

THE UNIVERSITY OF GEORGIA COLLEGE OF

Public Health

Winter 2014



Partners in Public Health:
Helping communities like
Colquitt County prepare for the
health care challenges ahead

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2013 State of Public Health conferences place focus on progress made by Georgia's public health community

EMPHASIZING THE VALUE OF DATA AND IMPORTANCE OF BUILDING COALITIONS, Brenda Fitzgerald, M.D., commissioner of the Georgia Department of Public Health, told attendees of the inaugural State of Public Health Conference that the state's broader public health status is trending in the right direction.

"The final analysis is that we are ready to soar, and this inaugural conference is pretty indicative of that," Fitzgerald said. "That's because a lot of people know we can help determine where Georgia can go as far as our health. This conference will develop an actionable plan to outline what we can do to move forward so we can improve the health and protect the lives of every single person in Georgia."

The State of Public Health conferences held March and October 2013 brought together more than 200 representatives from the public health, primary care, academic and business communities to discuss the various public health challenges confronting Georgia. Hosted by the Office of Outreach and Engagement in the College of Public Health, the meetings also featured several interactive workshops tackling a variety of key public health issues.

Fitzgerald's first State of Public Health speech focused on the successes the DPH has had the past two years. One of its early success stories is the state's reduction in its infant mortality rate from 8.4 percent in 2006 to 6.3 percent today. Fitzgerald said the state relied on its existing data to identify the roots of the problem, and then assembled a coalition of multiple partners to share the data with the medical community and the public. By September 2012, the state's elective premature birth rate had plummeted to 4.5 percent.

Fitzgerald also shared initial findings from Gov. Nathan Deal's SHAPE initiative, designed to combat childhood



obesity in Georgia. As part of SHAPE, children in Georgia must take a physical activity assessment, known as a FitnessGram, measuring their level of fitness. She said only 16 percent of the schoolchildren in Georgia were able to pass the test's most basic parts, while 20 percent were unable to pass any portion of the FitnessGram.

Fitzgerald announced her department, in collaboration with the College of Public Health and the state's Department of Education, will work with all of Georgia's elementary schools to increase physical activity by adding 30 minutes of activity into the classrooms each day.

"What Georgia has to do is not just have the state do certain things like change rules for schools lunches," Fitzgerald said. "We need every segment of society to make some changes, and that includes changing what we do, what our children do, what our parents do, what our schools do and, ultimately, what society does. I'm convinced we can do it."

At the second conference held six months later, Fitzgerald emphasized education as one of the most important factors, outside of genetics, that influence health. She found recent studies — linking the lack of a high school diploma to a 95 percent increased risk of early death — particularly troubling in light of the state's 67 percent graduation rate.

Fitzgerald pointed out that increasing literacy at third grade could offer a so-

lution. Not only does improving reading at this level make an individual six times more likely to graduate, but can also dramatically improve health outcomes for those same individuals later in life.

The nation's hot topic issues regarding public health were addressed by each event's keynote speaker.

Tyler Norris, vice president of total health partnerships at Kaiser Permanente, called on conference attendees in March to emphasize how public health can not only boost societal health, but also educational performance and economic development.

"We have to be bipartisan in this environment," Norris said. "We need to focus on health and prosperity, not partisanship and divide, and doing so will help us get beyond the toxicity of Washington, D.C., for some real change."

Len M. Nichols, Ph.D., health care economist at George Mason University, outlined the history of U.S. health care reform to October attendees and discussed how incentive structures have the potential to link the self-interest of health system stakeholders with the social interest in containing cost growth, improving quality, and achieving better population health.

"We need to put politics aside to produce healthier workers and affordable healthcare," Nichols said. "The best place to tackle this divide is at the community level — where we live and work, play and pray — and let the people decide what they need." ■

College welcomes new faculty members

Dr. Neale Chumbler

joined the College of Public Health as department head and professor of health policy and management. He earned his Ph.D. in sociology from Case Western Reserve University, holds a master's degree from Western Kentucky University and a bachelor's degree from Murray State University.



Prior to coming to the College, Chumbler completed a postdoctoral fellowship in Health Services Research with the U.S. Department of Veterans Affairs and the University of Arkansas for Medical Sciences. His research at the College will focus on program evaluation, access and utilization of health services, and health outcomes. ■

Dr. Amara E. Ezeamama joined the College of Public Health as an assistant professor of epidemiology in the new Ph.D program after her Yerby Postdoctoral Fellowship at the Harvard School of Public Health. Ezeamama completed her Ph.D.



in epidemiology at Brown University and her bachelor's degree in neuroscience from the University of California, Los Angeles.

Her ongoing research focuses on populations at high risk of malnutrition, HIV malaria and helminth infections. She has studied how multi-species infections and nutritional deficiencies combine to increase illness and mortality in humans.

At the College, Ezeamama will focus on a research program designed to

explain the contribution of concurrent malnutrition, malaria and helminth infections to increasing HIV-related deaths in Sub-Saharan Africa. ■

Dr. Curtis Harris joined the College's faculty as an assistant professor in health policy and management and associate director of the Institute for Disaster Management. Harris completed a B.S. in chemistry at Georgia College and State University and a Ph.D. in toxicology at the University of Georgia.



During the last four years, Harris has attained Homeland Security experience by acting as exercise director and planning team member for emergency preparedness exercises in nearly all 150 hospitals in the State of Georgia. He also was a member of the exercise planning team and lead controller/evaluator for a 60-plus agency food emergency response exercise conducted at the Federal Law Enforcement Training Center.

At the College, Harris will focus his research on antidotes to radioiodide exposure and disaster preparedness. ■

Dr. Timothy Heckman joined the College as Associate Dean for Research, as well as professor in health promotion and behavior. He earned his Ph.D. in experimental psychology from University of Vermont, his master's degree from University of Hartford and his bachelor's degree from Penn State University.



At the college, Heckman will continue to pursue research opportunities in HIV/AIDS, rural health, gerontology, and telemedicine. ■

Dr. Kun Lu joined the College as an assistant professor in environmental health science, after working as a postdoctoral associate at Massachusetts Institute of Technology. Prior to this, Lu received his Ph.D degree from University of North Carolina at Chapel Hill.



Lu brings an expertise in the areas of high throughput Omics and biomarker development to the College. His research aims to understand health effects of environmental exposures and individual response through combining systems-level and targeted approaches. ■

Dr. Sara Wagner joined the college after earning her M.S.P.H. and Ph.D. in epidemiology from the University of South Carolina, and her B.S. in biology from Furman University.



As an assistant professor in epidemiology, Wagner will continue to pursue research opportunities in cancer epidemiology, environmental health and geographic information systems. She is specifically interested in environmental radiation exposures, racial disparities in cancer outcomes, and application of Geographic Information Systems to environment-cancer questions. ■

Research links improved consumer welfare to increased prescription drug advertising efforts

THERE'S THE OLD ADAGE THAT AN APPLE A DAY KEEPS THE DOCTOR AWAY.

According to recent research from Dr. Jayani Jayawardhana, a couple of million dollars spent on marketing isn't too bad for your health either.

In a paper published in the *International Journal of Industrial Organization*, Jayawardhana determined that more people are better off thanks to the impact of an influx of direct-to-consumer advertising (DTCA) spending than they would be without those marketing efforts.

Focusing on the advertising of cholesterol-reducing prescription drugs and their impact on the welfare of affected consumers, the multi-year study found increased levels of consumer welfare due to DTCA than when compared to situations without DTCA. Additionally, Jayawardhana's paper also concludes such marketing efforts spurred under-diagnosed patients to seek medical treatment.

Advertising for prescription drugs is a relatively new venture for prescription drug companies, with the first ads appearing in the early 1980s. However, stringent disclosure requirements by the

Food and Drug Administration made such marketing investments not economically practical. Federal deregulation of prescription drug marketing in 1997 lowered cost barriers

and enabled manufacturers to advertise prescription drugs without including a detailed summary of the product. Since the relaxation of those rules, advertising spending from pharmaceutical companies has increased by more than 200 percent.

Jayawardhana, a health economist with the College's department of health policy and management, said her study was the first to provide an analysis of the welfare of the consumer that demonstrated a connection to the increased marketing expenditures.

It also added further support to existing academic research suggesting that DTCA efforts lead to a more informed and more inquisitive consumer, which could lead to better health outcomes.

"Let's say you see a commercial for Lipitor, and you suspect that you have high cholesterol, so you come and ask for that drug from the physician," Jayawardhana said. "For whatever reason, the doctor may assume that isn't the best drug for you, and you get prescribed Zocor instead. The point isn't that you didn't get the drug you saw on the commercial, but rather that you came to the doctor and got treatment for your condition, which leads to welfare improvement."

Such findings appear to run counter to existing conventional thought regarding prescription drug marketing efforts.

Jayawardhana, who holds a Ph.D. and M.A. in economics from the University of Virginia, said critics of the federal deregulation have suggested the marketing spending boom could lead to a myriad of harmful results. One of the top concerns was the potential for a rapid rise in patients requesting – and receiving – inappropriate drugs from their physicians. Additionally, skeptics suggested that individuals would rou-

tinely overdose themselves, relying on the perception of the drug in the advertisement rather than the counsel of the doctor.



Dr. Jayani Jayawardhana

More than 15 years since deregulation, those fears have yet to materialize.

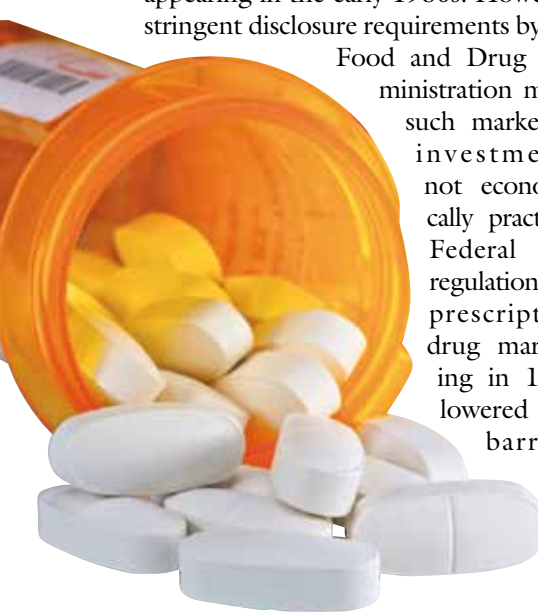
While such incidences may be possible, Jayawardhana pointed out it is difficult to recognize such outcomes in her data sample.

However, given that physicians act as gatekeepers for prescription drugs and the consumer has limited access to the advertised product, such negative outcomes may be scarce. Because of the role of physician in the decision-making process, pharmaceutical companies have to market their drugs to the two purchasing agents involved – the consumer and the physician.

"When you see an advertisement for something like Coke, the intent is to give you an incentive to go buy the product," she said. "But with the prescription drug market, the consumer is not the final decision maker. You have to go through a gatekeeper in the physician. Why are drug companies advertising to the consumer? Are they wasting their money?"

Jayawardhana's research indicated those advertising efforts are paying off. In addition to heightened consumer awareness, she said targeted advertising toward physicians has both an informative and persuasive effect on the selection of the drug.

This impact on the physician leads to a more informed gatekeeper of the marketed drug, thus potentially minimizing the concerns many critics had voiced. ■



Joel M. Lee named John A. Drew Professor of Healthcare Administration

DR. JOEL M. LEE, A PROFESSOR OF HEALTH POLICY AND MANAGEMENT and director of the Doctor of Public Health degree program at the College of Public Health at the University of Georgia, has been named the inaugural John A. Drew Professor of Healthcare Administration.

“Dr. Lee has a distinguished career in healthcare administration,” said Dr. Phillip L. Williams, dean of the College of Public Health. “This professorship recognizes his contribution to the field and his work to train the future generation of healthcare administrators.”

The professorship was created with a lead gift from Athens Regional Medical Center and with additional support from other members of the healthcare community and friends as a way to honor John A. Drew, MPH/MBA, president emeritus of Athens Regional Health Services.

Williams said Drew’s leadership and commitment to the delivery of high quality healthcare services in the Athens area are unparalleled. During his 29-year career at ARMC, Drew transformed ARHS from a small community hospital to an expansive

network of healthcare systems serving all of Northeast Georgia.

