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Letter from the Dean

This 2012 issue of *Public Health* offers some immediate evidence—images and stories—that should allow you to experience the engagement of our students and the commitment of our faculty who are working and learning together in an active research environment.

Seven years ago, when the College of Public Health was founded, we thought someday it would have 500 to 600 students. Today we have 950. To serve these students, we sought faculty who are both excellent instructors and top researchers in order to create a true research culture in the college. We now have more than $20 million in active research grants. In addition to supporting research to improve health outcomes and infusing our instructional programs with real-life professional activity, this funding has a positive impact on the state's economy. The College is proud to have the highest research funding yield per faculty member of any college at the university.

All of these elements and your support for our special projects and programs are essential for the College to achieve true academic excellence. As our programs grow in size and reputation, so does our ability to carry out our mission: "*To promote 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.*"

You will see in this magazine that the College is entering a significant new phase in terms of facilities. Because we grew fast with very little dedicated space for our programs at the outset, we currently exist in seven dispersed locations on and off the UGA campus. It has been a challenge at times to find enough basic classroom and office space to meet the needs of our expanding enrollment. We are grateful to the other units on campus that have shared space with us and for the resourcefulness of the UGA administrators who have helped us grow via effective facilities utilization. However, the light at the end of the tunnel has always been the opportunity to locate all of the College of Public Health programs together at the former Navy Supply Corps School.

In January, our department of epidemiology and biostatistics became the first academic program to locate at the new UGA Health Sciences Campus on Prince Avenue. The renovated Miller Hall brings that department's faculty, students and staff under the same roof for the first time. Considerable work by our departmental leaders with the University Architects Office has resulted in an attractive and functional home for Epi-Bio as well as the initial studies required for developing additional facilities for our other units.

Final design work and renovation are underway at present to prepare Rhodes Hall as the central office building for the CPH Dean, and Scott Hall as a student center. Russell Hall will be the main classroom facility, shared with the medical education program operated by UGA in partnership with the Georgia Health Sciences University (formerly MCG). The potential for interaction and collaboration with the faculty and students of the Medical Partnership, which will provide instruction for 40 first-year and 40 second-year medical students at Russell Hall, is another advantage of the new location.

We are fortunate that the Navy site is an established and pleasant campus that has been well cared for by the Navy for many decades. There is one major deficiency—a lack of laboratory research facilities—which will have to be remedied before our department of environmental health sciences can make the move. This also means the College, with its many programs that conduct population-oriented rather than laboratory research, will be the backbone for projects that attract extramural funding and indirect costs in the early years of the Health Sciences Campus—a role we are ready to assume.

No doubt future issues of this publication will record the ongoing developments at our new location and their impact for our students. I personally want to thank our students, staff and faculty for their contributions and patience during this time of transformation. We also hope that those of you in the wider community who have supported us through the early years will continue in that role while we now bring our programs together as a closely interconnected college. We believe all of this effort should be undertaken while maintaining our singular vision of serving the people of Georgia. As President Michael Adams said when we celebrated our initial accreditation: "*The health of the public is a key mission for any land grant institution today, and our new program in public health represents a clear commitment at UGA to this mission.*" Locating the College of Public Health at the new UGA Health Sciences Campus will anchor this institutional commitment even more strongly.

Sincerely,
Phillip L. Williams, Ph.D.
Dean

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News & Notes

College of Public Health becomes first member of the University System of Georgia to offer Ph.D. in epidemiology

In Fall 2012, the University of Georgia will become the first institution of higher education in the University System of Georgia to offer a doctoral degree in epidemiology.

The addition of a doctoral degree in epidemiology further builds upon the fruitful growth and demonstrated successes of the College of Public Health, which already offers a Masters of Public Health (MPH), as well as a Doctor of Public Health (DrPH). By adding the doctoral program in epidemiology, the College will offer specific, in-depth training in epidemiology, developing future researchers and educators for Georgia.

Dr. Christopher Whalen

"Epidemiology is considered the 'basic science' of public health, and this new degree will teach students how to become researchers and create new knowledge that addresses the challenges facing the fields of medicine and public health today," said the Earnest Corn Professor of Infectious Disease Epidemiology, Christopher Whalen, MD, MS. "This new program will provide the focused, in-depth training and research opportunities that will best equip our future public health leaders to effectively and strategically address our most pressing health crises."

The introduction of the program comes at a pivotal time for public health in Georgia as the state is facing a looming public health workforce shortage. The average age of public health employees in the state is 47 years old, and approximately 35 percent of the workforce is expected to retire in the coming decade.

The state's steady population growth, particularly in the senior sector, promises to further exacerbate the shortfall. The number of Georgians 65 and older is projected to grow 78 percent between 2000 and 2020. Given that older adults have a higher demand for health care and the state already has a high incidence of infectious disease - 24.5 cases per 100,000 of the population - Georgia's existing shortage of public health professionals puts this high-need group at a disadvantage.

Additionally, Georgia ranks near the bottom nationally of most key health indicators. Despite being the ninth-largest state in the U.S., Georgia is 43rd in health rankings, 42nd in health systems performance and 48th in childhood obesity. Georgia's African-American population, which makes up 30 percent of the state, suffers well-documented health disparities in cardiovascular disease, diabetes, kidney disease, cancer, stroke and HIV/AIDS.

The new Ph.D. program at the College will support state efforts to produce a new generation of epidemiologists who can lead public health research and academic programs, as well as serve as key experts in the community. As experts in a high-demand field in the scientific community, Whalen said most graduates of epidemiological programs move directly into their first professional job, rather than spending three to five years in a post-doctoral fellowship.

The College will begin accepting applications for the new Ph.D. program at the beginning of January 2012. ■

The College of Public Health will become the first in the state to offer a Ph.D. in epidemiology, which will better equip students to address public health challenges when they finish their studies.

University of Georgia's College of Public Health adds new faculty members

The College of Public Health grew into the 2011-2012 academic year by adding six new faculty members to its staff.

"It is an exciting time at the College of Public Health," said Dr. Phillip Williams, the dean of the College of Public Health. "Despite challenging economic circumstances, we've continued to see growth in our student numbers and the number of courses taught, and we've continued to grow our external funding. We're delighted to have attracted highly qualified faculty from esteemed institutions such as Yale University, Texas A&M, the University of Texas, the University of Louisville and the University of Florida, who will continue to strengthen the research and academic credentials of the college."

Dr. Jennifer Gay joined the College of Public Health following her work as an assistant professor of health promotion and behavioral Sciences at the University of Texas Health Science Center at Houston. Gay earned her bachelor's degree with honors from the University of South Carolina and her master's degree from the University of Nevada-Las Vegas.

She returned to the University of South Carolina to receive her Ph.D. in philosophy, health promotion, education and behavior where she also instructed multiple public health classes. At the University of Texas Health Science Center, Gay was the lead instructor on two grants to better understand contextual influences on physical activity among Latino youth.

Dr. Jennifer Gay

Gay, an assistant professor in the College's health promotion and behavior department, will focus her research on the role of physical activity in improving the health of minorities.

Dr. Karen Hilyard joined the College's faculty as an assistant professor in health promotion and behavior after serving as co-director of the Health, Risk and Crisis Communication Research Unit at the University of Tennessee. Hilyard, who also served as a vice president of integrated marketing communications agencies in New York City and Central Kentucky and was an Emmy-winning producer at CNN, has instructed multiple public relations and media classes at UGA, the University of Tennessee and Eastern Kentucky University. She holds a bachelor's degree from Dartmouth College, a master's degree from American University, and earned her Ph.D. in mass communication from UGA.

Dr. Karen Hilyard

At the College, Hilyard will continue to pursue research opportunities in health and risk communication as they apply to disaster, epidemic disease and health disparities.

Dr. Toni Miles comes to the College from the University of Louisville where she held joint appointments in the School of Medicine and the Kent School of Social Work. Miles, the new director of the Institute of Gerontology, also is a nationally recognized scholar with more than 120 peer-reviewed scientific papers published, as well as Fellow status in the Gerontological Society of America.

During her time in the department of family medicine at the University of Texas Health Science Center in San Antonio, Tex., Miles held various leadership positions, including director of research for the geriatrics division, deputy director of the Hartford Center of Excellence in Geriatric Education and director of the Clinical Geriatric Oncology Fellowship Training Program. She also was the founding director of the Center for Special Populations at Penn State University.

Dr. Toni Miles

Miles earned a bachelor's degree in biology from Northwestern University in Chicago and her combined Ph.D.-M.D at Howard University in Washington, D.C.

Dr. Ye Shen joined the College after earning his Ph.D. in Biostatistics from Yale University where he worked as a research assistant at the Yale School of Public Health. Shen also worked at the Bristol-Myers Squibb Pharmaceutical Research Institute, as well as the Chinese Center for Disease Control and Prevention.

Dr. Ye Shen

Shen, an assistant professor in epidemiology and biostatistics at the College, will continue to use his interests and expertise in biostatistics to develop sound solutions to complex real-world challenges.

Dr. Matthew Lee Smith joins the College after working as an assistant professor at Texas A&M University, following the completion of his post-doctoral fellowship at the school's Health Science Center. He also earned his Ph.D. in health education at Texas A&M while co-instructing multiple public health courses. Smith will continue his roles as national evaluator for all evidence-based

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News & Notes

Dr. Matthew Lee Smith

programs for older adults, and overseeing the dissemination of the Chronic Disease Self-Management Program in 45 states.

An assistant professor in health promotion and behavior, Smith's research and evaluation efforts strive to investigate lifestyle and socio-ecological impacts on health risk behaviors across the life course with a specific emphasis on evidence-based programming for older adults. ■

Whalen named UGA Distinguished Research Professor

Dr. Christopher Whalen can add another prestigious academic title to his resume as he was recently named a Distinguished Research Professor by the University of Georgia.

Whalen, who is the Ernest Corn Professor of Infectious Disease Epidemiology, has published more than 130 articles in peer-reviewed journals and served as an advisor to the World Health Organization.

Whalen, who earned both his M.D. and M.S. from Case Western Reserve University and is board certified in infectious disease, has crafted an ongoing partnership with Makerere University in Uganda and leveraged that relationship into research opportunities for UGA and into direct investment in the enhancement of Uganda's public health system.

The Distinguished Research Professor program is intended to recognize a sustained and ongoing record of outstanding research or other creative, scholarly accomplishments and to provide the impetus for continuing high achievement. ■

Williams appointed to governing board of newly created Department of Public Health

Dr. Phillip L. Williams, the dean of the University of Georgia's College of Public Health, has been appointed by Gov. Nathan Deal to serve on the board of directors for the newly created Department of Public Health (DPH).

DPH is the lead department entrusted by the people of the state of Georgia with the ultimate responsibility for the health of communities and the entire population. At the state level, DPH is divided into numerous branches, sections, programs and offices, and at the local level, DPH functions through 18 health districts and 159 county health departments.

