Global Health
Students gain a world of skills from international research experiences
FROM THE DEAN

TRAVELING ABROAD IS ENRICHING, thought-provoking, and, on some days, humbling. And while conducting public health research domestically comes with plenty of challenges, engaging in research overseas brings a host of additional considerations, from differences in language and culture to technology and time zones.

Despite the challenges, many students and faculty from the College of Public travel abroad each year for research. In this issue, we invite you to learn more about several student projects that took place in summer 2015 thanks in part to a generous gift from Dale and Linda Baker. The Bakers’ gift helped establish a Global Public Health Student Travel Grant that enabled the students to travel to India, Ecuador, and Brazil.

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Much closer to home but equally eye-opening, two CPH students interned this past summer with the Johnson County Local Homeless Coordinating Board. Both students worked on a project centered around a new approach to addressing the issue of chronic homelessness.

We also have a Q&A with Professor Jennifer Robinson, an expert on cardiovascular disease, about making sense of the new cholesterol guidelines and approaches to managing cholesterol.

Learn about the Rural Policy Research Institute’s work to support and enrich rural America through research, policy, economic, and other innovative initiatives.

The college is as active as ever with inspiring and informative guest speakers, important research, and community outreach. Let us know what you’re up to by sending a note to cph-communications@uiowa.edu.

Warm regards,

[Signature]

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A Passage to India
Two CPH students traveled to southern India to research the occupational conditions of workers who harvest tea leaves by hand.

InSight is published twice a year for alumni and friends of the University of Iowa College of Public Health.

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Growing Global Citizens
Dale and Linda Baker are helping current and future College of Public Health students receive a globally relevant education.

Agricultural Safety Goes International
The college’s Agricultural Medicine training course recently expanded its international connections to Argentina.

HOUSING THE HOMELESS
A new initiative called Housing First seeks to break the costly cycle of chronic homelessness.

CLARIFYING THE NEW CHOLESTEROL GUIDELINES
CPH Professor Jennifer Robinson explains the updated cholesterol guidelines, statins, and a promising new class of cholesterol-lowering drugs.

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The Rural Policy Research Institute is forging innovative collaborations at the rural-urban intersection.

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An Internet-based eyeglass donation program founded by Jeffry Lynch (MD/MPH ’06) is bringing improved vision to people around the globe.

SPARK - SPEAKING UP FOR BLACK WOMEN’S HEALTH
Women’s health pioneer Byllye Avery, recipient of the 2015 Hansen Award, works to empower black women through education and open discussion.
Josie Rudolphi and Maya Ramaswamy did not anticipate the leeches. The two College of Public health graduate students spent a month in summer 2015 conducting research on the working conditions of tea plantation workers in Tamil Nadu, a region of southern India. They went armed with questionnaires about occupational exposures, including strain and stress put on the body from bending or weight bearing. What they had not anticipated, however, were the leeches that found their ways into workers’ shoes and up sleeves, leaving bites and causing skin problems.

Working Overseas

It was just the kind of unexpected finding that only research in the field can yield. As their professor Diane Rohlman notes of her students’ experience, “It is invaluable to dream up a project and follow it through from beginning to end. Working overseas is especially challenging because there are so many variables. You are dealing with language differences, cultural differences — even between partnering research universities — time zones, technology, and weather. The unexpected always happens.”

Rohlman says that Rudolphi, a third-year PhD student in agricultural safety and health, and Ramaswamy, a third-year PhD student in occupational and environmental health with a focus in ergonomics, both expressed interest in international public health issues since they first entered the program. Ramaswamy worked in South India for two years prior to starting at the University of Iowa and had seen first-hand the challenges faced by workers who harvest tea leaves manually.

Rudolphi, who grew up on a corn and soybean farm in east central Iowa and who has traveled extensively, though never to India, was intrigued by the project idea sketched by Ramaswamy. In particular, she wondered how she might apply her skills as a qualitative researcher.
From Iowa to India
The roadblock was funding. So when the college announced a new Global Public Health Student Travel Grant (see page 7) in April 2015, the two women leapt at the opportunity. They quickly put together a proposal that included utilizing contacts Ramaswamy had developed while teaching at VIT University in Vellore, India. They proposed two projects—one quantitative using surveys, led by Ramaswamy; the other qualitative based on interviews with the workers, led by Rudolphi. Within weeks of applying, they learned that their projects were two of four awards granted in the initial round and immediately purchased airline tickets. (A second round of grant applications is currently underway.)

Arriving on July 12, the women spent several days cross-checking a Tamil translation of their survey and gathering their team. In a blog (www.uiowa.edu/tea/) that the two kept during the month journey, Ramaswamy wrote, “This morning, we led a meeting with the whole study team to review the objectives of our study, practiced administering the survey, and went over sample focus group questions. We have an English professor, two graduate students from the biotechnology department, and two members of the Survey Research Center doing the heavy lifting for us once we’re out in the fields—they’ll be our Tamil interviewers conducting the surveys and interviews and, once we return, they’ll help us transcribe and translate our findings.”

Tea, Rain, and Leeches
Two days later, the entire team was in the field, quite literally. As they interviewed and observed workers harvesting tea in a terraced tea plantation, they were thankful for the raincoats they had packed, as it was the height of the rainy season. As Ramaswamy wrote, “It drizzles, it violently mists, it pours.” Which is where leeches come in to the story.

Tea grows on waist-high bushes that can live to be more than a hundred years old. Better quality tea is grown at higher elevations, usually on steep terraces in tropical climates. Because the terrain is uneven, the work of harvesting the plants has yet to be mechanized. Instead of a machine doing the work, leaves are picked by hand by workers, usually older women, who place leaves in bags that they wear strapped to their heads.

To best learn about the working conditions of the tea pickers, Ramaswamy and Rudolphi revised a survey that is commonly used to interview workers in labor-intensive industries around the world. They anticipated that the tea workers’ challenges might be similar to those of migrant farm workers in the United States, and so rewrote some questions with those assumptions in mind. Instead, they discovered that the workers’ greatest perceived challenges were bugs, especially the leeches that got in their shoes no matter how ingeniously they tried to ward them off.

“The survey assumed certain exposures that weren’t very pertinent,” Rudolphi comments, echoing Rohlman who says that part of the reason for doing research in the field is to find interventions that will be effective.

