FROM THE DEAN

IN PUBLIC HEALTH, WE FREQUENTLY reach out to communities to partner on programs, education, and research. Whether those communities are in countries thousands of miles away or in neighborhoods 25 minutes across town, their cultures may be quite different from our own backgrounds and experiences.

Of course, public health partnerships don’t just happen based on good intentions; it takes a commitment to meet with, listen to, and learn about people’s health needs and concerns. As outsiders coming into communities, we need to be willing to “cross borders”—entering into different customs, languages, and beliefs—to understand cultural factors that influence health and collaborate on culturally appropriate responses.

That’s the notion of this issue’s theme, “Crossing Borders, Building Trust,” which takes a look at several examples of public health projects that are being shaped by and carried out in partnership with diverse groups.

One project in West Liberty, Iowa, is centered on cancer prevention in a predominantly Latino community. Another project, a farm safety program, was developed in collaboration with a group of Hutterite colonies in South Dakota. The American Indian & Alaska Native Leadership Academy, a training program for behavioral health professionals, has been culturally adapted from an existing leadership training model with the input of tribal leaders.

Further afield, alumna Tala Al-Rousan has been working in Jordan to learn about the health needs of the millions of Syrian refugees displaced by the conflict in their home country. Much of her time was spent talking with refugees housed at Zaatin, the largest refugee camp in the Middle East.

This issue also explores an arts-based toolkit designed to reduce bullying behaviors, along with research that uses routine newborn screenings to determine if a baby is premature when there is no prenatal care or early ultrasound. We also have profiles of Joe Cavanaugh, professor and head of biostatistics, and Javier Flores, a doctoral student in biostatistics, along with a look back at the early days of the UI Institute of Agricultural Medicine.

We’d love to hear where your work in public health is taking you, and invite you to share your updates with us at cph-communications@uiowa.edu.

Warm regards,

Sue Curry
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Public Health without Borders
Alumna Tala Al-Rousan uses her public health training to address the health needs of Syrian refugees and other vulnerable populations around the globe.

When It Comes to Newborns, Age Matters
UI researchers find a metabolic profile derived from routine newborn screenings can determine how many weeks a mother has carried her baby.

Encouraging the Art of Empathy
An arts-based toolkit for educators draws on students’ empathy to help reduce bullying behavior.

TELLING THE STORY OF DATA
Joe Cavanaugh, CPH professor and head of biostatistics, discusses how his field is key to communicating the complexities of big data.

FINDING THE RIGHT NICHE
A well-timed whim led CPH student Javier Flores to the doctoral program in biostatistics.

A SUMMER OF BIOSTATISTICS
A unique summer program gives talented underrepresented students an overview of — and hands-on experience in — biostatistics.

HAPPENINGS
News and research findings.

CLASS NOTES
Alumni news and notes.

VIEWPOINT
Built on the Shoulders of Giants
Professor Emeritus Kelley Donham reflects on the importance of the Institute of Agricultural Medicine and the groundbreaking work of its founders, including L.W. “Pete” Knapp Jr.

SPARK
Thanks, Public Health
The college launched a social media campaign to say thanks for the many ways that public health makes a difference in all our lives.
ALTHOUGH THE POPULATION of the United States is projected to grow more slowly in future decades than in the recent past, the country is becoming markedly more diverse.

By 2044, more than half of all Americans are projected to belong to a minority group (any group other than non-Hispanic White alone); and by 2060, nearly 1 in 5 people in the U.S. is projected to be foreign born, the U.S. Census Bureau reports.

To meet the needs of an increasingly diverse society, public health and health care professionals must be aware of and respond to different cultures, customs, values, and beliefs that may be very different from their own. Providing culturally responsive and competent care improves peoples’ access to health care and reduces health disparities.

Students and faculty in the UI College of Public Health are engaged in a number of collaborations and programs designed to better understand the cultural factors that influence health. Here are three examples of projects that are being shaped by and carried out in partnership with diverse groups.
In many ways, West Liberty is a typical small Iowa town. The main street of this east-central Iowa community boasts a movie theater, hair salons, several restaurants, and other small businesses. What sets the town of 3,700 residents apart are its demographics—West Liberty is the first Iowa town to have a majority Latino population.

West Liberty is just one reflection of Iowa’s increasing diversity. From 2000 to 2014, the state’s Latino population grew 110 percent and now makes up 5.6 percent of Iowa’s total population. The town’s diversity often attracts groups wanting to offer health care or other social services. However, says Jason Daniel-Ulloa, clinical assistant professor with the Department of Community and Behavioral Health, successful programs depend on trust that’s built with the community over time.

“You have to be present,” says Daniel-Ulloa. “You can’t roll in from out of town, put up a couple of fliers, and have people to show up to your meeting.”

Concern about Cancer
In 2012, a team of College of Public Health investigators, including Daniel-Ulloa, began studying cancer issues and priorities in the state’s Latino population with funding from the Iowa Cancer Consortium. Cancer is the leading cause of death among Latinos, according to the American Cancer Society.

The researchers narrowed their focus to West Liberty, where they partnered with residents on community-based participatory research in cancer prevention. St. Joseph’s church, the local Catholic parish, has been an important partner in facilitating the effort.

“The church is a gathering place for the Latino community,” says Rev. Greg Steckel, pastor at St. Joseph, who helped identify a group of six church members to take part in a Photovoice project.

The participants took photos of what they perceived to be barriers to cancer prevention, then held group discussions. To disseminate the results of the project back to the community, a bilingual forum was held in 2014, drawing about 50 residents. The forum revealed a community concern about cervical cancer, which had caused several residents’ recent deaths.

“The Photovoice project demonstrated that people get enough information about cancer to be afraid of it, but don’t really know what to do about it,” says Daniel-Ulloa.