"I am excited the long-standing Division of Public Health has been moved to form an independent Department of Public Health," said Williams. "I am looking forward to working with the board and Dr. Brenda Fitzgerald, our new Commissioner of Public Health, to address the needs of the state and improve the quality of health for all Georgians."

Williams recently finished a stint as the chairman of the Public Health Commission appointed by former-Gov. Sonny Perdue and the legislative leadership of the Georgia General Assembly. Tasked with evaluating the state of Georgia's public health system, the commission proposed a complete restructuring of its internal infrastructure.

Formerly known as the Division of Public Health, the agency was moved out of the Department of Community Health and set up as an independent department with a commissioner that serves as the state's chief health officer, reporting directly to the governor. Thanks to legislation originally proposed by Rep. Mickey Channell (R-Greensboro), and the support of multiple state legislators, this change was approved by both chambers of the state legislature and signed into law by Deal this spring.

Dr. Phillip L. Williams

Williams has served as the dean of the College of Public Health since its founding in 2005. The College of Public Health was awarded full accreditation in June 2009 and became one of only 48 accredited colleges of public health in the nation and the first accredited college of public health in the University System of Georgia. Under his leadership, the College has more than doubled its enrollment with more than 900 current students; graduated more than 690 doctoral, masters and undergraduate students; and is in the process of moving to the UGA Health Sciences Campus located at the former U.S. Navy Supply School site. ■

Johnson a finalist for NCAA Woman of the Year

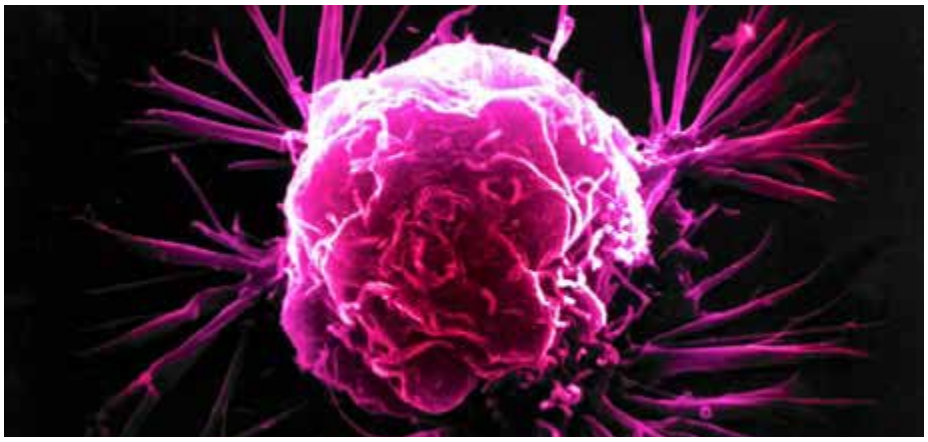
Grace Taylor Johnson, a graduate student in health promotion and behavior at the College of Public Health, was one of nine finalists for the prestigious NCAA Woman of the Year Award in 2011. Johnson was a highly decorated member of Georgia's championship gymnastics program and is currently a graduate assistant with the Gym Dogs.

The NCAA Woman of the Year Award honors graduating student-athletes who have distinguished themselves throughout their collegiate careers in the areas of academic achievement, athletics excellence, service and leadership.

A 2010 recipient of an NCAA Postgraduate Scholarship, Johnson was a four-time member of the SEC Academic Honor Roll, earned Second-Team *ESPN The Magazine*/CoSIDA Academic All-America At-Large Team honors and was the 2009 SEC Gymnastics Scholar-Athlete of the Year. She was also a member of the National Gymnastics Coaches All-Scholastic Team.

As a member of three national championship teams, Johnson is considered to be one of the top gymnasts in Georgia history. In 2010 she was the only gymnast in the SEC to receive a perfect 10, which she earned on the balance beam. That capped off her total of three perfect 10s in her career as a Gym Dog. Johnson earned five All-America honors during her career and won the 2008 NCAA beam title. ■

Grace Taylor Johnson



Dobbin, Song aim to refine ways cancer treatment is targeted

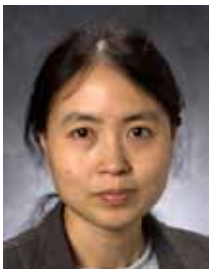
Biostatistics associate professors Dr. Kevin Dobbin and Dr. Xiao Song have teamed with graduate students and colleagues from the department of statistics to determine proper sample sizes for high dimensional cancer research studies.

The group will try to develop a way to predict how well certain patients will respond to certain treatments. Ultimately, the data could show doctors what and who they can treat aggressively or non-aggressively.

"In a clinical trial, you treat a patient and measure the time before a relapse," Dobbin said. "The first sample size method will be for developing risk predictors. For instance, you may want to give patients with the highest risk chemotherapy, but you may not give the same treatment to low risk patients because of all of the side effects."

The two-year, $371,000 National Institute of Health and National Cancer Institute grant will yield studies on developing the sample size method for survival data. One paper from the study examines the methods used to collect high dimensional data – tens of thousands of measurements – on each patient.

"When you collect data in different labs, it's hard to combine the data together," Dobbin said. "We're working on a project to come up with methods that will get rid of technical snags and pair data together. Statistically, it will provide a lot more ability to understand the disease. The more you understand the disease, the more you can figure out ways to stop it."



Dr. Kevin Dobbin and Dr. Xiao Song

Dobbin is working to develop methods for determining the sample size needed for the different classifiers. The sample sizes in general are smaller than what they used to be.

"It's dozens or hundreds as opposed to thousands," Dobbin said. "If you focus on the statistically important things you're trying to get close to, you don't need the large sample size."

The research could ultimately cut time and resources and find answers sooner, he added.

"It's exciting to try to be moving the field forward and feel like you may be making an impact," he said. ■

News & Notes

UGA study documents lung function declines in firefighters working at prescribed burns

Firefighters who battle prescribed burns in the southeastern U.S. can suffer decreased lung function after successive days of exposure, University of Georgia researchers have discovered.

Dr. Luke Naeher, senior author and associate professor at the College of Public Health, explained that the study published in the journal *Inhalation Toxicology* was designed to investigate whether 26 firefighters experienced a decrease in lung function working at prescribed burns compared with days they spent away from the fires. Previously, researchers had looked only at changes in lung function of wildland firefighters on days with exposure to smoke.

Dr. Luke Naeher

"Over a 10-week season, these workers' respiratory functions slowly declined," Naeher said, adding that there is need to investigate the degree to which these declines returned to their baseline after the burn season.

Although results of the study show that lung function at the start of two burn seasons in a limited number of nine firefighters in 2003 and 2004 did not vary significantly, more definitive answers on longer-term effects would require a different study design.

In recent years, the U.S. Forest Service has sought to better understand and improve its occupational exposure limits for firefighters across the country, but those studies have mostly focused on burns in Western states. The exposure to and composition of wood-smoke particulate matter may vary when compared with fires in the Southeast, including South Carolina, where the UGA study was done.

The study also provides some preliminary information regarding the health effects of fine particulate matter exposure that is intermediate between two exposure extremes, Naeher said. Much research in the field has focused on health effects at both extremes. However, the study of exposure at intermediate levels, like that experienced by wildland firefighters, and women and children exposed to indoor air pollution from cook stoves in developing countries is limited. ■

Linking together the Tree of Life

Dr. Travis Glenn believes ultraconserved elements in genomes may not only link all of life on earth together; it could also unlock several public health puzzles.

"(Ultraconserved elements) are a way to develop DNA technology to answer long-standing scientific questions and move the whole area of research into using modern tools," said Glenn, an associate professor at the University of Georgia's College of Public Health. "We're collaborating with the Smithsonian and other institutions with large collections of plants and animals to find how they all relate to each other."

Dr. Travis Glenn

Glenn, who is on the faculty of the department of environmental health sciences, has worked with colleagues at other institutions to establish a foundational set of markers that tie together the 24,000 species of mammals, birds and reptiles.

"The same (markers) apply to all sorts of different questions like what species are related to each other or what species can get influenza, replicate it and become a vector for the next pandemic," Glenn said. "All of those questions use the same tools and the same set of technologies. What I've been doing with ultraconserved elements is working on a set of technologies that focuses on certain pieces of the genome."

In December, *Genome Research* published a paper by the researchers titled, "Ultraconserved Elements Are

Novel Phylogenomic Markers that Resolve Placental Mammal Phylogeny when Combined with Species Tree Analysis." Glenn published a second paper with a different group of researchers that dealt with the same topic: "Ultraconserved elements anchor thousands of genetic markers for target enrichment spanning multiple evolutionary timescales."

The research relates to public health in a variety of ways, Glenn added.

"It's all about how you move technologies forward in biodiversities – better, deeper and faster," he said. "You get universal markers across the Tree of Life and build it into a database. Once you have it established, you can use it as a foundation for all kinds of studies." ■

UGA to offer MD/MPH dual degree program

Starting this fall, the University of Georgia will become the first public university in the state to offer a Master of Public Health (MPH) and Doctor of Medicine (MD) dual degree program. The program brings together the UGA College of Public Health and Georgia Health Sciences University/UGA Medical Partnership.

The program will allow medical students to fully complete both a medical degree and a master of public health in five years, roughly a year sooner than it would take to earn both degrees separately.

The College of Public Health and the Georgia Health Sciences University/UGA Medical Partnership will both be located at UGA's new Health Sciences Campus. This new campus is located within a mile of UGA's main campus in Athens and occupies the site of the former U.S. Navy Supply School that moved to Rhode Island. Earlier this year the College of Public Health began moving to the site and, once fully located there, will occupy about 75 percent of the 56-acre campus.

"We're facing a critical shortage of physicians and public health workers in this state," said Dr. Phillip Williams, dean of the UGA College of Public Health "This program will train individuals to meet both needs."

With the new MPH/MD program, the College of Public Health features one of the most comprehensive offerings of collaborative degree programs in the state. The College also has joint programs for its MPH with the Doctor of Veterinary Medicine (DVM), Master of Social Work (MSW) and Doctor of Pharmacy (PharmD).

"The College of Public Health is unique in the diversity of its dual degree programs," said Williams. "Thanks to this comprehensive and integrated approach, we are able to ensure that our students are fully prepared and ably equipped to meet Georgia's workforce needs." ■

Dr. Phillip Williams, the dean of the College of Public Health, and the College's Undergraduate Ambassadors pictured with the statue of the bulldog clad in a white Navy ensign uniform that was left on the campus to mark the institution's 57-year history in Athens.

Charting a new way forward

College continues growth with move to new campus

Growth is, admittedly, a sign of progress.

There are goals to be set, courses to chart and tasks to accomplish.

Dr. Phillip L. Williams, the dean of the University of Georgia's College of Public Health, has focused on the growth process of the college since its founding in 2005. Now, with a big move on the horizon, the pieces of the puzzle are nearly in place.

This year, the CPH has begun a long-anticipated transition from its scattershot of offices on the UGA campus to the former site of the U.S. Navy Supply Corps School as the anchor of the new UGA Health Sciences Campus. The property became available when the Navy opted to shutter operations at the base and relocate them from Athens to Rhode Island in March 2011.