“A solution that works in the U.S. may not work in another country,” Rohlman says, noting that it is nearly impossible to figure this out until you are on the ground experiencing the same conditions as that particular group of workers.
All Ag, All the Time

During their month in India, Rudolphi and Ramaswamy learned about more than tea. They visited farms growing coconuts, sugarcane, potatoes, rice, and—yes—corn, as well as visiting livestock production facilities and a dairy. They attended an agriculture expo that reminded Rudolphi of the Midwest’s famed Farm Progress Show and spent a day at an agricultural university learning more about agricultural education in India.

Having grown up on a farm, Rudolphi loved the all-ag, all-the-time approach to their trip. Halfway into their journey, she blogged, “Maya told me she could try to find a museum or shopping if we get tired of agriculture. I told her I never get tired of agriculture.”

Next Steps

The duo is currently analyzing the data they gathered, while the results of the focus groups are translated into English. They plan to present the work next year in the hopes that other researchers can use their results for further study.

Ramaswamy notes that one of the interesting pieces of the study is that it is a window into a pre-mechanized industry. Although the terrain makes it difficult, she suspects that mechanization is inevitable, in part because fewer workers want to pick tea. “Over time,” she says, “it will be fascinating to see how the tea industry changes.”
Conducting Food Research and Health Education in Ecuador

“Staying flexible and having my skills tested was really cool,” says Natalia Santos, an MPH candidate in community and behavioral health, who spent a month in Ecuador in summer 2015. A native of Brazil who grew up in Nebraska, Santos was already working on her research interests of food availability and quality when the dean of the Universidad de San Francisco de Quito visited the University of Iowa last year, piquing her interest in South America. The Global Public Health Student Travel Grant helped her to turn the connection into an opportunity for field research.

One of Santos’ goals was to track the kinds of food for sale and where food can be purchased in Ecuador. She quickly found this to be an overwhelming task. Not only were there stores and street stands selling everything from fresh fruit to the Ecuadorian equivalent of fast food, but vendors routinely hop on public buses to sell food. It didn’t take long, however, for her to identify likely factors in why there has been such an increase in obesity and diabetes in the Ecuadorian population.

“The vast availability of foods high in fat and carbohydrates, combined with large, inexpensive serving sizes, has been an influence on the choices made when people purchase food,” says Santos. Another possible contributor to the obesity epidemic is the increasing prevalence of sugar-added beverages, which people choose not only for the taste but out of a belief that packaged drinks are safer choices than water, since potable water is an issue in the area.

Santos split her time between food research and giving health and wellness talks to patients at local clinics, a job that she was assigned after arriving in Ecuador. Although she didn’t have the materials with her that she would have liked to use as the basis for her talks, she says, “It was a perfect way of keeping me on my toes, and putting all my education up to this point to great use.”

Santos was especially glad to provide education to women and girls about reproductive and sexual health. She became so confident about the positive impact of her talks that she is helping her host university to implement a program where local public health and medical students are placed into underserved community clinics as long-term interns.

Wrangling Leishmaniasis Data in Brazil

As an epidemiology graduate student, Ben Scott (MPH ’15) worked in the laboratory led by Christine Petersen, CPH associate professor and director of the Center for Emerging Infectious Diseases. Scott was part of her ongoing study of leishmaniasis, a disease that causes painful sores and attacks the liver, spleen, and lymph nodes in both humans and dogs. Spread by sand flies that bite infected dogs, the disease is much more prevalent in South America than in the United States.

Scott wanted field experience with Petersen’s lab partner in Brazil. “I knew I was going, even if it meant taking out a loan,” says Scott of his desire to work with Dr. Selma Jeronimo and the Institute of Tropical Medicine at the University Rio Grande do Norte. Receiving the new Global Public Health Student Travel Grant made his plans possible.

Jeronimo’s team was collecting data for a study about the effectiveness of insect repellent dog collars as a tool in preventing both human and canine leishmaniasis. Scott had hoped to spend his time analyzing the data, but when he arrived in Brazil he quickly realized that data entry was the most pressing need. Transferring the results of written surveys into electronic form is always time consuming, but with only two computers devoted to the study it turned into a relatively all-encompassing task.

Scott said that being flexible is an important lesson of collaborative, international research. He was also happy to be able to use his experience in epidemiological methods to change some of the formatting to allow for more detailed future analysis.

“Sometimes it is important to be humble and accept that even though you’re capable of doing more,” says Scott, “the thing that needs doing is equally impactful.” Scott is now on his way to a job with the State Department of Health in Kentucky where his adaptability will no doubt be an appreciated skill.
D iscovering the world around us is a life-changing experience. When Linda Baker (’68 BA) traveled to Romania with the University of Iowa Alumni Association’s Iowa Voyagers program nearly 10 years ago, she worked for three weeks in an orphanage. It was an experience Linda Baker has not forgotten, and it’s why she and her husband, Dale Baker (’68 BA), have established scholarships to support UI students in similar endeavors.

“When I returned from my own experience, I thought it would be great to be able to send students on the trip as well,” says Linda Baker. Initially, the Bakers provided a gift to endow the Dr. Ken Magid Child Advocacy Service Scholarship Fund, which honors Linda Baker’s mentor and covers UI students’ expenses related to volunteer service-learning opportunities in Romanian orphanages.

Today, the Bakers continue to support current and future students in their service-learning opportunities, specifically, through the UI College of Public Health. In December 2014, the couple made a gift to the UI College of Public Health, which has already helped four graduate students secure global public health internships this past summer — Ben Scott (’15 MPH) in Brazil; PhD candidates Maya Ramaswamy and Josie Rudolphi in India; and Natalia Santos, a community and behavioral health graduate student, in Ecuador.

Santos spent one month in Quito, Ecuador, exploring the characteristics of Ecuadorian food stores and conducting health education (see page 6).

“This learning experience enhanced my understanding and capacity to effectively practice public health in the U.S. and abroad, strengthened my professional training, and continued to expand the global reach of the UI College of Public Health,” says Santos.

Rudolphi and Ramaswamy were able to conduct studies on Indian tea workers — identifying perceived occupational risks to safety and health, as well as opportunities and barriers to intervention (see page 2).

“As the rest of the world becomes more industrialized agriculturally, I feel the United States is in a unique position to offer solutions to potential agricultural safety and health conundrums and share experiences of lessons learned,” says Rudolphi. “This experience allowed me to understand barriers and opportunities to developing interventions internationally as well as in Indian agricultural populations.”

The College of Public Health continues to build a global presence because of such internships and because of partnerships with organizations such as the Center for Health Policy and Public Health, housed in the University of Babes-Bolyai, Romania. This partnership has helped facilitate collaborative research, education, policy, and outreach activities, as well as establish Romania’s first degree programs in public health.

