

UNIVERSITY OF GEORGIA™ — COLLEGE OF
PUBLIC HEALTH

— 2020 ANNUAL MAGAZINE —



**STEP
UP**

FROM THE DEAN

MARSHA DAVIS, PH.D.

Dean

TIM HECKMAN, PH.D.

Senior Associate Dean for Research & Faculty Affairs

ERIN LIPP, PH.D.

Associate Dean for Academic Affairs

GRACE BAGWELL ADAMS, PH.D.

Assistant Dean for Outreach, Engagement & Equity

JESSICA MUILENBURG, PH.D.

Assistant Dean for Strategic Planning & Assessment

EDITOR

Lauren Baggett

CONTRIBUTORS

Rebecca Ayer, Lauren Baggett, Lynnsey Lafayette, Andrea Swartzendruber, Allan Tate

PHOTOGRAPHY

Rebecca Ayer, Peter Frey, Winnie Geier, Megan Lott

DESIGN

Ian Webb

EDITORIAL OFFICE

University of Georgia
College of Public Health
Health Sciences Campus
Athens, GA 30602EMAIL: cphnews@uga.edu

PHONE: (706) 542-2662

WEB: publichealth.uga.edu

The University of Georgia is committed to the principles of equal opportunity and affirmative action.



@PublicHealthUGA

THIS YEAR HAS BEEN
A CRITICAL TIME FOR
PUBLIC HEALTH.

When the first COVID-19 cases arrived in Georgia in late February, the University of Georgia College of Public Health demonstrated our commitment to improving the public's health throughout Georgia, the United States, and the world by supporting COVID-19 research and response efforts. In this year's magazine, you will read stories about how our faculty, staff, and students stepped up to meet these challenges and our ongoing efforts to prepare our graduates to take on the new challenges of today and tomorrow.

The challenges that we face today are not isolated tragedies or the result of an infectious disease pandemic that may eventually pass.

Issues of human rights, economic inequality, health inequities, and disparities that have been amplified and exacerbated by COVID-19 are those that we in public health already know very well. Inequity and injustice lead to poor health. We cannot have health for all until we have justice for all. It is imperative that our research, education, and community engagement initiatives remain guided and informed by the principles of social justice and health equity so that we may address structural conditions that fuel health disparities.

Many things can be said about this year of 2020. I would like to say what a privilege it is to be in public health. Our time is now. We will renew our commitment to the public's health. We will work even harder to protect, promote, and advocate for the health of all; to provide the evidence-base to guide policymaking; and to engage in meaningful partnerships with the communities we serve. We will lead through this. And my hope is that as a state, nation, and world, we emerge stronger, healthier, more equitable, more just, and more united.

TABLE OF CONTENTS

UNIVERSITY OF GEORGIA – COLLEGE OF PUBLIC HEALTH

12

ANSWERING THE CALL BY MAKING THE CALL

Nearly 20 CPH students dedicated their summer to bolstering the state's contact tracing force, many of them serving in their own home towns.

20

UNMASKING A CULTURE OF GRIEF

A team of CPH researchers are training nursing home staff to help residents, families, and themselves through grief – a need made more stark by COVID-19.

16

UNTANGLING THE ROOTS OF GEORGIA HEALTH DISPARITIES

Janani Thapa and Stacy Zhang are leading a department effort to provide workable policy and clinical solutions to reduce disparities in rural counties.

27

WORKING AT THE MARGINS

CDC officer and DrPH student Tonyka McKinney is using her public health knowledge to improve the lives of marginalized communities.

ALSO FEATURED...

4 News & Notes

15 Advocacy

22 Coaching Data Literacy
Advancing Public Health

23 Student Research Spotlights

ABOUT THE UGA COLLEGE OF PUBLIC HEALTH

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

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

As a fully-accredited College of Public Health, we are fulfilling UGA's mission as the state's land-grant university to train future leaders responsible for the public health and well-being of Georgians.

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

NEW MISSION, VISION, AND VALUES FOR CPH

A critical outcome of the College's strategic planning process has been redefining our mission, vision and values. We are proud to share them with you now.

MISSION

To advance the health of all. Through research, hands-on learning, and community engagement, we commit to improving the public's health in Georgia, our nation, and the world.

VISION

A healthier, safer, more equitable world for all.

VALUES

Collaboration

Protecting and improving the public's health requires collaboration among many sectors. We foster effective partnerships with government, non-profits, foundations, our colleagues, our communities, experts in other fields and practice, and the communities and populations we serve. We lift up the talents of everyone and the unique contributions that each of us make to improving the public's health.

Compassion

We deeply care about our students, each other, the work we do, and individuals in the populations we serve.

Courage

We strive to do what is right to promote and protect the health of all.

Data-Driven Decision Making

We use metrics to assess progress toward our goals and align resources in an efficient and transparent manner.

Diversity

Diversity in backgrounds, culture, and experience is the source of comprehensive understanding and knowledge. We celebrate the background, experience, and identity among our students, staff, faculty, and populations we serve.

Equity

Our quest to achieve equity drives our research, education, and community engagement to ensure democratic processes, equal opportunity, and justice for all.

Excellence

We confidently pursue the highest quality of work in everything we do.

Health as a Human Right

Everyone has a right to live a healthy life throughout their lifespan. It is our responsibility in public health to uphold this right.

Inclusion

We incorporate all voices and all perspectives in all aspects of the College's endeavors.

Innovation

We have passion, excitement, and drive to make the world a better place. We seek creative solutions and novel approaches for advancing public health.

Integrity

In all our interactions, we are ethical, honest, fair, and responsible. We hold each other and our actions accountable.

Perseverance

We recognize that the challenges of public health are ever-changing and that the road leading to health for all is often challenging. We will remain constant and firm in our pursuit of our goals.

Respect

We promote community health in a way that respects the rights of individuals in that community. We have zero tolerance for any form of harassment and/or discrimination. We commit to creating a respectful and nurturing environment for all.



GERONTOLOGY MOVES ONLINE

The College's Institute of Gerontology has launched a fully online graduate certificate in gerontology. All courses take an interdisciplinary approach and provide the opportunity to apply the knowledge you gain to real-world scenarios and help improve the aging experience of older adults.

Read more: <https://t.uga.edu/6kG>



Institute of Gerontology
College of Public Health
UNIVERSITY OF GEORGIA

DEJOY RECEIVES LIFETIME ACHIEVEMENT AWARD

CPH Professor Emeritus and co-founder of the Workplace Health Group, David M. DeJoy was honored with the Lifetime Career Achievement Award by the American Psychological Association in November 2019.

Nationally and internationally known for his expertise in safety climate, his research laid the groundwork for the integration of behavioral sciences and occupational health to promote worker health and safety.

Read more: <https://t.uga.edu/6kD>



NEWS & NOTES

BAGWELL ADAMS NAMED ASSISTANT DEAN

Grace Bagwell Adams has been named Assistant Dean for the newly named Office of Outreach, Engagement and Equity at the UGA College of Public Health.

Adams considers service to be an integral duty of academic public health faculty. In her new role, she seeks to foster integrated community research and outreach approaches to improve the public's health.

Read more: <https://t.uga.edu/6kE>



University of Georgia Marketing and Communications

NEW LEADERSHIP FOR HPAM

In July, CPH welcomed M. Mahmud Khan as the new head of the Department of Health Policy and Management here at the UGA College of Public Health.

Recognized nationally and internationally for his expertise in healthcare economics and finance, Khan brings an interdisciplinary and hands-on style to public health research, instruction and leadership.

Read more: <https://t.uga.edu/6kF>



A HEARTFELT THANK YOU

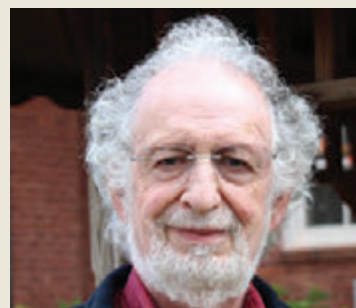
ERIC DAHL

In April, we said a fond farewell to Eric Dahl, who retired after serving 14 years with the College. Dahl's contributions as Associate Dean of Administrative Initiatives are substantial. A member of the College's founding leadership team, Dahl wrote some of our College's initial mission statements, led the charge in building the College's instructional technology resources, and was involved in many faculty searches that helped to expand the size and prestige of our College's faculty. He also played a pivotal role in our College relocating to the Health Sciences Campus, where CPH faculty, staff, and students have been able to work in close proximity to one another.