Based on that feedback, the team developed a human papillomavirus (HPV) education intervention. HPV is the most common sexually transmitted infection in the United States and can cause cervical and other cancers. The HPV vaccine, given in a series of three doses over six months, protects against HPV-related cancers. The CDC recommends vaccination for all boys and girls ages 11 or 12, as well as catch-up vaccines for males through age 21 and for females through age 26 if they didn’t get vaccinated as adolescents. (See a related story about an HPV vaccine study on page 21.)

The intervention included the video Tamale Lesson, which uses storytelling to educate viewers about cervical cancer prevention and screening. Group discussions helped define what people did and didn’t know about cancer, HPV, and the vaccine.

“What was a revelation to me is that there’s a stigma attached to cancer in the Latino community that is culturally sensitive,” notes Steckel.
“Cancer has a sense of guilt attached to it—that you must have done something to get this. That gray area is true for everyone, but it’s accentuated in the Latino community.”

A Sustainable Solution
The research team is now working to provide free HPV vaccinations to West Liberty residents. The effort is part of a pilot study intervention funded by the Cancer Prevention and Control Research Network and administered through the UI Prevention Research Center.

Another partner in the effort is the University of Iowa Mobile Clinic, a student-run organization that provides free basic health services to underserved populations. The clinic visits West Liberty every month.

The goal is to make the intervention sustainable by training a community health worker within the church who can conduct information sessions about HPV vaccination and direct people to resources.

“We’re trying to get people to get the first shot in the Mobile Clinic, then refer them to a nearby pharmacy or someplace they can get in and out with little paperwork and wait time,” explains Daniel-Ulloa. “The biggest barrier for the community is time. When you’re working hourly and the clinic closes before you get off work, it costs you money [to take time off].”

The researchers will track how many people receive the vaccine as a result of the intervention.

Building Trust, Embracing Ambiguity
As Daniel-Ulloa noted earlier, gaining a community’s trust doesn’t happen overnight.

“You have to take the time to get to know people and build relationships,” says Steckel, who has lived in West Liberty for more than three years and has worked with Daniel-Ulloa for much of that time. “You can’t come in and say you have all the answers. If you try to dominate the situation, you’ll run into resistance.”

“We found people who the community trusts,” Daniel-Ulloa says of the process. “We sat down with them and asked, What do you want us to do? And then you do it. You make an impact by creating relationships, being present in the community, and caring.”

Once relationships are established, cultural differences can still present some unexpected challenges. Meetings, for instance, may veer wildly from an outside organizer’s agenda.

“Latin America is built on a communal experience,” explains Daniel-Ulloa. “That’s why you talk for 45 minutes before you get down to business.”

Steckel echoes that events flow at their own pace, which runs counter to the time-conscious Anglo culture.

“Leadership is also very fluid,” adds Steckel, who is Anglo. “You can easily be offended and offensive. I’ve learned to be aware of my own prejudices. I have different expectations, but I have to embrace the ambiguity.”

“You can’t plan everything,” Daniel-Ulloa agrees. “You can try, but you have to understand that it will disintegrate. And that’s difficult for providers. We train providers to be very uncomfortable with ambiguity.

“And that is the opposite of what you need to work in the community,” Daniel-Ulloa continues. “It’s more than being okay with ambiguity, you have to like it. Because it’s exciting. You have to be ready to change the course of the program.

“Set your eyes on the big goal you’re trying to get to,” Daniel-Ulloa advises, “and be creative about how you know that you’re getting there.”
Latino Festival is an annual community event organized by St. Joseph’s church.
Safe Farming, Safe Living
BY JENNA GIBBS AND MELISSA GALE

Farming is at the heart of many rural communities, including the Hutterite settlements in eastern South Dakota. The Hutterites are Anabaptists and share common roots with the Amish and Mennonites. They live communally in rural colonies of about 15 families and use modern technology to farm and produce goods. A grant from the University of Iowa Great Plains Center for Agricultural Health helped fund a farm safety outreach project tailored specifically to the Hutterite community.

The Avera St. Benedict Health Center in Parkston, S.D., has been providing health care services to the Hutterites for many years, and has established mobile clinic visits to the colonies. About two years ago, the St. Benedict medical staff noticed that the members of several colonies were receiving emergency/trauma care for agricultural injuries with increasing frequency. St. Benedict staff designed an outreach program, Safe Farming, Safe Living, to increase the awareness of farm hazards and to promote safe work practices among eight Hutterite colonies.

“The Hutterites are not only our patients, but our neighbors and community members,” says Melissa Gale, a behavioral health provider with the mobile clinic. “After seeing some of the injuries, we approached them with the idea [for a safety program] and there was overwhelming support from the colonies. Since agriculture is their staple way to earn a living, they are invested in learning and keeping each other safe.”

Financial support was provided by the Great Plains Center with organizational support from local agribusiness representatives and the South Dakota Department of Game, Fish, and Parks. The program held several events throughout the colonies in schools, dining halls, a machine shed, and even a butcher shop.

Emphasis was placed on developing and delivering culturally appropriate safety and health education that would be accessible to all colony members, regardless of age or language. Because younger children in the colony speak only German, local pre-school teachers participated as interpreters.

“Our strong relationship with the colony members through health care outreach allowed us to be welcomed to the colonies,” adds Gale. “The kids and adults truly engaged in learning and were open minded to trying and following the safety practices.”

The program reached more than 450 participants, and no major life-threatening agricultural injuries have been treated at the health center since the program began in 2015.
Leaders of behavioral health programs in tribal communities have expressed concerns about the aging workforce, especially among leaders of substance abuse and mental health prevention and treatment programs.

To help develop future leaders in these professions, the National American Indian and Alaska Native Addiction Technology Transfer Center (ATTC) based in the College of Public Health has created a training program called the American Indian & Alaska Native Leadership Academy for behavioral health professionals.

The yearlong Leadership Academy consists of face-to-face events, webinars, regular conference calls, and mentor support. The curriculum was culturally adapted from an existing leadership training model with the input of tribal leaders. One significant change was to emphasize the role of mentoring in leadership development.