The Bakers made another gift to the UI College of Public Health in May 2015. This generous gift qualified as a match for a challenge grant from the Roy J. Carver Charitable Trust. This grant matched gifts aiding new faculty success, student support and educational innovation, health sciences research collaboration, entrepreneurship, and community outreach and engagement. The Bakers’ gift—as well as gifts from other donors—helped the UI College of Public Health meet its $1.5 million challenge from the Carver Trust.

In May 2015, the couple also supported the Sally and Ken Mason Student Success Fund, the Dale and Linda Baker Excellence Fund in Business, the Howard K. and Mathilda Ihrke Memorial Fund, along with the Dale and Linda Baker Excellence Fund in Public Health. The Bakers’ belief in giving back has influenced countless students and faculty at the UI, and they have long been generous supporters of various UI programs and initiatives — evident by their platinum membership in the Presidents Club.

“My dad always said he never wanted to be the richest guy in the cemetery,” says Linda Baker. “I guess that has always stuck with me.”
As a surgeon working in the fertile Pampas region of Argentina, Marcos Grigioni has treated several thousand patients suffering from injuries and illnesses related to agricultural work. And because Grigioni is also a farmer, he has a deep understanding of the health and safety issues that drive so many farmers and other residents of rural communities to seek medical attention.

“In Argentina, agricultural health and safety is not developing at the same pace as agricultural productivity,” says Grigioni. “Very few professionals are working to promote safety in rural populations.”

Grigioni belongs to a large farmer cooperative, Agricultores Federados Argentinos (AFA), and he has spent the past 10 years conducting research and developing health and safety programs for its 35,000 members. The cooperative relies on a network of women’s groups in rural communities to disseminate the information.

From Argentina to Iowa
To expand the scope and effectiveness of that work, Grigioni traveled to Iowa in June 2015 to attend the annual Agricultural Medicine course staged jointly by the University of Iowa College of Public Health, the Great Plains Center for Agricultural Health, and the Heartland Center for Occupational Health and Safety.

Directed by Diane Rohlman, CPH associate professor of occupational and environmental health, the intensive week-long, 40-hour course trains nurses, physicians, veterinarians, and health and safety professionals to anticipate and prevent health and safety hazards posed by large machinery, musculoskeletal injuries, respiratory ailments, and chemical exposures. Grigioni and other participants attended expert presentations, toured farming operations, and witnessed safety demonstrations, such as a simulated grain-bin rescue.

Offered at eight sites around the United States, the course is the centerpiece of a broad array of research, outreach, and education activities — many of which were founded by CPH Professor Emeritus Kelley Donham — that have enabled the Department of Occupational and Environmental Health to emerge as a world leader in agricultural health and safety. The University of Iowa is the only school in the United States to offer a graduate degree in agricultural safety and health.

From Argentina to Iowa

The college’s Agricultural Medicine training course recently expanded its international connections to Argentina.

BY TONY CRAINE

The Importance of Data
Even in the United States, agricultural work ranks among the top three deadliest occupations. According to Rohlman, the fatality rate is about six times higher than the average of all industries combined. Establishing support systems

Agricultural Safety Goes International

offerings overseas in Australia and Turkey. This international reputation drew Grigioni to Iowa City.

“The University of Iowa and this course offer the best materials for people like me in countries where agricultural health and safety is taking its first steps,” says Grigioni. “In the United States, farmers, universities, and the government all work together for the safety of people who work in rural activities. In Argentina, the work is mainly originated by farmers. But everything I learned in this course could potentially be replicated in Argentina, because our agricultural systems are very similar. We have the same problems.”

An International Reputation
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and best practices for reporting, prevention, and treatment in a burgeoning market such as Argentina requires some basic groundwork. When considering future collaborative work between the University of Iowa and farmers and public health officials in Argentina, Grigioni and Rohlman see data analysis as a likely starting point.

“In our work, we use data from multiple sources,” Rohlman says. “For example, we have a program called FACE — Fatality Assessment Control Evaluation. It looks at every occupational fatality in the state each year and tracks why it happened, and then we make recommendations. But illness and occupation are notoriously hard to report. A lot of injuries and fatalities go unreported. Although our data is better, it’s still an underestimate of the problem. And Argentina doesn’t even have that. If things there are rising to the level of awareness, odds are it’s even higher than we know.

“I think the first step is to work with Marcos on the data he has collected and try to identify trends to determine which topics have the highest injury rates. Once we have those, we could develop a package of materials that the women’s groups could distribute — for example, a package covering respiratory exposure.”

New Opportunities and Connections
Another goal is to have Grigioni lead a version of the Agricultural Medicine class in Argentina. Grigioni would like to see that work lead to a larger movement across South America.

“Countries like Brazil, Paraguay, and Uruguay also don’t have a structure for promoting health and safety in rural activities,” he says. “One of our projects is to create a center with the collaboration of universities in those countries that could eventually expand further, perhaps even to nations in Africa facing similar problems.”

This potent partnership would not only benefit agricultural workers in South America, but it could also bolster the College of Public Health’s research work and offer students and faculty new opportunities in the field. And Rohlman says that the connection may never have happened without a new CPH Faculty Development Grant for Global Public Health Research that helped fund Grigioni’s trip to Iowa. Work on the grant brought together a group of CPH faculty, staff, and students whose combined efforts will ultimately have an impact on the reach and reputation of the college around the world.

“Not many universities are open to people like us who are so far away,” Grigioni says. “The people at Iowa invited us to come. They wanted to talk about our problems and how they can help. This has been a very good development for all of us.”
It’s difficult to put a “typical” face to homelessness. Shelley battled with depression and had trouble finding steady work. John lost his job; soon after, his home was destroyed in a fire. Penny experienced domestic violence. Steve struggled with addiction. All became homeless. Today, each of these individuals has found housing and is involved with the “Faces of Homelessness” speakers’ bureau run by the National Coalition for the Homeless.

The homeless population is made up of all ages, races, and education levels, families, single people, veterans, and individuals with and without disabilities and substance use issues. While the specific reasons for becoming homeless vary, a major factor nationally is lack of affordable housing.

It’s also difficult, for a variety of reasons, to produce an accurate count of the homeless. To obtain a national “snapshot,” the U.S. Department of Housing and Urban Development (HUD) collects one-night counts of homeless from communities each year in January. On any given night in January 2014, nationwide 578,424 people were homeless — meaning they were sleeping outside or in an emergency shelter or transitional housing program.
**Homelessness in Iowa**

In Iowa, 11,638 people were homeless during 2014, according to a report by the Institute for Community Alliances. In Johnson County, an estimated 1,000 people are homeless.