“It is an honor to have this professorship established in my name, and I am grateful to the many who gave so generously,” said Drew. “I am strongly committed to the training of future healthcare leaders, and it is my hope that this professorship will help to ensure a future generation of well-educated and effective healthcare administrators.”

Lee joined the College of Public Health faculty in 2008. Previously, he served as the College’s associate dean for academic affairs.

“John Drew is nationally recognized as an exceptional leader in healthcare administration practice, as well as an authority in hospital and health system governance, change management and strategic planning,” said Lee. “He also has made contributions to academia as a member of the governing board of the Commission on Accreditation of Healthcare Management Education, as a mentor and

as an author. I am honored to be the first recipient of the John A. Drew Professorship in Healthcare Administration.”

Lee completed his Master of Public Health and Doctor of Public Health degrees in health services administration and organization at the University of Texas’s School of Public Health. Prior to coming to UGA, he served in a variety of academic positions during the formation of the University of Kentucky’s College of Public Health.

Lee is a member of the American College of Healthcare Executives and the Board of Regents’ Administrative Committee on Public Health, and he has served on a variety of ACHE committees, including more than 16 years of service on the Kentucky ACHE Regents’ Advisory Board. He also is a past chair of the Association of Schools of Public Health’s Health Policy and Management Council. ■



Dr. Joel M. Lee

ARMC, a healthcare facility that John A. Drew led for 29 years.



News & Notes

UGA researchers project devastating outcomes of nuclear exchange in Middle East

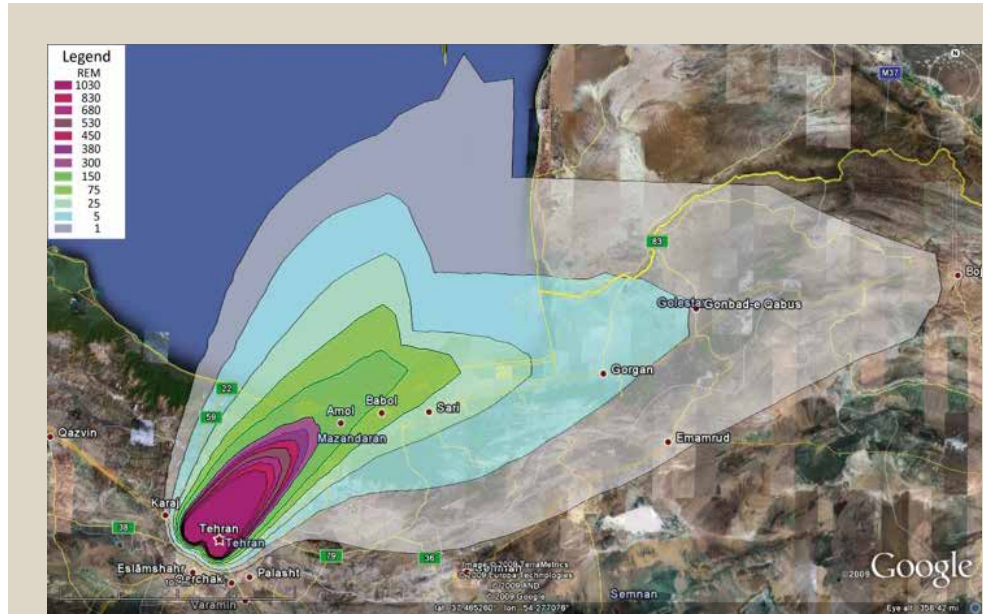
DR. CHAM DALLAS, THE HEAD OF THE INSTITUTE OF DISASTER MANAGEMENT, joined with two of his UGA colleagues as well as a pair of other emergency preparedness planners in penning a comprehensive study which provided the first-ever analysis of the results of a nuclear war in the Middle East.

The hypothetical results, not surprisingly, were horrific.

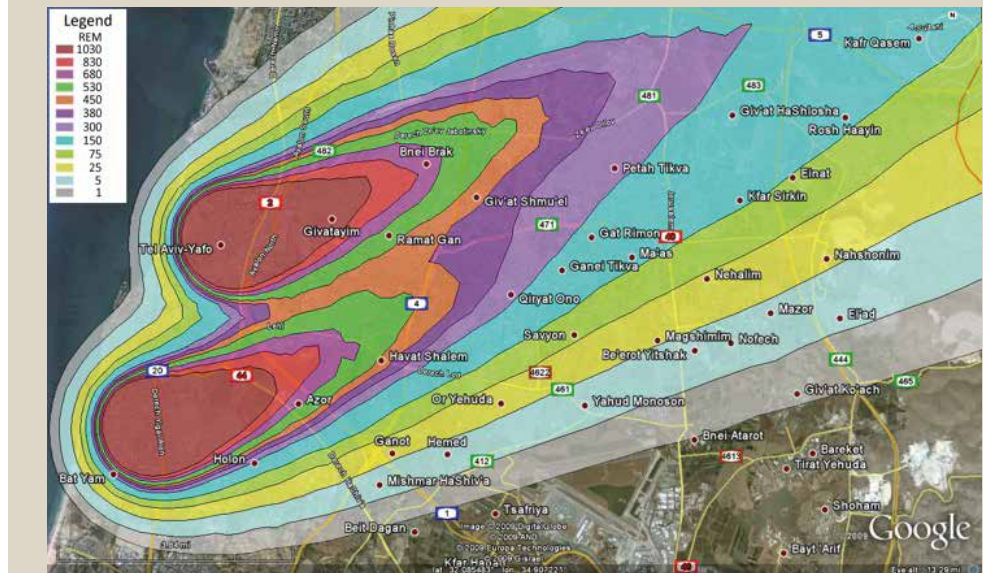
Dallas, along with William Bell and Antonio Caruso, assembled a thorough scenario which mapped out what would happen if Iran, which is actively seeking to enrich nuclear material for weapons yield, and Israel, which long has been suspected of possessing nuclear weapons, were drawn into a conflict. The analysis focused on the medical consequences of such an exchange with an emphasis on the distribution of casualties in urban environments.

Trauma, thermal burn and radiation casualties were estimated on a geographic basis for three Israeli and eighteen Iranian cities. Dallas and his team determined that nuclear weapon detonations in the densely populated cities of Iran and Israel would result in an unprecedented numbers of dead, with millions of injured suffering without adequate medical care, a broad base of lingering mental health issues, a devastating loss of municipal infrastructure, long-term disruption of economic, educational, and other essential social activity, and a breakdown in law and order.

From a medical perspective, the response to such a disaster would be challenging. Burn victims require days and weeks of intensive treatment requiring a vast amount of technological resources. Neither



Nuclear attack - multiple 500kt weapons on Tehran, Iran.



Multiple 10kt nuclear detonations on Tel Aviv, Israel.

Radiation exposures are delineated by color in the dispersal plume.
Source: Dallas et al., Conflict and Health 7:10 (2013).

would be available in the aftermath of a lethal atomic battle with mass injuries, most compounded by the dangers of radiation.



Dr. Cham Dallas

Dallas said most likely the remaining medical response teams would gravitate toward treating lacerations, broken bones and other more familiar forms of trauma. He also recommended the pursuit of a more “low-tech” response method where specially trained “non-specialists” would provide everything from the distribution of burn medication to assistance with minor, but necessary surgical procedures.

It also would be imperative for a respected international body, such as the United Nations, to provide the resources, training and logistical support necessary to respond to such a scenario. Any nuclear exchange in the region would decimate the existing infrastructure already in place locally, making any sort of response from the impacted nations practically impossible.

“We can’t afford to pretend this is never going to happen,” Dallas said in an interview with MSNBC after his study was published. “Right now, the difference between our kill zones and our injury zones is almost meaningless. But we can do something about that. We can decide in advance whether those people live or die.” ■

CPH alumni named to UGA’s “40 Under 40” list

TWO COLLEGE OF PUBLIC HEALTH ALUMNI, Emily Hanson Scofield and Dr. Raegan Tuff, were recently recognized as members of the UGA “40 Under 40” Class of 2013. The list recognizes UGA graduates under the age of 40 who have made a significant impact in business, leadership, community, educational and philanthropic endeavors, as well as demonstrated dedication to UGA and its mission of teaching, research and service.

Scofield graduated with a Master of Environmental Health Science in 1999 and has enjoyed a successful career promoting sustainability and environmental initiatives in the state of North Carolina. Earlier this year, Scofield facilitated a merger of the three U.S. Green Building Council chapters in North Carolina into one statewide organization, of which she became the executive director. Since then, the alumna has earned a \$100,000 grant



April Hembree Crow

and secured more than \$40,000 for the chapter’s annual Partnership Campaign.

Tuff, who graduated in 2009 with a Ph.D. in health promotion and behavior, is a senior public health analyst at the Centers for Disease Control and Prevention. At the CDC, she manages agency-wide technology solutions that help track prevention and control activities in all 50 states

and the Pacific Islands. One such project includes managing a 5-year, \$2 million public health contract with a private sector organization.

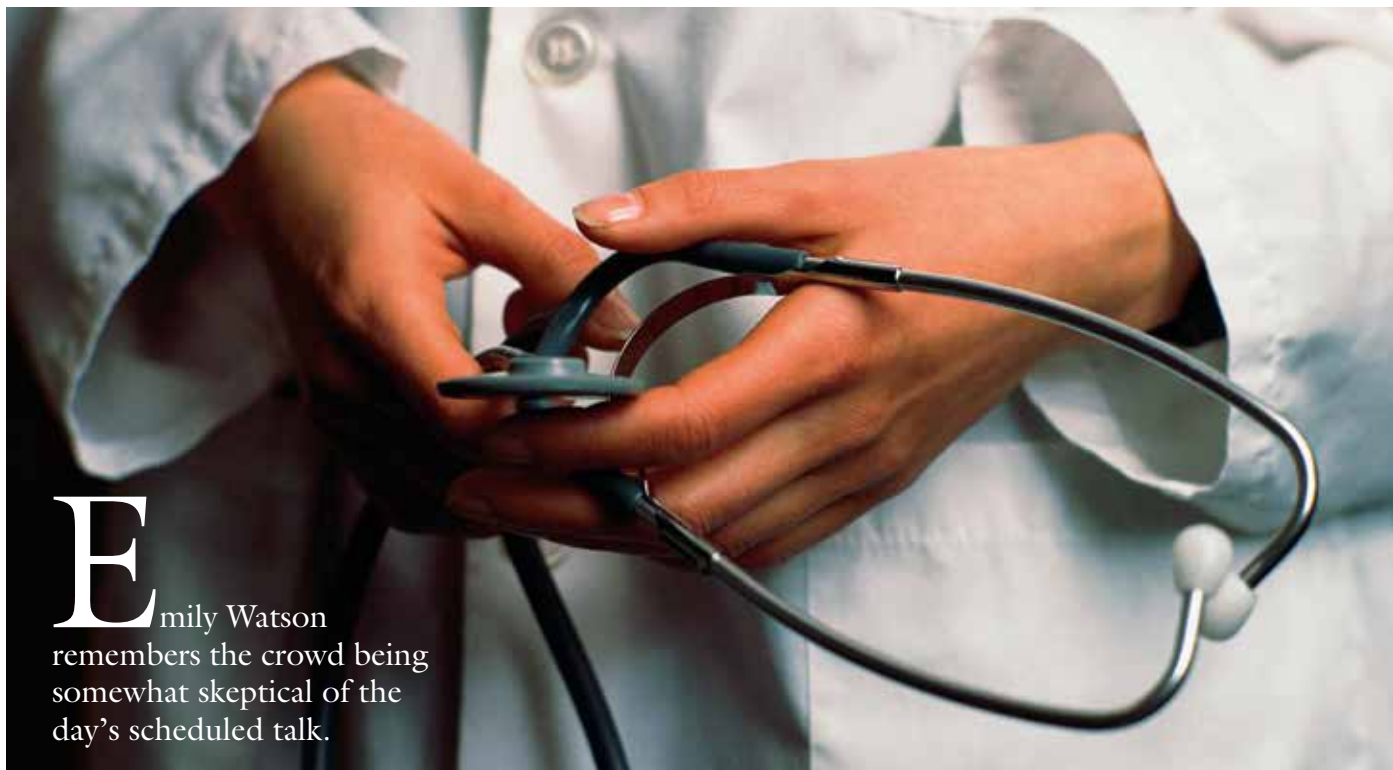
Past alumni recipients for UGA’s “40 under 40” include April Crow, who was named a member in 2012. The global director of Coke’s sustainable packaging division and a 1995 graduate of the College’s environmental health sciences program, Crow is helping the company create an innovative vision where product packaging is no longer viewed merely as waste, but as a valuable resource for future use. ■



2013 Recipients with Dean (L to R): Dr. Raegan Tuff, Dean Phillip Williams, Emily Hanson Scofield

In for the Long Haul

Improving Community Health through Service



Emily Watson remembers the crowd being somewhat skeptical of the day's scheduled talk.