UGA is converting the 58-acre property into a home base for the College of Public Health as well as the campus for its new partnership with Georgia Health Sciences University. In January, the first department from the College began setting up shop and faculty and staff from department of epidemiology and biostatistics began moving into Miller Hall.

It's a rather big move for a college that is still in its educational infancy, but it's a necessary one that is the next logical step in the growth of the program, Williams said.

"Our first goal was to earn our accreditation, and that was a major undertaking," he said. "The second goal is to further develop our niche areas of recognized prominence, and that's what we're working on now. Bringing us together will allow us to more effectively move in that direction because we'll have more synergism between the groups."

Since opening its doors in 2005, the CPH has grown to 950 students enrolled in its classes with roughly 50 faculty members working in teaching and research capacities. Total staff numbers about 250.

The move toward geographic consolidation is a natural. Many nationally recognized public health programs share campuses or space with other health sciences programs. Emory University, for instance, has its health sciences program located on its primary campus and in close proximity with its public health program and medical program. Harvard University has a separate campus that houses its public

Dr. Phillip L. Williams, the dean of the College of Public Health, at the new Health Sciences Campus on Prince Avenue. The College began the process of consolidating its offices and classrooms onto the campus earlier this year.

In January, members of the department of epidemiology and biostatistics were the first to move in Miller Hall at the new Health Sciences Campus.

health school, dental school and medical school.

The University of Alabama-Birmingham, the University of Michigan, the University of Washington, University of Texas at Houston and several other higher education institutions also keep their public health disciplines in close physical proximity.

"Public health is very interdisciplinary, and all the disciplines are unique," Williams said. "The only way you can address a public health issue is to have all those groups involved in that issue. So, if all the groups are the same location, it enhances the ability to have collaboration among the groups."

It's the potential for greater collaboration that is most appealing to Williams and a host of other faculty members. Currently, the College occupies office and class space in six different buildings on the UGA campus, as well as rented offices in downtown Athens.

Consolidating those resources into a singular campus – only the department of environmental health sciences will stay at its current location – can lead to greater efficiency in research.

"Public health is multi-disciplinary," said Natalie Arford, a research coordinator at the Center for Global Health. "So having us work together closely is something that is really stressed in our curriculum.

"Having all of the public health faculty and researchers in close proximity to each other, letting us work together more easily, is something that is going to make us more effective."

Aside from pooling all of its resources into one defined area, the College will be aided by its proximity to Athens Regional Medical Center and St. Mary's Hospital. While the potential relationships between Georgia Health Sciences University and the hospitals are obvious, Williams said he envisioned tremendous research opportunities emerging between the hospitals, students and researchers.

"Even though public health doesn't do treatment, it does work with populations," Williams said. "So a major regional hospital like Athens Regional or a major hospital like St. Mary's has populations of people with disease, and we do work with those populations. So (the relocation) better allows us, then, to work with those populations since that is where they come to."

Williams noted the work done by the Loran Smith Cancer Center at Athens Regional Medical Center as a prime area where the natural research instincts at UGA could come into play. Students from the College also will be logical candidates for internship opportunities at the two hospitals. In addition, hospital employees will be able to more easily enroll in the College's programs.

The GHSU-UGA partnership will also benefit from the College working with the different populations. Given the College's experience in population-based research, those skills and resources could benefit the new

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partnership as it begins to evaluate when and how to pursue clinical trials.

The benefits don't necessarily mean the relocation won't come without its own set of unique challenges.

The Health Sciences Campus is located on Prince Avenue, roughly three miles from the University of Georgia's existing campus. While the various programs and departments of the College of Public Health may be dotted all across it, they are all a part of UGA's 605-acre main campus.

Once the colleges settle into the new location, they'll be well outside the traditional geographic definition of UGA, and that poses a whole new set of challenges. The primary one, in Williams's mind, is how to manage the undergraduate students who don't have a majority of their classes during their first two years solely in the public health disciplines.

Some of the basic geographic challenges will be remedied through simple service expansions, such as running a bus line from the traditional campus to the UGA Health Sciences Campus. Still, the prospect of a freshman or sophomore being able to make a cross-town trip within the allotted 15 minutes of time between classes will present challenges.

As a result, Williams said he isn't so sure the physical separation will be complete.

"I think we'll have a lot of junior and senior level classes [at the Health Sciences Campus], but it probably will not allow for all of our undergraduates to be over here," he said. "We'll still have some presence on (main) campus. And a lot of it is because of advising. If all the classes are off campus, it's hard to imagine they have to leave campus for advising."

Additionally, Williams expects various programs to keep some components of their laboratory operations at their existing sites.

The department of environmental health sciences will have to remain on UGA's main campus due to the necessity of up-to-date, spacious wet laboratories to conduct its research and teach many of its classes. Williams doesn't anticipate those facilities being relocated to the new campus in the near term.

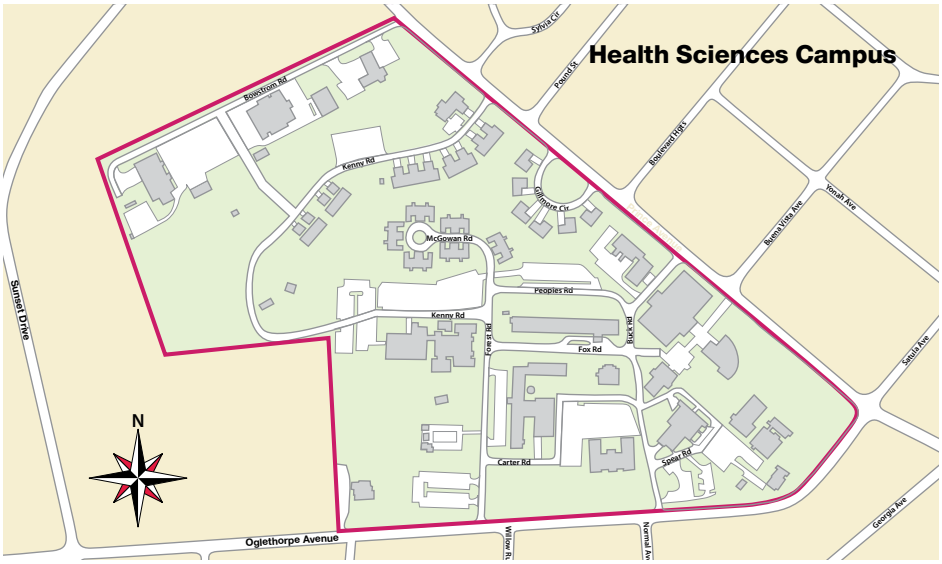
These are challenges, not obstacles, Williams noted, and a part of the natural process of growth for what is still a rather young college. In its brief history, the College earned its accreditation and has already earned national and global acclaim for its work with infectious disease, gerontology and emergency preparedness.

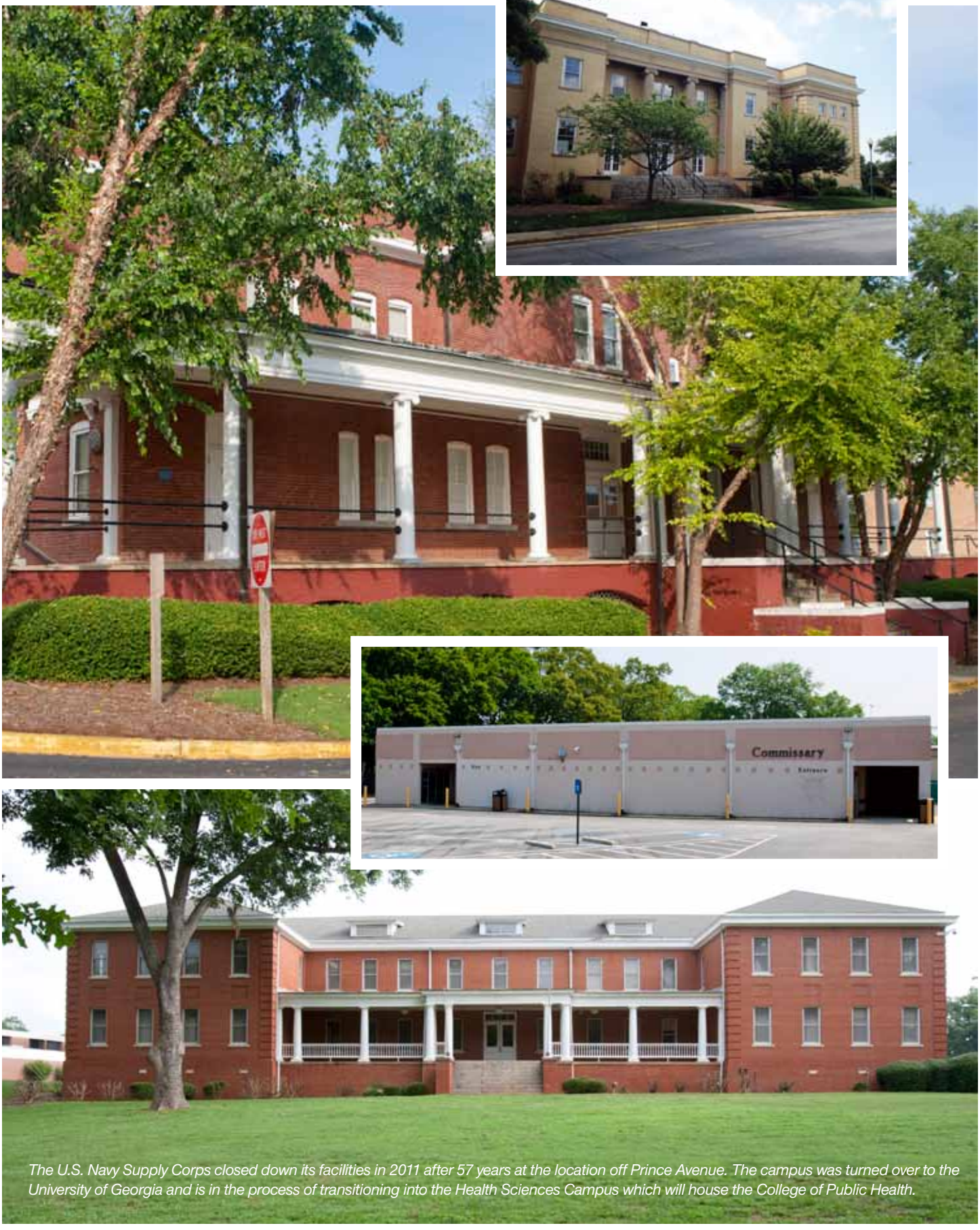
The next step is to not only to continue to produce high-quality, high-value research, as well as the next generation of leaders in the field of public health, but to actively work to expand the reach and influence of the work done at the College.

As William sees it, relocating to the Health Sciences Campus isn't necessarily an end, but rather a means to an end.