College of Public Health students Amy Hoehne and Kendra Kramer interned with the Johnson County Local Homeless Coordinating Board (JCLHCB), a collaborative team of more than 20 agencies, in summer 2015 to gain additional public health experience.

“I thought the internship would be interesting and eye-opening because I didn’t know a lot about homelessness,” says Hoehne, an MPH in epidemiology candidate from Elma, Iowa. “[As a university student] I don’t see people who are living out on the streets and the things they have to go through every day and the services they’re accessing just to survive.”

“It opened my eyes to how broad homelessness really is and how much of a problem it is,” adds Kramer, an MPH in community and behavioral health candidate from Solon, Iowa. “I really wasn’t aware of how prevalent it is in Iowa City.”

**Chronic Homelessness**

Most people are homeless temporarily — they may need anything from several weeks of emergency shelter to two years in a transitional housing program until they’re able to attain stable housing.

A much smaller segment of the homeless population — less than 15 percent — is chronically homeless, HUD estimates. HUD defines chronic homelessness as either long-term and/or repeated bouts of homelessness coupled with a physical or mental disability.

Because of their complex behavioral and social problems, the chronically homeless are often frequent users of high-cost services at public expense. In other words, they repeatedly cycle through the emergency room, shelter, jail, detoxification programs, and so on, often at great expense to the community without any lasting improvement.

Hoehne and Kramer helped to finalize a case study that the JCLHCB conducted of four individuals who were among the most chronically homeless individuals in Iowa City and frequent users of social, health, and criminal justice services. Hoehne worked on organizing and entering data for the study, while Kramer researched and wrote a report summarizing the case study findings as well as researching potential grant opportunities.

The case study results were revealing: on average, each of the four individuals in the study accumulated approximately $139,662 per person per year in un-reimbursed costs. Throughout the five years of the study, over $2.1 million in un-reimbursed costs were accrued. The majority of the costs (about 88 percent) were for medical/mental health services.

**Housing First**

To help break this cycle, many communities around the nation have implemented a model called Housing First, which places frequent users of social services into housing with no conditions — no drug tests, sobriety tests, or case-management is required. However, supportive services are readily available if clients desire them.

Evidence from such projects consistently shows that this model reduces costs to the community and improves quality of life for the participants.

“When you look at the data, you see that it is cost-beneficial to get these people housed and offer them services they need, so they’re not ending up in emergency rooms or jail,” says Hoehne.

In July 2015, Shelter House, an Iowa City-based homeless shelter and a member agency with the JCLHCB, was awarded a $15,000 grant from the Corporation for Supportive Housing to develop a Housing First project. The goal is to build housing for 12-15 eligible frequent users.

“The services that exist in our community, while efficacious for the majority of people experiencing homelessness, are not meeting the needs, nor are they being utilized cost effectively, for this cohort of individuals,” says Crissy Canganelli, executive director of Shelter House. “We can and must do better. We can either continue to watch people live and die on our streets, or work together to provide something new and different, adopting an approach that has been proven to be successful in other areas of our country. Housing First will help these individuals move beyond homelessness and live out their lives with improved health, dignity, and well-being.”

Learn more about the Housing First model at [www.jchomeless.org](http://www.jchomeless.org).

Read about how Jessica Larson (MHA/MPH ’14) organized a resource fair for homeless and low-income individuals as part of her practicum at [cph.uiowa.edu/news-items/project-homeless/](http://cph.uiowa.edu/news-items/project-homeless/).
Cardiovascular disease is the leading cause of death in the United States. According to the U.S. Centers for Disease Control, cardiovascular disease killed 611,000 Americans in 2013. But hundreds of thousands of people have the power to prevent cardiac events by managing their blood cholesterol levels, says Jennifer Robinson, MD, MPH, professor of epidemiology in the College of Public Health and professor of internal medicine in the Carver College of Medicine.

Robinson has performed numerous clinical trials sponsored by the National Institutes of Health and the pharmaceutical industry, and she serves as the chair of the Cholesterol Awareness Initiative of the National Forum for Heart Disease & Stroke Prevention. She was a member of the panel that recently revised the blood cholesterol guidelines of the American College of Cardiology and the American Heart Association. Robinson has also worked as a lead researcher in the development of a powerful new class of cholesterol drugs called PCSK9 inhibitors.

What important changes came out of the effort to establish new blood cholesterol guidelines?
We did a systematic review of the evidence, and it told us something new: What we really need to do is treat people based on risk rather than focus solely on blood cholesterol numbers. You need your doctor to look at all of your risk factors — age, sex, blood pressure, whether you smoke — along with cholesterol levels. If you have more than a 1-in-20 chance of having a heart attack or stroke in the next 10 years, you will benefit from treatment.

What kind of treatment?
A healthy lifestyle is the foundation for preventing heart attack and stroke. As we age, and for people with genetically high cholesterol levels, drug treatment often needs to be added. We have very safe cholesterol-lowering drugs called statins. We have studied statins in clinical trials in a wide range of people, from people with heart disease all the way to low-risk populations with low cholesterol levels. Across the board, statins prevented heart attacks, strokes, and deaths. We’ve learned from the science and have come up with better ways of doing things.

How were the new recommendations received?
Some scientists looked at them and said, “That can’t be right. Let’s look at our data.” And every time they’ve applied our new guidelines versus the old way, the new way based on patient risk is better. One study looked at an application to the U.S. population and found that our new guidelines would prevent 450,000 more heart attacks and strokes over 10 years.

What are PCSK9 inhibitors, and what role do they play in all of this?
They’re a new class of drugs that enhance the body’s natural machinery for getting rid of low-density lipoprotein, also known as LDL or “bad” cholesterol. Liver cells have receptors that pull LDL out of the blood so that it can be excreted from the body. PCSK9 is a protein, and its molecules bind to those LDL receptors and cause them to break down. PCSK9 inhibitors are antibodies that you inject every two weeks to protect those LDL receptors so they can keep taking cholesterol out of the blood. This lowers LDL another 50 to 65 percent on top of what statins do. So you’re getting LDL levels closer to 50 instead of 200 or higher.

But this is high-tech stuff. It’s expensive. The health payers are already saying they can’t afford to give PCSK9 inhibitors to everybody who could benefit from them. They’re the right choice for people who have genetic high cholesterol. You need to treat those people any way you can — cost is not a consideration. Now we’re struggling to determine the appropriate use beyond that, since some patients with cardiovascular disease may not be able to tolerate a statin.