“The mentoring concept is much more in tune with tribal culture than a top-down protégé model of leadership,” says center director Anne Helene Skinstad, who adds that the curriculum was re-tooled to fit broadly shared cultural aspects of American Indian and Alaska Native leadership styles and decision-making processes.

“Face-to-face interaction is important as well,” Skinstad notes.

Treatment approaches need to consider American Indian and Alaska Native cultures and healing practices, as well as the generational and historical trauma that affect native communities, notes Skinstad. The Leadership Academy develops culturally informed behavioral health providers who can also navigate the rapidly changing health care environment.

“The goal is for the mentees to go on to leadership positions in behavioral health and in the tribal government,” says Skinstad. “Additionally, it’s important for the mentees to have an understanding of both worlds—tribal and non-tribal—to be successful as leaders.”
PUBLIC HEALTH WITHOUT BORDERS

Alumna Tala Al-Rousan (MPH ’15) uses her public health training to address the health needs of Syrian refugees and other vulnerable populations around the globe.

BY DEBRA VENZKE
When Tala Al-Rousan was training to be a doctor, she often stumped her professors with challenging questions.

“Many things I asked during clinics or rotations couldn’t be answered by physicians,” Al-Rousan recalls. “They would tell me, maybe you should pursue a degree in public health because your questions are tackling social determinants of health, health disparities, and access to care.”

Social activism and the health of vulnerable populations have always been important to Al-Rousan, who grew up in Jordan and earned her medical degree at Cairo University in Egypt. As a medical student, she engaged in many public health initiatives, including raising awareness against female genital mutilation in Egypt and promoting breast cancer screening education. After receiving her degree, she joined Doctors without Borders as a medical officer and served in Yemen for several months before she moved to the U.S. in 2011.

Her husband’s job then brought her to the University of Iowa, where she enrolled in the MPH program in epidemiology.

“Data is the most powerful tool. I wanted to be equipped with the necessary tools to do quantitative research that would inform policies,” says Al-Rousan about her program choice. At the UI, she conducted research with Robert Wallace, CPH professor of epidemiology.

Al-Rousan has “a personal level of commitment to those less fortunate,” says Wallace. “Using a national U.S. database, Tala was able to write two papers on the health of older people living in mobile homes and the preparedness of older people for natural disasters. In both situations, she found that there were clear deficits in health status and in preparation for emergencies.”

She also researched Iowa prisoners’ health needs and participated in the Obermann Graduate Institute, a weeklong interdisciplinary program in which UI graduate students explore how public engagement can enhance teaching, research, and creative work.

The Syrian Refugee Crisis

Al-Rousan is currently a Lown Scholar at the Harvard T.H. Chan School of Public Health and a project coordinator at Harvard Humanitarian Initiative. The Lown Scholars Program was established in honor of Dr. Bernard Lown, a Nobel Peace Prize laureate and a world-renowned cardiologist and activist whose career has advanced public health globally.

Al-Rousan is researching the impact of the Syrian refugee crisis on the health of refugees in Jordan, as well as the health of the host country’s population. Since the conflict in Syria began in 2011, more than 4.8 million Syrians have sought refuge outside their home
country, with millions more displaced within its borders. The United Nations has called the situation the worst refugee crisis since World War II.

Jordan, which shares borders with Syria, is providing asylum for an estimated 650,000 refugees, presenting significant humanitarian and economic challenges to the small country of limited resources.

In late 2015, Al-Rousan spent two months in northern Jordan, where she interviewed officials from hospitals, non-governmental organizations, and the Ministry of Health about refugees’ health issues. She also conducted focus groups with refugees at Zaatari, the largest refugee camp in the Middle East. She used the information to develop a questionnaire for refugees so they could rank their health concerns.

Al-Rousan and her colleagues are currently analyzing the data to determine what the most pressing health concerns are to help guide priorities and allocate resources. A second phase of the project will use these findings to craft a public health intervention that would lessen the impact of this crisis globally.

**Life in the Camp**

“It’s like a big city,” Al-Rousan says of Zaatari, which houses roughly 80,000 people. The camp has streets, schools, hospitals, a thriving (but unauthorized) market, tents, and trailers—all surrounded by razor wire-topped fences and guards. Services are unevenly distributed, and about 1 in 3 children don’t attend school. Residents can’t leave without permission and aren’t authorized to work in Jordan, meaning many refugees have little to do but wait and hope they can return home someday.

“There are many health issues affecting this population, such as disease outbreaks, high rates of infant mortality, and others,” notes Al-Rousan. Non-communicable diseases are the leading cause of death and remain difficult to manage. At the same time, measles, tuberculosis, and other diseases are re-emerging.

The preliminary results from Al-Rousan’s research show that the burden of Syrian refugees is destabilizing an already strained Jordanian health care system. Jordan can no longer afford to pay for refugees’ health care, so chronic diseases are inadequately treated.

There is also widespread stigma around seeking mental health care, even though “mental health issues are very common in war-affected communities,” Al-Rousan says, adding that both children and adults have experienced immense trauma.

**Building Trust**

Building partnerships among different sectors was very important to her research, but very challenging, Al-Rousan says. Being fluent in Arabic helped significantly, as was her familiarity with Jordan. Equally important was “getting the government’s blessing and help” with the project, she says.

Al-Rousan’s research assistant, Zaker Schwabkey, who is based in Jordan, had many helpful personal connections as well. “We worked with Syrians to identify people who were good at recruiting others,” explains Al-Rousan, who spent a great deal of time meeting with and listening to various groups and stakeholders. “We had to build that trust relationship.”

As for future steps, Al-Rousan plans to apply the research to refugee camps in other countries that share the same amount of refugee burden, such as Turkey and Lebanon.

“If similarities are found, then the results could be applied elsewhere,” she says. “There’s a huge need and huge opportunity for public health research on refugees all over the world. It is a public health disaster.”

**We All Are Connected**

Public health translates across borders, something Al-Rousan urges students and practitioners to remember. “You can still do global health inside the United States. It doesn’t have to be outside the U.S.,” Al-Rousan says, citing work with homeless populations as one example.