"It's going to give us an identity, and we need that as a young program," Williams said. "With this move UGA is fulfilling its mission as a land grant institution in a different way – by focusing on the public health and outcomes for Georgians. We are addressing a major state need today.

"The development of the new Health Sciences campus shows just how important the health of our state will be in the future.





The U.S. Navy Supply Corps closed down its facilities in 2011 after 57 years at the location off Prince Avenue. The campus was turned over to the University of Georgia and is in the process of transitioning into the Health Sciences Campus which will house the College of Public Health.

Bridging the gap between research and policy

Smoking bans, seat belts, vaccinations, hand washing, sanitation and clean drinking water are all public health initiatives many of us now take for granted, but they have saved countless lives.

Behind all of these historic advances in public health policy are stories of inquiring minds looking to better the condition of humankind acting upon years of research. The faculty, students and alumni of the College of Public Health are tackling both research and policy and, most importantly, bridging the gap between the two.

One such alumna is Dr. Carrie Futch, who recently completed her post-doctoral research with the College and is in the midst of a post-doctoral fellowship in infectious disease and public health microbiology through the American Society for Microbiology and Centers for Disease Control and Prevention.

Futch, who earned her bachelor's degree in Third World studies from the University of the South and her Ph.D. in ecology at UGA, wanted to be involved in research that could influence public health policy. It was that desire that led her to complete her postdoctoral work at the College.

In particular, Futch noted she's had a longtime passion to help make a difference in the lives of people in impoverished countries. Futch said Dr. Erin Lipp, an associate professor in environmental health sciences at the College, has helped her bridge the gap between her ecology research background and that passion.

The Georgia Oceans and Health Initiative, a training program directed by Lipp, has guided Futch's post-doctoral work. GOHI brings together various scientists from multiple disciplines to explore how changing marine ecosystems will affect human health, and it has ultimately brought Futch's academic career full-circle by connecting her with the World Health Organization.

Dr. Carrie Futch is in the midst of a two-year, post-doctoral fellowship at the Division of Foodborne, Waterborne and Environmental Diseases at the Centers for Disease Control and Prevention in Atlanta. She is focusing on water quality issues.

"I had hoped to be able to get back to the point of working with issues that impact water quality in developing countries in my studies, but I was not sure how I was going to get there," Futch said. "In reality, it was mentors like

Q&A

Name: Adam Bowling
Expected Graduation: May 2013
Degree Objective: Bachelor's of Science in Environmental Health
Hometown: Powder Springs, Ga.

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

International experiences have been integral to my educational development and in shaping my understanding of public health and the provision of healthcare. Much of my early interest in public health was sparked during the period of widespread debate before the signing of the Patient Protection and Affordable Care Act in early 2010. That summer, I traveled with an international scholar delegation to study the Chinese healthcare system, looking specifically at the way it incorporates traditional herbal remedies, reflexology, and acupuncture.

My experiences in China also taught me first-hand the relationship between environmental exposures and health outcomes, especially in terms of air and water pollution. During the winter of 2010, I participated in the UGA Global Health Management "Wintermester in Australia. We performed a comparative study of the U.S. and Australian healthcare systems, focusing on health disparities related to differential access to medical treatment. Another portion of the program was dedicated to developing strategies for the sustainability of diverse environments while assessing the role of community urbanization and globalization. In the Great Barrier Reef, we examined indicators of climate change and discussed the potential

Dr. Lipp who showed me that public health issues really encompass everything that I'm studying. So, while I didn't have a plan to make it all fit together, I now realize that ecology, environmental health and public health are almost inseparable."

Futch began the two-year post-doctoral fellowship in November working in the Division of Foodborne, Waterborne and Environmental Diseases at the CDC in Atlanta with Dr. Vincent Hill.

The fellowship with ASM/CDC deals largely with water quality issues, primarily the detection of pathogens in the water. Tackling the numerous challenges on this front from a public health perspective, Futch is working to evaluate and determine the best ways to efficiently and quickly identify *Vibrio cholerae* in the environment in an effort to decrease the number of cholera outbreaks.

"Ultimately, even non-scientists would be able to use better detection methods, thereby reducing the time and training needed to detect an outbreak, and allowing the public health sector to more quickly alert the public and address the issue," Futch said. "We take it for granted in the United States because we have the appropriate plumbing and treatment capabilities. But if you look at Haiti, where they had such a devastating earthquake in 2010 and already lacked the necessary infrastructure, it was the perfect scenario for something such as a cholera outbreak."

During her dissertation work, Futch had the opportunity to take part in the Oceans and Human Health Initiative, a program sponsored by the National Oceanic and Atmospheric Administration that links public health to the aquatic environment. In this program, her research, in collaboration with a NOAA lab in Charleston, S.C., centered on human enteric viruses in marine mammals, in particular dolphins. These mammals were researched as sentinel species of human pollution. When human viruses, such as Norovirus and adenoviruses, are detected in dolphin fecal samples, scientists are able to assume the waters are contaminated.

"All this work leads back to public health because people are using marine water for recreation and food, and exposure to contaminated waters increases their chance of illness," Futch said.

In addition to studying waterborne disease, Futch spent six weeks this fall interning with the World Health Organization (WHO) in Geneva. There, she focused on how climate change will impact several challenging public health issues by conducting a comprehensive review of existing literature on the use of early warning systems for infectious disease outbreaks. This research informed a background paper for a World Meteorological Organization meeting to set up programs and a framework for funding areas to focus on climate change related problems such as drought, flood and vector-borne illness.

"Without the data and knowledge gained from research, we're not able to impact policy," said Futch. "Public health is not just analysis and policy – the research is essential to address the challenges we face."

public health ramifications of those findings and potential strategies for remediation.

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

I am a National Merit Scholar and recipient of the UGA Charter Scholarship as well as the Zell Miller Scholarship. I received the John J. Sheuring Award for academic excellence and campus involvement, and I have been recognized at UGA's Honors Day for being in the top five percent of my class in the College.

Why did you choose to get your degree in Public Health?

The College of Public Health connects many of my interests into a single curriculum. Through Environmental Health Science, I have reexamined my interests in medicine by looking at the bigger picture of health. In addition to the usual required science courses which explain the mechanics of life, my EHS coursework explores external causes of disease and the vulnerable populations that are most impacted. The curriculum provides a broad framework that offers many opportunities for public service, and explores health questions of who and why, in addition to the mechanics of how.

What did you do for your internship?

I haven't yet completed my internship, but I look forward to getting some real-world experience that will be relevant to my future career.

What do you want or plan to do after graduation?

After I graduate from UGA, I hope to pursue joint studies to obtain a Juris Doctorate as well as a Master's degree in Environmental Management or in Health Policy and Management. I hope to serve as legal counsel to a large corporation in a health or environmentally related field and be involved in decision-making. Later in my career, I hope to become involved in the development of governmental policies related to issues of health, energy, and the environment.

Biostatistics study aims to understand when, why smokers light up

Several factors contribute to people who smoke – even those who want to quit smoking – and Dr. Stephen Rathbun is out to find them.

The biostatistics professor and associate department head at the University of Georgia's College of Public Health is finishing up a three-year National Institute of Health grant study that may give insights to what triggers smokers to light up. As it turns out, a smoker's mood matters, as does his or her environment.

Unlike prior studies that relied on prior experiences and fell suspect to recall bias, the collaborative department of epidemiology and biostatistics study headed by Rathbun uses environmental, ecological momentary measurement.

Smokers were given personal digital assistants that tracked every cigarette they smoked. Subjects answered questions about their moods and location, and answers were sent to a centralized server.

"The data collection technology we have now allows you to ask questions for that instant," Rathbun said. "If we can relate the mood and environment to smoking patterns, we can predict when people will light up."

Nicotine dependence is the most common chemical dependence in the U.S., according to the Centers for Disease Control and Prevention. In 2010, more than 52 percent of the 23.7 million American smokers quit their habit for more than one day, the CDC reported.

But the rate of those who are able to stay off cigarettes is much lower. For many smokers, different moods and environments contribute to their cigarette use.

Dr. Stephen Rathbun

Rathbun, who earned his Ph.D. in statistics from Iowa State University, found that restlessness pushed many of the 300 smokers in the study to reach for a cigarette. New smoking prohibitions in public places, especially at offices, do deter smokers from smoking, he said.

"But if you see someone smoking in one of those areas, you're more likely to smoke yourself," Rathbun added.

As a biostatistician, Rathbun analyzed the data in hopes of developing new methodologies and, ultimately, individual variations. He found that there is some clustering in certain behaviors.

By chasing individual level predictors, the study could qualify smokers into different groups based on their likelihood of smoking during a certain mood or in a particular environment. That information could lead to quitting strategies that are more tailored to the individual.

"The idea is that if we can understand what motivates people to smoke an individual cigarette, we determine and ultimately develop better smoking cessation techniques," Rathbun said. "We know that smoking is incredibly difficult to quit – there is only a 20 to 30 percent success rate – but we want to find out if we can improve those chances.

Q&A

Name: Nabil Al-Khalisi
Expected Graduation: Summer 2012
Degree Objective: MPH (Epidemiology)
Previous Education: College of Medicine, Baghdad University
Hometown: Paris, France – grew up in Baghdad, Iraq

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

As an international student, I feel so lucky to be introduced to America's educational system through the College. Everyone was so welcoming and helpful, and I am immensely thankful.

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

I am very proud about my Fulbright award; it is simply a dream came true!

Why did you choose to get your degree in Public Health?

I was initially attracted to public health because we did not have a school for it back home. I aspire to help start one in the future.

Why did you choose your particular concentration?

Epidemiology is highly related to my background as an MD.

What did you do for your internship?

I did a quality improvement study for Athens Regional Health Center's Breast

"Down the line, maybe we can use this technology for intervention."

While Rathbun is focusing on analysis for the smoking study, he is taking a different role in a dietary study that is just getting off the ground.

Rathbun and other biostatistics faculty and students want to find out what factors make people who set out to lose weight lapse on their diet. The study focuses on dieters who are initially successful and lose some weight but ultimately put the extra pounds back on in a yo-yo cycle.

More than six out of 10 Americans are overweight, according to the U.S. Food and Drug Administration. The agency reports that this group spends more than $70 billion annually on diet, exercise and weight loss aids.

Like the smoking study, Rathbun will focus on the subjects' mood and environment, but the study also will look at other elements like sleep and exercise patterns.

Again, the participants – Rathbun plans to have as many as 200 subjects – will get smart phones with special applications that will monitor their behavior. The program will also monitor their weight by syncing up to a special scale that each subject will get.

"The data is continuously transmitted to a central server," Rathbun said.

As the study is still in its early stages, Rathbun and a collaborative team of students and faculty are working on the design phase of the program. There are obviously ethical concerns when working with people as subjects, Rathbun said, and he wants to make sure that the study minimizes any harm.

Dr. Stephen Rathbun is using PDAs to track the circumstances surrounding when smokers want a cigarette.

"In this case, the harm is the burden we put on the participants with these (smart phones)," Rathbun said. "We don't want to burden them too much with these questions.