For starters, those gathered five years ago for a joint meeting of Colquitt County's Rotary and Kiwanis clubs didn't have a clear understanding of what "public health" was, let alone how it impacted them.

Dr. Phillip Williams, the dean of the University of Georgia's College of Public Health, was in town to talk about how the institution was working to serve the state of Georgia, as well as provide a glimpse of the health status in the community these leaders called home.

Watson, the public health professional heading up the Archway Partnership project in the community, recalled the crowd's disbelief as Williams ticked off troubling statistic after troubling statistic, noting the deterrent obesity plays in economic development and the crushing health care costs associated with chronic

diseases like diabetes, heart disease and other liver and kidney ailments. The state's data were troubling enough, but Colquitt County was facing the same challenges at an even more magnified level.

The rural community's residents are predominantly low-income, have higher obesity rates than most parts of Georgia, and rank at the bottom in most key health indicators.



"He explained to them this was a crisis and if we stay on the course we're on now, we're heading to a place without economic opportunity and mired by chronic health disease," Watson said. "The statistics were startling, and it got everyone's attention."

The news was bleak, but there was hope attached to that message – the College, working through an invitation from the community's leaders, was going to not only do the research and train the workers needed to combat this challenge, but also directly provide the resources, support and guidance for communities like Colquitt County to begin the work of changing their future.

A conference for citizens of Colquitt County by university officials on how "public health" impacts their community.

Watson said the fact that key leaders, such as the Dean, were visible in the community demonstrated that the College was making an investment in Colquitt County. Since that initial presentation, Williams has made a point to schedule annual trips to both share the work of the College, and garner feedback from the community on what's working and not working from a programmatic level.

The College worked with the already successful Archway Partnership in Colquitt County in response to the community's request for assistance. Launched in 2005, Archway works with various "portal" counties in Georgia through which communities gain the wealth of faculty and student expertise who in turn gain practical experience outside of the classroom.

In Colquitt County, the College began implementing a variety of programs aimed at increasing physical activity, changing lifestyles, and ultimately reversing the perilous path the community had been on.

"There is a sense of trust that's been established during the past five or six years the College has been here," Watson said. "Often when someone like a big university would come in, they'd do the work and then go back, and you never see their face again. With Archway and what the College is doing here, you're seeing the same faces over and over and that builds trust in the community partners."

That trust has led to a remarkable turnaround for Colquitt County, not just from a health status standpoint (since focusing on public health, the community has consistently improved its overall standing in the Partner Up! For Public Health rankings) but also in its sense of community pride and civic engagement.

That's the type of work Dean Williams wants the College to be known for: a mixture of research, outreach and service that enables UGA resources to be used to improve the lives of all Georgians.

The Colquitt County success story also succinctly encapsulates the essence of one of the University's most

crucial relationships with the state of Georgia, which is that of a land-grant institution serving communities across the state. That notion of using ongoing research and academic resources to serve the residents of the state has been embraced by the College.

"In our core, we are committed to providing that type of service and benefit, and as we developed the College of Public Health it was important for us to have outreach and service be one of our core missions," Williams said. "In order to do that, we need to work in the communities where people live, so it's a natural step for our faculty and students to get involved in communities."

A history of outreach and service

This sense of serving communities in need has its roots in the needs of the economy of the 1800s. The predominantly agrarian economy of 100 years ago was focused on crop yield and irrigation with cotton, rice and peanuts driving the South. Then as now, the agricultural industry served as one of the nation's premier economic engines with the plantations, farms and rural communities that spanned the country serving as its fuel.

Institutions of higher education, however, were not equipped to provide the educational opportunities for those reared on farm life, nor were they able to funnel the resources and support to the rural communities that would benefit the most from such assistance. To remedy this, the Morrill Act of 1862 provided funding to educational institutions by granting federal land to the states that could be sold or developed to raise money to establish "land-grant" colleges.

These new institutions were designed as a direct response to shifting social classes following the Industrial Revolution and were

devoted to practical education such as agriculture, military science and engineering. As the official land-grant institution for Georgia, the University worked through entities like the College of Agriculture and the Cooperative Extension Service to provide the much-needed training, support and resources to farming communities across the state.

"One of the things that really impressed me in coming to the University was the commitment it had to improving the lives of the people of Georgia," Williams said. "I think that notion of service is much more engrained here than at other universities, at least others I've seen. It originates from the agricultural mission Georgia has."

Williams pointed to the work of the Cooperative Extension Services



(LtoR): Emily Watson, Marcus Wells, Dan Jeter, Roy Reeves, Greg Coop

to enhance agricultural productivity and bolster the quality of life for farm families and rural communities. Upon becoming the first dean of the College, he embraced the 21st century vision articulated by UGA President Michael Adams and made it a priority to modernize the land-grant mission so public health could be considered one of its central tenants of service to the state.

Though progress has been made in recent years, Georgia has ranked toward the bottom nationally in several key public health indicators. The state has one of the highest childhood obesity rates in the U.S.,

continued on page 10

while incidences of diabetes, heart disease and other chronic diseases are frighteningly high.

Georgia spends roughly \$2.4 billion annually on obesity-related health care costs and that figure is projected to rise to \$11 billion in the next decade. The average Georgian pays roughly \$250 per year in additional health care expenses to cover these extra costs.

“The land grant mission, as has the economy and society of Georgia, has changed during the past 100 years,” Williams said. “One of the things we began to see was the need to provide some outreach and assistance to support the overall health of the state’s population. The University already had the infrastructure in place, and it was imperative for the College, as well as the broader University community, to find a way to best utilize that infrastructure so we could improve the health of Georgians, all Georgians, as part of an expanded land-grant mission for the 21st century.”

By expanding and, in essence, modernizing that original mission through established, successful programs and organizations like the Cooperative Extension Service and Archway, the College has been able to reach out to communities across Georgia to provide support for the public health workforce and conduct intervention programs that yield substantive data and are working to reverse the course.

Most importantly, much of this work is being done in communities where the assistance is most needed.

“I think you have to do it in the communities to have a real impact,” Williams said. “There’s a limit to what you can do from Athens or Atlanta. Sure, you can attend trainings some other place, learn something there and take it back and use it. To have the most effect, you need to be there and be engrained and entrenched in those communities.”

The balance of research and outreach

As the College has diligently worked to fulfill its obligations to the land-grant mission, it has placed an emphasis on the

value of conducting research to better inform how to craft programs and other outreach efforts aimed at improving health outcomes.

In many disciplines, this presents an inherent challenge as modern society increasingly prefers immediate gratification and quick solutions. Many types of scientific research, however must proceed at their own pace and can take months, sometimes years, to compile. Additionally, turnover in faculty, students and staff can hinder the development of a bond between a community and the research team.

However, the nature of public health research actually helps to fuel engagement. Dr. Marsha Davis, associate dean for outreach and engagement at the College, said providing something tangible and real to the community – in essence, a return on the investment made in public health – was crucial to not just the success of a project, but also the willingness of a community to actively engage in the work.

“It’s particularly important to public health because unlike some applied sciences where there’s just a continuum of research from laboratory to application, you often have to transition that research into the field,” Davis said. “For public health, by our very nature we do research that is directly applied to improve the public’s health and it’s critical we do this. For our research to be effective, we have to make it applicable and relatable to communities.”

While the research ultimately will yield valuable data that will inform future outreach efforts, it also provides some short-term benefits for its participants.

One prominent example of this is Dr. Mark Wilson’s research with workplace populations. In an attempt to impact obesity rates and reduce employer health care costs, Wilson is leading an intervention program in three different cities in Georgia where public employees will participate in a six-month weight management program.

Relying on “health coaches” who provide counsel and educational support to participants, the goal is to change the lifestyles of each individual through

three versions of the program. In the long-term, the data gathered from the program will help employers craft wellness programs that can improve the well-being of their employees, boost worker productivity and safety, and potentially lower corporate health care costs.

Yet, as Wilson noted, regardless of the findings of the research, the immediate benefit for the employees is the exposure to better nutritional habits and physical fitness.

The College has countless other research and outreach projects underway with College faculty, staff and students leading the charge to strengthen communities and enact positive change. Dr. Phaedra Corso, a professor in health policy and management, is part of a research and intervention study focusing on two-parent African American families in rural areas. Dr. Chris Whalen, a professor in epidemiology, has spent much of his time studying tuberculosis in Uganda, identifying methods and strategies that could be employed locally to curb TB outbreaks in the U.S.

Like the ongoing work in Colquitt County, these projects are examples of meaningful and impactful research being conducted by faculty and students at the College both in Georgia and across the globe. Projects like these are collecting essential data that can inform researchers how to not only improve the situations in these various communities, but also ways to maximize those tried and tested models on a larger scale.

The research also complements outreach and engagement by striving for



answers and identifying best practices. If various intervention programs are deemed ineffective, that information may potentially point the way to a new strategy. Likewise, if a project offered positive outcomes, the publication of that research can give other communities a blueprint for success.

In Colquitt County, Watson said long-term benefits were promising, but the fact researchers were visible in the community provided an immediate sense of ease, fostering engagement among the population. While it might take an entire generation to begin to move the needle on various health indicators in the community, the notion that faculty, staff and students from the College were working alongside residents to turn things around made the task seem a little less daunting.

Building a story of success in Colquitt County

For Watson, success is built on trust.

As a resident of Colquitt County, she said she knows how vital it is for there to be an active collaboration between the College and the people of her community. It's the local "buy-in" that ultimately will make any project profitable.

"This is my home, and I see these people on a regular basis," she said. "I go to church with them. I shop at the same places they do. I socialize with them. So they know who I am, and that gives our residents a local contact they know and trust whom they can turn to if they need something."

Colquitt County was the first Archway community in the state, working with representatives from various parts of the University to identify strategic goals on a whole host of issues ranging from high school graduation rates to economic growth. Roughly seven years ago, the community identified another area where they needed help – their health.

Upon recognizing the need for assistance, Archway reached out to the College for a way to right the community's health wrongs.

And that's when Dean Williams came to visit.

Since that initial conversation, the College has been actively engaged in Colquitt County, relying on a host of intervention projects to both better understand the community's health challenges and move past the existing, readily-identifiable obstacles.

To get fresh, healthy foods into low-income areas of the county, food trucks deliver fresh produce free of charge.

Thanks to a grant from the Centers for Disease Control and Prevention and the YMCA of the U.S., a walk-to-school initiative is getting more children and their parents physically active. The College has hosted "lunch-and-learns" for public health workers and other local leaders to equip them with the tools they need to combat the community's health challenges.

Recently, Davis received a grant from the USDA to help teach children how to be "change agents" that could systematically change the lifestyles and behaviors of their parents and guardians in the community. And Watson said she was optimistic Colquitt County would be selected for a grant to fund a workplace intervention program for the community's employers.

The community has rallied behind these efforts because not only is it the right thing to do, but it also could mean the difference between long-term economic prosperity or generational despair.

"We preach economic development down here because we need more jobs," Watson said. "But there's a price tag associated with public health because a healthy workforce is going to help you recruit employers. If you can demonstrate that you have that, you're setting yourself up for success and growth."

It's the economic message that strongly appealed to the community's business leaders, fostering the leadership and commitment needed to effectively tackle what, on the surface at least, appeared to be an insurmountable task. Because of that commitment, a spirit of collaboration has enabled the College, through Archway, to leverage local resources to attract additional funding for research

and outreach in Colquitt County.