“At Iowa, I also worked with prisoners during my practicum,” she adds. “This really helped me to apply my skills in the refugee camp setting, because I think of refugees as prisoners, too.”

She also stresses the value of public scholarship and community engagement, as well as keeping in mind the human stories behind the research. “Syrian refugees are people like us—teachers, artists, engineers—who have been forced out of their country,” says Al-Rousan. “We as public health practitioners understand how connected we all are. The Syrian crisis affects the entire world.”
Photos of Zaatari refugee camp courtesy of Tala Al-Rousan and Zaker Schwabkey.

Watch a short video of Tala Al-Rousan describing her work with Syrian refugees at www.facebook.com/hashtag/thxpublichealth
These are words written by Cedar Rapids, Iowa, middle school students who participated in an activity to get them talking about bullying and identity using art and expression. First, the students answered questions like: What is your favorite food? What is your favorite season? What is something cruel that has been said to you? Then, the students put the words “I am from” in front of their responses, creating poems to share with their peers.

The “I am from” poem helps students learn that we all share experiences of pain and joy and have something to learn about everyone. It is just one of many activities described in a new web toolkit launched in early 2016 called HEAR: Helping Educators Use Art to Reduce Bullying. The toolkit, aimed at teachers, youth group leaders, and others working with middle and high school students, is a collaboration between the University of Iowa College of Public Health, UI Injury Prevention Research Center (IPRC), and Working Group Theater based in Iowa City.

Emotions and Empathy
Focusing on the emotional side of bullying is exactly what researchers hope will help create empathy among students and a culture that does not accept bullying behavior.

“Current bullying prevention programs take a traditional approach, providing information in a classroom, much like math and reading are taught,” says Corinne Peek-Asa, director of the IPRC and principal investigator of the HEAR project. “However, teenage brains have a very active emotional center, and neurological research shows that the intellectual area of their brains — those that allow mature decision making — are not fully mature until teenagers reach their early 20’s.”
The HEAR web toolkit is an extension of the *Out of Bounds* project, a play about cyberbullying commissioned by Hancher and funded by the Iowa Arts Council. The Working Group Theater (WGT) began developing the play in 2013, around the same time that Marizen Ramirez, associate director for science at the IPRC, was conducting research on the effectiveness of anti-bullying policies in Iowa schools. The team sponsored a community event to gather feedback and inform the play’s development.

The WGT also interviewed local families, guidance counselors, and police officers about their experiences with bullying. The outcome: *Out of Bounds* toured 18 schools in eastern Iowa in 2013 and later won a prestigious award that helped support a national tour in early 2016.

**The Moment of Choice**

Jennifer Fawcett, one of the founders of WGT, said former friends of a young woman who was interviewed for the *Out of Bounds* project knew what they were supposed to do as bystanders in a bullying situation, but still chose not to do it.

“With the play, and then the toolkit activities, we wanted to pinpoint that moment of choice so students would think about what kind of choice they would make,” Fawcett says.

“The problem with an issue like bullying is that it can be reduced to slogans which are easy to say, but very hard to do,” Fawcett continues.

“The exercises in the HEAR toolkit give students an opportunity to reflect on how bullying affects their lives. They get to literally practice different behaviors and explore how they could effectively change the climate of their schools.”

In 2015, both the play and the toolkit were tested with students in five Cedar Rapids middle schools as part of a service learning course funded by the Roy J. Carver Charitable Trust and IPRC. In the course, led by IPRC researchers, 10 UI students first learned about the epidemiology of bullying and building community partnerships, and tried out several of the activities to use at the schools. The UI students and several teachers then led the activities in participating classrooms.

The UI students’ survey found that about 95 percent of the teachers at the middle schools had a positive or very positive impression of the play, and more than 90 percent felt their students were very or somewhat motivated to implement anti-bullying strategies after seeing it. The HEAR activities were also viewed favorably: “Teachers said that the activities encouraged reflection on bullying and allowed the students to creatively share their thoughts,” says Ramirez.

**Creating a Positive Environment**

Some HEAR activities focus on expressive and reflective writing: an anti-bullying poster, a letter to a bullying victim and perpetrator, and an anti-bullying pledge. Others center on drama, like acting out a real-life bullying situation and exploring ways to handle the conflict.

And with cyberbullying on the rise, other activities have students develop an anti-bullying Twitter campaign or draw a “selfie” of themselves—and then have their peers provide positive comments on it. Students thus have the opportunity to practice using positive language to change the impact of bullying.

“Bullying is a complicated issue, and this toolkit is one way we can encourage empathy and help youth create a positive environment,” says Peek-Asa.

The web toolkit is free and available at www.hear-project.org.
Knowing if an infant was born on time or prematurely can make all the difference in deciding what medical care the baby needs.

In the United States, obstetricians can accurately predict how many weeks a mother has carried her baby, thanks to prenatal care and early ultrasounds. That’s not the case in developing countries where a scarcity of technology and adequate medical care leave little more than birth weight to determine a newborn’s gestational age.

But now, researchers at the University of Iowa have found that a metabolic profile derived from routine newborn screenings is a reliable method of estimating an infant’s gestational age. All it takes is a drop of blood.

Researchers find a metabolic profile derived from routine newborn screenings can determine a baby’s gestational age—and may ultimately help infants in developing countries.

BY SARA DIEDRICH

Knowing What to Watch For
“[t]’s important to know whether a baby is small because it is simply small in size but born on time or is small because it was born early,” says Kelli Ryckman, CPH assistant professor of epidemiology and lead author of the study. “It helps determine how doctors should move forward with that baby and what kinds of health issues they should watch for.”
The study, “Predicting gestational age using neonatal metabolic markers,” was published in the American Journal of Obstetrics and Gynecology. Other UI researchers involved with the study are Stanton Berberich, program manager at the State Hygienic Laboratory, and John Dagle, associate professor in the Department of Pediatrics for UI Health Care.

