members by the pharmaceutical industry, medical schools, government agencies, or insurance firms.

## Programs

Master of Public Health degrees with concentrations in Epidemiology and Biostatistics are offered. Honors undergraduate students may pursue a combined BS in Statistics and MPH in Biostatistics or other bachelors degree programs along with the MPH in Epidemiology. The department collaborates with the Colleges of Veterinary Medicine, Arts and Sciences, and Ecology to offer a variety of electives for the concentration in Epidemiology.

## Health Policy and Management

101 Visual Arts Building,  
285 S. Jackson St.  
Athens, GA 30602-9397  
Voice: (706) 542-6374  
Fax: (706) 583-0695  
[www.publichealth.uga.edu/hpam](http://www.publichealth.uga.edu/hpam)

### Department Head & Graduate Coordinator:

Phaedra S. Corso, [hpam@uga.edu](mailto:hpam@uga.edu)

The study of health policy and management introduces the student to the main components and issues of the organization, financing, and delivery of health services and public health systems. Students concentrating in policy will gain a broader understanding of the policy process for improving the health status of populations, and be able to apply the principles of program planning, development, and evaluation to organizational and community initiatives. Students concentrating in management will gain a broader understanding of financial, management, and organizational skills which will provide them with the expertise needed to take on leadership rolls in the workplace.

## Career Opportunities

Individuals who complete a degree in the policy track will typically work in a government or non-profit health care agency and hold positions as policy analysts, evaluators, or health services researchers. Individuals who complete a degree in the management track will typically work in public or private healthcare organizations as healthcare consultants, administrators, or managers.

## Degree Programs

The M.P.H. concentration in Health Policy and Management provides an interdisciplinary course of study. Students pursuing a policy focus take courses related to economic evaluation, policy analysis and implementation, and health economics. Students pursuing a management focus take courses related to disaster management, financial and personnel management, and public health law, ethics, and leadership. The Department collaborates with other UGA schools and colleges, including the College of Pharmacy, the School of Public and International Affairs, and the Terry College of Business, to offer a variety of electives to meet the academic and professional goals of each student.

## Health Promotion and Behavior

308 Ramsey Center  
Athens, GA 30602-6522  
Voice: (706) 542-3313  
Fax: (706) 542-4956  
[www.publichealth.uga.edu/hpb](http://www.publichealth.uga.edu/hpb)

### Department Head:

Mark G. Wilson, [mwilson@uga.edu](mailto:mwilson@uga.edu)

### Graduate Coordinator:

Marsha Davis, [davism@uga.edu](mailto:davism@uga.edu)

### Undergraduate Coordinator:

Katie D. Hein, [khein@uga.edu](mailto:khein@uga.edu)

The Department of Health Promotion and Behavior seeks to educate public health professionals in the social and behavioral aspects of public health and in the prevention of health-related problems and conditions. Our students study the underlying factors influencing health and learn to create multi-level interventions that positively impact the health and well being at individual, group, organizational, and community levels. Health promotion efforts are directed at influencing or facilitating health-related behavior, advocating for public health policy, creating supportive environments, strengthening community action, developing personal skills, and reorienting health services.

## Degree Programs

The department offers a Bachelor of Science in Health Promotion, a Master of Public Health, and a Doctor of Philosophy in Health Promotion and Behavior. A degree in Health Promotion and Behavior equips students with a comprehensive understanding of the determinants of health and the skills necessary to direct programs that promote and facilitate health-related behavior and improve quality of life.

## Career Opportunities

Individuals who complete a degree in health promotion and behavior have career opportunities in settings such as: Health departments, Local, state, and federal government agencies, Medical centers, Colleges and universities, Non-profit organizations, International organizations, Commercial firms, Consulting firms.

## Center for Global Health

Paul D. Coverdell Center  
Athens, GA 30602  
Voice: (706) 542-8607  
Fax: (706) 542-6730  
[www.publichealth.uga.edu/cgh](http://www.publichealth.uga.edu/cgh)

### Director:

Richard Schuster, [rschuste@uga.edu](mailto:rschuste@uga.edu)

### Certificate information:

[ghcertif@uga.edu](mailto:ghcertif@uga.edu)

The Center for Global Health at the University of Georgia seeks to identify best practices of health care throughout the world, to support their dissemination, adaption, and then their adoption throughout the world, in order to improve health care for all. The center conducts research in global health systems and supports research of others in the college and throughout the university in global health.

The center offers a graduate certificate program in global health. In pursuing the certificate students must complete an internship to apply their knowledge outside of the classroom. Experiencing the local realities of health problems first hand while at internship locations provides students with another viewpoint to take with them into their careers.



## Institute for Health Mgmt and Mass Destruction Defense

101 Barrow Hall, Athens, GA 30602  
Voice: (706) 583-0210  
Fax: (706) 542-5254  
[www.publichealth.uga.edu/ihmd](http://www.publichealth.uga.edu/ihmd)

### Director:

Cham E. Dallas, [cdallas@ihmd.uga.edu](mailto:cdallas@ihmd.uga.edu)

The mission of the Institute for Health Management and Mass Destruction Defense (IHMD) is to reduce the casualties and social disruption from natural disasters and man-made events, including weapons of mass destruction, through engagement in planning, mitigation, risk analysis, professional training, and the development of response capabilities and infrastructure.

The institute will offer a graduate certificate in disaster management. The training will include emergency management approaches, basic first aid skills, triage techniques, first responder protocols, and national certifications through the American Medical Association and the Federal Emergency Management Agency. Graduates will be prepared to take leadership roles in incident command and mass casualty response.