"What's happening in Colquitt County is amazing and we could not be doing the work we're doing without the community's support," Davis said. "UGA could not have received funding for the USDA grant, for instance, without support from the community. Our reviewers noted that with support from the community, the project could be guaranteed success and sustainability."

Making a difference in the long-term

There's no doubt that something special is happening in Colquitt County.

Davis said the level of trust between the researchers from the College and the leaders in the community is one of the many points of pride she feels from the relationship.

"What makes me most proud is that when I go to a place like Colquitt County, I feel like I'm going home," Davis said. "And, the University is not seen as a foreboding place that is an ivory tower and isn't relatable to the work needed by the community. We've accomplished a lot. Colquitt County came to the University with their needs, and what makes me most proud is that we've worked together as a team to address those community needs."

That sense of collaboration and unity is what makes Colquitt County, and the other research and outreach endeavors of the College, so successful.

"The people we've worked with from Colquitt County are a wonderful group who are really working to improve the lives of the people in that community," said Williams. "They want to create a community where people will be born there, grow up there and build a strong community in Colquitt. To do that, they have to improve the community they live in now and make it even better to attract more people. They're doing that."

We learn a lot from them, and as with many outreach efforts like this one, I truly believe we learn more from them than they do from us. And that's the real moral of this story." ■

Student wages war on plastic bags

Tiffany Eberhard's nemesis isn't that imposing. But it is lightweight, durable and ubiquitous. And to hear Eberhard tell it, it's a threat to the environment and its beauty, as well as the product of poorly spent resources.

The nemesis in question is the common plastic grocery bag — that hard-to-recycle, oil-based product that takes centuries to degrade.

"Plastic bags are being produced at a very quick rate, and most are just being thrown away," Eberhard said.

To stem plastic bag production and use, Eberhard, who is working on a B.S. in environmental health science, helped start an organization at the University of Georgia with its aim laid out in its namesake: Bag the Bag.

She and club members have been making appearances at the Saturday farmers market at Bishop Park to educate and hand out reusable bags. Eberhard, who also is interning at the county recycling department, is taking the initiative to area elementary schools as well, where she tries for a bottom-up cultural shift by encouraging children — and by extension, their parents — to use reusable bags instead of the plastic ones.

"It's so ingrained in our culture that you go to the grocery store and take as many plastic bags as you want," she said. "I wouldn't say it's something that's wrong with our culture; it's just something that could be better."

It's an issue the Athens-Clarke Commission started to tackle some years ago, Commissioner Kelly Girtz said. While serving as the co-chairman of the solid waste task force, Girtz said the idea of a surcharge on plastic bags used in Athens-Clarke

County was floated, but it ultimately was shot down before any details were finalized. It would have been the first of its kind in Georgia, he said, and blazing that path could have led to litigation and a questionable payout, given the proximity to retailers and grocers in Oconee County.

Instead, they opted to encourage education efforts, like those Eberhard is undertaking, with the hopes of a behavioral shift toward what Girtz called one of the most littered items in the country.

"You can find them tangled in branches of trees and floating down the Oconee River," he said.

Product Policy Institute Executive Director Bill Sheehan, whose organization promotes changing from a "throw-away" society to a sustainable one, commends the club for promoting reusable bags instead of trying to get more folks to recycle them, saying that increasing those efforts wouldn't do much to keep the bags out of the environment. But he's skeptical of what he calls a "relatively ineffectual" education-only approach. He argues that governmental policy — ideally a full-on ban or a plastic bag surcharge — is the best way to combat the bags.

"We are behind other places in the world. Whole countries have already implemented plastic bag bans, so now is a good time," he said. "Now would be the perfect time for Athens to get out ahead of Georgia. I think that's our role, to be the leaders, not the laggards."

He said braving things such as litigation comes down to asking whether a ban on the bags by local governments is the right thing to do. In his mind, it clearly is.

Q&A



Name: Kyndall Dye
Expected Graduation: May 2013
Degree Objective: B.S., Environmental Health Science
Hometown: Fayetteville, Georgia

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

I would have to say the highlights of my time in college were the many opportunities I took

advantage of here. These include my two Spring Break trips with UGA IMPACT, once as a participant and once as a site leader, the multiple community service activities I participated in in the Athens community, and my two years as a resident assistant at Russell Hall. All of these opportunities led

me to meet lifelong friends, learn more about others and myself, and work on a lot of skills that are applicable to the "real" world.

I know I can look back on my four years here and smile every time I think about these experiences. Each offered their own challenges, but those challenges were exactly what I needed to learn from and eventually overcome as a young and curious college undergraduate student.

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

I am proud of multiple things that I have accomplished and been awarded here at UGA, and those that I am most proud of are: getting the opportunity to participate in the CDC's Summer Program in Environmental Health (SUPEH), being awarded the



Photo credit: AJ Reynolds/ Athens Banner Herald Staff

Sam Eberhard, left, and her sister Tiffany Eberhard use reusable bags to carry their groceries to their car in Athens, Ga., Friday, Nov. 23, 2012.

The bags eventually break down into smaller and smaller bits, with much of it that reaches the sea coming to resemble plankton, a primary food source for many ocean creatures.

“These billions and billions of little bits, they don’t de-

grade; they just get smaller and smaller,” he said. “And the damage this does has been best documented in the ocean.”

However, he said that the educational effort is better than nothing.

“If you can push (reusable bag use from) 5 percent up to 10 percent, or 10 percent up to 15 percent, it’s good,” he said. “It’s better than nothing, except if it gives people the sense that they are really making a difference in solving the problem in this relatively ineffectual voluntary approach.”

He and Eberhard both noted that the bags, while recyclable, aren’t recycled very often. Finding a location to do so can be difficult, Eberhard said, and they can’t be tossed in the single-stream bins because they could get tangled in the sorting equipment and damage the costly machines.

Eberhard said she hopes the commission eventually takes the lead on fighting plastic waste, though she understands that educating the public is a necessary step before looking for legislative solutions.

Girtz stood fast that he believes the culture shift will work best, but if legislation were to become necessary, it would be handled at the state or national level.

He cited Ireland as one example of national legislation proving fruitful in the war on the bags: After it instituted a surcharge of about 20 U.S. cents in March 2002, there was a more than 90 percent reduction in their use. ■

This story was written by Nick Coltrain and originally appeared in the Athens Banner-Herald on Nov. 28, 2012.

College of Public Health’s John J. Sheuring Scholarship, and being named a Presidential Scholar twice in my undergraduate career.

Why did you choose to get your degree in public health?

My decision to choose a degree in public health stems from a couple key life experiences. First of all, I had been involved with many mission trips and service activities with my hometown church and youth group throughout my life, starting in elementary school. It was through these mission trips that I discovered the joy and love associated with helping those in need. I knew that whatever I did in life, I was going to help others in some way; service and outreach touched my heart, and I wanted to

do the same for anyone who needed it.

In middle school I decided I wanted to pursue a career in public health. In my seventh grade life sciences class, I first learned about infectious diseases and public health, and I was hooked. My teacher explained that certain people actually study diseases, are alerted when outbreaks occur, track down where they come from, and basically act like “disease detectives.” Epidemiology of infectious diseases was calling my name, and this is what motivated me throughout high school and college to continue my studies in this field.

Why did you choose your particular concentration?

In a random entomology class in my sophomore year, I found that I had in

interest in insects as well as public health epidemiology. I decided I would combine my two interests, and I added my entomology major in order to pursue the studies of insect-vector-borne diseases in humans.

What do you want or plan to do after graduation?

After graduation I am planning on attending graduate school in entomology, focusing on medical entomology / vector ecology. I hope to apply the knowledge and experience I have gained during my undergraduate career in order to contribute to the scientific community in this field and achieve my life-long goal of helping others while studying infectious diseases.

Side effects

Ebell's research focuses on what works and what doesn't in primary care

The winter holidays are often referred to as the most wonderful time of the year. Unfortunately, it also is the beginning of the peak season for the common cold and flu, leaving thousands across the U.S. stricken each year. Fortunately, Dr. Mark Ebell is doing his part to identify the best ways to keep the sniffles in check and get people back on their feet faster.

A pair of groundbreaking research projects from Ebell, an associate professor of epidemiology at the College of Public Health, have yielded helpful, albeit troubling results regarding the treatment of a pair of common respiratory illnesses. In one study, Ebell uncovered a wide discrepancy between how long patients expected an acute cough illness to last and the reality of the illness, potentially leading to an over-prescription of antibiotics. His other study cast significant doubt over the effectiveness of Tamiflu, suggesting the popular drug isn't as helpful in preventing complications and hospitalizations from influenza.

Both studies were hailed in the public health community and garnered Ebell and his team ample national media coverage, including the *USA Today* and National Public Radio.

In examining the gap in patient expectations and the actual length of time the body takes to rid itself of a chest cold, Ebell's results showed that most patients expect to cough for seven to nine days. In reality, a bronchial illness takes closer to 18 days on average to run its course.

Ebell performed a meta-analysis by looking at 19 observational studies that each included between 23 and 1,230

patients and took place in the U.S., Europe, Russia and Kenya. He used the placebo or untreated control groups to determine that acute cough illness actually lasts an average of 17.8 days.

He contrasted those results with a random digit dialing survey of 500 Georgia residents conducted by UGA Survey Research Center which determined that people expected an illness to last half that time.

"There is a mismatch in what people believe and reality," Ebell said. "If someone gets acute bronchitis and isn't better after four to five days, they may think they need to see a doctor and get an antibiotic. And when the first one doesn't work, they come back four or five days later for another."

According to the Centers for Disease Control and Prevention, acute cough illness accounts for two to three percent of visits to outpatient physicians. Over half of these patients leave with a prescription for antibiotics. Ebell said this percentage should be much lower.

Over-prescription of antibiotics leads to bacterial resistance and can severely limit the types of medicines physicians can prescribe when there's a serious health threat. Additionally, health care costs are another concerning issue. Seeking medical attention can escalate the cost of a virus from \$20 for an over-the-counter cough medicine and pain reliever to \$200 for tests and prescriptions.

In his research on Tamiflu, Ebell conducted a meta-analysis of three published and eight unpublished double-blind, placebo-controlled clinical trials of Tamiflu that took place in several countries from 1997 to 2000. While other reviews

Q&A

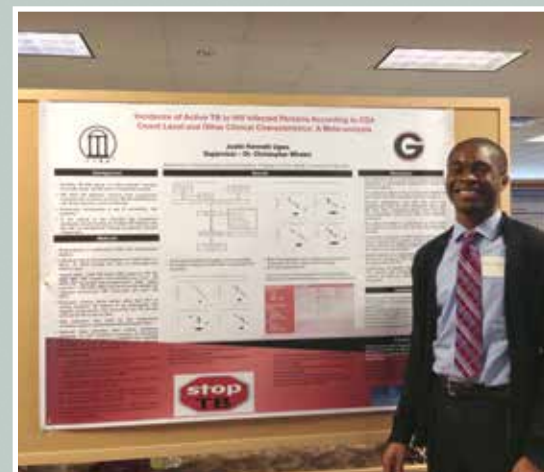
Name: Justin Kenneth Ugwu
Expected Graduation: May 2013
Degree Objective: MPH
(Epidemiology)
Hometown: Imo State, Nigeria

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

I have enjoyed a warm and friendly learning environment. There is a lot of intellectual and cultural diversity to tap into. Faculty members of this college are great and experienced. UGA also lives up to its equal opportunity policy. I am happy and grateful that my department provided me a funding opportunity which lightened the financial burden for me and my sponsors (family).

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

I am happy I have had the opportunity to learn directly from renowned researchers.



have reported reductions in complications due to Tamiflu's medicinal effect, Ebell's analysis found no decrease. His team's analysis eliminated the inclusion of acute bronchitis, a self-limiting viral illness, as a complication and only considered pneumonia, sinusitis and otitis media as complications requiring antibiotics.

Ebell and his team also looked at the duration of symptoms.

"When we looked at the data, it was actually pretty disappointing," Ebell said. "In the published studies, there appeared to be about a 30-hour benefit for people with confirmed influenza, but when we looked at all the data and looked at who would be given the drug in the primary care office with suspected flu, there was only about a 20-hour benefit."

For patients who waited longer than 24 hours to seek care, the benefits decreased drastically.