Can the average person manage blood cholesterol without drugs?
It would be great if everybody had a healthy lifestyle — eating a heart-healthy diet, getting regular physical activity, controlling their weight, avoiding smoking, and encouraging kids to adopt healthy habits. But unfortunately that’s not where most Americans are. So in addition to lifestyle, everybody should get a cholesterol screen. Kids should have their cholesterol checked between ages 8 and 11, and adults should have been screened at least once by age 21, and then again every five years.

Screening is the only way to find out if you have genetic high cholesterol. One in 300 people has it. It’s the most common genetic disorder, and it’s a silent killer. Those people need a statin drug, starting as early as we can find them.

Then let’s talk about the other 299 people. Most of the heart attacks and strokes occur in those other 299 out of 300. Get checked out and have a conversation with your doctor about your risk factors, including cholesterol levels. We want to catch people before their first heart attack. A third of the time, the first heart attack is fatal.

Certainly, follow a healthy lifestyle. But by age 50, you’ve got enough cholesterol buildup in your arteries that lifestyle by itself may not be enough. Take a statin and stick with it. Statins are the best way to lower cholesterol and are proven to reduce heart attack, stroke, and death. It’s such easy insurance.
The prevailing narrative about the rural-urban dynamic is well-known: Rural America is on the decline, while urban America is moving ahead. Residents of rural areas are older, poorer, less healthy, and have lower levels of education than those living in urban regions. Population across rural America is decreasing and the rural economy is struggling. On balance, not an especially optimistic outlook for rural regions.

While structural, demographic, economic, and geographic challenges have seemingly stacked the odds against rural regions, leaders of the University of Iowa-based Rural Policy Research Institute (RUPRI) aren’t buying the stereotypes of “urban growth vs. rural decline.” Instead, they articulate an alternative view of rural and urban regions as vital, complementary sectors, intrinsically bound together, each essential components of a healthy social, cultural, economic, and environmental whole.

Confronting Common Challenges
Chuck Fluharty, RUPRI president and CEO and clinical professor of health management and policy in the UI College of Public Health, is a passionate proponent of this view of rural-urban interdependence. It is a view, he says, that encompasses the enormous potential for beneficial synergies built on models of regional collaboration.

“Throughout the United States and the world today, people are confronting common challenges, such as the need to develop affordable and appropriate energy systems, including renewables, create functional local and regional food systems, mitigate and adapt to climate change, foster vibrant arts and culture, nurture private civic and social entrepreneurship, and do all this with less, but for wiser public investments,” says Fluharty.

“The rural-urban intersection and regional innovation systems are some of our most important opportunities. Many of the challenges facing modern urban centers depend on rural areas for solutions. Rural citizens steward these resources that urban America needs. So, rural-urban interdependency is our common future.”

Iowa is a microcosm of how America is going to have to address this intersection to craft locally appropriate solutions, notes Fluharty.

“The Des Moines Water Works lawsuit is emblematic of these challenges,” he says, referring to the high-profile legal battle pitting the public water utility of Iowa’s capital city against three rural Iowa counties upstream. At issue is the question of who bears the mounting financial cost to produce clean public drinking water when rivers are heavily polluted by
agricultural chemicals and other farm run-off. “These types of challenges require effective regional policy responses, and there are jurisdictional, sectoral, and political dynamics which make all this even more difficult. But these must be overcome.”

Building the Evidence Base for Rural America

The pursuit of effective public policy has been the impetus for RUPRI since it was founded 25 years ago. It was the absence of objective, non-governmental information about rural policy impacts that prompted United States Senate Agriculture Committee members Kit Bond of Missouri, Dale Bumpers of Arkansas, Bob Kerrey of Nebraska, and Tom Harkin of Iowa to establish RUPRI in 1990.

Over the past quarter century, RUPRI has yielded a trove of research, analysis and consultation, engagement, dissemination and outreach, and decision support tools for policymakers. Initiatives cover the full gamut of the rural experience – from health and human services policy to arts and culture, regional innovation and governance, entrepreneurship, poverty, transportation, telecommunications, and wealth creation. (See rupri.org for more on RUPRI’s areas of work.)

RUPRI has led innovative economic development initiatives seeking to diversify the economy of hard-hit rural areas, such as the coalfields of eastern Kentucky. Its health policy experts are helping rural providers adapt to changes in health care finance and delivery, including telehealth programs. Arts partnerships strengthen rural culture and community. A RUPRI panel is working to improve health and human services delivery models. And by focusing on comparative policy assessments, through collaborations with entities such as the Organisation for Economic Co-operation and Development, RUPRI brings its rural research and policy innovation expertise to the international arena.

The work taking place within this remarkably diverse portfolio is carried out by a core team based in Iowa and Washington D.C., and a number of joint initiatives and panels comprised of colleagues from universities, policy institutes, and organizations across the United States. Funding is primarily through federal grants from agencies such as the U.S. Department of Health and Human Services, the U.S. Department of Agriculture, and the National Endowment for the Arts, among others.

“The breadth of the RUPRI portfolio across multiple sectors, coupled with its extraordinary analytic and research expertise, makes it an invaluable resource for understanding the experiences of rural populations and the complexity of rural issues,” says Sue Curry, dean of the UI College of Public Health. “This is why so many policymakers rely on RUPRI and it’s why it adds such tremendous value to the University of Iowa and the College of Public Health.”

Valuing Rural Culture

Beyond simply building the evidence base to inform sound public policy, however, Fluharty and RUPRI have staked a commitment to the unique value of rural places and the contribution that rural life and culture makes to America’s national identity. Whether through testimony before Congressional committees, advocating for greater private philanthropic investments in rural America, or presenting research findings and recommendations, the RUPRI leadership team is focused on changing the rural-urban narrative to one that appreciates the intrinsic value of rural America.

“Since our nation’s founding, rural areas and rural people have provided the food, fuel, and fiber for all our citizens,” Fluharty says. “Today, as never before, the health, welfare, and future viability of urban America are directly linked to the wellbeing of rural America.”
Anti-bullying Laws Show Success
A recent study has found that compliance with the U.S. Department of Education guidelines in anti-bullying laws reduced rates of bullying and cyberbullying—the most common forms of peer aggression. The study, which uncovered varying rates of bullying reported across the states, has important implications for educators, policymakers, and researchers. The findings appeared in *JAMA Pediatrics*.

“Bullying is a common experience among children, and passing legislation to curb bullying is an important prevention strategy,” says Marizen Ramirez, CPH associate professor of occupational and environmental health, who co-authored the study with Columbia University’s Mark Hatzenbuehler and colleagues. “However, research on the effectiveness of these laws has been lagging. This research represents an important step in linking public health research with the practice of public health law. Moving forward, this collaboration will help identify what laws are most effective in curbing bullying in schools.”