STUART FELDMAN

After nearly six years of service leading the Department of Health Policy and Management, we say thank you to Stuart Feldman. During his tenure as department head, Feldman oversaw an update to the MPH curriculum, moved the College's DrPH program to the UGA Gwinnett Campus to better serve its target population of students, added an undergraduate minor degree, and launched the department's new Master of Health Administration degree. In addition, Feldman was a key leader in the initiative to form the College of Public Health in 2005, and he has established two endowed funds to support health disparities awareness and research, and departmental activities.



MARK WILSON

Last December, Mark Wilson retired from the College and UGA after 32 years of service. Wilson joined the College of Public Health when it formed in 2005, already heading the Department of Health Promotion and Behavior and guiding its transition from the College of Education to CPH. As Associate Dean for Academic Affairs from 2012 to 2019, Wilson oversaw the expansion of the Double Dawg bachelor's-MPH program, the launch of an online public health certificate and two successful CEPH accreditations. He also founded and directed the Workplace Health Group, which stands as an exemplar of collaborative and interdisciplinary research and training at UGA.



STRENGTHENING THE CPH ALUMNI COMMUNITY

The College of Public Health (CPH) **Alumni Working Group** is charged with supporting the Office of Development and Alumni Relations to increase alumni engagement and commitment to CPH programs and activities. The working group will create opportunities to foster meaningful and lasting connections among alumni, students and faculty, enhancing CPH's commitment to better the health and well-being of all.

Read more: <https://t.uga.edu/6m6>



LORI ELMORE, BSED '00 - HEALTH PROMOTION

Lori Elmore, MPH, serves as the Budget Policy Team Lead in the Office of Appropriations at the Centers for Disease Control and Prevention. She has extensive experience working in local, state, and federal agencies. Lori received her MPH degree from Morehouse School of Medicine and her BSED degree in health promotion from UGA.



KIM METCALF, BSEH '93, MS '96 - ENVIRONMENTAL HEALTH SCIENCE

Kim Metcalf is the founder and president of the environmental consulting firm, Riverbend Environmental, a four-time Bulldog 100 honoree. A dedicated alum, Kim has served as vice president for the Athens Alumni Chapter and as a multiple-term member of the UGA Alumni Association Board of Directors, and she is a UGA 40 Under 40 honoree.



ERICA PARKS, MPH '11 - HEALTH POLICY & MANAGEMENT

Erica Parks is a “vetspreneur” and the CEO & Founder of Camouflage Me Not. Through her work, she is challenging community, business, and government leaders to address the systemic issues hindering veterans and their dependents from successfully transitioning into society. Active at UGA, she has served on the UGA Black Alumni Leadership Council and is a UGA 40 Under 40 honoree.



RAEGAN TUFF, PH.D. '09 - HEALTH PROMOTION

Raegan Tuff applies informatics strategies and information systems to public health practice at the Centers for Disease Control and Prevention. She also researches social determinants of health and equity in priority populations like women and African Americans. Raegan currently serves on the UGA Alumni Association Board of Directors and is a UGA 40 Under 40 honoree.



MERIDITH KELLER WOODMAN, BSED '96 - HEALTH PROMOTION

Meridith Woodman is a senior portfolio and program manager at AmeriHealth Caritas, currently leading a COVID-19 enterprise program. She worked previously at the National Center for HIV, STD and TB Prevention (NCHSTP) at the Centers for Disease Control and Prevention, focusing on media relations and study coordination. A UGA Presidential Scholar, she received her BSED in health promotion and disease prevention in 1996.



“We mask...
To protect ourselves. To
protect others. To protect
Athens.

The UGA College of Public Health wants to know...

WHY DO YOU MASK? WHO DO YOU MASK FOR?

Step 1

Share your mask selfie and tell us why you wear the mask.

Step 2

Tag us at @publichealthuga.

Step 3

Then tag someone you mask for.



**#CPHDawgStrong
#DAWGSTRONG**

LEADING BY EXAMPLE

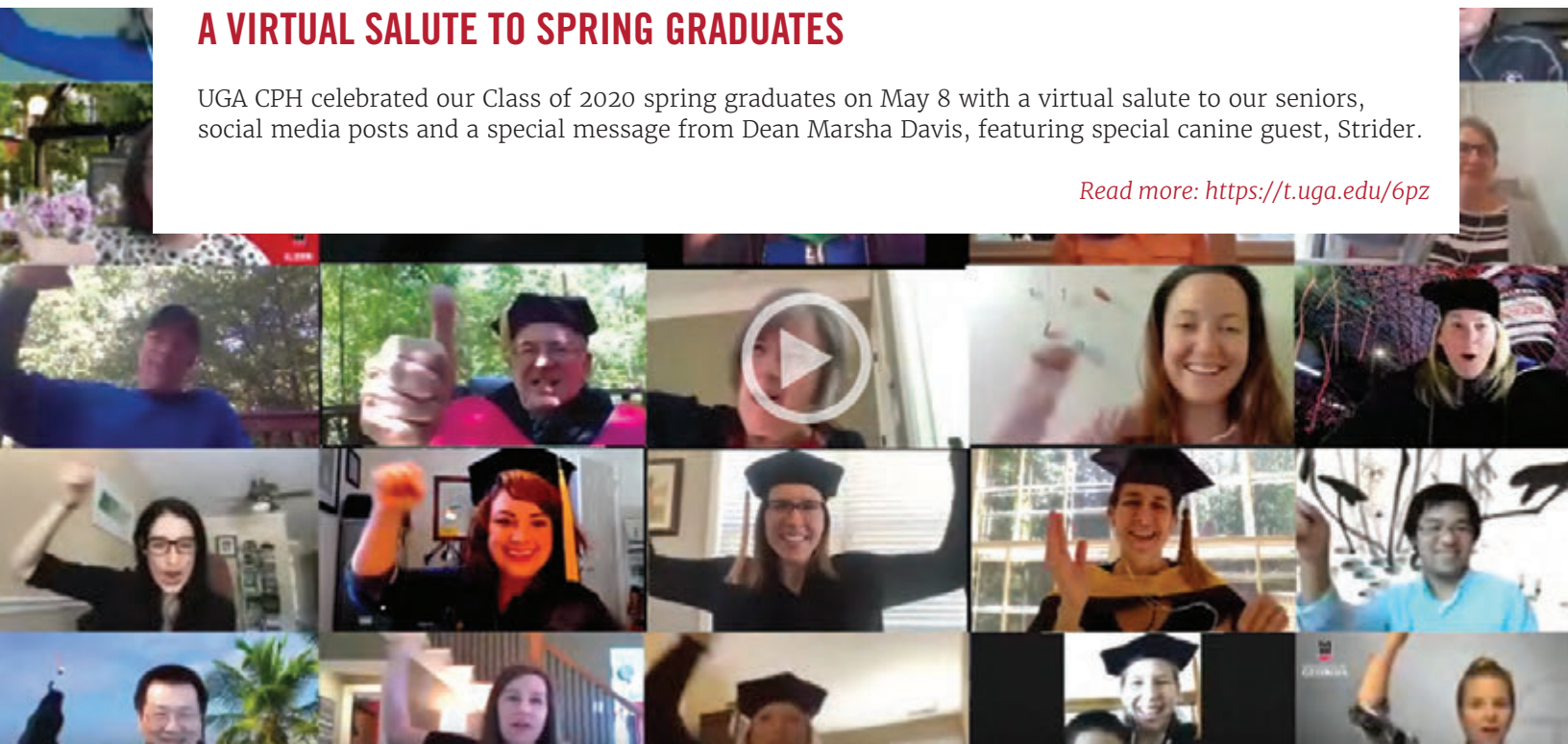
In August, just before in-person classes resumed at UGA, the College launched the #CPHDawgStrong social media campaign to promote healthy, safe behaviors both on and off campus. As stewards of public health, CPH recognized the need to lead by example to protect ourselves, others, and our community from COVID-19.