Tamiflu prevents respiratory cells from bursting open and releasing viral particles. Once cells begin to burst, the medication loses its effectiveness. Too often, physicians hoping to help ailing patients will write prescriptions long after the 24-hour window of treatment closes, Ebell said.

Ebell's research into the treatments of these types of illness has a significant impact on the fiscal condition of our nation's health policy. Overdiagnosis and overmedication – frequently without yielding the desired result – can further accelerate the rise in health care costs.

"We don't have an infinite amount of money in this



country," he said. "We spend twice as much money per person as any other country on healthcare, but we don't achieve better outcomes overall. In fact, many of our outcomes are worse than other nations in Western Europe. We are spending a lot of money on things that don't make us healthier, and it is important to figure out what does work and what doesn't work." ■

Portions of this article were repurposed from an original report by April Reese Sorrow, research writer for UGA News Service.

I have done some research work with my professor which has the potential to add a new knowledge to HIV/TB co-infection. I also value the experience gained from enrolling in the global health certificate program.

Why did you choose to get your degree in public health?

My decision to join public health came from my firsthand experience with the health system of a developing country. It is better to prevent a disease from starting or spreading than to try to provide a cure once it has started. This is so true in situations where there are limited human

and material resources to put into health services. I believe the best approach to prevention is through public health. Public health ensures that more people stay healthy for any given amount of resources spent.

Why did you choose your particular concentration?

I choose epidemiology because I love to deal with numbers. Epidemiology answers some of the questions at the heart of public health such as who, why, and where. To me, epidemiology feels like solving a puzzle, and it is gratifying when one gets it right. I also like the fact that

epidemiologists are first responders in disease outbreaks which ties very well with my clinical background.

What do you want or plan to do after graduation?

I am planning to pursue residency training in internal medicine as a step towards becoming an infectious disease fellow. I also hope to spend some time finding ways to address the numerous public health problems in Nigeria. My ultimate goal is to become a public health consultant for governments and multilateral health organizations like the World Health Organization.

Studying life after death

Or, more precisely, health after death

Dr. Toni Miles, director of the Institute of Gerontology at the College of Public Health, is studying life after death—or, more precisely, health after death.

She isn't tackling on the mysterious questions that surround the afterlife, but, instead, the health risks and problems that family members suffer after losing a loved one.

Dubbed the Mortality Project, Miles, a professor of epidemiology and biostatistics at the College, and other researchers at the University of Georgia and beyond are studying how the process of losing a family member – and the legal and financial burdens that follow – negatively affects one's health. They also are looking for ways to better prepare patients and their families for death.

“Simply put: It's the effect of mortality on the bystanders,” Miles said. “Usually in a mortality study, we think of death as an endpoint. If you smoke too much, you die; or if you eat fatty food or don't exercise, you die. So we're always calculating the risk for dying on individual behavior. This project asks the question: If you experience the loss of someone else, what does that do to your own health?”

Miles said she suspects mortality is having negative health consequences on family members and that there is room for improvement in public health policy to address that.

“I'm making the argument that mortality is driving public health,” she said. “That's how the project came into being.”

The timing is important since the Baby Boomers are nearing old age with the oldest having turned 66, while the youngest are 45. That age range means that the sizable boomer

population is at a higher risk for medical problems and, at some point, death.

Miles said more bystanders will be exposed to health risks associated with the loss of a family member.

“We can do something about that risk if we acknowledge that it exists,” she said.

The Mortality Project is Miles' first big research undertaking since she worked on health care legislation in Washington, D.C., in 2009 as a Fellow on the Senate Finance Committee. After the passage of the Affordable Care Act, she penned the book *Health Reform and Disparity*, which recounts what she learned during her time in the nation's capital.

After joining the Institute of Gerontology, her work in Washington, D.C., prompted her to consider broader problems needing to be addressed in public health. Under the direction of professor emeritus Leonard Poon, the Institute previously had completed the celebrated Georgia Centenarian Study, which analyzed the longevity of Georgia's oldest residents.

“I spent the year thinking about what an institute of gerontology does in our current environment,” Miles said. “We've studied old people. We've scanned them. We've scoped them. We've bled them. We know a lot about them, now.”

Looking for fresh ideas, she decided to steer the Institute toward “looking at the older population in a societal or environmental context.” That means looking at how geriatric patients affect the broader society and, with that, looking at what can be done to improve that aspect of public health.

One of the early undertakings of The Mortality Project

Q&A

Name: Lindsey Megow

Expected Graduation: May 2014

Degree Objective: B.S. in Health Promotion and Behavior / MPH (Gerontology)

Hometown: Valdosta, Georgia



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

I have really enjoyed attending and working CPH graduations as an Ambassador. It is so exciting to see my friends ahead of me close one chapter of their lives and begin another. The ceremony is always so joyful, and it encourages me to push through all of the hard work. I cannot wait to be on the stage next year!

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

I've participated in Center for Undergraduate Research Opportunities for four years, and I received an National Science Foundation grant last summer to travel to South Africa for



focuses on whether pastors can improve their service toward grieving families – rather than expecting hospitals to handle these sensitive matters after the fact.

“We started with them because they are very involved (with dying patients and their loved ones), but they’re not medical,” she said.

Miles is collaborating with UGA’s Obie Clayton Jr., the Donald L. Hollowell Distinguished Professor of Social Justice and Civil Rights Studies in the School of Social Work,

on this portion of the project. In November, they received a small grant from the Decatur-based Association for Clinical Pastoral Education to develop training to help pastors better prepare their parishioners to better handle the complexities of dying. The grant came after Clayton and Miles led a survey of Georgia-based ministers to talk to them about their role in guiding parishioners through the process of dying.

“Most of the ministers wished they had more training in the end-of-life care,” Clayton said.

While seminaries train ministers for dealing with dying and death to varying degrees, there are a number of ministers who have not been trained to help their parishioners manage grief. Many more don’t know how to help their parishioners, some who rely on the church, deal with issues such as advanced directives.

The training could help ministers put patients’ worries at ease and reduce stress for family members, said Clayton.

Beyond this initiative, Miles envisions The Mortality Project eventually covering a broad scope of topics surrounding loss, including survivor health, health care fraud, public safety and community stability. Miles said she hopes some of her work will encourage other researchers to conduct their own studies on this topic.

“We can do something about that risk, if we acknowledge that it exists,” she said. ■

This article was written by Aaron Hale, senior reporter for UGA News Service.

a field study. I lived in Kruger National Park for six weeks and our team conducted a buffalo cull to investigate a common co-infection of intestinal parasites and *Mycobacterium bovis*. Living among wild animals was one of the scariest yet exhilarating experiences of my life, and I am so thankful for the opportunity. I had to face a lot of my fears working with such large animals, but my team helped to show me that I was capable of accomplishing my goals.

Why did you choose to get your degree in public health?

Just before starting classes freshmen year, I decided to pursue the premedical track. I was not as interested in some of the most common majors for premed students, until I

stumbled upon public health. Incorporating my science prerequisite courses for medical school with my major coursework has given me the framework for a holistic education in health sciences. Pursuing health promotion and behavior has helped me to learn about my patient beyond the clinical setting, so that the care I give them will best serve their needs.

Why did you choose to focus on gerontology?

As a CPH Ambassador, I had the opportunity to connect with faculty members to learn more about the College. Dr. Anne Glass spoke to our group one afternoon about the Institute of Gerontology, and I was very intrigued with her work. I

had never before considered studying this population, but I was drawn to their specific needs and the idea of increasing quality of life until the end of life. I investigated the certificate, and started taking gerontology classes as soon as I could. I was having trouble fitting my certificate classes in my schedule, so I jumped at the opportunity to concentrate in gerontology. I never looked back. Now I am able to take even more classes in a field that I love.

What do you want or plan to do after graduation?

After graduating, I plan to attend medical school to pursue a career in geriatrics and palliative care.

Losing their heritage

Researcher connects rise in obesity to “knowledge gap” between adults, children

Dietary changes among the peoples of the Sonoran Desert aren't just putting their health at risk, but also hundreds of years of their rich, cultural heritage.

Research by Dr. Colleen O'Brien Cherry has identified a growing generational disconnect between adults and children that is putting thousands of years of cultural tradition and culinary knowledge in southern Arizona in jeopardy. The impact of this “knowledge gap” could help to explain the rise of childhood obesity, Type II diabetes and cardiovascular disease in Native American and Mexican American populations in Arizona.

In her study, Cherry, an assistant research scientist and Director of Undergraduate Programs at the Center for Global Health, focused on white, Mexican American and Native American children and adults in southern Arizona. Like Georgia, all segments of Arizona's population are battling an obesity problem and, in particular, the Tohono O'odham have one of the highest Type II diabetes rates of any ethnicity in the United States.

As an anthropologist, Cherry said her research has centered on how changing environments impact the health and well-being of the population. Because of its diverse ecosystem fueled by significant rainfalls twice a year, the Sonoran Desert made for a logical place to conduct an evaluation. It is home to more than 60 species of mammals, 100 reptiles, 350 birds and 2,000 plant species, 425 of which are edible to humans.

The Tohono O'odham, a Native American population in southern Arizona have a rich heritage of specializing in



ethnobotany, utilizing the native Sonoran plants for food and medicinal purposes.

“One of the more interesting things regarding these wild foods was how effective they were in protecting against many of the diseases in question,” Cherry said. “We can say they're healthy because they're high in fiber and low in sugar, but also

because they contain mucilaginous substances which actually regulate the release of sugar into the bloodstream.”

Cherry, who earned her Ph.D. in anthropology from UGA and her M.S. in environment and natural resources from Ohio State University, said her research suggested a widening knowledge gap about these wild foods and their benefits between children of Mexican-American and Native American descent and their parents and grandparents. The adults had a deep well of skill-based knowledge, such as how to harvest a plant or prepare certain types of wild foods, while the majority of the students interviewed had never tried some of the plants.

Cherry said a multitude of factors were influencing this knowledge gap. Part of the gap can be attributed to changing circumstances, such as an increase in protected lands in the region, environmental and climate change, and children spending less time in nature, thus limiting access to these types of wild foods. However, her research also detected a distinct change in attitudes among adults

Q&A

Name: Ali Hunt Freeman

Expected Graduation: August 2013

Degree Objective: MPH (Health Policy and Management with Certificate in Global Health)

Hometown: Athens, Georgia

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

Obtaining my certificate in global health was the highlight of my journey through the program. By engaging in the certificate curriculum, I was able to take a wealth of diverse classes in global issues throughout both the College of Public Health and the greater UGA campus. Through this certificate program, I was exposed to many facets of global health and feel I am better prepared for a career in that field due to my experience.

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

I was asked to swear in the graduating class of 2013 at our commencement ceremony in May of this year. It was a tremendous honor

to stand before my classmates (and their 3,000+ supporters) and speak on behalf of our achievements in public health. Afterwards, I was told by various members of the audience that it was one of the most powerful parts of the ceremony. It was an extremely special and humbling moment.

Why did you choose to get your degree in public health?

Public health became the clear path forward when I heard a speech by Dr. Jim Yong Kim, president of the World Bank, at the University of Georgia in the spring of 2008. He talked about his work in rural Peru combating multidrug resistant tuberculosis. At the time, I was just about to graduate with my B.A. in anthropology from UGA. Dr. Yong Kim — an anthropology

with regard to the importance of sharing these lessons.

“Traditionally, this information is passed down from generation to generation, and it’s passed orally, through stories and explanations, and through the process of showing children how to collect these plants and foods,” said Cherry. “What we learned was that many of the adults simply aren’t doing this anymore, so there’s no opportunity for this generation to have that hands-on learning experience that enables them to acquire this knowledge.”

Based on interviews conducted with multiple parents in the region, Cherry found many of them took a negative, almost pessimistic, view with regard to their children’s and grandchildren’s willingness to learn and carry on these traditions. Compounding this problem is the dramatic change in the types of accessible food for Native American and Mexican-American populations in even the most rural of areas. The globalization of the food system and the influx of processed foods have lessened the need for the harvesting of the wild food and ultimately altered the culinary practices and taste preferences of these peoples.

As a result, the majority of adults reported they felt little impetus to continue to share these skills and heritage with their children and grandchildren and simply abandoned any attempt to pass this knowledge on. The children who are aware of the types of wild foods their ancestors used to rely on said they had often acquired such knowledge in books or during interpretive programs at nearby parks without being shown how to apply the skills to identify and harvest the plants.