"We have to think about when we should prompt the subjects to answer these questions."

The application is programmed not to bother participants when they're driving or in other places where cell phone use is prohibited – or at least frowned upon – like theaters, office meetings and churches. Still, the program needs to be able to get valuable information from its subjects.

"You don't want the time between questions to be too short," Rathbun said. "There is a balance, and we're trying to find it."

Health Center. We extracted data about breast cancer post-surgery outcomes for their patients since 2004 and compared the outcomes of different surgeons and different breast cancer types. During the course of my research, I enjoyed facing real life challenges and trying to sort them out by collaborating with senior professionals. I learned a lot and gained a valuable professional network.

What do you want or plan to do after graduation?

I plan to integrate my new skills as an epidemiologist in my clinical practice.

Miles ahead of the rest

Dr. Toni Miles is a people person.

Spend a few minutes with her, and the new director of the Institute of Gerontology begins working to find out who might be a good person for you to meet. Whether it's through a quick scan of her contacts on her phone or by sifting through her Rolodex, the odds are good that Miles can make a match.

"I know this sounds somewhat egotistical, but I know everybody," Miles said with a laugh. "And I know people who may not know each other, and I really enjoy introducing people who don't know each other but should know each other. For instance, I was at a recent conference, and I helped to connect the president of the American Geriatric Association and the president of the Gerontology Society.

"Having that kind of Rolodex in this kind of position at UGA is a good thing."

Miles is the woman for the job, particularly given the work her predecessor did to build the Institute. Replacing Dr. Leonard Poon, who served at the helm of the Institute for more than 25 years, is a daunting challenge for Miles, but it's one she eagerly embraced.

"It seemed like a great opportunity to bring that new policy focus in to where I want to go," said Miles, who is a long-time friend of Poon. "Thanks to (Poon), the Institute of Gerontology is a well-established center, so you do not have to build a brand because it's out there. Lots of people know about the institute, and it has one of the best reputations in the world of gerontology."

Poon built the Institute as one of the premier research centers on aging in the country. The Georgia Centenarian Study, which he oversaw, was a groundbreaking examination of the survival and longevity of the oldest of the old, while the seven-country International Centenarian Consortium collaborated on cross cultural studies.

During his tenure, Poon also guided partnerships with the Emory University Geriatric Medicine and Armstrong Atlantic State University College of Health Professionals through the Geriatric Education Center. The project worked to elevate geriatric education for health professionals throughout the state of Georgia.

Miles brings her own wealth of expertise to the College of Public Health, including a broad spectrum of experience in geriatric medicine and health care policy with a focus on improving primary care delivery to older adults.

"Dr. Miles has accomplished a long and successful career in the field of gerontology, and her expertise and insights are sure to further enhance the success of the college," said Dr. Phillip L. Williams, dean of the College of Public Health. "I am confident that, under her leadership, the Institute of Gerontology will continue to provide groundbreaking and innovative research and support that will best aid our aging population."

Miles holds her doctorate in anatomy and her doctor of medicine from Howard University. Prior to joining UGA, Miles was a tenured professor at the University of Louisville with joint appointments in the School of Medicine

Q&A

Name: Francesca Iannaccone
Expected Graduation: May 2012
Degree Objective: MPH (Health Promotion and Behavior with a focus on Gerontology)
Previous Education: Bachelor's of Science in Health Sciences, James Madison University
Hometown: Blacksburg, Va.

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

I have really enjoyed being able to work with the community in my health promotion classes. I have had the chance to work with Mercy Care Clinic, and I am currently working with older adults at Denney Tower.

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

I am very proud of the experiences we had during the Public Health Taiwan Study Abroad program in May 2011. We visited several adult day care facilities and learned about that nation's public health system.

and the Kent School of Social Work. She is a nationally recognized scholar with more than 120 peer-reviewed scientific papers published, as well as Fellow status in the Gerontological Society of America.

In 2009, Miles served on the U.S. Senate Finance committee during the development of the Affordable Care Act, and she continues to assist state agencies and professional organizations as they implement various components of 2010's landmark health reform legislation. In 2012, her analysis of the health reform law – "Health Reform and Disparities: History, Hype, Hope" – will be published by ABC-Clio.

Dr. Toni Miles, the new head of the Institute of Gerontology, is focusing on not just continuing the work of the retired Dr. Leonard Poon, but also setting the course for a new direction of research and service.

Once her fellowship ended, Miles looked for a way to best use the information and experience she had received. She is working on finalizing an analysis of how health care reform will ultimately influence health disparities and how those disparities impact end of life issues.

"It's an aging issue because it's that stage in life where you see all this come to fruition," Miles said. "Part of the reason some women fracture their hip at 70 and others don't until they're older is largely because they had the proper nutrition as a child and they got the right kind of care as an adult.

"All of these things just come together and, in a way, add up at the end of life."

The opportunities at the College ultimately persuaded her to accept the position, she said, in particular the chance to work with her new colleagues at other departments. Miles made specific reference to the potential to work with Dr. Cham Dallas, who heads up the Institute of Mass Destruction at the College.

Dallas is researching how nursing homes are impacted by disasters, which peaked her interest given that she transitioned into her post around the time of the Joplin, Mo., disaster. She noted how communities respond to assist elderly citizens who live alone during times of crisis is a difficult logistical – and, in some instances, ethical – challenge to tackle.

It's those types of big picture questions that represent a new chapter in gerontological study, Miles said.

"For gerontology, we've spent the past 25 years studying what old people are, which is really important – but now we know," Miles said. "We need to move on to the next thing, and I think the next thing is old people in the context of society. It's where this College is, and it's right where public health should be, and that's a very good thing."

We also experienced the culture of Taiwan by participating in a tea ceremony, trying acupuncture, visiting night markets and having spa therapy.

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

One of my undergraduate professors had her MPH, and she explained to us how versatile a degree it is. This sparked my interest in public health. In addition, I have always wanted to work with people to improve their overall health.

Why did you choose your particular concentration?

I decided to study gerontology when I learned about the need of professionals in this field. As the population ages, I feel it is important to understand the unique needs of older adults to improve their quality of life.

What other volunteer experiences have you had as student that have been meaningful to you?

I have been a mentor at JJ Harris Elementary School, which I have really enjoyed. I was a preschool teacher for 3 years before coming to graduate school, so I have always loved working with children.

What do you want or plan to do after graduation?

My fiancé will also be graduating in May from UGA with a Master's of Environmental Planning and Design. We plan on getting married in fall 2012 and finding jobs.

Professor's study helps countries emerge from new health threats

As several countries climb from Low and Middle Income status, they are experiencing new challenges that come along with their new wealth. Enhancements in trade, mobility and technology have brought along changes in diet and, ultimately, new types of diseases to fight.

Now, the University of Georgia has launched a collaborative effort to help these countries manage their new health concerns.

Thanks to the support offered by Pfizer Pharmaceuticals, the College of Public Health's Center for Global Health is partnering with the College of Pharmacy to introduce the concepts of chronic disease management to these emerging nations across the world. Led by Natalie Arford, Drs. Colleen O'Brien Cherry and Richard Schuster in the College of Public Health, and Drs. Paul Brooks and Trina von Waldner in the College of Pharmacy, the project team has designed a series of educational modules to assist and counsel the work being done by physicians and medical administrators in these countries.

Arford said one of the goals is not only to ease the transition into a new system of health care that can better address and manage chronic diseases, but also provide the knowledge and data medical directors and doctors need to better aid their patients. The new educational tool includes multiple short quizzes that can yield valuable data for Arford's team to evaluate and offer useful feedback to those in the field.

"The physicians and administrators we're working with are taking this educational program to learn how to implement chronic disease management programs into their practices all over the world. Along with the step-by-step process we also added a cultural component that addresses how each director can take what he or she has learned and fit it into their own unique culture and health care system," she said. "We feared that without this component, the program could be unsuccessful."

This will be especially useful as the health care systems of these nations evolve, said Schuster, the director of the Center for Global Health at the College of Public Health.

"As these nations begin to gain wealth, they are becoming successful in reducing the burden of infectious disease," Schuster said. "People are living longer, and they're eating better and, as they can afford to, they are becoming obese. So we're going from populations that were once undernourished to populations that are now overnourished. High blood pressure, high cholesterol, and diabetes are all rapidly becoming the new diseases of concern in global health."

Many low-income nations have medical systems that are oriented to handle predominantly poor individuals seeking care for infectious diseases, Schuster added. The acute care model is less driven by the relationship the patient has with his or her doctor and guided more by the need for immediate treatment.

"The model for treating diseases that are chronic is distinctly different from the model of treating diseases that are acute," Schuster said. "The acute care model is one where you get sick, you go to the doctor, the doctor treats you and you get better. In a chronic care model, you have problems that are never going to go away, so there needs to be some relationship between you and your doctor, and potentially a health team, that requires ongoing evaluation and management, tracking your

Q&A

Name: Audrey Grizzle
Expected Graduation: May 2012
Degree Objective: Health Promotion and Behavior
Previous Education: Bachelor's of Science in Nursing, Mercer University
Hometown: Atlanta, Ga.

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

My internship in Uganda in the summer of 2011 was a life-changing opportunity. I worked with the Kabwohe Clinical Research Center, and I was lucky enough to be present at a time when huge strides were realized in HIV prevention with one of the clinical trials the center was running. I am grateful to have seen public health in action and delivering such positive outcomes in a country with limited resources.

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

I am excited about completing my global health certificate when I graduate. I am thankful that the certificate program became available recently, because global issues have always been my passion. The Center for Global Health has given me opportunities that I would not have realized otherwise.

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

I wanted to be able to combine my nursing background with public health to create or improve health promotion programs. I do patient care as a full-time nurse, and I became very committed to programs that helped promote

A team of researchers from the Center for Global Health are working to equip medical personnel in emerging nations with the education and resources they need to adapt to a changing health environment.

progress and some measure of long-term education."

Cherry said the initial challenge for these nations focuses on the lack of information they have available about their populace.

"Because it's so new for many of them, a lot of these countries simply don't know the levels of chronic disease in their populations," she said. "They don't have a good idea of how many of these diseases they're going to have to manage, and if you don't know how many people have these conditions, then how do you plan for it properly?"

Compounding the problem is that many of these chronic diseases are exacerbated by the environmental conditions in some of these nations. While managing chronic disease focuses heavily on lifestyle modification through diet and exercise, other factors—such as pollution, environmental contaminants and stress—that require the long-term relationship many patients enjoy with their doctors in high-income nations.

Cherry said there are cultural challenges as well. Aside from the language barriers that might exist between providers and patients, there are a myriad of belief systems that may clash with modern medicine. She made note of the Hmong ethnic group which is distrustful of biomedical intervention.

"In some cases, Hmong patients have refused medical intervention or treatment," she said. "Given that barrier, how are you going to reach out to someone like that to help them to manage chronic disease? Those are the cultural questions we have to better understand and plan for."