The research topic has personal significance to Ryckman. “My twin boys were born six weeks early at 34 weeks,” she says. “Now they’re healthy, happy five-year-olds.”

The siblings faced some “minor bumps in the road,” including eye surgery and speech therapy, Ryckman says, but knowing their premature status helped prepare the family and their doctors for potential health issues.

Complications of Preterm Birth

Premature—also known as preterm—birth refers to when a baby is born before 37 weeks of pregnancy. Important growth and development occur throughout pregnancy—especially in the final months and weeks.

According to the World Health Organization, about 15 million babies are born preterm each year; that’s more than 1 in 10 babies worldwide. Globally, preterm birth complications are now the leading cause of death in children under five. Nearly 1 million children die each year from complications related to preterm birth. Many survivors face a lifetime of challenges, including learning disabilities and visual and hearing problems.

The study analyzed five years of data—about 300,000 records—from the Iowa neonatal newborn-screening program. The screening is a routine part of care for every baby born in the U.S. and tests for mostly rare conditions that, if caught early, can be treated to reduce the likely damaging health effects to the child.

The researchers hypothesized that metabolic markers measured during the newborn screening could build a first-ever metabolic gestational-dating algorithm that could be used at the time of birth when there is no early ultrasound.

Their theory worked—but they weren’t alone in their findings. Ryckman’s manuscript was published by AJOG in tandem with papers from the University of California, San Francisco and the University of Ottawa, whose similar gestational age studies independently reached the same conclusion as the one conducted by UI researchers.

The trio of studies was funded by the Gates Grand Challenges, an initiative of the Bill and Melinda Gates Foundation. George Wehby, CPH associate professor of health management and policy, is the principal investigator for the UI Grand Challenges Explorations’ phase one grant. Ryckman also received funding for this study from the National Institutes of Health.

“All of our groups are excited by these findings, which we feel will have particular relevance in low-resource settings where women enter prenatal care late or not at all,” Ryckman says.

Global Applications

Ryckman is now joining researchers from the University of California, San Francisco; the University of California, San Diego; Harvard University; the University of Toronto; the University of Malawi; and Makerere University for a metabolic-testing trial on 800 newborns in Uganda and Malawi. The researchers will also apply a similar model to samples of the mothers’ blood to see if they can determine which mothers may deliver early.

“We want to see if we can get at another aspect of this situation, which is targeting women who are at high risk of delivering early,” Ryckman says.

The two-year study is being funded by $950,000 from the Gates Foundation and the University of California, San Francisco Preterm Birth Initiative.

Inequalities in survival rates for preterm babies around the world are stark, according to the World Health Organization. In low-income settings, half of babies born at or earlier than 32 weeks die because of a lack of feasible, cost-effective care, such as warmth, breastfeeding support, and basic care for infections and breathing difficulties. In high-income countries, almost all of these babies survive.

Ryckman says researchers hope their metabolic gestational-dating algorithm can be used in developing countries to actively examine the rates of preterm births and then target at-risk areas with interventions and prevention programs. Current measures, such as birth weight, are very poor surrogates for gestational age, and the researchers hope their metabolic gestational-dating algorithm can provide a more accurate estimate of preterm birth in the low-resource areas that need it most.
If there is a thread that runs throughout public health, it may well be biostatistics. In this time of increasingly data-driven and evidence-based research, biostatisticians offer unique and vital skills as collaborators, analysts, and communicators.

Joe Cavanaugh, who was named head of the UI College of Public Health’s biostatistics department last December, says of the ubiquity of his field, “Our department interfaces with all of the others in the College of Public Health. In addition to working across our college, we also have collaborations with nursing, dentistry, and most departments in the College of Medicine.”

Cavanaugh’s personal array of current projects is indicative of the diverse work for many in biostatistics. He is a co-investigator on projects focused on hospital-acquired infections, teen bullying, youth-league football injuries, and prevention of tooth decay.

One collaborator, Corinne Peek-Asa, CPH associate dean for research and professor of occupational and environmental health, says that Cavanaugh is sought after as a team member because of his authentic interest in all aspects of a study, not just the numbers. At the same time, there are few people better at explaining data: “One of Joe’s many talents is his ability to explain very complex biostatistical principles to professionals in other fields.”

Joe Cavanaugh, CPH professor and head of biostatistics, discusses how his field is key to communicating the complexities of big data.

BY JENNIFER NEW

TELLING THE STORY OF DATA
stakeholders, students, and any other audience in a really clear but not ‘dumbed-down’ way.”

Real-Life Research
It would have been easy for Cavanaugh to have dedicated his career to the outer reaches of statistical theory and formulae. A math and computer science undergraduate, he earned his PhD in statistics at the University of California at Davis before taking a faculty position in the statistics department at the University of Missouri. An opportunity to work with a trauma surgeon using big data systems to evaluate the efficacy of the trauma care system returned him to a call to work with more “real life problems.”

He joined the CPH faculty in 2003. A glance through the titles of Cavanaugh’s papers, proposals, and presentations since arriving reflects the shift in his career from the theoretical to the applied. Of his current work, Cavanaugh notes with a smile, “It is nice to be in a field in which you can clearly tell friends and family the relevance of your research. I’m able to point toward very practical outcomes of my work.”

An ardent Hawkeye sports fan, he was pleased to use his skills to ferret out the causes of a rhabdomyolysis outbreak among the University of Iowa football team in 2011. He contributed to a report submitted to then UI President Sally Mason and the Board of Regents, and co-authored a subsequent paper that provided lessons learned from the outbreak and procedures for averting future outbreaks.

Although a significant part of biostatisticians’ work is to provide statistical know-how on projects that originate with other health-related researchers, an equally vital part of the work is to further the methodology. Cavanaugh’s own areas of methodological research include statistical model selection and time series analysis.

“It’s really the one skill that predicts which students will have the greatest success,” he says.