While her study focused on the Sonoran Desert, Cherry

said its findings offered valuable global lessons. Long-time cultural traditions across the world are being abandoned, while wild foods have been replaced by processed foods high in salt and fat. Cherry will offer a new undergraduate course – Global Health and its Links with Culture, Food and Health – this fall to focus further on this global trend.

“From the global perspective, we see increases in obesity rates, Type II diabetes rates and heart disease rates, so across the world, communities are dealing with some of the same problems,” she said. “You can find many fruits and vegetables available for purchase in your local grocery stores and produce markets with similar healthy qualities as the wild foods native to Arizona, but the important thing is bringing those foods into your diet.” ■

Cherry’s work will be published in the *Ecology of Food and Nutrition* later this year.



major, turned M.D., turned MPH – was changing people’s lives for the better by improving their health. I knew then and there that my career would be dedicated to improving health in the most disadvantaged corners of the world.

Why did you choose your particular concentration?

I knew that HPAM was the right track for me. Since I was very young, I have been studying leadership and management strategy and have a natural ability to lead. My ultimate goal

is to obtain a senior management position with an international nongovernmental organization that provides health resources/services to resource-poor communities around the world.

Do you have any volunteer experiences that were especially meaningful?

During the spring of 2013, I was invited to participate in the CARE USA conference in Washington DC. CARE USA is a leading international nonprofit organization based in Atlanta, Ga., that works diligently to eliminate poverty and empower women around the world. After attending the conference, I partnered with CARE and the UGA Public Health Association to host a screening of a movie CARE co-produced, *Girl Rising*, during National Public Health Awareness Week. We used this film,

which tells the story of nine young girls from around the world, as an opportunity to bring various units from around the UGA campus together for a viewing of the film and a panel discussion on its contents. The event was a tremendous success raising both money and awareness for the critical issues that girls and women face around the world.

What do you want or plan to do after graduation?

I am currently interviewing for positions with various international nonprofit organizations, and hope to accept a job offer in the near future. I am right at the cusp of embarking on a career that I have dreamt about since I was fourteen years old and could not be more exhilarated to get started.

Treating for stroke

After-stroke interventions shouldn't depend on age

Age has little to do with how patients should be treated after suffering a stroke, according to new research from the University of Georgia.

Historically, younger stroke victims receive different after-stroke intervention strategies than those over a certain age. However, Dr. Neale Chumbler, professor and head of the department of health policy and management in the College of Public Health, found patients responded equally to care efforts.



Looking at 127 Veterans Affairs medical centers and a sample of 3,196 patients treated for ischemic strokes, or strokes caused by blood clots, Chumbler studied patient response to care quality

as outpatients and if the response changed based on age. To determine risk, he looked at depression symptoms, responses to blood thinning medications and average blood pressure, blood sugar and cholesterol levels over a period of six months after patients were released from the hospital following a stroke.

He found little difference in health quality across the patients regardless of age. The results of the study were published in the April issue of the *Journal of Rehabili-*

tation Research and Development.

“Watching these important risk indicators helps prevent future complications,” he said. “We want to ensure patients don’t suffer another stroke or heart attack.”

Using the largest integrated medical system in the U.S., electronic data from the VA medical centers allowed researchers to control for stroke severity, patient socio-demographics and clinical- and facility-level characteristics through a hierarchical linear mixed modeling. Previous studies relied heavily on self-reported information.

“It is an integrated system with electronic medical records, which makes it a perfect laboratory for quality improvement research,” he said.



Q&A

Name: Lunarosa Peralta

Expected Graduation: May 2014

Degree Objective: MPH (Health Policy and Management)

Hometown: Atlanta, Georgia

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

My academic highlights have definitely been the two assistantships I have received. One through the College of Public Health working with a wonderful group of people in the Dean's Office, and the other, which began August 2013, through a non-profit called Walton Wellness. Other highlights include meeting a really great group of friends, and being influenced by some amazing professors.

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

I was in the College of Public Health as an undergraduate, too. My favorite moment will

forever be when I was given the chance to speak at my 2012 undergraduate ceremony as the student speaker. It was a great epitomizing moment.

Why did you choose to get your degree in public health?

I started off as an undergraduate in the College of Public Health in the health promotion and behavior department. Before I even knew what “public health” was, I knew I wanted a fulfilling career in some sort of health science. During my undergraduate education, I was originally pre-nursing and was accepted into Georgia Regents University's clinical nurse leader program post-baccalaureate, but I decided I was more interested in a macro-level health



According to the National Institutes of Health, two-thirds of all strokes occur in patients over the age of 65. Blood pressure goals typically are lower for stroke patients under age 64 when compared to those 75 to 84. Chumbler's research suggests after-stroke care, like blood pressure management, be applied across all age groups.

While the study looked primarily at men (97 percent) who had an average age of 67, Chumbler said the results are widely applicable to women as well as patients of all ages.

"Anyone who has a stroke should have these risk factors monitored when they are sent home and when they come back for follow-up appointments," he said. "Traditionally, preventative care has not been as aggressive for older patients. This research shows it is just as important for people in their 80s as it is for those in their 50s."

Treatment for depression, one risk factor associated with stroke, was higher among patients younger than 55.

"Post-stroke depression is very common; 35 to 40 percent of all individuals are at risk for developing severe clinical depression after stroke, so it is very important to monitor prevention strategies for stroke survivors," Chumbler said.

Even though older patients derive as much, if not more, from stroke prevention treatments, previous research suggests older patients are less likely to receive interventions than younger patients. Chumbler's findings suggest they have just as much to gain.

"Stroke management should be guided by the best clinical evidence and guidelines irrespective of age," he said in the journal article. ■

This article was written by April Reese Sorrow, research writer for UGA News Service.

profession. I was looking into UGA's MPH program at the same time, and I went with my gut. I'm very happy with my decision.

Why did you choose your particular concentration?

I've always been interested in politics, so that's how it originally came about. As an undergraduate, I also heard wonderful things about the HPAM professors but never got to take a class, so I really wanted to check it out.

Do you have any volunteer experiences that were especially meaningful?

As an undergraduate practicum student, I worked at the The Cottage Sexual Assault

and Children's Advocacy Center. That was a really intense and meaningful experience. For the past four years, I've also frequently helped teach women's self defense classes. Both these experiences have made me incredibly passionate about women's health issues and I hope to be able to incorporate that interest into my career one day.

What do you want or plan to do after graduation?

I will be applying to one of the many fellowships offered at the Centers for Disease Control and Prevention. I also hope to be able to take some time off to travel, if I cannot achieve that through a fellowship.



Jack and Jill

Why they need three squares and a playground

America's children munch and snack their way through the day – at drive-throughs, at the computer desk, and while watching television. Their intake and activity levels are as uneven as a playground see-saw.

Portion sizes are climbing. Caloric, or energy, intake is climbing. Yet energy expended, and the quality of foods consumed are declining, along with the traditions of children having breakfast, sitting down to eat dinner with their families and being active.

These trends mean disease-filled futures and are a clear indication of costly dangers: federal statistics placed the 2008 health care financial toll of obese children and adults at \$147 billion. The Centers for Disease Control and Prevention (CDC) estimates that 17 percent of children are obese. State trends for the years 1985-2010, indicate that percentages of obese adults in southern states are the worst (Georgia's obesity percentage is 29.6.)

If childhood morbidity and disease won't get our attention, Dr. Richard Christiana makes one wonder exactly what will.

Christiana, now completing postdoctoral training at the College, worked on this issue during his time as a Ph.D. student for the department of health promotion and behavior. The department uses research, teaching and service to provide students with a comprehensive knowledge and understanding of the determinants of health. Health promotion efforts are directed at

influencing or facilitating health-related behavior, advocating public health policy, creating supportive environments, strengthening community action, developing personal skills, and reorienting health services.

Christiana noted it is difficult to talk about obesity in normal tones without igniting resentments or hurt feelings. Weight is one of the last taboos.

Meanwhile, America's children are growing larger and potentially facing a future of compromised health. According to the U.S. Department of Health and Human Services (HHS) the number of overweight adolescents has tripled since 1980, while an overweight adolescent faces a 70 percent risk of becoming an obese adult.

"Chronic disease problems are caused by this, by obesity," Christiana said. "I don't think the public understands the impact on insurance, etc. Everybody wants to reform health care, and everybody's afraid about these children. Many of these children already have adult health conditions. It's like everybody's paying



Q&A

Name: Ammarah Mahmud
Expected Graduation: May 2013
Degree Objective: B.S., Health Promotion and Behavior
Hometown: Conyers, Georgia

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

One of the best parts of my undergraduate career has been the novel ways I have been able to form my own curriculum. My professors know me and helped me to develop an academic schedule reflective of my interests. This has allowed me to explore general health promotion classes and expanded my interests in the various facets of health policy and health communication. The real highlights of my



college career have been the people I have met, such as the professors who supported my research and the friends who are my biggest cheerleaders.

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

I am truly grateful for the research opportunities and the ability to present my findings. As a member of Roosevelt@UGA, I got involved in public policy and presented my first research project at the CURO



out of pocket for this problem right now. The public doesn't realize yet the implications for everybody else. It's a drain on the economy, the health care system, and it will affect everybody else."

Can we blame our woes on fried chicken, gravy and Mama's golden biscuits? In truth, obesity isn't quite as simple as caloric consumption. A bewildering number of factors come into play with obesity: genetics, economics,

activity levels, culture and media, and eating patterns.

"Obesity is not a single-factor issue," Christiana said. "The causes include stress, sedentary lifestyle, dietary choices – fried, Southern, country fare. (Our) grandparents and parents were physically working, active, not watching TV. People were out walking and more engaged with the outdoors. You think about issues of community."

Activity, he said, is an important aspect to health and wellness. Most people commute rather than walk or bike to work, and then sit for long hours at computers and televisions. Perhaps one piece of the answer for urban dwellers can be designed into our cities and communities. It even has a name: *active communities*.

Echoing the themes of a presentation delivered by Kaiser Permanente's Tyler Norris at the March 2013 State of Public Health Conference, Christiana envisions a re-imagined America, with old fashioned sidewalks and greenways that will get more people off the sofa and out of doors.

"The solution to the problem, if there is a solution, is multi-faceted," Christiana says. "Everything is inter-related. It's a lifestyle change and a different way of thinking about everything. It is about changing the American ideal." ■

This article was repurposed from an original report by Cynthia Adams, editor of the University of Georgia's The Graduate School Magazine. www.grad.uga.edu

Symposium. The following summer, I interned in Lahore, Pakistan and became interested in public health promotion and provincial policies. This hands-on experience is what motivated my research on Hepatitis B & C prevention and control programs. Last fall, I was selected as a student presenter at the American Public Health Association's Annual Meeting and Exposition.

Why did you choose to get your degree in public health?

I have always been interested in the health field but leaned towards policies rather than clinical work. Public health is an umbrella field which includes di-

verse sub-topics with unlimited opportunities for research and policy-making. It is an interdisciplinary field that allows me to explore the various problems (clinical and administrative) associated with today's healthcare field.

Why did you choose your particular concentration?

I was new to the idea of public health as a freshman but, after meeting the health promotion faculty and staff, I realized this field captured my interests. I wanted to learn and focus on the policies of the health system, study the disease and its prevention, and look at both global and domestic health problems. This was the perfect fit for me.

What do you want or plan to do after graduation?

I intend to pursue a Masters of Public Health with a concentration in health policy. My experiences as an undergraduate student in the College of Public Health have reinforced my passion and interest in this field. I want to continue researching the healthcare issues associated with today's populations, domestically and abroad. Simultaneously, I want to familiarize myself with the administrative process and research policies that better the current administrative and clinical medical systems.

Change of heart

From Pre-Med to preparedness expert

When Dr. Curt Harris first enrolled in college to study chemistry, he had one career goal in mind – attend medical school and become a practicing physician.

That was the plan through his senior year. But suddenly, halfway through his final year of undergraduate studies, he had a change of heart.

“Just a few months before graduation, I decided I didn’t want to do that at all,” Harris said with a laugh.