Coffey Contributes to Updated Stroke Treatment Guidelines
For the first time, the American Heart Association/American Stroke Association recommends using a stent retrieval device to remove blood clots in select stroke patients who have clots obstructing the large arteries supplying blood to the brain, according to a recent focused update published in the American Heart Association journal *Stroke*. Chris Coffey, CPH professor of biostatistics, is a co-author of the updated guidelines.

The optimal initial treatment for a clot-caused (ischemic) stroke remains intravenous delivery of the clot-busting medication tissue plasminogen activator (tPA). When given within a few hours after stroke symptoms, tPA can dissolve the clot and reestablish blood flow to the brain, limiting stroke disability.

“What we’ve learned in the last eight months, from six new clinical trials, is that some people will benefit from additional treatment with a stent retrieval device if a clot continues to obstruct one of the big vessels after tPA is given,” said William J. Powers, lead author of the focused update and H. Houston Merritt distinguished professor and chair of the department of neurology at the University of North Carolina at Chapel Hill.

The focused update on endovascular treatment of acute ischemic stroke analyzes results from randomized clinical trials published since 2013, when the last treatment guidelines were issued.
UI Receives First-in-the-Nation Grant to Study Neuroendocrine Tumors

Researchers at the University of Iowa Holden Comprehensive Cancer Center have received the first-ever Specialized Programs of Research Excellence (SPORE) grant to study neuroendocrine tumors. SPORE grants are funded through the National Cancer Institute (NCI), part of the National Institutes of Health.

The five-year, $10.67 million grant is the only SPORE grant funding research on neuroendocrine tumors, which are slow-growing cancers that develop where the nervous and endocrine systems interact and occur primarily in adults but also in children. The research team includes Charles Lynch, CPH professor of epidemiology, and Gideon Zamba, CPH associate professor of biostatistics.

Study Looks at Rate of Hospital Stays, Emergency Department Visits

A recent study has found that improving access to affordable primary care reduced preventable hospital stays for blacks and Hispanics who receive both Medicare and Medicaid, but failed to reduce the number of trips to the emergency department. In fact, trips to the emergency department went up among all individuals who receive both Medicare and Medicaid, known as “dual eligible,” regardless of race or ethnicity.

The study, published in Health Affairs and co-authored by Brad Wright, CPH assistant professor of health management and policy, is the first to evaluate the relationship between receiving care at federally qualified health centers (FQHCs) and the rate of hospital stays and emergency department visits for potentially preventable conditions among individuals who receive both Medicare and Medicaid. The majority of those who are dual eligible are members of racial or ethnic minority groups and face barriers accessing primary care, which in turn increase the risk of potentially preventable hospitalizations and emergency department (ED) visits.

According to the study, there were fewer hospitalizations for potentially preventable conditions, especially among blacks and Hispanics who used the FQHCs than among their counterparts who did not use them: 16 percent fewer and 13 percent fewer, respectively. The same was true for nonelderly disabled blacks and Hispanic whose use of FQHCs was associated with 3 percent fewer and 12 percent fewer potentially preventable hospital stays, respectively.

“We’ve found evidence that increased FQHC use among the dual eligible population might be a very good thing among certain groups of dual eligibles,” says Wright. “But it should not be a strategy we pursue until we understand more about the increased use of emergency department visits we observed.”
Author Jonathan Katz Discusses Haiti Earthquake and Recovery

Author and journalist Jonathan Katz visited the college Oct. 1 to speak about the deadly earthquake that struck Haiti on Jan. 12, 2010, and the resulting international response. His book, *The Big Truck That Went By: How the World Came to Save Haiti and Left Behind a Disaster*, was the CPH Book Club selection for 2015.

Katz, the only full-time American news correspondent in Haiti when the earthquake occurred, was inside his house when it buckled along with hundreds of thousands of others. In his first-hand account, Katz takes readers inside the terror of that day, the devastation visited on ordinary Haitians, and through the monumental—yet misbegotten—rescue effort that followed.

In a discussion session for students moderated by Chris Buresh (MPH ’12), an emergency medicine physician at the University of Iowa and co-founder of Community Health Initiative-Haiti, Katz discussed the United States’ long relationship with Haiti and the notion that Americans must repeatedly “save” Haiti through well-intended but often ineffectual aid efforts.

Katz recommended that NGOs and other aid groups have a plan of precisely what it is that they hope to accomplish instead of swooping in after a disaster strikes. Along the same note, Katz points out that disaster response has to happen before a disaster occurs; that is, residents need to receive preparation and training in advance to know what to do during a crisis. Above all, Katz advised students and other aid workers to listen carefully to the people who live in the affected area about what is wanted and needed.

UI Named Prevention Epicenter by CDC

The University of Iowa is one of six U.S. health care centers to be designated Prevention Epicenters by the Centers for Disease Control and Prevention (CDC). The UI team, led by Eli Perencevich, professor of internal medicine and epidemiology, will receive $2.2 million over three years from the CDC to develop and test interventions to prevent dangerous pathogens like Ebola, MRSA, and *Clostridium difficile* from spreading in hospitals. Other co-investigators from the Department of Epidemiology include Loreen Herwaldt, Philip Polgreen, and Marin Schweizer.
Pharmacists Help Patients with Hypertension

If you have hypertension, it pays to include a pharmacist in a medical care team. That’s the upshot from research by the University of Iowa that found patients with uncontrolled hypertension had better blood pressure control when being cared for by pharmacists working in care teams (with a physician, for example) than patients who relied mostly on a doctor for medication guidance.

The researchers, led by Barry Carter, UI pharmacy professor, showed pharmacist-included care teams delivered more hands-on and tailored medication regimens to patients, which yielded more effective blood-pressure control results than for those patients who did not have a pharmacist on hand. The results come from two studies published in the *Journal of the American Society of Hypertension*.

College of Public Health investigators who contributed to the research included Elizabeth Chrischilles, Chris Coffey, Dixie Ecklund, Liz Uribe, and Thomas Vaughn.

Party Characteristics and Risk of Intoxication

Heavy drinking among college students continues to be a serious problem. The risks are significant, including physical and sexual assault, unplanned sexual activity, and even injury or death. Although college parties are known to be high-risk environments, little is known about how specific characteristics of parties such as size, setting, and duration, as well as perception of other drunk partygoers, influence student drinking.

Researchers including Miesha Marzell, CPH assistant professor of community and behavioral health, conducted a study focused specifically on characteristics of parties across various college drinking settings and how those characteristics influenced students’ drinking behaviors.