In part, this comes back to the way in which biostatisticians must be able to communicate with epidemiologists, health policy makers, and many other collaborators. “You can’t go into technical jargon mode,” says Cavanaugh.

Fine-Tuning for the Future
Among publicly supported schools offering graduate programs in biostatistics, the UI’s biostatistics department is ranked by U.S. News & World Report as number seven in the country. As department chair, Cavanaugh wants to continue to play to the strengths of Iowa’s program, particularly its size and diversity. There are about 40 graduate students in the department, most of whom receive full funding.

With demand far exceeding supply, the placement rate of these graduates is 100 percent, with grads capturing impressive jobs at research centers, such as the Mayo Clinic, St. Jude Children’s Research Hospital, and the UI’s Holden Cancer Research Center; at major pharmaceutical companies; and at universities.

While these are great success stories, Cavanaugh has plans to keep improving the program. One of his main goals as department chair is to update the PhD curriculum to reflect the field’s most current practices.

“In order to have a vibrant graduate program, you must stay abreast of what is current and keep fine-tuning the curriculum,” he says. As an example, he points to courses under development in advanced statistical computing and data visualization. “You can’t rest on your laurels.”
By his junior year at the University of Texas at Brownsville, Javier Flores knew that he liked math and anything quantitative. How that might translate into a career or further education, however, was still an enigma.

“I was surfing around trying to figure out what to do for the summer,” Flores recalls, when he came across a site for the Summer Institute in Biostatistics, a seven-week program that is offered at seven campuses around the country. He chose Iowa based somewhat on the faculty biographies and the topics of the proposed projects. “Truly,” he admits with a sheepish grin, “it was kind of a whim.”

Whims can sometimes turn out to be just the right thing at the right time, and this has been the case for Flores. Two years after visiting the University of Iowa campus as a summer institute student, he is completing his first year as a PhD candidate in biostatistics in the College of Public Health. Not only has he found his niche in terms of a field of study, but he’s also surprised himself at how much he enjoys Iowa.

“I was worried I might have some culture shock,” he says, reflecting on his largely Latino hometown at the southernmost tip of Texas. Instead, he’s fallen in love with his new home. “It’s a fantastic place; there’s so much to do!” he says.

A large part of the allure of returning to Iowa was the opportunity to work with Professor Joe Cavanaugh. Cavanaugh led Flores and another institute student on a project, “An Analysis of Indicators for High Risk Behavior in Adolescents Based on the Iowa Youth Survey.” Flores immediately took to the team-based approach of public health.

“I love the sense of collaboration,” he says, describing the partnership with another student, as well as the input of both Cavanaugh and consulting faculty member Marizen Ramirez from the Department of Occupational and Environmental Health.

Cavanaugh was immensely impressed by Flores’ performance that summer. Particularly memorable was an afternoon when he introduced Flores and his research partner to a new statistical software system. After providing them with a relatively scant orientation, he gave them a book to use as a reference and anticipated spending a week or two acclimating them to the software.

“Late that evening,” Cavanaugh recalls, “I received an email message from Javier with an attachment that featured a couple of hundred lines of source code. Much to my amazement, they had completed nearly the entire program that was needed to generate the results for the project! Furthermore, the code ran perfectly.”

Cavanaugh is now Flores’ adviser, and the two are working on a project stemming from another survey of youth behavior. Flores anticipates delving into other areas of his adviser’s research. While the research is what drives Flores, he also really appreciates the many friendships and personal connections he’s made in the department. This summer, he’ll get to give back to the more social side of the field in his role as activity coordinator for the summer institute.

“I hope to create an experience that captures all the elements that make our department as great as it is,” he says of his summer appointment. The best success of all would be to recruit a few new biostatistics graduate students to follow in his footsteps.
Some students may spend the summer binge-watching Netflix, but another ambitious group of students will be modeling the possibility of the Zika virus traveling to Iowa, predicting crop damage by monkeys on the island of St. Kitts, or looking for geographic clustering patterns of lead poisoning among newborns.

These are some of the projects students will tackle during the Iowa Summer Institute in Biostatistics, one of seven comprehensive summer training courses on biostatistics that is offered around the country with support from the National Institutes of Health’s National Heart Lung and Blood Institute (NHLBI).

The University of Iowa joined the program, which was started in 2004 to address the growing demand for biostatisticians, in 2010. Recently, Iowa’s funding was renewed to provide a three-year continuation of the program, which has been renamed the Iowa Summer Institute for Research Education in Biostatistics (ISIREB).

When former biostatistics department head Kathryn Chaloner decided to apply for NHLBI funding, she wanted the Iowa program to stand apart from others around the country. As a woman who had moved up in a male-dominated field, she had the idea to focus on underrepresented students. Today, this includes women, underrepresented minorities, and students from small colleges who wouldn’t usually be exposed to biostatistics.

The institute, which lasts seven weeks in June and July, is comprised of 18 undergraduates. All of their expenses, including tuition for a 3-semester-hour course, travel, and lodging, are completely covered.

Iowa has been successful at fulfilling Chaloner’s intention, partly due to the tireless recruiting of Gideon Zamba, associate professor of biostatistics and director and PI of ISIREB. He travels year round to colleges and universities across the country, including to Puerto Rico, Hawaii, and Latino communities in the southwest, such as Javier Flores’ undergraduate institution in Brownsville, Texas.

“Our mission is to maintain a solid underrepresented minority pipeline into biostatistics graduate programs,” says Zamba. He adds that identifying qualified and interested minority students is not easy: “If you wait for them to come to you, they’ll never come. And so we have developed relationships with minority-serving institutions. This requires our presence. We go and give talks and technical presentations; we field questions. It’s a commitment.”

Although the summer institutes around the country all provide students with an overview of the biostatistics field, the Iowa program is unique in that each of the participants is assigned to a project team and a faculty mentor. These projects introduce students to the collaborative nature of the field and to the wide array of health sciences with which biostatisticians interact.