While this rise of prosperity does pose its fair share of challenges, there are ample upsides in this transition. In fact, the market forces that result from this new influx of wealth are actively helping the system adapt to the changes. A good example is the development of markets for health insurance in areas where such a commodity had never existed before.

"In China, we're seeing a new health care infrastructure emerge, and it includes things like health insurance," Schuster said. "This is a whole new phenomenon in these emerging markets. So, in addition to the obesity effect of wealth, people also can afford to seek health care when they couldn't afford to seek it previously.

"Not only can they afford to get sick, they can afford to seek health care for their sickness."

It's just one part of the broader evolution necessary for these health systems to properly meet the challenges of their changing populations.

"What you need is for these emerging markets to grow into more sophisticated health care systems," Schuster said. "Those systems require better information systems, teams of providers not simply individual physicians, a greater focus on patient education and patient responsibility, and a funding source that is consistent and anticipates health problems instead of funding them after they occur."

healthy lifestyles and prevent diseases in populations that may not have the resources readily available. I would love for more people to be healthier to begin with and not need me as their nurse in a hospital.

What did you do for your internship?

I gathered information for an evaluation of School Health Made Easy (SCHEMES), which is a program developed by the Kabwohe Clinical Research Center that provides free in-patient and outpatient health care to students in the Sheema district of Uganda. My favorite part was seeing the headlines in the Uganda

papers about the life saving clinical trial happening at the Kabwohe Clinical Research Center. I am thankful to have seen public health at work actually saving lives in the places where it is most needed.

What do you want or plan to do after graduation?

I would like to find a job that combines my passion for patient care and global health. I currently work with children with chronic diseases and terminal illnesses, and I would love to be able to work with HIV positive children and their families.

Jayawardhana's research is unlocking a puzzle in progress

Dr. Jayani Jayawardhana's research work resembles a puzzle. With each new finding, one piece is put in place and the work begins to identify the next one that fits. And that's because the conclusion of one study not only illuminates a set of answers, but regularly opens up a whole new series of questions worth posing. Jayawardhana's recent work focusing on the adoption rates of National Quality Forum (NQF) Safe Practices by hospitals has provided a wealth of information.

According to her findings, hospitals certified as a "Magnet Hospital" by the American Nurses Credentialing Center (ANCC) are more likely to have higher adoption rates of NQF Safe Practices than other hospitals.

"I'm curious to know if whether or not the hospitals that choose to adopt these practices have better health outcomes than ones that don't," said Jayawardhana, an assistant professor of health policy and management at the University of Georgia's College of Public Health. "That's a key question, and this study takes us forward one step at a time. Finding what, if any link, patient outcomes have is next, and we're one step away from getting that answer."

ANCC has certified 383 Magnet Hospitals across the United States based on the hospitals' commitment to providing high-quality practice environments for nurses in order to provide exceptional patient care. While these hospitals are widely recognized for their high retention rates for nurses and positive work environments, little to date has been known about their adoption of safe practices compared to other hospitals.

Funded by a grant from the *Robert Wood Johnson Foundation Interdisciplinary Nursing Quality Research Initiative*, the study also included John Welton, the dean of the School of Nursing and Health Sciences at Florida Southern College, and Richard Lindrooth, an associate professor at the Colorado School of Public Health at the University of Colorado, Anschutz Medical Campus.

Drawn from data collected from surveys of 140 Magnet Hospitals and 1,320 non-Magnet Hospitals in 34 regions over three years, the research team's findings indicated that hospitals with higher numbers of nurse hours per patient, larger proportions of Registered Nurses (RNs) and higher levels of competition with other hospitals were all correlated with higher levels of NQF Safe Practices adoption.

Jayawardhana, who earned her M.A. and Ph.D. in economics at the University of Virginia and her B.A. in economics and mathematics at Agnes Scott College, noted that several non-Magnet Hospitals were successful in adopting and implementing many or all of the NQF Safe Practices, so that credential is not a prerequisite for success in adopting these practices. The study, which was recently published in the *Journal of Nursing Administration*, found that over time, both types of hospitals were adopting more of the practices.

"Our findings suggest that employing more nurses than necessary to meet minimum patient needs is key to adopting these practices, like conducting meetings, collecting and analyzing data, and reviewing the literature on safe practic-

Q&A

Name: Sarah Hines
Expected Graduation: May 2012
Degree Objective: MPH (Health Policy and Management)
Previous Education: Bachelor's in interdisciplinary studies, medicine and the social sciences, University of Richmond
Hometown: Lynchburg, Va.

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

It has been a remarkable experience to work closely with the Public Health Association, including attending conferences in Georgia and Washington, D.C. and serving as president. I've also enjoyed working with my professors to map out my career path.

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

Becoming president of the Public Health Association at UGA was a special honor. I've also treasured my time as a graduate teaching assistant.

es," said Jayawardhana, who served as the lead author on the study. "As hospitals continue to search for ways to cut costs in order to economically survive, we are concerned that some cost-cutting measures may have a negative impact on hospitals' ability to adopt safe practices and provide the highest levels of patient care."

Jayawardhana, however, was quick to note the financial and administrative challenges associated with achieving full adoption of NQF Safe Practices. The application process is time-consuming, as is the required collection of data to track how the hospital is meeting those standards. In many instances, a full-time position is required to manage the application and ongoing maintenance and, in lean economic times, those resources aren't readily available.

Additionally, Jayawardhana said utilizing existing staff to manage or facilitate the application process means that the time spent treating patients is decreased. To offset the impact on the existing staff, however, would require an investment in personnel or resources that some hospitals might not be able to afford.

"It's just a matter of having those resources in place or having access to those resources," she said.

The findings determined that there are significant factors that enabled Magnet Hospitals to meet the rigorous standards of NQF. The study also determined that Magnet Hospitals had higher retention rates of nurses and more beds than non-Magnet Hospitals. They also are more likely to be non-profit and serve a lower percentage of Medicaid patients.

While the study has provided a wealth of information that will be valuable for hospital administrators, it's that next step that is most intriguing for Jayawardhana. While her findings clearly demonstrate what facilities are adopting those best practices, her interest has now been peaked to see what impacts the adoption of best practices have on patient outcomes.

"That's really the key question for hospital administrators, to see if these standards are really improving outcomes or not," she said. "It can be a significant investment, and if you're putting the money into this but not seeing an increased outcome, that is an important consideration for administrators and policy makers."

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

After I graduated from the University of Richmond, I worked in mental health. During my time in that field, I was increasingly frustrated with the Medicaid system and not having continuity of care for my patients. I also come from a rural town in Virginia. Because of this I saw a great need for public health in rural and low-income areas.

Why did you choose your particular concentration?

I wanted to choose a career path that would help to affect the entire healthcare system. I came into the program with a policy focus and have gradually realized that management also fits my career interests in improving the U.S. healthcare system.

What did you do for your internship?

I worked for the District Health Office in Albany, Ga. My project was to assess the standard appointment times for the 14-county district and develop a system to streamline the assessment for future years. My favorite part of my internship was being able to meet the staff at each of the county health departments. The district I worked for includes 14 county health departments and, because of funding from the Georgia Public Health Training Center, I was able to meet with each county. Being a student doesn't allow you to see the public health efforts made every day at the local level, and those tasks are often taken for granted. I really enjoyed being able to sit down with each staff and talk about what they do and the difference they are making in the community. I am also doing an internship this semester at the CDC doing research with the National Center for Environmental Health and the Agency for Toxic Substances and Disease Registry.

What do you want or plan to do after graduation?

I want to go into hospital administration. I am also very interested in policy analysis and creation.

Slimming study takes real world approach to obesity intervention

Mark Wilson and his colleagues at the Workplace Health Group in the Department of Health Promotion and Behavior are quick to recognize widespread health problems that many people – and companies – may not notice.

"All organizations are aware of the impact health promotion has in the workplace, particularly with regard to health costs, but they're also very concerned about the safety side of things," said Wilson, the head of the department. "Even though it seems obvious, most organizations don't integrate the two and, instead, keep them separate in terms of their monitoring and implementation."

The Workplace Health Group emphasizes ways to remove the divide between health promotion and safety in the workplace. Obesity is one area where an integration of those types of worksite activities makes sense for organizations, he noted.

In particular, Wilson points to the correlation of the increase in overweight Americans and the rise in the number of instances of Type II Diabetes. The more diabetics in the workplace, the more treatment and medication required to manage the disease.

As a result, many organizations have watched their health care costs increase in the past 20 years. Additionally, overweight workers in labor-intensive environments are more injury-prone, particularly to neck and back injuries, Wilson said.

Wilson, who earned his H.S.D. in health education from Indiana University and his M.S. in health and safety education at Indiana State University, has been working to develop workplace intervention programs designed to help organizations provide the types of service and support needed to reduce the obesity levels at their workplaces.

Thanks to a grant from National Institutes of Health, National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK), Wilson will soon begin implementing the a new translation of the Diabetes Prevention Program at three different municipal governments in the state. Athens-Clarke County, Columbus and Macon-Bibb County will participate in a six-month weight management program designed to reduce caloric intake and boost physical activity.

Wilson modeled the program after a successful Union Pacific Railroad effort that also focused on diabetes prevention.

"Any diabetes prevention program, to a great extent, is designed to keep you from becoming a diabetic by helping you modify and maintain your weight," Wilson said. "It helps you set goals that revolve around your weight and gets you to do things like be physically active and count your calories from fat. In the long run, the hope is you can lose weight or at least moderate your weight over time."

Union Pacific verified the higher costs accrued by the company could be attributed to the poor health and safety of their obese workers. About 70 percent of the employees with Union Pacific were overweight.

The findings from that study were positive, though Wilson admitted they didn't experience large amounts of weight

Q&A

Name: Alysa Walden
Expected Graduation: July 2012
Degree Objective: B.S. (Health Promotion and Behavior)
Hometown: Metter, Ga.

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

Getting to know my peers and faculty. Whether it has been working on group pro-jects or volunteering in the community, I have met so many amazing friends whom I know will make profound impacts in the field of public health. Additionally, having the opportunity to learn from such a passionate group of professors has made my experience at UGA simply unforgettable. Each professor I've had truly cares about each student on a personal level, as well as their academic and professional success.

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

I am extremely passionate about UGA Food-2Kids. Child hunger is an issue that gains a lot of attention on an international level, but few people know that it also is very prevalent right here in the Athens community. All the money and support raised throughout the year goes to fund the Athens Food2Kids program, which works diligently to feed the children in our community who are at risk of going hungry over the weekend.

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

I believe that those working in the field of public health are truly unsung heroes in America.

loss across the workforce. Instead, their findings indicated that 55 percent of participants in the treatment group were able to maintain their current weight or lose some weight.

"Unfortunately, in a large study when you have 55 percent of people lose weight, that means you have 45 percent gain weight," Wilson said. "In the long run, you assume it comes out even, but, overall, the trend (of weight gain) is going up."

Recognizing that an intensive clinical program was too difficult to implement in most workplaces – primarily because of the personnel challenges it presents – Wilson has spent ample time seeking to find a middle ground on a workplace intervention program. Other studies he's overseen have relied on "health coaches," which are colleagues of the participants who have received training and are able to provide support to those in the program.