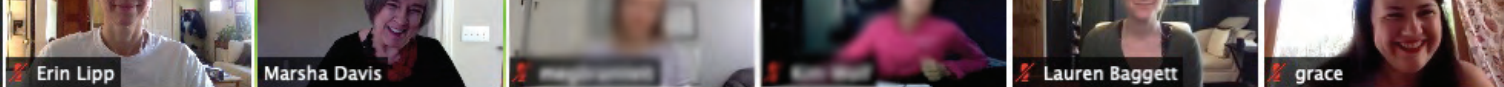
Calling on all CPH Dawgs – our faculty, staff, students, and alumni – the campaign promoted the “3Ws,” featuring weekly posts of masked CPH Dawgs sharing why and how they exhibit safe pandemic behaviors.

A VIRTUAL SALUTE TO SPRING GRADUATES

UGA CPH celebrated our Class of 2020 spring graduates on May 8 with a virtual salute to our seniors, social media posts and a special message from Dean Marsha Davis, featuring special canine guest, Strider.

Read more: <https://t.uga.edu/6pz>





STEP UP

Dean Davis kicks off the CPH Hackathon on March 25.

Photo by Grace Bagwell Adams

CPH Hosts COVID-19 VIRTUAL HACKATHON



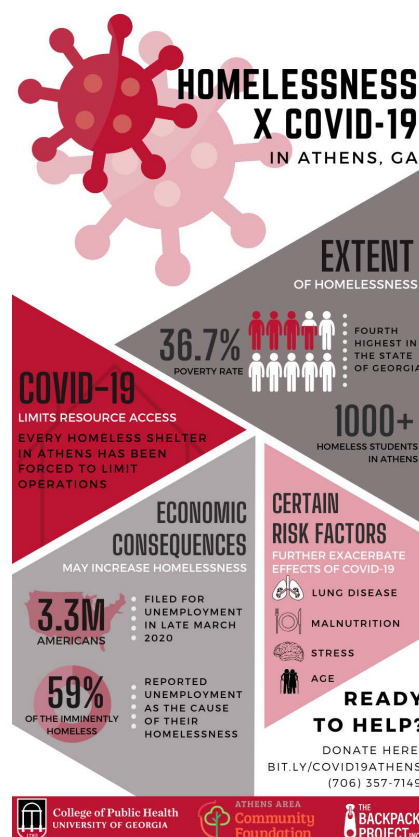
In March, over 90 CPH students participated in a 48-hour virtual hackathon to develop useful, evidence-based education resources on COVID-19. The teams created infographics, data visualizations, policy briefs, and even TikTok videos – all publicly available and promoted to local community groups.

In all, the teams created over 30 resources and materials for public use.

Dean Marsha Davis says the COVID-19 Virtual Hackathon was a natural way for public health students to engage in the College's ongoing efforts to serve Georgia communities.

"At all times, but especially during this pandemic, UGA's College of Public Health is called to provide leadership and information to guide policymaking that is grounded in scientific evidence," said Davis. "This is at the heart of our research and service mission and extends to the training of our students."

Read more: <https://t.uga.edu/6aR>



Stephanie Andino

Victoria Fonzi, Divya Ghoshal, Hannah Huang, Harrison Huang, Kyle Patel



Photo by Megan Lott

BILLY NORFOLK: COVID TRACKER

Every little bit counts.

That's the biggest lesson William "Billy" Norfolk has learned working alongside CPH faculty on COVID-related research projects.

Norfolk, who is working toward a doctorate in environmental health, says the changing and urgent research needs presented by the pandemic have brought together scientists across UGA and the world to fill in knowledge gaps about the Sars-CoV-2 virus.

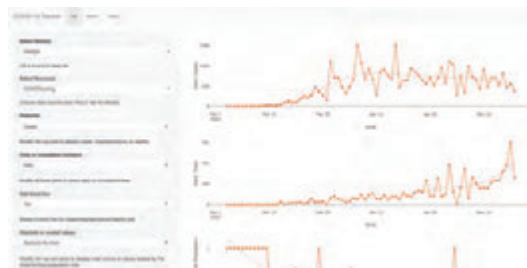
"There has been wide-scale open sharing of data, methods and advice between individuals, and it is this openness that has led to improved research progression," said Norfolk.

For his part, Norfolk has contributed to three ongoing projects since spring 2020, beginning with participating in the College's virtual hackathon in late March, where he built a series of COVID-19 case data visualizations for public use.

"Since the beginning of the shutdown there was a push for accurate and user-friendly data visualizations of COVID-19 cases," said Norfolk.

Shortly after, he joined the UGA Center for the Ecology of Infectious Diseases (CEID) Coronavirus Working Group to assist with developing interactive data visualizations for COVID-19 data.

The CEID COVID-19 tracker allows users to view data collected from multiple sources at the country, state, and county levels. Under the direction of CPH's Andreas Handel, Norfolk was instrumental in adding county-level data to the application.



Norfolk also began working with members of Travis Glenn's and Erin Lipp's labs in the Department of Environmental Health Science to determine whether ozone disinfection was a viable method for quickly sanitizing medical-grade masks and other PPE.

And he continues to work with the Lipp lab now to track COVID-19 outbreaks in specific communities using wastewater samples.

"Thus far, we have developed a pipeline for extracting and quantifying SARS CoV-2 viral RNA from wastewater influent, and we've begun to track spikes in RNA concentration to predict increases in positive cases within the population," said Norfolk.

Norfolk says his coursework at UGA, specifically his data analysis and experimentation training, provided a strong foundation that enabled him to contribute to these projects. And the learning continued with each new hurdle that comes along with working on real world issues, he said.

"The most important thing I learned through my experience working on COVID response projects is that every little bit helps. I think it is every scientist's hope that their research will benefit the greater community, and it has been an excellent experience to work on an evolving issue in real-time to better inform the public and policy makers."