It was this hands-on component of the UI program that particularly attracted Javier Flores; and it was the close connection he made with his mentor, Joe Cavanaugh, during that time that brought him back to Iowa to pursue his doctoral degree.

Although the mission of the program is to interest talented undergraduates in the field, winning students to Iowa is an added bonus of having them on campus. To date, six ISIREB students have enrolled at the University of Iowa; all but one of them was either a woman or an underrepresented minority.
Colloton Receives Hancher-Finkbine Alumni Medallion

CPH alumnus John W. Colloton was named the recipient of the 2016 Hancher-Finkbine Alumni Medallion, one of the University of Iowa’s highest honors. Colloton is director emeritus of University of Iowa Hospitals and Clinics (UIHC). He earned an MA in Hospital and Health Administration in 1957 and dedicated more than 40 years of his professional career to UIHC. Under his leadership, UIHC developed into one of the premier academic medical centers in the world.

The Hancher-Finkbine Medallion honors those who exemplify learning, leadership, and loyalty. In acknowledging Colloton’s numerous professional accomplishments and contributions over a distinguished career, UI President J. Bruce Harreld said: “In all three of these areas, you have been and remain committed to the application of knowledge and innovation to critical social problems, and you keenly understand the major impact of health policy and the organization of health services delivery on public health.”

College Honors 2016 Outstanding Alumni Award Winners

The College of Public Health honored Erica Spies (MS ’09, PhD ’13) and Leslie Ain McClure (MS ’97) with the college’s 2016 Outstanding Alumni Awards. The recipients received their awards at a May ceremony and reception.

Spies is currently an Epidemic Intelligence Service Officer in the Division of Violence Prevention within the National Center for Injury Prevention and Control at the Centers for Disease Control and Prevention. In this role, she uses her training as a behavioral scientist and her research skills in qualitative and quantitative data collection and analysis to aid the division, communities, and states in understanding critical public health challenges related to injury prevention and control.

McClure is professor and chair of the Department of Epidemiology and Biostatistics at Drexel University. She has an active research career with applied interests in stroke and cardiovascular diseases, and methodological interests in clinical trials methodology and environmental epidemiology.

Read more about this year’s honorees at cph.uiowa.edu/alumni/.
HPV Vaccine Study Cited as One of 2015’s Top Cancer Advances

A research study highlighting the powerful potential of human papillomavirus (HPV) vaccines drew upon the work of the Iowa Cancer Registry and is being celebrated as one of 2015’s major achievements in clinical cancer research by the American Society of Clinical Oncology.

The research study, co-authored by Charles Lynch, CPH professor epidemiology, and published in the Journal of the National Cancer Institute, found that widespread HPV vaccination with Gardasil or Cervarix could prevent as many as 25,000 HPV-related cancers per year in the United States alone. These include the majority of invasive cervical, anal, oropharyngeal, and vaginal cancers, as well as some other genital cancers. The Gardasil 9 vaccine could prevent an additional 4,000 cancer cases per year, according to the research.

The study, utilizing the Iowa Cancer Registry’s Residual Tissue Repository and other U.S. registries, was selected by the American Society of Clinical Oncology for inclusion in Clinical Cancer Advances 2016, the society’s annual review of progress against cancer and emerging trends in the field. The full report is available on the ASCO website and also is published online in the Journal of Clinical Oncology at www.jco.org.
Domestic Violence Doubles Risk of Preterm Birth, Low Birth Weight

Domestic violence by a partner or ex-partner during pregnancy increases the risk of preterm birth, low birth weight, and small-for-gestational-age babies, finds a study in *BJOG: An International Journal of Obstetrics and Gynaecology*.

Researchers from the University of Iowa analyzed 50 studies into the effects of domestic violence by a partner or ex-partner on risk of preterm birth, low birth weight (less than 2500 g), and small-for-gestational-age babies. The combined results evaluated more than 5 million women from 17 countries, 15,000 of whom had experienced domestic violence.

Overall, the results found that domestic violence doubled the risk of preterm birth and low birth weight. This risk was increased further for women who experienced two or more types of domestic violence during their pregnancy.

“Domestic violence by a partner or ex-partner is of particular concern during pregnancy when not one, but two lives are at risk,” says Audrey Saftlas, UI professor of epidemiology and lead author of the study.

“Although rates of domestic violence differ across the world, the detrimental effects of abuse on pregnant women are very clear and we must continue to establish effective interventions globally in order to prevent violence and to support women who report abuse,” Saftlas says.

In addition to Saftlas, the UI research team included first author Brittney Donovan, doctoral student in epidemiology, Cassie Spracklen and Kelli Ryckman from the Department of Epidemiology, and Marin Schweitzer from the Department of Internal Medicine.

Curry Appointed Vice Chair of USPSTF

Sue Curry, dean of the UI College of Public Health and distinguished professor of health management and policy, has been appointed vice chair of the U.S. Preventive Services Task Force (USPSTF). Curry was appointed by the director of the Agency for Healthcare Research and Quality, and her term began in March 2016.

“We are honored to have Dr. Curry return to the task force in a leadership role,” said vice chair David Grossman. “Her expertise in disease prevention and her experience with community-based and self-help interventions will be an important addition to the task force as we work to improve the health of all Americans.”

The USPSTF is an independent, volunteer panel of national experts in prevention and evidence-based medicine. The task force works to improve the health of all Americans by making recommendations about clinical preventive services, such as screenings, counseling services, or preventive medicines.
Researchers Remind Doctors about Two Vector-Borne Diseases

While world health leaders race to contain the spread of the mosquito-borne Zika virus in the Americas, researchers at the University of Iowa are reminding doctors in the United States to be on the lookout for two other vector-borne and potentially life-threatening, parasitic diseases that can be passed from mother to child through the placenta — Chagas’ disease and Leishmaniasis. Now that scientists know the pathogens can be passed congenitally, global travel and migration have made people in the U.S. vulnerable.