A workplace intervention study conducted by Dr. Mark Wilson aims to assist workers with losing weight and combatting obesity.

The aim of Wilson's study is to find a way to increase the level of intensity in the project at a level that is manageable – and economically feasible – for the participating organization. This variation will still rely on health coaches, who will meet every two weeks with the participants, Wilson said.

In addition, the program will incorporate two other formats aimed at improving outcomes. The first uses a group-centered approach, where eight to 10 participants will regularly meet to share information and provide support in a group setting. This approach was typical in many workplace environments.

The second approach, however, is a relatively new way to foster engagement as the health coach will use the telephone to interact with each participant individually.

These two additional formats, along with a third control group that only receives an educational manual, will be the backbone of this new study. Each of the three communities will be guided by one of the three formats and then evaluated to determine which method was the most effective for curbing obesity in these workplaces.

Data will be collected prior to the launch of the program, at the conclusion of the study and six months later.

"Our next step here is to see if we can increase that intensity to so we can get some greater decreases in weight," Wilson said. "We've had some success in maintaining weight, but it's time to introduce some new things and get a greater level of interaction with our participants."

We take for granted some of the things these individuals work on day in and day out, from providing our yearly flu vaccines to ensuring that the water we drink is clean. Without these massive contributions, those living in America would not be able to pursue the success for which our country is known.

Why did you choose your particular concentration?

My freshman year here at UGA, my grandfather tragically passed away from a respiratory disease formed from his smoking habits. If health promoters and educators had been around in the 1940s and 1950s maybe my grandfather would have never picked up a cigarette and would still be here today. His death truly made me put my life into perspective. How could I help others to avoid experiencing the tragedy of prematurely losing a loved one? This event drove me into the concentration of health promotion and education, giving me a passion that will drive my career every day. I will get to make an impact on something that guides the course of all of our lives – our health.

What did you do for your internship?

I am planning on completing my internship at Athens Regional stroke unit in the summer of 2012. During my time there, I will be planning an emergency preparedness program for middle school students living in the Athens area. This program will incorporate how to respond to medical emergencies and we will use strokes as the primary focus. This will allow stroke signs and symptoms to be taught to the students in a relevant way. I will also be designing and implementing a telephone survey. It will assess the knowledge of individuals living in the 17 counties that ARMC serves on stroke signs, symptoms, and response.

What do you want or plan to do after graduation?

After graduation, I plan on attending the Georgia Health Science University's nursing school to pursue a Masters degree in Clinical Lead Nursing. My health promotions background has definitely prepared me for this next step in my academic career.

UGA professor calls for coordinated, forward-thinking energy policy

Dr. Cham Dallas admitted it's interesting to see how history repeats itself.

In the wake of last year's nuclear crisis in Fukushima, Japan, the United States was greeted to its own jolt as a 5.8-magnitude earthquake rattled the East Coast of the nation. Hurricane Irene followed the surprise of that rumble and led to the precautionary shutdowns of a few nuclear facilities.

Once again, the issue of nuclear safety was at the forefront of the collective American mind.

Georgians have even more reasons to consider the issue, as serious planning for the first new nuclear reactors in the U.S. in a generation is underway at Plant Vogtle, just outside Augusta. In December, the Nuclear Regulatory Commission approved the design for expansion at the facility, which could serve as a template for other utilities wanting to build new plants.

The recurring questions about nuclear safety are all too familiar to Dallas, the director of the Institute for Health Management and Mass Destruction Defense at the University of Georgia's College of Public Health. In the late 1970s, the U.S. was bogged down by a stagnant economy and mired in an energy crisis. The accident at Three Mile Island in 1979 resulted in political fallout that ultimately halted the construction of nuclear power plants in the U.S for almost three decades.

Additionally, after the nuclear disaster at Chernobyl in the 1980s, the safety and security of the nuclear industry was called into question just as it is now.

Dallas, who holds a doctorate of toxicology from the University of Texas' School of Public Health at Houston, spent 10 years investigating the aftermath of the Chernobyl nuclear accident and has visited Japan multiple times in the wake of the Fukushima nuclear disaster.

"Fortunately, in terms of the data on nuclear safety outcomes, the U.S. is one of the most prepared and secure nations when it comes to nuclear infrastructure," he said. "The disasters that plagued Russia and Japan in the past 25 years can be attributed to the inefficiencies in their systems and planning."

Dallas said the challenges associated with Chernobyl were the result of the former Soviet Union's totalitarian regime that had no accountability. This led to a series of catastrophic human errors and the worst nuclear power disaster in history.

At Fukishima, there was inadequate planning and blurred lines between Japanese regulatory agencies and energy companies, as well as poor risk communication, Dallas added.

"In the U.S., by comparison, we have an open and transparent process that puts the majority of the decisions associated with nuclear plants in the public spotlight," he said. "We also have a vibrant environmental movement that provides the needed scrutiny to ensure the tough questions are being asked. It also has led to a more stringent regulatory environment."

Dallas said the U.S. needs to identify ways to diversify and increase its sources of power to meet population growth and energy demand. With a fully functioning green energy economy still years away, the nation is faced with tough choices on how to move forward now.

"These choices must be confronted because we are steadily heading toward an energy black hole where demand

Q&A

Name: Daniel Higgins
Expected Graduation: May 2012
Degree Objective: MPH (Health Policy and Management with a focus on emergency preparedness)
Previous Education: Bachelor's in Health Promotion and Behavior, University of Georgia
Hometown: Woodstock, Ga.

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

My highlight has probably been working with a very diverse group of graduate students. I have never been surrounded by such diversity before, and it has been an enjoyment and a blessing to experience.

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

It has been an honor to be able to work for the Institute for Health Management and Mass Destruction Defense at the College. The faculty and staff have had a significant effect on my time here as a graduate student. They challenged me to offer the best I could offer and helped me to understand the importance of professionalism. It has been quite a privilege to have been able to work here while studying public health at the university.

The federal government recently approved the expansion of Plant Vogtle, marking the first new construction of nuclear reactors in the U.S. in more than 20 years.

outstrips capacity," Dallas said.

Nuclear power, Dallas said, can be a crucial bridge for the American economy as it transitions into a more fully integrated green energy model. But the existing challenges and concerns surrounding the nuclear industry must be addressed.

He noted that the nation's existing nuclear facilities are aging – half of them are more than 30 years old. While the technology that powers the reactors is top-of-the-line, all of the facilities rely on pipes, wires and tubes that are subject to wear and tear over time.

Additionally, U.S. leaders must reach a conclusion about how to best dispose of the waste produced by the facilities, Dallas said. One of the primary radiation-generating hazards at Fukushima stemmed from the partial meltdown of the spent fuel rods stored in cooling pools that should have been permanently disposed, which is exactly how facilities here manage their nuclear waste.

It's also imperative that future plant designs and event planning raise the bar in terms of earthquake protection, Dallas said. America's nuclear facilities emerged unscathed after Hurricane Irene and the East Coast earthquake, but the strength of that tremor did push the boundaries of their infrastructure. The North Anna, Va., nuclear plant, for instance, was built to withstand a 6.2 magnitude event, and it endured a 5.8 magnitude quake last summer.

Though the energy industry has largely adhered to the status quo, Dallas said things are beginning to change.

The Obama Administration recently authorized federal loan guarantees of $8 billion toward the first new nuclear reactors in more than 25 years, a significant encouragement for the expansion at Plant Vogtle.

Dallas said the cost associated with ensuring that nuclear facilities can withstand powerful earthquakes and damaging storms is minimal when compared to the consequences in the event of a failure. It's crucial the U.S. plan for the worst-case scenarios, whether natural or man-made, while also ensuring it meets the energy production obligations, he added.

"The good news is these challenges are ones we can meet if we act now," Dallas said. "With decisive planning and follow-through on energy policy, as well as nuclear and environmental safety, we can maintain the energy production expected of a leading nation with a high standard of living.

"If we do not meet these challenges, we will inevitably fail with stark consequences for the next generation."

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

The direction of my father, Grover Higgins, was very significant in leading me towards a public health degree. He worked in the public health field himself for more than 30 years. After giving it a shot, I began to learn that I had an interest in disaster management and preparedness. This interest grew from realizing that I would be learning critical emergency response skills from nationally renowned experts, and the thought that one day I could potentially be on the front lines helping to manage a real disaster.

Why did you choose your particular concentration?

I enjoy helping others, especially those in times of severe trauma and stress. That is what led me towards health management, specifically disaster management.

What did you do for your internship?

I worked in the Safety and Health Department for Georgia Power. I enjoyed being able to assist with the revisions and updates of specific emergency actions plans for employees located at the Georgia Power Headquarters Building.

What do you want or plan to do after graduation?

Next year I plan on interning at a local campus ministry where I can focus on service and spiritual growth in my Christian faith. My faith is more important to me than my career, and I felt that giving a year of my life to serve was what I was being called to do. After my internship I may decide to enter the public health work force, continue to pursue the passion I have been blessed with for ministry, or find a place where both of them meet. It seems that my future is up in the air so to speak, but to me that makes it all the more exciting.

College collaborates to develop new practices to aid providers

In May 2010, the University of Georgia's College of Public Health and College of Education came together to create an institute that would find better ways to educate health care providers.

Almost two years later, the Institute for Evidence-Based Health Professionals Education has brought in other colleges from across UGA and continued to develop point of care education practices that go beyond just the doctor's office.

"With advances in technology come opportunities for changing how we teach and how we learn," said Dr. Mark Ebell, a family physician and associate professor of epidemiology in the College of Public Health and the institute's co-founder. "It's exciting that we can move education right to the point of care."

Ebell and co-founder Dr. Ronald Cervero, associate dean for outreach and engagement at the College of Education, are researching the best ways to teach health care professionals, as well as find the best evidence available to help them learn and build into their practice.

With funding from the Physician's Institute for Excellence in Medicine, the institute has set out to gather a large number of physician questions generated by patient care as a way for physicians to continue their education. Cervero, an expert in continuing professional education, knows that questions and their answers are central to how adults learn, so it is critical to identify them and then answer them with the best available research evidence.

But Ebell and Cervero aren't just interested in human patients.

Dr. Mark Ebell has built collaborative effort at the University of Georgia to provide educational opportunities to the state's medical community.

The institute has welcomed in the College of Veterinary Medicine to work up a similar study for veterinarians.

"It's the same idea that they started with physicians," said Dr. Steve Budsberg, a professor of orthopedic surgery at the veterinary college's Department of Small Animal Medicine and Surgery. "The overlying theme is looking at the way we learn once we're in our practice."

Right now, learning is limited to practical experience, continuing education classes, seminars and talking to colleagues, Budsberg said. However, the "sit down and listen to seminars" plan isn't necessarily the best, he added.

"The premise here is to find out if we can go right to the source – doctors coming right out of a meeting with patient – and find out what questions they have," Budsberg said. "That, and what sources do they have to answer those questions right there."