— BILLY NORFOLK



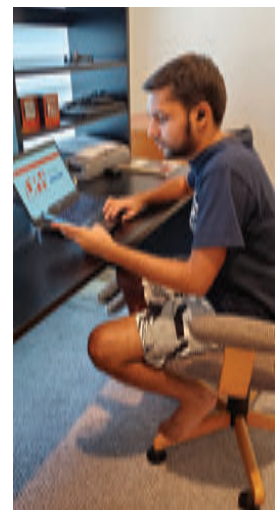
ANSWERING THE CALL BY MAKING THE CALL

UGA public health students fill critical role as state contact tracers

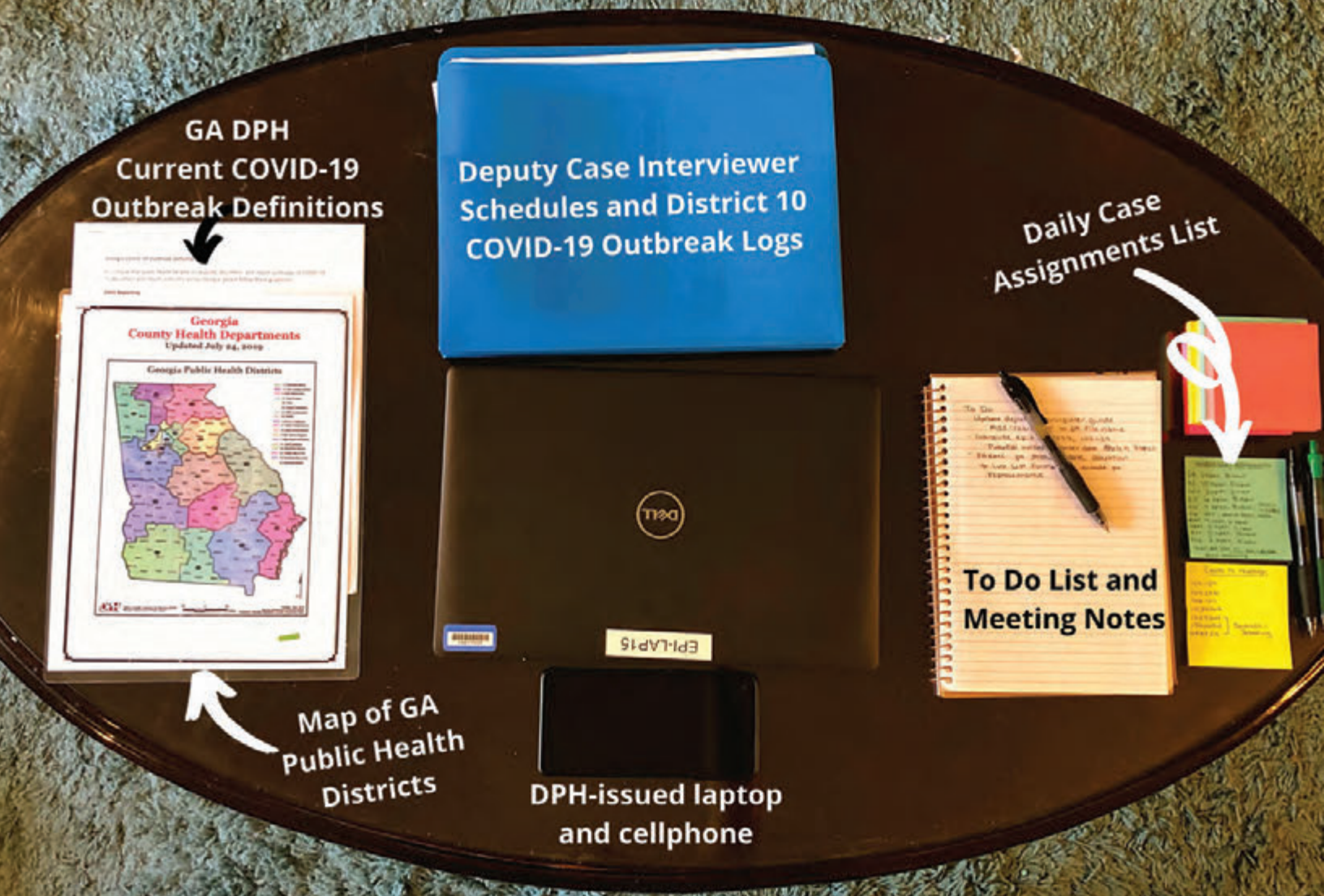
In April, the Georgia Department of Public Health (DPH) put out a call for summer interns to support the organization's contact tracing efforts. Fifteen undergraduate and graduate students from UGA's College of Public Health were selected and assigned to 10 districts across the state – often the students' home counties.

Each week, CPH contact tracers worked with local public health workers and epidemiologists to identify and contact individuals who had been exposed to COVID-19. The College provided additional mentorship and support by creating a summer-long "Community of Practice," which included weekly check-in calls with all students in the field, the assistant deans of academic affairs and outreach, engagement and equity, as well as CPH internship and MPH program coordinators.

For many, this was their first field experience tracking infectious disease spread. For some, this was their first time stepping into a public education role. For all, the coronavirus pandemic offered a unique set of challenges, and a first-hand look at public health response to a complex, ever-evolving and politically charged epidemic.



Kyle Patel



Emily Rayens

WHO IS CALLING?

“There was a distrust of who I was and what I was doing with the information,” said **Mary McGarr**, a health promotion and behavior major based in Columbus, Georgia. “A public educational promotion of contact tracing would probably help normalize this practice. Most people, including myself prior to this position, have no idea what contact tracing is.”

ART OF PERSUASION

“Talking to people and providing health guidance in this capacity was a first for me. I faced difficulties in actually getting people to do things that make them healthier, like taking the proper public health precautions,” said MPH student **Kyle Patel**, who was based in Gainesville, Georgia. “This art of persuasion with coherent communication is vital to my future career, and I do think I gained a lot of insight about it through this experience.”

DIRECTING RESPONSE

“I worked as a contact tracer for roughly a week before transitioning to a switchboard operator and case interviewer. I processed incoming cases and this is where a map of the health districts comes in handy when cases need to be reassigned. Collecting information about the patient’s exposures and workplace can be crucial in alerting high-risk populations like nursing homes or other long-term care facilities,” said MPH/PhD candidate **Emily Rayens**, who was based in Athens, Georgia.

DRAINING, BUT WORTH IT

Even with challenges MPH-MSW student **Sombal Bari** said she believes in the effectiveness of contact tracing. “Being able to let [contacts] know about the importance of monitoring your symptoms and quarantining, so you don’t potentially expose someone else, being as careful as you can during this time. It’s so important,” said Bari, who was working in Albany, the first COVID-19 infection epicenter in Georgia.

“This work was often draining and can feel like an ineffective game of catch-up. However, if it helps even one person, it is worth it,” said MPH student **Courtney Skelly**, who continues to work in Athens. “There is plenty of work to be done, and I am honored to be able to continue doing it. I am in the right field and will be eternally grateful for everyone involved in this process for making that abundantly clear.”

“It can be the difference between a community recovering and a community being inundated,” said epidemiology doctoral student **Megan Bramlett**. “I think it can quite literally be the difference between life or death in some instances.”



Courtney Skelly

UNDAUNTED BY DIFFICULTIES

Our students adapted their strategies and grew as professionals.

“I was inspired by our students this summer. They were tossed into field work on the front lines of public health, and they thrived,” said **Grace Bagwell Adams**, assistant dean of outreach, engagement and equity.

“I saw them work through issues of cultural competence, develop skills in communication, develop trusting relationships with contacts and teach each other in our community of practice. Our students rose to the call of the state’s Department of Public Health and served a critical role in a time of great need.”

Megan Bramlett





TIME TO LEAVE BEHIND STATUS QUO PUBLIC HEALTH



By Andrea Swartzendruber, Assistant Professor, Department of Epidemiology & Biostatistics

With a focus on women's sexual and reproductive health, Dr. Swartzendruber approaches her research and teaching through a social justice lens.

It's not news that public health has taken many "hits" lately. Oppression, silencing, hardship, and skepticism seem to be greater threats than ever. **Except they aren't.**

Given our population health goals, effectively addressing oppression, silencing, hardship, and skepticism, should be at the forefront of our field's leadership and expertise. Except they aren't.

Persistent and deeply-rooted racial disparities remain woeful hallmarks of health in the United States and globally, whether we consider the novel coronavirus, police brutality, maternal mortality, or almost any other health condition.

It's often said that you don't see the best of public health, the cases averted, the diseases prevented. As a public health professional with over 20 years of experience, I also express with love, disappointment, and optimism that we have yet to see the best from our field.

Based on what I have learned working with local reproductive justice organizations, I don't think we are going to come close to our best until we collectively engage in at least four fundamental priorities.

1) Shift power and center people most burdened by disparities as leaders in research and solutions.

2) Grow a more diverse public health workforce and support new leaders.

3) Name & address racism and other oppressions (gendered, economic, environmental) as root causes of disease and disparities that frequently impact the same bodies.

4) Support the leadership of and join together with organizers and movement builders focused on social determinants of health.

In short, effective public health advocacy might be best achieved by availing ourselves to be organized by, conspire with, and work in coalition with a diverse set of leaders with whom we share similar goals, if not always a similar vocabulary.

People most affected by oppression – organizers, our colleagues and trainees, movement builders, ground-breakers, scholars, and culture shifters – want us to follow through on our ideals. Status quo public health and narrowly-focused agendas are not sufficient to achieve health equity, where all people have the opportunity to maintain and achieve their full health potential, let alone equity and justice more broadly.

TOGETHER WE GO FARTHER.

Public health professionals have a responsibility to earnestly leverage our expertise, voices, skills, funds, connections, and privileges to center issues and people and to show up in ways that we might not have before. In the words of Albert Einstein, "We cannot solve our problems with the same thinking we used when we created them."

Perhaps in some ways, we in public health need to start asking different people different questions. How do we/I show up better? I encourage us to ask, listen, and help provide what's needed, whether it's in our neighborhoods, workplaces, or beyond.

Lastly, voting and civic engagement are paths toward justice, economic power, and improved health. I challenge each of us to find at least one way today to engage in our democratic process and to support others' engagement.

Dr. Swartzendruber acknowledges the following organizations for shaping her understanding of reproductive rights issues: SisterSong, SisterLove, Access Reproductive Health Southeast, Feminist Women's Health Center, and National Asian Pacific Women's Forum.