Overall, they found that more than half of students reported drinking to intoxication the last time they attended a party at a Greek house, residence hall, on-campus event, or off-campus residence. Parties at fraternities and sororities (Greek settings) had the highest rate of drinking to intoxication (62.8 percent) and perception of others partygoers being intoxicated (68.8 percent). Greek parties were also most likely to have a keg available, and were most unlikely to enforce a minimum drinking age or refuse an intoxicated partygoer more drinks. As might be expected, the longer students remained at a party, the more likely they were to drink to intoxication.

The study, published in the *Journal of Primary Prevention*, was funded by the National Institute on Alcohol Abuse and Alcoholism and used data from the Safer California Universities Randomized Trial (Safer Trial), which conducts surveys in 14 public universities in California.

“We now have a clearer picture of students’ risk of intoxication by setting and of the importance of peer influence on perceptions about drinking,” says Marzell, who also believes the findings have important implications for prevention programming. “An important element of these programs would be the development of refusal skills as it relates to serving intoxicated partygoers.”
Arnold Honored with International Impact Award

College of Public Health alumna Rebecca Arnold (MPH ‘10) was named the recipient of the 2015 International Impact Award for outstanding work in the field of public health. The award, established by University of Iowa International Programs in 2010, is given to exceptional individuals who have made sustained and deep contributions internationally or in the U.S. to promote global understanding.

Arnold, who is the senior program officer at the Johns Hopkins Bloomberg School of Public Health Center for Communication Programs, was presented the award Nov. 10 in Iowa City at the start of International Programs’ WorldCanvass television show. She participated in a wide-ranging discussion of global public health issues along with CPH faculty members Edith Parker and William Story and several CPH graduate students. The show is available online at international.uiowa.edu/connect/programs/worldcanvass.
For Iowa. Forever More.
Campaign Reaches Milestone of $1.5 Billion

The University of Iowa is committed to educating students, the leaders of tomorrow, to thrive in a complex, global society. This commitment to student success is at the heart of For Iowa. Forever More: The Campaign for the University of Iowa, the most ambitious fundraising campaign in the history of the university and the state of Iowa.

As of July 2015, more than 183,000 donors have contributed over $1.5 billion toward specific areas of the university that they feel most passionately about, directly benefiting students, faculty, and research—and helping to renovate and build facilities, including a new children’s hospital and arts campus. The campaign continues through December 2016, with a goal of raising $1.7 billion.

The UI College of Public Health has exceeded its $25 million goal, raising more than $35.7 million. The college continues to raise funds to support its most important priorities, including students, faculty, leadership and innovation funds, faculty research, and community outreach programs.

“The support that we receive from our alumni and friends is transformational for our college,” says Sue Curry, dean of the College of Public Health. “Our young faculty are thriving, we are attracting and supporting outstanding students, and we are connecting to communities across the state and around the globe to address critical public health challenges. We are inspired to grow and stretch in ways that would not be possible without this generous support.”

To join the campaign, visit www.givetoiowa.org.

Public Health Heroes Honored

The University of Iowa College of Public Health recognized four leaders whose contributions across a range of disciplines are helping to promote better health and prevent disease throughout the state of Iowa.

The 2015 Iowa Public Health Heroes Awards were presented in November to Russell Currier, DVM, MPH, of Clive, Iowa, executive vice president of the American College of Veterinary Preventive Medicine; Gerald Edgar of Garner, Iowa, environmental health and safety officer for Mitas Tires North America; Jeneane Moody, MPH, of Des Moines, Iowa, executive director of the Iowa Public Health Association; and Jodi Tomlonvic, MPA, of Des Moines, Iowa, executive director of the Family Planning Council of Iowa.

(From left) Jodi Tomlonovic, Jeneane Moody, Russell Currier, CPH Dean Sue Curry, and Gerald Edgar.
College of Public Health Honor Roll of Contributors

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The College of Public Health 1847 Society
The following living alumni and friends have informed the University of their intent to provide a deferred gift, of any size, to benefit the College of Public Health (and approved this public listing in the honor roll of contributors). Members of the College of Public Health 1847 Society as of June 30, 2015, include:

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The University of Iowa College of Public Health gratefully acknowledges the extraordinary commitment of our Partners in Philanthropy – individual, families, and organizations who share our vision of creating a comprehensive public health resource for Iowa, the United States, and the world. These gifts of $250,000 or more help ensure a future of enduring public health leadership at the University of Iowa.

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July 1, 2014, through June 30, 2015

This honor roll gratefully recognizes alumni, friends, faculty, staff, businesses, organizations, and foundations that contributed $100 or more from July 1, 2014, through June 30, 2015, to the College of Public Health through the University of Iowa Foundation, the preferred channel for private support of all areas of the University.

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JESSICA AGUILAR (MHA ’08) is executive director of Sanford Initiatives at Sanford Health in Sioux Falls, S.D.

TIM AHLERS (MHA ’05) has been named COO of UnityPoint Health-Finley Hospital in Dubuque, Iowa.

NIA AITAOTO (PhD ’13) has been named co-director of the Center for Pacific Islander Health at the University of Arkansas for Medical Sciences in Fayetteville, Ark.

CAROL AYANGBILE (MHA ’13) is a regional operations program manager in Davenport, Iowa.

JAMES BECHTEL (MS ’13) is an environmental health specialist at Johnson County Public Health in Iowa City, Iowa.

AARON BONTRAGER (MHA ’08) is a senior project manager at University of Iowa Roy J. and Lucille A. Carver College of Medicine in Iowa City, Iowa.

KAITLIN BOYLE (MHA ’12) is an area practice manager at HCA TriStar Division in Nashville, Tenn.

BOBBI BUCKNER BENTZ (MHA ’04) is an executive account manager at Wellmark Blue Cross and Blue Shield in Des Moines, Iowa.

AARON DEBOER (MHA ’03) is a director in Navigant’s Healthcare Practice in Denver, Colo.

T.K. EVERETT (MHA ’14) is a program manager at Emory Healthcare in Atlanta, Ga.

DWIGHT FERGUSON (MS ’06, PhD ’12) is a consumer safety officer and investigator for the U.S. Public Health Service in Lenexa, Kan.

TIMOTHY GOODY (MHA ’14) is chief operating officer at Eastern Iowa Health Center in Cedar Rapids, Iowa.

HEATHER GRAY (MHA ’15) is an administrative fellow, Hospital Sisters Health System in Springfield, Ill.

MELANIE HEATH (MPH ’15) is an account manager at HealthCheck360° in Dubuque, Iowa.