## Institute of Gerontology

255 E. Hancock Avenue,  
Athens, GA 30602-5775  
Voice: (706)425-3222  
Fax: (706)425-3221  
[www.publichealth.uga.edu/geron](http://www.publichealth.uga.edu/geron)

### Graduate Coordinator:

Anne P. Glass, [aglass@geron.uga.edu](mailto:aglass@geron.uga.edu)

The Institute of Gerontology is the hub for coordinating and conducting The University of Georgia's education, research, and outreach services associated with the study of aging and the aged.

The institute offers a graduate certificate of gerontology. Undergraduate students in the Honors Program are also eligible to obtain the graduate certificate. There are opportunities for students to have practical or hands-on experiences with older adults in the form of community service or course practica.





**Master of Public Health**

The Master of Public Health (MPH) is the most widely recognized professional credential for practice in public health. Graduates will be able to recognize the scope of health problems, address specific populations in need, and match resources that will protect and promote health for all individuals and communities.

**Career Opportunities**

The MPH program prepares students for employment in a variety of local, state and national settings. Potential employers include local and state health departments, community health centers, not-for-profit organizations, for profit corporations, federal and national public health agencies, just to name a few.

**The Program**

Students in the MPH program complete five core courses related to the five areas of public health, courses in their area of concentration, plus a number of elective courses. Core courses are Social and Behavioral Foundations, Introduction to Epidemiology, Introduction to Biostatistics, Fundamentals of Environmental Health and Introduction to Health Policy and Management

AREAS OF CONCENTRATION: Biostatistics, Environmental Health Science, Epidemiology, Health Policy & Management, Health Promotion & Behavior.

INTERNSHIP: All students complete a 300 hour internship in a public health-related organization supervised by a public health professional.

CULMINATING EXPERIENCE: Students must pass a culminating experience in their last semester to graduate from the program.

**Admission**

All students must have a bachelor’s degree or its equivalent from an accredited institution. A mini-mum GPA of 3.0 on a 4.0 point scale and a GRE score of 1000 (verbal and quantitative combined) are recommended for consideration during the admissions process. Applicants must submit the UGA Graduate School application ([www.gradsch.uga.edu](http://www.gradsch.uga.edu)) and the MPH application ([http://www.publichealth.uga.edu/academics/cph\\_mph\\_app.html](http://www.publichealth.uga.edu/academics/cph_mph_app.html)). <http://sophas.org/>

**Admissions contact:** [mph@uga.edu](mailto:mph@uga.edu), 706-583-0885



**Doctor of Public Health**

The Dr.P.H. program prepares public health practitioners for senior leadership posi-tions in public health practice beyond the master’s level. The program’s competency-based curriculum prepares public health professionals to address complex public health problems through generalist training in public health combined with an opportunity to concentrate in a specific public health discipline. The degree’s flexibility will enable students to pursue multiple opportunities and ultimately to specialize in their areas of professional and academic interest. Complementing traditional didactic activity, DrPH students will have experiences collaborating with senior public health practitioners to gain experience in advocacy and leadership skills.

**Career Opportunities**

The Dr.P.H. program provides comprehensive public health training and draws on a variety of academic disciplines to prepare mid- and senior-level professionals to address the challenges of 21st century public health practice and practice-based research. Gradu-ates pursue jobs in local, state, national and international public health related organizations. Graduates are also qualified for positions in academia.

**The Program**

Prerequisite Curriculum (the Five MPH Core Curriculum Courses for those who do not have an MPH degree) Dr.P.H. Core Curriculum in the five core disciplines, Advanced Public Health Courses & Electives, A Public Health Practice-Oriented, Residency, Comprehensive Exam, A Practice-Oriented Dissertation. The minimum number of required hours for the Dr.P.H. will be 57 hours.

**Admission**

Qualified candidates must have substantial public health experience and, ideally, graduate-level train-ing in the field. Prerequisites: All applicants to the Doctor of Public Health degree must have: 1. A master’s-level degree in public health (MPH or MSPH). 2. A minimum of three years of professional work experience in the public health arena following completion of a relevant master’s or professional degree. 3. A minimum of a 3.0 GPA (on a 4.0 scale) and 1000 GRE score. Applicants must submit the UGA Graduate School application ([www.gradsch.uga.edu](http://www.gradsch.uga.edu)) and the MPH application ([http://www.publichealth.uga.edu/academics/cph\\_mph\\_app.html](http://www.publichealth.uga.edu/academics/cph_mph_app.html)). <http://sophas.org/>

**Admissions contact:** [drph@uga.edu](mailto:drph@uga.edu), 706-583-0885





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# liveWELL

## WeLiveLegacies

To be part  
of the College  
of Public Health's  
**liveWELL**  
campaign,  
contact:

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Director of  
Development

College of  
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### What is liveWELL?

**liveWELL** is about a community geared toward action and committed to finding solutions.

**liveWELL** is about legacy that isn't focused on what has happened, but rather what is to come.

**liveWELL** is about the more than 2,500 alumni of the College of Public Health who are changing the world, piece by piece, moment by moment.

**liveWELL** is about proactively addressing the health challenges that confront our society.

**liveWELL** is about you.

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**liveWELL** is your opportunity to invest in the legacy of the college by sharing your stories, supporting the college financially and participating in the broader community of alumni, students, faculty and friends.