TACKLING GEORGIA DISPARITIES AT THEIR ROOTS

When coronavirus arrived on U.S. soil in late February, all eyes were on our major cities. Urban healthcare systems braced for outbreaks, which eventually came to New York, Washington, and California. But in Georgia, the first epicenter of COVID-19 outbreaks was in Dougherty County, located in rural southwest Georgia.

In fact, as the virus spread throughout March, the bulk of cases were highest in Georgia's rural communities.



JANANI THAPA, an assistant professor in the College's Department Health Policy and Management and director of the Economic Evaluation Research Group, began mapping county-by-county COVID-19 case data and community risk factors in hopes to make sense of this pattern.

"The caseload is highest in specific counties that are facing health disparities. We would expect places with higher population density to see more cases, but this isn't what we're seeing," said Thapa.

This may be due to the fact that people with health conditions like cardiovascular disease or diabetes are at a higher risk for infection, and Georgia's rural counties are disproportionately burdened by these diseases.

**WITH THIS MAPPING
WORK, WE WANTED TO
EMPHASIZE THAT SOME
COUNTIES ARE MORE
VULNERABLE THAN
OTHERS BASED ON THE
IDENTIFIED RISK FOR
ACQUIRING THE DISEASE**

Photo by Winnie Gier
Farmland, Colquitt County, Georgia

TACKLING GEORGIA DISPARITIES AT THEIR ROOTS

“This disparity is evident in South Georgia. With this mapping work, we wanted to emphasize that some counties are more vulnerable than others based on the identified risk for acquiring the disease,” said Thapa.

Georgia’s COVID-19 case trends and their overlap with rural communities, says Thapa, points to the need to understand the many factors that make a community vulnerable to infectious and chronic disease.

“Socioeconomic status, geography, race – these influence key social determinants of health including physical and social environment, lifestyle factors and access to healthcare, which leads to higher observed rates of obesity, cardiovascular disease and now COVID-19 hospitalizations in predominantly rural areas, low-income areas, and areas with higher populations of African American families,” said Thapa.

Thapa, along with her fellow health policy and management colleague **DONGLAN “STACY” ZHANG** have focused their research on untangling the complex network of upstream factors that create unequal health outcomes in Georgia – and offer workable policy and clinical solutions to local policymakers.



THE DOCTOR IS IN?

Over the past decade, Georgia’s rural communities have seen eight hospitals close, and countless primary care clinics, specialist offices and pharmacies shut their doors. Finding primary care providers, let alone specialists, close to home has become increasingly difficult.

Zhang has been researching how access to telehealth programs can help rural hospitals provide acute care to stroke patients. In a study for Health Affairs,

Zhang found a correlation between the expansion of telestroke services nationwide with improved quality of care and fewer deaths due to stroke in very rural communities.

Her Georgia-based work has pointed to the positive trend of higher survival rates of stroke patients among facilities that introduced telestroke interventions.

More recently, Zhang has been working to characterize provider shortage trends in all Georgia counties.

Analyzing the density of primary care physicians, nurse practitioners and physician assistants across all Georgia counties from 2009 to 2017, “we found that although the number of primary care providers increased in both rural and urban counties during this period, the increase was more pronounced in urban than in rural counties,” she said.

But closing rural-urban gaps in access to primary care providers may require increasingly intensive efforts targeting rural areas, said Zhang. Currently, some of Georgia’s medical schools are offering tuition waivers to students who commit to a rural-based residency after school.

“You have to look at the full picture of why doctors are leaving,” she said. Is it because rural doctors have a higher number of uninsured patients, so it’s hard to stay in business? Is it because there are fewer economic or education opportunities for their families?

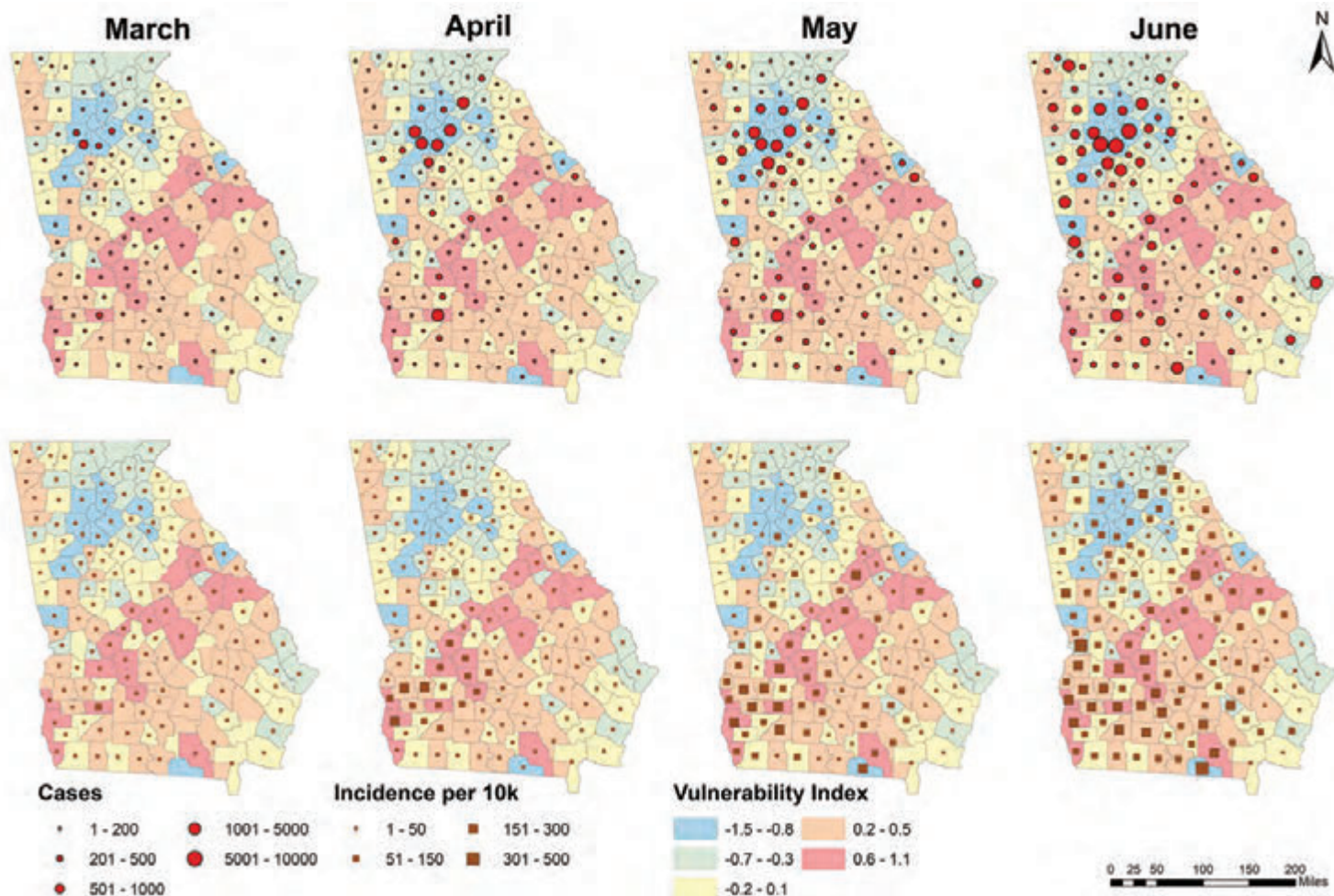
“We need to better understand all of these things,” said Zhang. “It’s going to take more than tuition waivers to keep doctors in these communities.”

THE HEART OF IT

Heart disease is the leading cause of death in Georgia, and again, it’s Georgia’s rural areas that are the most vulnerable.

Photo by Winnie Gier
Downtown Moultrie,
Georgia.





Thapa, Zhang and colleagues mapped Georgia county COVID-19 cases by their vulnerability index. The index measure is based on the proportion of county residents who are a minority, 65 or older, live below poverty, live with diabetes or obesity, and the percentage of cardiovascular deaths or hospitalizations. Higher index numbers mean higher vulnerability. Counties with higher vulnerability tended to have more COVID-19 cases.

“Cardiovascular disease risk among men is two times higher in rural than in urban regions, and much of this disparity can be explained by lack of access to preventive services and lower socioeconomic status,” said Zhang.