Budsberg believes that technology could unlock a better way to answer those questions. Ultimately, the research from this pilot study could change the paradigm of how doctors, vets, pharmacists and everyone else in the health care field are educated at their practices.

"We're still way upstream from there," he added. "We need to establish the questions first and figure out how to group them together."

The College of Public Health and College of Education are well on their way to jointly serving as a source of expertise and training for professional education programs in public health, medicine and other health professions.

On March 30, the EPB Institute will host its annual conference. This year, the focus will center on using technology to enhance teaching, learning and practice in all health professions.

Ebell and Cervero will welcome in Dr. Kendall Ho, an associate professor at the University of British Columbia who will discuss technology-enabled knowledge translation – the use of information technologies to accelerate the incorporation of latest health evidence into routine practice.

"As we see physicians using electronic health records go from 20 percent to 80 percent over time, we'll also see changes in how physicians gain information and use information," Ebell said. "We have to figure out how to leverage electronic health records and tools like social media to advance education.

"We're finally catching up to other countries in healthcare technology, and I think we're catching up quickly."

Our students "liveWELL" to make a difference

It's easy to pre-judge what a legacy is.

Often, the word harkens images of something in the past and the mind turns to old photographs and stories from years past.

At the College of Public Health, however, we're committed to "living our legacies" today through our work and service. To communities around the globe, it means preparing and equipping our students to become tomorrow's public health leaders, supporting healthy lifestyles and encouraging public health initiatives in our communities.

Consider the experience of three recent graduates of the College who traveled to Peru for a research project addressing cervical cancer. Despite being preventable and highly curable when treated early, cervical cancer is the leading cause of death among Peruvian women.

Amy Anderson, Kelsey Allen and Emily Smith, who were all Master of Public Health candidates in epidemiology, provided technical assistance to CerviCusco, a cervical cancer prevention program in Cusco, Peru. Their research directed them to review and recommend improvements for the program's electronic medical record database to address potential information gaps in improving patient care, compliance and follow-up. These steps are all imperative for the success of cervical cancer prevention programs.

Thanks to the generosity of our alumni and other supporters, the College was able to underwrite lodging expenses for this valuable research program experience. Not only did this opportunity provide these students with an extraordinary learning opportunity, but also help make a difference in the lives of countless women in Peru.

That's just one example of how your gifts have opened doors for our students among countless other ways.

First and foremost, your gifts go toward supporting our students. No matter how large or small, your donations provide them with the opportunity to grow into the next generation of leaders in the field of public health.

Your support also assists with our community outreach efforts and will help in the coming months as we move the majority of our offices to the new Health Sciences Campus on Prince Avenue. Your donations also support our faculty's research and student and faculty recruitment efforts.

Every gift matters, regardless of its size.

A gift of $35 helps students showcase their research at local, state and national conferences. A gift of $50 assists with travel expenses so the College can attend graduate school fairs at nearby colleges and universities to recruit new students to our programs.

With a gift of $100, you can sponsor a student ambassador to attend a leadership conference or bring public health experts to speak to the College's Graduate Student Association. Or with a donation of $500, you can provide a scholarship for a student to attend the American Public Health Association's annual meeting.

That is what makes our "LiveWELL" campaign so special. By making a donation to the College, you are investing in opportunity – opportunity for our students, opportunity for our faculty and opportunity for the College of Public Health.

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

This is your opportunity. Make it count.

Kate O'Reilly
Development Director

Public Health alumna uses her college experience to educate Jackson County teens

The College of Public Health's liveWELL (WE Live Legacies) campaign highlights our students, alumni, faculty and supporters who are "living their legacy" through their deeds, actions and service to the global community. We celebrate our legacies because our legacies are <u>you</u>, the countless alumni of the college who are making a positive difference in the world today. Each success story introduces a new legacy and strengthens communities. Read Kendra's story to learn more about her legacy and impact.

Kendra Hibler hasn't been on the job at the Jackson County Health Department for long, but she's already making an impact.

In June, the University of Georgia College of Public Health alumna helped open the first Teen Matters clinic in Jackson County, one of just a handful of its kind in Northeast Georgia. As the adolescent health educator Hibler works to educate teens in her community in hopes of lowering the teen pregnancy rate.

The new clinic will certainly help, she said.

"It's just been fantastic," Hibler said. "We're trying to work on more programs for the kids. We're also working on doing more social media with the health district, which is a natural for me."

The 26-year-old Athens native earned her bachelor's and master's degrees from the College of Public Health.

Her education at the College gave her confidence to go out and gather resources in the community, she said. The required time she spent in the field while earning her degrees in health promotion and behavior exposed her to different ways she could help.

A graduate of the College of Public Health, Kendra Hibler started a Teen Matters clinic in Jackson County.

For Kendra, it has been the perfect opportunity to liveWELL, taking the education she learned in the classroom and putting it into action in the field.

"I think having my background in health promotion makes it easy for me to figure out how I can best serve my kids," Hibler said. "A lot of people don't know what health promotion is. Really, it's public health plus public relations plus teaching. I feel like I can do anything."

Hibler continues to meet and leave impressions on new adolescents. She visits several area schools as a guest speaker and encourages students to stop by the new clinic. The clinic is very comfortable, Hibler said. It's nothing like a standard doctor's office.

The Teen Matters clinic offers abstinence and health education, birth control, women's health exams, immunizations and sexually-transmitted disease checkups. Hibler focuses on education and awareness.

The Northeast Health District estimates that 73 out of every 1,000 teenagers in Jackson County give birth. That's the highest percentage in Northeast Georgia, and it's a number that Hibler wants to lower.

She talks with teens and their parents on a range of health topics that include pregnancy prevention, nutrition, puberty, drug and alcohol abuse, bullying, physical activity, goal setting and body image.

"One of my goals is to really have teen sexual health become less taboo," she said. "I want people to be realistic about what is going on. I want parents to be educated and talk to their kids."

Hibler can tell she's making a difference each time a teen she referred walks into the clinic. Many come up to her and say that they were taking her advice to stop by.

"I love the kids, and I love having them stop by," Hibler said. "Really, I love what I do."

"What are the people in your programs doing after graduation?" is one of the most common questions we're asked. It's something everyone from prospective students to potential donors to our accrediting agency wants to know. Yes, they want to know job titles and typical industries, but they also want to know how our graduates are living their legacies. The only way we know how to answer these questions is if you tell us. So, please take the time to fill out the form in the envelope that is included in the magazine or contact Kate O'Reilly (phone: 706-542-2590/email: krl@uga.edu). She'd love to hear how you're living your legacy.

Be a part of the liveWELL campaign is by telling us more about how you are living your legacy. Your stories today will give future students an idea of how they can liveWELL and make a difference tomorrow.

HONOR ROLL

The honor roll lists the names of people who have made gifts and/or pledges July 1, 2011 and March 5, 2012. Make your gift by June 30, 2012 to ensure that your name is listed on the Final 2012 honor roll.

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Dr. Dawn L. Wannamaker Satterfield
Ms. Mary K Sheats
Dr. and Mrs. Joshua K. Shoemake
Ms. Sasha Tarkia Smith
Ms. Sara Catherine Stephano
Ms. Juana Stewart
Ms. Mallory Elizabeth Stewart
Ms. Sydney Michele Swain
Ms. Maha Fatima Syed
Ms. Sandra Tarleton
Ms. Kelly Eileen Truesdell
Dr. Steven Valeika and Mrs. Kathryn Valeika
Ms. Lauren Ashley Wages
Mrs. Ashley Wells and Mr. David Wells
Ms. Deanna Denise Whiddon
Mr. James Theodore Wojcik
Ms. Shu Yan
Drs. Hongbo Ma and Xianben Zhu

College of Public Health

Degree Programs

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

GRADUATE CERTIFICATES:
- Disaster Management
- Gerontology
- Global Health

DUAL DEGREES:
- DVM/MPH
- MD/MPH
- MSW/MPH
- PharmD/MPH

PROPOSED FUTURE PROGRAMS:
- M.S. & Ph.D. in Biostatistics
- Ph.D. in Environmental Health
- MBA/MPH

Student Profile

546 Undergraduate Students:
- 92 B.S. in Environmental Health
- 454 B.S. in Health Promotion

241 Graduate students:
- 173 MPH Students
- 10 M.S. Students
- 36 Ph.D. Students
- 122 DrPH Students

Over 3000 alumni

Faculty Profile:

53 Full-Time Members
- 5 Biostatistics
- 9 Environmental Health Science
- 11 Epidemiology
- 14 Health Policy & Management
- 14 Health Promotion and Behavior

Degree and Certification Programs

Environmental Health Science

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

Department Head:
Jia-Sheng Wang, jswang@uga.edu

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.

Programs

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

Epidemiology & Biostatistics

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

Department Head:
John E. Vena, jvena@uga.edu

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.

Programs

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

Health Policy and Management

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

Department Head & Graduate Coordinator:
Phaedra S. Corso, hpam@uga.edu

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

Career Opportunities

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

Degree Programs

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

Degree and Certification Programs

Health Promotion and Behavior

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

Department Head:
Mark G. Wilson, mwilson@uga.edu

Graduate Coordinator:
Jessica Muilenberg, 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, Consulting firms.

Center for Global Health

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

Director:
Richard Schuster, rschuste@uga.edu

Certificate information:
ghcertif@uga.edu

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

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

Institute for Health Mgmt and Mass Destruction Defense

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

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

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

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

Institute of Gerontology

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

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

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, Environmental Health Science, Epidemiology, Health Policy & Management, Health Promotion & Behavior.

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

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

Admission

All students must have a bachelor's degree or its equivalent from an accredited institution. A 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 continue 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 (www.gradsch.uga.edu) and the MPH application (http://www.sophas.org). Specific admission information can also be found at http://www.publichealth.uga.edu/academics/apply

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

Doctor of Public Health

The Dr.P.H. 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 in a specific public health discipline. The degree's flexibility will enable students to pursue multiple opportunities and ultimately to specialize in their areas of professional and academic interest. Complementing traditional didactic activity, Dr.P.H. students will have experiences collaborating with senior public health practitioners to gain experience in advocacy and leadership skills.

Career Opportunities

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

The Program

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

Admission

Qualified candidates must have substantial public health experience and, ideally, graduate-level 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 of a 3.0 GPA (on a 4.0 scale) and 1000 GRE score. The revised GRE score has means of 151 verbal and 152 quantitative. The use of % rank will also be considered as new scores continue 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 (www.gradsch.uga.edu) and the Dr.P.H. application (http://www.sophas.org). Specific admission information can also be found at http://www.publichealth.uga.edu/academics/drph-apply

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

COLLEGE OF PUBLIC HEALTH
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University of Georgia
Athens, Georgia 30602

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Athens, Georgia
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liveWELL

WeLiveLegacies

What is liveWELL?

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

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

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

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

liveWELL is about you.

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

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

Kate OReilly
Director of Development

College of Public Health

krl@uga.edu
706 542-2590