Instead, he came to the University of Georgia to pursue a graduate degree and Ph.D. in toxicology. There he connected with Dr. Cham Dallas, a fellow toxicologist and the head of the Institute for Disaster Management (IDM) at the College of Public Health. Regarded as one of the top disaster preparedness minds in the world, Dallas served as a mentor for Harris, ushering him into various research and training projects.

Harris said he spent time with Dallas conducting research based on the negative public health outcomes from the Chernobyl nuclear disaster, as well as a disaster training and simulation program with Georgia’s hospitals. The diversity of options appealed to Harris.

“Watching the hospital exercise team and seeing the type of work they did, I just fell in love with disaster management and disaster preparedness,” Harris said. “It was the type of work where you have the potential to experience something different every day, and you get to work with professionals in the field and see how they adapt and respond to real world issues.”

His career path has come full circle in a way, as he now oversees the state’s healthcare community preparedness program in

his role as an assistant professor at the College and the associate director of IDM. The College contracts with the Georgia Department of Public Health to manage the state’s public health community preparedness program, designing and implementing a host of disaster exercises for hospitals, hospices, nursing homes and other healthcare organizations across the state. The Institute is now in its sixth year managing these preparedness exercises for the whole state.

Georgia is divided into 14 geographic regions of hospitals and other healthcare facilities, with the number of medical facilities in each region varying. In some regions the College may work with 10 hospitals, while in others the number of participating institutions approaches 50. In an average year, the College facilitates exercises in four regions across Georgia.

During the most recent exercise, Harris said new federal guidelines facilitated a more collaborative, inclusive approach to preparedness planning. It’s a style the College has attempted to pursue for years, but the additional layer of support from the federal process has helped to foster greater participation and more efficient planning.

“The new process is much easier because you’re getting everybody to play in the same sandbox,” Harris said. “You’re all planning for the same response to the same disaster, and the coalition approach is a more logical, appropriate way to prepare for a crisis situation. By approaching this in a collaborative manner, you’re able to draft cohesive emergency operations plans and meet the all the stakeholders involved in a response, and that’s important because the time to ex-

Q&A

Name: Lindsay Harrington

Expected Graduation: May 2013

Degree Objective: MPH (Health Promotion and Behavior with Certificate in Disaster Management)

Hometown: Duluth, Georgia



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

The highlight of my time at the College has been my involvement with the Institute for Disaster Management. It has been

extremely complimentary to my MPH experience. Taking the certification courses have opened up a variety of opportunities for me including a membership to a professional workgroup, emergency preparedness training opportunities and an internship at the Northeast Health District. I am working on a district-wide communication outreach network that focuses on at-risk populations. The primary inclusion criterion is vulnerability in terms of traditional communication channels.

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

I was invited to join Georgia Hospital Association’s Emergency Preparedness



change business cards is not during an actual disaster.”

Harris said more community partners are coming to the table, ranging from public safety officials to community health centers.

The program utilizes two key types of exercises to better prepare healthcare institutions and the surrounding communities for potential disaster scenarios.

The first types of exercises are discussion-based and are known as a “tabletops.” These exercises provide decision makers from the healthcare community and community leaders an opportunity to sit at a table and discuss plans, policies, and procedures that relate to specified disaster scenarios listed under the hazard vulnerability analysis. These exercises also identify best practices and lessons learned from previous trainings and real-world events.

It’s the ability to learn from what others are doing that often is the most invaluable for the participants.

“At one recent exercise, we were thinking through what to do if the glass was blown out at the hospital, and one of our participants said the first thing they do when a tornado warning occurs is put shoes on all their patients,” Harris said. “It’s something so small, but it’s also so important. You don’t have to have your patients cut their feet up and risk infection, and it saves hours of time in advance so you can focus on other issues that crop up.”

The second types of exercises are operations-based and are known as “full-scales.” These exercises are simulations that focus on specific objectives under a disaster scenario specified in the hazard vulnerability analysis (i.e. command and control or communications as they relate to a tornado hitting the facility), and they cap off a nine-month planning process that’s mapped out by the U.S. Homeland Security Exercise and Evaluation Program which includes approximately 14 planning meetings, a tabletop exercise, and culminates in a full-scale exercise.

Harris said the full-scale exercises are “boots on the ground” and involve all members of a healthcare agency’s staff responding as they would if the scenario actually unfolded.

It’s a challenging job, but one that presents new opportunities at each turn, and that is what appeals the most to Harris.

“I’ve been doing this for five years, and I’ve probably been to more than 100 of these exercises, and every single time I learn something new,” Harris said. “Because it’s so dynamic and because it’s so different on a daily basis. That’s what makes this job so fascinating.” ■

workgroup this year. This has been an amazing opportunity to network with the leading professionals in the field and gain experience in preparedness operations at the county and regional level. The group also has been an excellent resource for my project with the Northeast Health District.

Why did you choose to get your degree in public health?

My prior educational experience is in counseling psychology. While that has been invaluable to my skill set, I believe that to create true change in societal behavior, we must look at patterns not only in an individual but also at a population

level. The increasing evidence-based practices in public health brought me to the field because they care about the individual, while also looking out for what is best for a community.

Why did you choose your particular concentration?

I have always been interested in human behavior change, particularly the role of communication in facilitating change. Health promotion and behavior looks at the underlying theory behind human behavior change and proposes what will be needed to achieve desired change. My certificate compliments this concentration because risk communication and

emergency preparedness education are all about increasing the likelihood that someone will take the recommended measures in the event of a warning or disaster. The underlying theories for health behavior change and relationship building are essential in disaster scenarios.

What do you want or plan to do after graduation?

I am interested in pursuing my doctorate after graduation. I would ideally like to combine my interest in health education and evaluation with my risk communication experience in the field of emergency preparedness.

Conference addresses pros, cons of preventative care recommendations

Gaining a better understanding of the rationale behind preventive care recommendations was the focus of the “Research to Practice Across the Health Professions” conference hosted by the College of Public Health this past April.

Dr. Virginia Moyer, chair of the United States Preventive Services Task Force (USPSTF), provided the keynote address for the conference, offering an update on the work done by the task force and better clarity on its process for evaluating and issuing recommendations.

Using examples from recent task force recommendations, Moyer’s presentation called for participants to consider solutions to the challenges that arise when research-based recommendations conflict with familiar practices or strongly held beliefs.

“Dr. Moyer did a great job of helping the participants understand the reasoning behind some controversial recommendations, and why more screening and more preventive services do not always provide a net benefit to the public,” said Dr. Mark Ebell, the head of the College’s Institute for Evidence-Based Health Professions Education and conference’s organizer.

The USPSTF is an independent panel of non-Federal experts in prevention and evidence-based medicine and is composed of primary care providers, such as internists, pediatricians, family physicians, gynecologists/obstetricians, nurses, and health behavior specialists.

For the USPSTF to recommend a service, its benefits must outweigh



Dr. Mark Ebell, the head of the College’s Institute for Evidence-Based Health Professions Education

the harms. The task force focuses on maintenance of health and quality of life as the major benefits of clinical preventive services, and not simply the identification of disease.

The USPSTF conducts scientific evidence reviews of a broad range of clinical preventive health care services (such as screening, counseling and preventive medications) and develops recommendations for primary care clinicians and health systems. These recommendations are published in the form of “Recommendation Statements.”

Ebell, associate professor of epidemiology at the College, was appointed to the task force in 2012.

A recent example of a recommendation issued by the

USPSTF was an April statement that women facing a high risk of breast cancer consider taking drugs to prevent the disease. Ebell co-authored the new guidelines, which call for those with an increased likelihood of developing breast cancer based on a variety of risk assessments, ranging from family history to previous benign breast biopsies, to discuss the option of preventive drugs that reduce the risk of cancer with their physician.

While that study didn’t recommend that all women take the medication, Ebell noted it was a clear example of weighing the potential benefits against the possible risks and using the existing evidence to make the most prudent recommendation.

Smaller breakout sessions featured a diverse group of speakers from across the University, as well as the Centers for Disease Control and Prevention and other institutions, all focused on developing and using evidence to move from successful research to effective practice across the human and animal health-related disciplines.

“The breakout sessions were terrific,” Ebell said. “The speakers addressed a broad spectrum of healthcare problems, and it was great to see physicians, nurses, therapists, pharmacologists, and other healthcare professionals in the same rooms learning from each other.”

The sessions included a clinical update on the USPSTF from Ebell and Moyer, as well as a presentation from CDC nutrition expert Dr. Carey Jackson Cotwright, who detailed the organization’s new framework for obesity prevention. ■

Your Contributions Help the College Make a Difference!

How do gifts from alumni and friends help the College of Public Health make a difference beyond UGA's campus boundaries? As a donor, Dr. Marsha Black knows her support of environmental health science influences what the College is able to do in research and teaching. As an associate professor, she also knows her team of graduate researchers is able to conduct meaningful studies in the community because of private support from alumni and friends.

As a result of Dr. Black and other supporters, these important studies are taking place to yield answers to probing questions. The College of Public Health faculty and students are making a difference in addressing environmental problems, and you can have a role in this solution, too.

"I was fortunate to be in Dr. Black's water pollution and human health class. Because water pollution is a real problem, the class is taught through project-based learning. For instance, I had the privilege to participate in the Trail Creek project. The experience gave me the opportunity to apply my class knowledge in the field. Also, I was very excited to work side by side with an experienced scientist like Dr. Black"

— Noor Muhamed, B.S. Environmental Health ('13)



Three years ago, an environmental problem developed unexpectedly when a local industry caught fire. Chemicals were released and turned the waters in Athens-Clarke County's Trail Creek and nearby Middle Oconee River bright blue, resulting in little signs of aquatic life in Trail Creek. Dr. Black recognized the educational opportunity for water quality research and brought her team of undergraduate and graduate researchers together to study this devastating ecological disaster.

Since that time, Dr. Black and her team have studied and routinely tested the quality of water and sediments affected by this spill. Relying on a standard protocol for toxicity testing from the Environmental Protection Agency, her team diligently collected data and documented the stream's progress back to health. They observed that in the immediate days after the spill, the chemical levels in the creek water were poisonous even to a water flea, and that over a year later sediments still remained toxic. However, during a recent presentation at the Georgia Water Resources Conference, the team's Fall 2012 study determined that although aquatic life had been slow to return to the creek in the wake of the devastating spill, sediment samples from Trail Creek showed no toxic effects on aquatic life.

Dr. Black's more than two years of research in these waters provided practical learning opportunities for the more than 30 students who participated in the project. Throughout the study, these students embraced the project's protocol and mastered the hands-on techniques of what Dr. Black acknowledged, "might have been a pretty abstract concept in my regular lectures." These students now know the effort and care that goes in environmental monitoring and some of the issues behind the decisions made regarding when and where to monitor a damaged stream ecosystem. These students are also aware that their research is:

- Developing data points that spotlight the importance of water quality in the environment;
- Influencing legislative lobbying efforts by various organizations to encourage quick responses to other harmful situations;
- Providing valuable experience to students who want to understand more by committing to the diligent work of research – running multiple tests and documenting effects over time.

Most importantly, these student researchers know these studies are important to our community. The service and the practical knowledge gained from this meaningful work is a testament to the commitment of the researchers.

Join Dr. Black and these committed students in showing your support for the College of Public Health. Your gift can influence these types of educational experiences and equip students to address the multitude of public health challenges. Student education and research are improving the lives of Georgians across the state, and now is your opportunity to be a part of this effort.

All the College does is enhanced because of private support from alumni, parents and friends. In the tradition of giving, I encourage you to continue your support of the UGA College of Public Health. The impact and influence of your gift on students is tremendous, and we depend on your support.

Make your gift today!



Ginny Ingels
Director of Development



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The honor roll lists the names of people who have made gifts and/or pledges July 1, 2012 to June 30, 2013. Make your gift by June 30, 2014 to ensure that your name is listed on the 2014 Honor Roll.