How living in a rural community contributes to lifestyle factors that can lead to cardiovascular disease is another key area of research for the team.

Zhang has been leading the effort to develop and update an agent-based simulation model, an approach that was first developed to assess food environments in urban settings, to inform local policymaking around key lifestyle factors like diet and smoking.

The model takes into account the many factors that influence a person’s behavior, including demographic information, the local food environment, and even health beliefs.

A MODEL CAN HELP US UNDERSTAND THE WHOLE SYSTEM, TO UNDERSTAND THE INTERPLAY OF COMPLEX FACTORS.

“A model can help us understand the whole system, to understand the interplay of complex factors,” said Zhang.

Zhang and Thapa published a study in 2019 showing that the agent-based model could be successfully translated to rural communities.

They ran a simulation using data collected on the food environment of a small town in Texas and found that reducing the distance to a source of fresh fruits

and vegetables, like a farm stand, would increase consumption by 25%.

Their current project is simulating and testing local policies that could change the community environment to reduce cardiovascular disease in Georgia's hardest-hit counties, including policies on nutrition, smoking, lifestyle interventions, and telehealth expansion.

UNDERSTANDING WHAT WORKS WHERE

Beyond simulation modeling, Thapa and Zhang have used large, longitudinal datasets to evaluate nutrition policies implemented at the state level – including the Strong4Life school nutrition program, which aims to 'nudge' students to choose healthier foods at lunchtime, and Georgia SHAPE, a statewide childhood obesity initiative, which called on schools to provide more opportunities for physical activity, whether that's through recess or movement integrated into the classroom.

While these studies pointed to some positive effects, they also found disparities in policy implementation based on geography and socioeconomic status of the schools.

"Each school serves a unique neighborhood with varying access to healthy food options or opportunities for physical activity, such sidewalks to walk on, or parks to take kids to play. These factors play a role in physical activity and fitness outcomes of children," she said Thapa.

Thapa and an interdisciplinary team of UGA researchers are currently mapping each school and its surrounding environment to explore how the location of the school may have contributed to SHAPE's success.

The findings from this study could further inform and improve the state-wide obesity policy by identifying needs and avenues for localized efforts at schools within neighborhoods that discourage healthy eating and physical activity, said Thapa.

ENTRENCHED DISPARITIES

The main thread running through Thapa and Zhang's portfolio of research is the role of social vulnerability on health, and there is no ignoring the critical part racial and ethnic disparities play in the health outcomes we see in Georgia, they say.

"Our research paints a picture of ongoing disparities in the state of Georgia," said Zhang – not only the impact of social determinants, but also issues related to policy implementation, participant voices on policy interventions, and policy reach to promote healthy lifestyle behaviors.

Heart disease, stroke, and obesity disproportionately impact Georgia's black communities, and the impact of COVID-19 has laid bare the systemic inequities that contribute to these issues.

"Racial and ethnic health disparities existed long before the COVID-19 outbreak in the U.S. and in Georgia," continued Zhang, "but the excess burden of COVID-19 among African American individuals may be mitigated by identifying, targeting, and prioritizing modifiable factors."

As their COVID-19 mapping work continues, Thapa is sharing the team's findings widely with state and county leaders, stressing the cumulative vulnerability tied to race, poverty, and rural status.

"All our findings boil down to informing resource allocation to mend existing inequalities – and to the fact that health is a social good," said Thapa.



Photo by Winnie Gier
Main Street Park walking trail
in Moultrie, Georgia.



A LIGHT IN THE DARK

Training nursing home communities to open up about grief

Nursing home populations have been among the hardest hit by the COVID-19 pandemic, and as a result, these communities are bearing a disproportionate burden of the grief and loss associated with the virus.

“In the U.S., we’ve never been comfortable with talking about death,” said **TONI MILES**, a physician and professor in the Department of Epidemiology and Biostatistics, who has been studying how American cultural norms around grief hurts our health and what can be done to fix it.

Miles points to a study from Pennsylvania State University, which calculated that for every COVID-19 death, approximately nine surviving Americans will lose a close relative. Now that the number of American deaths from COVID-19 has climbed past 200,000, this means that more than 1.8 million have experienced loss.

“We think so much about preventing death that we hardly give much thought to the survivors, the people left in the room,” she said.

This is especially true in long-term care settings, where Miles has spent years trying to change how facilities respond to death.

A MODEL FOR CHANGE

Changes may be on the horizon in Georgia, in part, due to a bereavement care program Miles has launched in nursing homes and assisted living facilities across the state.

In 2016, Miles and her team conducted more than 60 hours of interviews with staff, residents and family members in nine long-term care facilities in middle Georgia. Participants identified practices used to support residents, families, and staff during critical end-of-life transitions. They also identified unmet areas of need.

Ruiyuan Zhang, a doctoral student in epidemiology and biostatistics, interacts with a resident during a bereavement care training session with residents and staff at nursing home in Athens, Ga. (Contributed photo.)



These in-depth interviews, along with funding provided through the Centers for Medicare and Medicaid Civil Monetary Penalty Fund Reinvestment Program, led to the creation of two handbooks on “Best Practices in Bereavement Care” – one designed for residents and family members, and a second for staff.

Both address best practices related to coping with death. They include creating a caring and respectful process for handling the deceased, scheduling memorials to honor the lives of those who have passed, supporting residents and families, and clearly publicizing resident and family support services. There are also specific strategies to address staff stress.

The bereavement care program’s main objective, said Miles, is to help staff and residents recognize their own feelings about loss and grief, which is not trivial.

“We’re used to having some kind of gathering, whether that’s a funeral or some kind of celebration remembering the dead,” she said. “In nursing homes, death was handled through one of two ways – hide the body away or what has been called the ‘trip to Valhalla.’” This approach, explained Miles, resembles a moving wake where nursing home residents and staff had a chance to say final goodbyes as the deceased was moved out of the building under a sheet.

Yet, facilities often overlook their staff’s need to grieve.

“There is this impression that it’s part of the job. They just need to toughen up and deal with it,” said DrPH student **AMANDA BROWN-BRUNDAGE**, who served as project manager. “But staff have really close relationships with the residents that help improve the care that they give.”

Emphasizing to staff that they have the ability to help families is another goal of the program, said Miles. “You might be surprised to hear this, but not everyone gets sad when a loved one dies. Some people get angry and act out. The nursing assistants know this, but now through our training, they know how to respond.”

The handbooks, which were distributed to nursing homes in Georgia and several other states, were well-received, said Brown-Brundage. “The positive response actually paved the way towards getting our next grant. Long-term care facilities who received the materials told us these are great practices, but how do we apply them within our facilities.”

Miles and her team were awarded a second CMP grant in 2019 to conduct face-to-face educational seminars and staff training, over 24 months, in almost 400 Georgia nursing homes and assisted living residences.

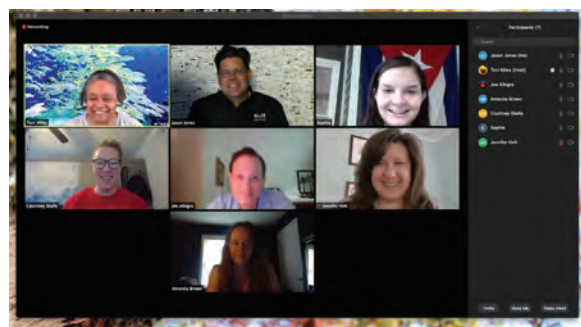
To develop the instructional materials they would need, Miles and her team traveled across north and central Georgia, this time with a videographer in tow, capturing the voices of long-term care communities.

“In addition to residents, we recorded the voices of certified nursing assistants, directors of nursing, social workers, activity directors, admissions counselors. All of these perspectives offered important responses to the unmet need for bereavement care in skilled nursing and long-term care facilities,” said Miles.

A NEW NORMAL

When the COVID-19 pandemic hit the U.S. in full force in March, nursing homes across Georgia began closing their doors to stop the spread. Miles and her team pivoted quickly, translating the in-person training sessions they had just started rolling out for online delivery.

By April, Miles was presenting the first online version of the training to staff at the National Church Residences, whose assisted living facilities are home to over 1,000 low-income seniors in Atlanta.



Miles and her team meet via Zoom.