AARON HEFEL (MHA ’10) is senior manager of patient experience at Providence Health & Services in Seattle, Was.

ANNA HERRING-VANRYSWYK (MS ’05) has accepted a research scientist position with the Minnesota Department of Health in St. Paul, Minn.

LUCAS JOHNSON (MHA ’13) is a network implementation leader/hospital contracting executive at Humana in Scottsdale, Ariz.

LARISSA LUCKEL (MHA/MPH ’13) is an access leader at Kaiser Permanente in Orange County, Calif.

ALLISON LUDWIG (MHA/MPH ’08) is a public health/health care lead at The MITRE Corporation in Washington, D.C.

CORY MEAD (MHA ’13) is associate chief operating officer at HCA Reston Hospital Center in Washington, D.C.

ERIN MOEN (MHA ’14) is a strategic services consultant at Oregon Health & Science University in Portland, Ore.

ERIC MOOSS (MHA ’04) has been named president of the Bryan Physician Network in Lincoln, Neb.

ANDREW PATZKE (MHA ’13) is a clinical operations analyst at Cleveland Clinic Abu Dhabi in the United Arab Emirates.

ADAM PRICE (MHA ’15) is a senior consultant at Deloitte in Chicago, Ill.

MARK SHELLMYER (MHA ’01) is the director of radiation oncology at Orlando Health in Tacoma, Wash.

ADRIANNE STOLTENBERG (MS ’13) is working as an industrial hygiene assistant at John Deere in Moline, Ill.

CHAD WOLBERS (MHA ’99) is a coach consultant at Studer Group in Dubuque, Iowa.

IN MEMORIAM

LAFAYETTE W. “PETE” KNAPP JR. passed away Oct. 24, 2015. He joined the University of Iowa Department of Preventive Medicine and Environmental Health in 1959, where he pioneered work in agricultural safety and injury prevention. He was professor emeritus of the UI College of Public Health.

SHARE YOUR NEWS

Have you started a new job, received an honor or award, or achieved a noteworthy milestone or accomplishment? Share your professional news and updates with fellow College of Public Health alumni! Submit your news to tara-mckee@uiowa.edu with Class Notes in the subject line. Be sure to include your year of graduation, department or program, and contact information so we can follow up with any questions.
The idea to provide high quality, used eyeglasses to underserved people came to Jeffrey Lynch after making a cataract surgery mission trip to Peru in 2006.

As he screened patients for cataract surgery, Lynch observed that many of the patients could be helped with a proper pair of glasses. Unfortunately, glasses were a luxury few of them could afford. While donated glasses were available, they came unorganized in large boxes that the hopeful recipients had to sort through on their own.

“People are often eager to donate their used glasses,” says Lynch. “The Internet seemed to be an ideal location to facilitate the transfer of this valuable resource from the haves to the have-nots, and nobody had tried it before.”

The non-profit organization’s website, www.respectacle.org, is a collaborative effort between Lynch and Ford Parsons, MD, a former website developer Lynch knew while doing his residency at Saint Louis University in 2011.

Ordering glasses from ReSpectacle is simple. People in need of free eyewear in the continental U.S. visit respectacle.org and enter their prescription. They’re then shown the glasses that most closely approximate their prescription. The pair they choose is shipped to them for free. The website also allows eye care professionals to order glasses on behalf of patients.

International orders typically come from a mission group or international provider who e-mails the refractions of all of their patients with digital photos of each patient holding a card showing their prescription. Once ReSpectacle’s volunteers find properly matched glasses, they pair them with the patient’s photos and ship them to the providers.

Most of the more than 12,000 eyeglasses in ReSpectacle’s database are collected from drop-off sites run by 19 chapters in the midwestern and southeastern U.S., as well as in Texas and Oregon. People outside of these areas can donate by shipping their old glasses to ReSpectacle’s headquarters in Minnesota.

Since its inception, Lynch says ReSpectacle has recycled more than 3,000 glasses around the world, and distributed them to people in 47 states and 16 countries in the Americas, Africa, Europe, and Australia. He believes the website has the potential to serve exponentially more in years to come.

“Eyeglasses are one of the most successful, cost-effective medical interventions ever created,” Lynch says. “Improved vision increases one’s educational and employment opportunities, productivity, and quality of life.”

With volunteers doing all the processing of the glasses, shipping the orders makes up the bulk of the program’s costs. These and other expenses are covered by grants from the American Society of Cataract & Refractive Surgeons, The Mildred Brady and Rena Martin Charitable Eye Foundation, The Saint Louis University Auxiliary, The Horncrest Foundation, as well as physicians and other individual donors.

For Lynch, the benefits of the program are far-reaching.

“As a pediatric ophthalmologist, I have the opportunity to evaluate, treat, and operate on a limited number of patients each week,” he says. “A website like ReSpectacle that works 24 hours a day has the potential to have a dramatic impact on a major public health problem worldwide.”

Farsighted

An Internet-based eyeglass donation program founded by Jeffrey Lynch (MD/MPH ’06) is bringing improved vision to people around the globe.

BY KEITH POEHLMAN
Speaking Up for Black Women’s Health

Women’s health pioneer Byllye Avery visited the college on Oct. 8 to present “Why Black Women’s Health Matters,” the 2015 Richard and Barbara Hansen Distinguished Lecture.

Avery’s wake-up call into health activism was her husband’s death in 1970 from a massive heart attack at age 33. High blood pressure “was so common in the black community that it was uncommon not to have it,” says Avery. “We were both educated – why didn’t we know it was so dangerous?”

Avery co-founded the Gainesville Women’s Health Center and Birthplace in Florida in 1974. She noticed that “African American women came in for crisis services, but they weren’t coming back for well-woman care,” and worked to change that. In 1983, she organized a conference on black women’s health at Spellman College.

“We expected 200 people, and more than 2,000 women attended,” she says. The overwhelming response was the catalyst for Avery to found the National Black Women’s Health Project, now called the Black Women’s Health Imperative.

The Imperative works to bring the perspectives of African American women to health policy debates and partners with health coalitions and organizations to develop community-based strategies to affect change individually, locally, regionally, and nationally.

Much of Avery’s work has focused on empowering black women through education and open discussion of issues, including domestic violence, sexual and reproductive health, and managing money. “It breaks the conspiracy of silence by talking out loud,” Avery says.

Avery also spoke about the IndexUS project, a health index that will document the habits of 9 million healthy U.S. black women and apply them to a broader population. The goal is to have 12 million healthy black women by 2020.

Avery ended by encouraging activism. “You in public health see the problems; you know what needs to be done.”