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

GRADUATE CERTIFICATES:

- Disaster Management
- Gerontology
- Global Health

DUAL DEGREES:

- Honors BS
- DVM/MPH
- MD/MPH
- MSW/MPH
- PharmD/MPH

PROPOSED FUTURE PROGRAMS:

- MBA/MPH

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- 103 B.S. in Environmental Health
- 386 B.S. in Health Promotion

272 Graduate students:

- 134 MPH Students
- 4 M.S. Students
- 37 Dual Degree Students
- 65 Ph.D. Students
- 32 DrPH Students

Over 3000 alumni

Faculty Profile:

57 Full-Time Members

- 5 Biostatistics
- 11 Environmental Health Science
- 9 Epidemiology
- 12 Health Policy & Management
- 15 Health Promotion and Behavior

Degree and Certification Programs

Environmental Health Science

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

Department Head:

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Graduate Coordinator:

Erin Lipp, elipp@uga.edu

Undergraduate Coordinator:

Anne Marie Zimeri, 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.

Degree 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 or Environmental Health — prepare students for leadership and technical positions in consulting firms, industry, academia, and government. A dual bachelors degree program is also available with the B.S. in Biological Engineering and a five year course of study.

Epidemiology & Biostatistics

B.S. Miller Hall
Health Sciences Campus
Athens, GA 30606
Voice: (706) 542-9394
www.publichealth.uga.edu/epibio

Graduate Coordinator:

Chris Whalen, 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.

Degree Programs

The department offers a Master of Public Health (MPH) degree with concentrations in Epidemiology or Biostatistics, and M.S. and Ph.D. degrees in Epidemiology or Biostatistics. Additionally, Honors undergraduate students may pursue a combined B.S. 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

110 E. Clayton Street
Suite 300
Athens, GA 30602
Voice: (706) 542-6374
Fax: (706) 583-0695
www.publichealth.uga.edu/hpam

Department Head & Graduate Coordinator:

Neale Chumbler, 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 MPH 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. The department plans to offer a dual MBA/MPH degree in the near future.

Degree and Certification Programs

Health Promotion and Behavior

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Athens, GA 30602
Voice: (706) 542-3313
Fax: (706) 542-4956
www.publichealth.uga.edu/hpb

Department Head:

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Graduate Coordinator:

Jessica Muilenburg, jlm@uga.edu

Undergraduate Coordinator:

Katie D. Hein, 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; and consulting firms.

Center for Global Health

150A Wright Hall
Health Sciences Campus
Athens, GA 30606
Voice: (706) 542-3528
Fax: (706) 583-8922
www.publichealth.uga.edu/cgh

Director:

Richard Schuster, rschuste@uga.edu

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Colleen Cherry, cobrien@uga.edu

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Anjali M. Morgan, gncertif@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, adaptation, 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.

Programs

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. The Center is currently seeking University approval for an undergraduate certificate and minor in global health with an anticipated launch date in Spring 2014. Both programs will provide students with a better understanding of the concept of "global health" and how by its nature, holds significant health implications for all individuals. The minor emphasizes foundational coursework whereas the certificate will take a more applied approach to learning by requiring an internship component in addition to coursework. The minor will count for 15 credit hours while the certificate will count for 18 credit hours.

Institute for Disaster Management

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

Director:

Cham E. Dallas, cdallas@ihmd.uga.edu

The mission of the Institute for Disaster Management (IDM) 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.

Programs

The Institute offers both an MPH emphasis and 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

Graduate Coordinator:

Anne P. Glass, aglass@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 both an MPH emphasis and a graduate certificate in 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.



The University of Georgia

College of Public Health Magazine
Winter 2014
Vol.6, No.1

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Letter from the Dean



The College of Public Health is developing and nurturing many different partnerships and collaborations to improve health and lives in Georgia and beyond. One good example is the College's growing relationship with the Archway Partnership, a story told in this issue of *Public Health*.

Archway, a public service and outreach unit of UGA, connects Georgia communities to a full range of university resources to help address their most critical economic development needs. The College began partnering with Archway in 2007 specifically to address public health needs in participating communities. This led to Archway/CPH projects in Washington, Colquitt and Clayton counties staffed by Archway Public Health Professionals trained by the CPH. The expansion of this joint program accelerated the creation of the College's own Office of Outreach and Engagement (OOE) directed by Associate Dean Dr. Marsha Davis.

We are building and strengthening connections with health professionals throughout Georgia in numerous other ways. For example, the College sponsors the State of Public Health Conference, OOE's signature annual event. Its purpose is to bring Georgia's public health stakeholders together to assess the state's most pressing public health issues in a collaborative environment and to create a realistic plan of action for the year ahead.

In terms of curriculum development, the College has also taken a collaborative, highly interdisciplinary approach by developing degree programs with other colleges at UGA. The College now boasts five joint degree programs created through partnerships outside the College: the PharmD/MPH (with the UGA College of Pharmacy); the MSW/MPH (with the UGA School of Social Work); the MD/MPH (with Georgia Regents University); the DVM/MPH (with the UGA College of Veterinary Medicine); and the MBA/MPH (with the UGA Terry College of Business).

The College also benefits materially from an interdisciplinary approach to research. Our PIs understand that for many grant opportunities, the College of Public Health can be the catalyst for projects involving multiple disciplines. In FY2013, eleven successful research proposals involved our faculty working in collaboration with faculty in seven other UGA units. In this way we are forging close research ties with other units like the College of Family and Consumers Sciences, the College of Education, the Terry College of Business and multiple departments in the Franklin College of Arts and Sciences.

In this collaborative context, including partnerships with other institutions in the U.S. and the world, the College brought more than \$8 million to the Georgia economy in new research funding for FY2013. This is the highest amount obtained annually by our faculty since the College's founding. We credit a significant part of this outcome to the capabilities and hard work of our interdisciplinary partners within and outside the University.

Sincerely,
Phillip L. Williams, Ph.D.

Degree and Certification Programs

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, Disaster Management, Environmental Health Science, Epidemiology, Gerontology, Health Policy & Management, and Health Promotion & Behavior.

DUAL DEGREES: The College offers a variety of dual degree programs in collaboration with other UGA units and state universities: Combined Bachelors/Masters (MPH) (with the UGA Honors Program); PharmD/ MPH (with the UGA College of Pharmacy); MSW/MPH (with the UGA School of Social Work); the MD/MPH (with Georgia Regents University); the DVM/MPH (with the UGA College of Veterinary Medicine); and the MBA/MPH (with the UGA Terry College of Business - Coming Soon).

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 minimum 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. The revised GRE score has means of 151 verbal and 152 quantitative. The use of % rank will also be considered as new scores continues to be analyzed. Information about the new scores and the concordance table can be found at <http://www.ets.org/gre/institutions/scores>. Applicants must submit the UGA Graduate School application (<http://www.grad.uga.edu>) and the MPH applications (<http://www.sophos.org>). Specific admission information can also be found at <http://publichealth.uga.edu/academics/apply>.

Admissions contact: mph@uga.edu, 706-583-0885



Doctor of Public Health

The DrPH program prepares public health practitioners for senior leadership positions 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 on 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 DrPH 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. Graduates pursue jobs in local, state, national and international public health-related organization. Graduates are also qualified for positions in academia.

The Program

Prerequisite Curriculum (the Five MPH Core Curriculum Courses for those who do have an MPH degree) DrPH 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 DrPH will be 57 hours.

Admission

Qualified candidates must have substantial public health experience and, ideally, graduate-level training 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 GPA of 3.0 (on a 4.0 point scale) and a GRE score of 1000 (verbal and quantitative combined). The revised GRE score has means of 151 verbal and 152 quantitative. The use of % rank will also be considered as new scores continues to be analyzed. Information about the new scores and the concordance table can be found at <http://www.ets.org/gre/institutions/scores>. Applicants must submit the UGA Graduate School application (<http://www.grad.uga.edu>) and the DrPH applications (<http://www.sophos.org>). Specific admission information can also be found at <http://publichealth.uga.edu/academics/drph-apply>.

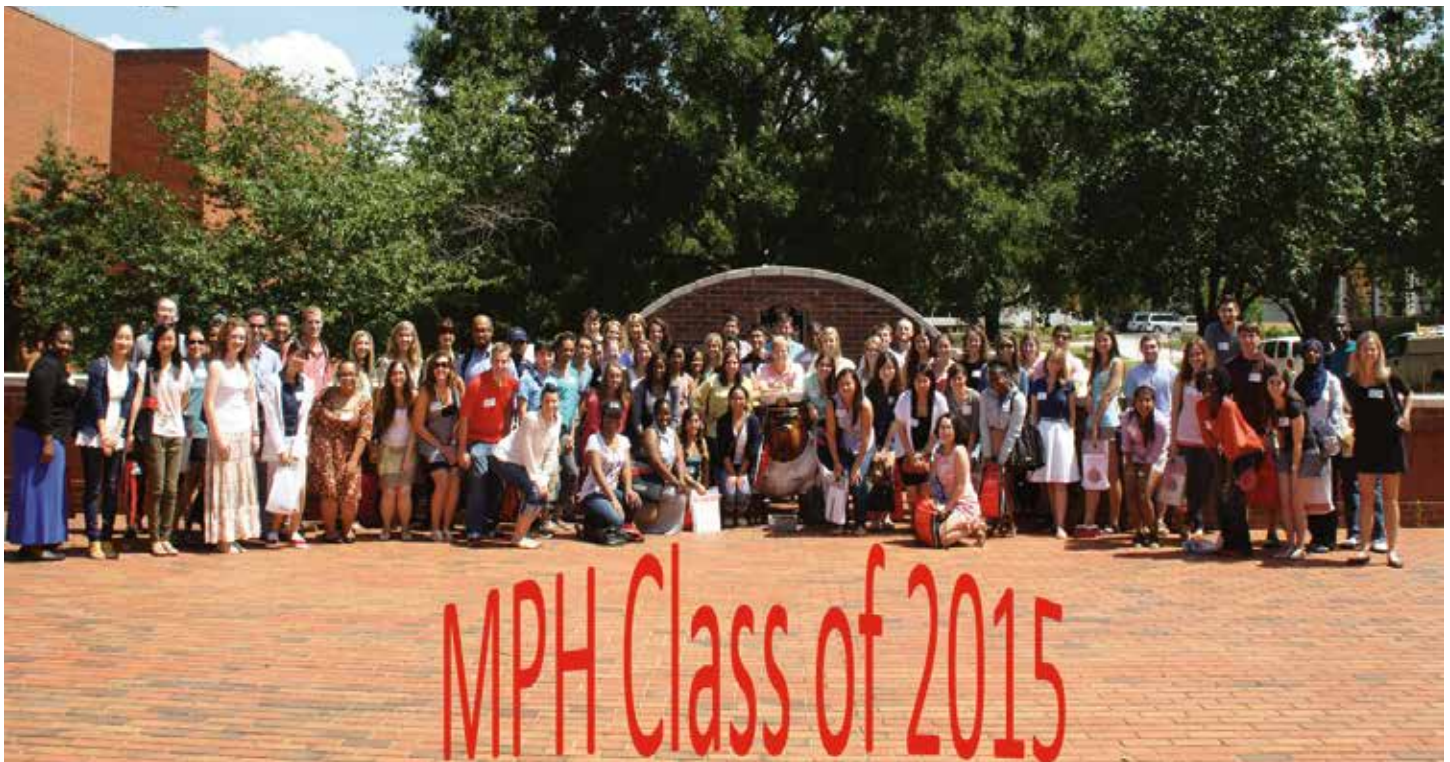
Admissions contact: drph@uga.edu, 706-583-0885



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The University of Georgia College of Public Health

Founded in 2005 as a response to the state's need to address important health concerns in Georgia, the UGA College of Public Health promotes health in human populations through innovative research, exemplary education, and engaged service dedicated to preventing disease and injury within the state and around the world.

The College currently offers programs in biostatistics, disaster management, environmental health, epidemiology, gerontology, global health, health policy and management, health promotion and behavior, public health, and toxicology.

Uniquely, the College offers five joint Master of Public Health (MPH) degree programs created through outside partnerships: the PharmD/MPH (with the UGA College of Pharmacy); the MSW/MPH (with the UGA School of Social Work); the MD/MPH (with Georgia Regents University); the DVM/MPH (with the UGA College of Veterinary Medicine); and the MBA/MPH (with the UGA Terry College of Business).

For more information about our programs, including Master of Public Health (MPH) and Doctor of Public Health (DrPH), contact Admissions at 706-583-0885 or email MPH@uga.edu or DRPH@uga.edu.