One benefit of the shift to virtual training is that it has allowed Miles to expand her reach of the program beyond Georgia’s network of long-term care facilities to providers in other parts of the country. In the fall, she led training sessions at conferences focused on quality in long-term care in Texas and Oregon. Texas has over 1,200 certified nursing home facilities; Oregon has 137.

“My hope is that, through this program, people will be able to respond to the grief of persons they know. Too many folks express the idea that they don’t know what to say. Our interviews with persons who have experienced loss provide these words,” said Miles.

Secondly, Miles hopes this work helps contribute to improving the quality of care provided to residents and their families in nursing homes.

As the pandemic continues, people are not just struggling with the loss of loved ones, but also the loss of livelihoods, said Miles.

“People need to incorporate bereavement into the new normal. You can’t ignore it. All of us, even those of us who haven’t been scarred by this pandemic yet, need to be kinder to other people. Panic is everywhere. Anger is everywhere. And a lot of it is driven by loss.”

COACHING DATA FLUENCY

Reimagining Foundational Public Health Curriculum



By Allan Tate, Assistant Professor, Department of Epidemiology & Biostatistics

As a social epidemiologist, Dr. Tate uses health data to study the intersection of family systems and child health and global health in the context of social conflict and climatological mass trauma.

“No one ever taught me why or how to work with data,” is among the most dreaded declarations to hear from a direct report – no matter the discipline. Evidence-based decision making requires data fluency at all levels of career experience to advance population health and clinical standards of care. Data pre-literate teams can slow institutional progress and impede the dissemination of health interventions.

While some of these skills are integrated into graduate curricula, a point of instructional innovation in the College of Public Health is to develop data fluency for undergraduates, when developmental learning moments are low risk. Many of these students will not go on to pursue a graduate education, so where else but “on-the-job” do they get these skills?

During the 2019–2020 academic year, faculty colleagues and I at CPH launched a revisioning of core content courses that introduce elements of data literacy skills. The purpose of this revisioning was to coach students with applied data activities and intensive writing exercises to leap ahead of the year-one, on-the-job learning curve that many of them experience when they enter the workforce.

Further, because disseminating evidence is critical to uptake in the general population, we experimented with live role-playing exercises to encourage empathetic and collaborative communication skill development. Over time, we developed a three-course series that progressively coaches data literacy, data fluency, and data influence with intent to equip students for roles where data are intensively used for decision-making.

THE STUDENT RESPONSE TO THESE INNOVATIONS HAD UNEXPECTED AND FAR-REACHING IMPLICATIONS FOR THE FUTURE PROSPECTS OF OUR HEALTH WORKFORCE

The student response to these innovations had unexpected and far-reaching implications for the future prospects of our health workforce.

Social processes create disparities in who is trained and who is exposed to data – and when that training begins. Rethinking how core content is delivered (application versus memorization) disrupts historically sexist and racist views about who can identify as a data analyst.

More than 10% of my students who have been exposed to these course enhancements have verbally told me that “[they] never knew they were good at working with data and are considering graduate school for advanced training.” Others have shared that, while they are not interested in working with data directly, they now have a renewed appreciation for the societal role that data plays in enhancing the ability for populations to thrive – for example, in defending the integrity of the decennial Census.

As an epidemiologist who believes in inspiring the next-generation of critical thinkers and practitioners to use data for influence, these early career investments in our students are crucial for a functioning workforce and will result in transformative diversity and representation at the public health frontline.

WORKPLACE BREASTFEEDING BARRIERS



Despite federal protections in place to support breastfeeding for employees, the burden still falls on working mothers to advocate for the resources they need, found CPH doctoral student **Rachel McCardel** in a study for Workplace Health & Safety.

“We know that there are benefits of breastfeeding for both the mother and the infant, and we know that returning to work is a significant challenge for breastfeeding continuation,” said McCardel. “There is a collective experience that we wanted to explore and learn how can we make this better.”

The study surveyed female employees who performed a variety of jobs. In addition to asking questions about their access to breastfeeding resources like private rooms, breast pumps and lactation consultants, the respondents were also asked about their experiences with combining breastfeeding and work.

They found that most women, nearly 80%, had a private space at work to express milk, and around two-thirds of the women reported having break times to breastfeed.

But, the study also revealed gaps in the quality and accessibility of breastfeeding resources in the eyes of working mothers.

Access to other resources like lactation consultants or breast pumps was less common. Many respondents also said they hadn’t expected to get much help from their employers, and there was a general lack of communication about the resources available to them.




“We’re now seeing about half of worksites offering some sort of health promotion programming, but only 8% offer lactation resources,” said McCardel. “That’s a missed opportunity because it’s a crucial part of work-life balance, especially for new mothers.”

Care and support for employees should extend to breastfeeding support, says McCardel. Better communication from employers on available resources, the study found, is one simple fix.

Read more: <https://t.uga.edu/6aP>

DELIVERING BETTER PRENATAL CARE TO RURAL MOMS



Kandyce Hylick was one of 10 students selected to be a 2020–2021 APHA Maternal and Child Health Section fellow.

Fellows are chosen based on their record of outstanding leadership, scholarship, and commitment to maternal and child health. As a second-year doctoral student, Hylick is pursuing solutions for maternal and child health and women's mental health issues.

Her passion for promoting women's health was shaped by a personal experience battling illness following the birth of her second child. But her experiences working as a public health professional in Peru and with rural Georgia health districts on prenatal and postnatal care issues opened her eyes to the disparities in access to health care in urban and rural settings.

At CPH, Hylick is working to implement and evaluate a group-based prenatal care intervention using telehealth for mothers living in Georgia's rural counties.

"There's not a lot of research on this, so I'm interested in seeing what prenatal care via telehealth looks like," said Hylick. "Especially now with COVID-19, it may not be healthy for them to wait in hospitals for smaller issues."

Hylick sees the APHA fellowship, which begins in October, as an important opportunity to diversify her educational opportunities and learn as much as she can from others.

"When I first joined APHA, I worked with a group within the maternal and child health section that was developing a policy on maternal mental health issues. I had never written policy before, but I thought if this could help me with my ultimate goal of helping women, I'm all for it," she said.

Hylick liked the group's interdisciplinary focus, an approach she now sees as critical to developing the skills needed to tackle complex public health programs.

"In the United States, especially as a black woman, I'm aware that the maternal mortality rates are very high, so what are the ways that I can be a part in reducing that, how can I make the best difference and continue learning how to be more effective," she said.

Read more: <https://t.uga.edu/6me>

ALUMNI SPOTLIGHTS



Photo by John Rossow, 2020
Rossow and colleagues don PPE on a field deployment to support a household transmission study of COVID-19.

ROSSOW, DVM-MPH '18, AWARDED MANUSCRIPT AWARD

Congratulations to alumnus John Rossow (DVM-MPH '18), who was recently awarded the Alexander D. Langmuir Prize Manuscript Award for his paper "Factors Associated with *Candida auris* Colonization and Transmission in Skilled Nursing Facilities with Ventilator Units, New York, 2016–2018."

Established in 1966, the Langmuir Prize is the top award for Epidemic Intelligence Service (EIS) Officers completing their two-year training at the Centers for Disease Control and Prevention.

During his two-year fellowship, Rossow was assigned to the Division of Foodborne, Waterborne and Environmental Diseases at the CDC National Center for Emerging and Zoonotic Infectious Diseases.

LT John Rossow is now a Public Health Service Officer and veterinary epidemiologist at the CDC.

GOBIN, MPH '08, NAMED TO UGA 40 UNDER 40



Congratulations to CPH alumnus Adam Gobin (MPH '08) on his induction into the UGA 40 Under 40 Class of 2020!

Gobin, who graduated with his MPH in healthcare management, now serves as an assistant vice president at WellStar Health System.

UGA's 40 Under 40 program celebrates young alumni leading the pack in their industries and communities. Nominated by their peers, they represent our best and brightest Bulldogs. See the entire list on the UGA Alumni Association's website.



Read more: <https://alumni.uga.edu/4ou40>

STUDENT SPOTLIGHTS

Deepwater Horizon Oil Spill by Kris Krüg, 2010

WHAT ATTRACTED YOU TO A DEGREE AND/OR CERTIFICATE IN PUBLIC HEALTH?

When I first entered college, my plan was to become a doctor. I love science and wanted to help people, but after I started taking classes at Georgia, I realized there were many career options that would allow me to do what I wanted to do. I found that the College of Public Health would afford me many different career options and opportunities to help people throughout the world.

WHY DID YOU CHOOSE TO CONCENTRATE IN ENVIRONMENTAL HEALTH?

I remember being in Gulf Shores shortly after the BP oil spill. I saw the workers in hazmat suits, saw the oil being cleaned off the birds, saw the dead marine life and the oil-coated sand. I have been going there since I was a baby, and it broke my heart to see such destruction to the environment. I didn't know it then, but I think that event really shaped the course of my educational path. While I have been at UGA, I have learned more about the environment and about the disproportionate amounts of toxins being released in minority and low socio-economic communities. During my sophomore year, I changed my major course of study from Biology to Environmental Health and I haven't regretted the decision at all.

WHAT DID YOU DO FOR YOUR INTERNSHIP?

My internship was with the Department of Health in Daytona Beach, Florida (Volusia County). I was fortunate enough to be able to do a wide array of things while I was there. I conducted ocean and pool sampling and testing, shadowed biomedical waste and mobile home park inspections, conducted COVID-19 screening, and participated in a school meeting that focused on how to effectively follow CDC guidelines with regards to reopening. One of my assigned responsibilities was to assist the Environmental Health Department with COVID-19 functions at testing sites and the call center. Requirements for this duty included questioning people to establish case history, obtaining contact information, and explaining information and recommendations regarding isolation and quarantine parameters.

WHAT ACTIVITIES/ACHIEVEMENTS/AWARDS DURING YOUR TIME HERE ARE YOU MOST PROUD OF?

When I came to UGA, my family was living overseas. I knew it would be a challenge to attend school in Georgia while my family lived in Germany, and I am proud that I didn't let fear keep me from pursuing my goal to attend UGA. I obtained a part-time job, made friends, and attended all of the Bulldog home games. Throughout my time at UGA, I have maintained the Zell Scholarship for Academic Achievement and, during my junior year, I was on the Dean's List. Quite honestly, I am most proud to have been selected as an exceptional student in CPH.

HOW HAS THE CURRENT PANDEMIC IMPACTED YOUR EDUCATIONAL EXPERIENCE AT UGA AND CPH? WHAT INSIGHTS HAVE YOU GAINED A PUBLIC HEALTH STUDENT?

I think everyone would agree, the current pandemic has certainly altered the educational experience at UGA and CPH. If someone would have asked me a year ago if I would want to attend all online classes, I would have said absolutely. I never thought I would want to attend all of my classes in person, especially my morning classes. But I was wrong. I did not realize how much I liked the interaction until suddenly interaction becomes an issue. With that being said, the pandemic has allowed me to realize how much of an impact public health has in addressing safety. During my internship, I was able to help with things like COVID testing and I was able to go to the schools and assist with preparations for reopening. These are things I would otherwise not have been able to do.

WHAT ARE YOUR PLANS AFTER GRADUATION? HAS THE PANDEMIC SHIFTED YOUR CAREER GOALS?

After graduation I want to attend law school. I am extremely committed to working with the environment and hope to have a long-term career promoting environmental justice. The pandemic has highlighted the inequities that are present in our society and I hope to be one of the individuals to advocate for the rights of those who are being negatively affected.



SARAH FORD

DEGREE OBJECTIVE: B.S. in Environmental Health

EXPECTED GRADUATION: May 2021

HOMETOWN: Watkinsville, GA

Shaped by witnessing the aftermath of environmental catastrophes and her studies in public health, fourth-year environmental health major **Sarah Ford** has found a path and passion advocating for health equity and environmental justice.

TONYKA L. MCKINNEY

DEGREE OBJECTIVE: Doctor of Public Health (DrPH)

EXPECTED GRADUATION: December 2020

CURRENT OCCUPATION:

Senior Advancement Officer, CDC Foundation

PREVIOUS EDUCATION:

- Master of Public Health (Florida A&M University, 2008)
- Bachelor of Science, Biochemistry (Albany State University, 2006)

HOMETOWN: Albany, GA

Doctor of Public Health student **Tonyka McKinney** is passionate about using her knowledge and expertise in public health to address social inequities and improve the lives of marginalized communities.



WHAT IS YOUR EDUCATIONAL AND PROFESSIONAL BACKGROUND?

After completing my master's degree in public health with a concentration in epidemiology and biostatistics, I began working as a government consultant to the CDC for the majority of my career. Most recently, I accepted a position as a Senior Advancement Officer with the CDC Foundation as part of their COVID-19 Corps.

WHAT EXCITING PROJECTS ARE YOU WORKING ON?

In my current position, I am tasked with helping local community-based organizations mobilize resources to support their local, regional, state or tribal community health departments' COVID-19 response. In most cases, I am building bridges and facilitating discussions regionally to ensure that any COVID-related needs or gaps in care are being addressed by local CBOs and/or government entities and that those responses are synergistic. It is really exciting and every day I actually feel like I've accomplished at least one thing to combat the spread of COVID-19.

WHAT DREW YOU TO PUBLIC HEALTH? HOW DID YOU BECOME INVOLVED IN YOUR FIELD?

My favorite person in the world, my grandmother, died when I was 18 from lung cancer. As a matter of fact, the majority of her siblings succumbed to lung cancer or another health condition directly related to their actions (or lack thereof) as it relates to making healthy decisions. As a minority, I became keenly aware that there are adverse health outcomes that disproportionately affect people of color, and I wanted to find a way to

address those disparities in my immediate community. Public health seemed like the best approach I could take to identify those social determinants of health and find ways to mitigate the adverse health outcomes among black and brown communities.

WHAT PUBLIC HEALTH WORK ARE YOU PASSIONATE ABOUT?

I am most passionate about using my knowledge and expertise in public health to improve the lives of marginalized communities. I am extremely passionate about LGBTQIA communities of color as well as the social inequities that exist among African Americans here in the U.S. that fuels the disproportionate impacts of disease in that population. COVID-19 has exposed these inequities, mostly fueled by structural racism here in the South, in an even greater way.

WHAT MOTIVATED YOU TO SEEK A DRPH DEGREE?

In order for effective change to take place in the upper ranks of public health leadership, those leaders should closely reflect the populations to which they are called to serve. And in order for us, as minorities, to be prepared to lead in these positions, we need the opportunity to attain quality public health leadership education. UGA's DrPH program offered me that opportunity.

WHAT DID YOU DO FOR YOUR DRPH RESIDENCY? WHAT WAS YOUR BIGGEST CHALLENGE?

During my public health residency, I worked with an Atlanta-based non-profit, the Vision Community Foundation. This non-profit provides several HIV prevention services to the LGBTQIA population,

and they needed to complete a needs assessment among their affiliated faith leader community that would serve as the basis for their faith-based HIV prevention initiative entitled, Prevention from the Pulpit. I designed and deployed that needs-assessment to their network of faith leaders as part of my residency. The biggest challenge I faced during residency was time management. As a working student, it was sometimes very challenging to balance work responsibilities and residency responsibilities. However, overcoming those challenges have helped to make me an even more well-rounded and better equipped public health leader.

WHAT DO YOU CONSIDER TO BE THE HIGHLIGHT OF YOUR TIME AT THE COLLEGE? WHAT EXPERIENCES AT UGA HAVE BEEN MOST INFLUENTIAL?

My weekly interactions with my classmates have been the most influential experiences I've had at UGA. As we learned and discussed approaches to some of public health's most daunting issues, it was helpful to hear each of my classmates' varied perspectives. Reconciling their approaches with mine facilitated healthy communication as well as opportunities for growth and team building that I will value for the rest of my professional career.

WHAT ACTIVITIES/ACHIEVEMENTS/AWARDS ARE YOU MOST PROUD OF?

I think the achievements I'm most proud of are my family. My wife and I have four awesome children and my entire family has been so supportive of my doctoral journey. They've sacrificed so many things to ensure that I could complete this degree so it belongs to them as much as it does to me.



UNIVERSITY OF
GEORGIA
College of Public Health

College of Public Health
University of Georgia
Health Sciences Campus
Athens, GA 30602