Most American doctors don’t think of parasites from faraway places when a sick baby arrives in their office. That needs to change, says Christine Petersen, CPH associate professor of epidemiology and corresponding author of the paper “A Mother’s Gift: Congenital Transmission of Trypanosoma and Leishmania Species,” which appeared in PLOS Pathogens.

“Congenital transmission will be the predominant way that kids in the United States get these diseases because we don’t have the bug problem,” Petersen says. “So, you might have a child going into heart failure or with an enlarged liver and spleen, and the doctors can’t figure out what’s going on, and the child is on death’s doorstep.”

The newly published paper is a review of previous studies about Chagas’ disease and Leishmaniasis and serves as a reminder for U.S. health care workers to remember these diseases when examining sick children whose mothers have come from areas where such illnesses are more common.

Read the full article at now.uiowa.edu/2016/01/mother-child-passing-disease.

ATCHISON HONORED WITH 2016 HENRY ALBERT MEMORIAL AWARD

Christopher Atchison has been named the 2016 recipient of the Iowa Public Health Association’s Henry Albert Memorial Award. Atchison is associate dean for public health practice and clinical professor of health management and policy at the University of Iowa College of Public Health. He is also director of the State Hygienic Laboratory at the University of Iowa. The award recognizes individuals who demonstrate distinguished and exemplary leadership in public health in Iowa.
TALA AL-ROUSAN (MD ’11, MPH ’15) is a Bernard Lown Fellow at Harvard T.H. Chan School of Public Health in Boston, Mass., and is conducting research in Jordan investigating cardiovascular, mental, and other health aspects of Syrian refugees.

HIND A. BAYDOUN (PhD ’09) is an epidemiologist in the Centers for Devices and Radiological Health at the Food & Drug Administration in Silver Spring, Md.

PAUL BREZINSKI (PhD ’07) has been promoted to colonel in the United States Air Force in Schertz, Texas.

PATRICK CANNON (MHA ’12) recently joined the law firm Godfrey & Kahn, S.C. in Madison, Wis., where he is on the Corporate Practice team focusing on complex business transactions, including mergers and acquisitions.

JAIMIN CHUNG (MS ’99) is client executive director at Stryker Performance Solutions in Los Angeles, Calif.

CHELSEA COOLING (MHA ’14) is a planning and innovation strategist at CHI Health in Omaha, Neb.

JOHN R. CORBEIL (MHA ’12) has been promoted to chief operating officer at HCA Plaza Medical Center of Fort Worth, Texas.

EMILY CORNISH (MPH ’13) is a clinical research coordinator at Vanderbilt University in Nashville, Tenn.

NICOLE DEKLOTZ (MHA ’09) is program director of patient engagement at Northwestern Lake Forest Hospital in Lake Forest, Ill.

NICOLE EGAN (MHA ’12) is director of the Orthopedic Center & Rheumatology at Mayo Clinic Health System in Eau Claire, Wis.

DESIREE EINSWEILER (MHA ’07), administrator and CEO of Palo Alto County Health System in Emmetsburg, Iowa, is among 50 rural hospital CEOs to know in 2016, according to a list published by Becker’s Hospital Review.

BRITTANY FETT (MHA ’13) is the ACO network coordinator at Mercy Medical Center-North Iowa in Mason City, Iowa.

BRYAN GARTER (MHA, MPH ’12) is assistant director of plant engineering at UnityPoint Health-Trinity in Bettendorf, Iowa.

SHARDÉ HAMEED (MPH ’14, PharmD ’15) is a staff pharmacist at UnityPoint Trinity in Rock Island, Ill.

HUNTER HARIG (MPH ’13) is a health and organizational strengthening coordinator for the Peace Corps in Mozambique.

TAYLOR HEIM (MPH ’07) is a data scientist at the Department of Defense Office of Inspector General in Washington, D.C.

SARAH HENIZE (MPH ’09) is a healthcare associate at Huron Consulting Group in Philadelphia, Pa.

JIAN JIAO (MS ’15) is a pricing analyst at Mondi Group in Chicago, Ill.

H. LESTER KIRCHNER (PhD ’99) is a senior investigator at Geisinger Health System in Shreveport, La.

MARK KOEPKE (MA ’87) is a managing director in the Health Division at IMPAQ International in Columbia, Md.

KIM LAMON-LOPERFIDO (MPH ’08) is a social worker with OC CARES Team at Orange County Department on Aging in Chapel Hill, N.C.

ABBY MAPLES (MPH ’09) is a patient care technician at Unity Point St. Luke’s Hospital in Cedar Rapids, Iowa.

SHERIF MASSOUD (MHA ’05) is an ASP business unit lead - EMEA at Johnson & Johnson in the United Arab Emirates.

ASHLEY MCKENNA (MS ’05) is an inventory control coordinator at the Food Bank of Iowa in Des Moines, Iowa.

LARRY PRYBIL (MA ’64, PhD ’70) is retiring from his role as the Norton Professor in Healthcare Leadership at the University of Kentucky in Lexington, Ky.

REBECCA RITTER (MS ’15) is an EPA Health Data Analyst Fellow at ORAU in Carrboro, N.C.

AMANDA VANDERZYL (MHA, MPH ’07) is an academic administrator for the Department of Medicine at Johns Hopkins School of Medicine in Baltimore, Md.

IN MEMORIAM

SAMUEL LEVEY, professor emeritus of health management and policy, died on Dec. 28, 2015, in Sarasota, Fla.

PETER NATHAN died May 8, 2016. He was the UI Foundation Distinguished Professor of Psychology and professor emeritus of community and behavioral health.

SHARE YOUR NEWS

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.
The Institute of Agricultural Medicine was established in 1955 with a grant from the W.K. Kellogg Foundation to conduct rural health and safety research. The institute—the first of its kind in the world—was founded by Professors Franklin Top and Clyde Berry. Professor Emeritus Kelley Donham reflects on the importance of the institute and the groundbreaking work and leadership of its founders, including L.W. “Pete” Knapp Jr.

I often say that my career in agricultural medicine was built standing on the shoulder of giants. While some may regard this as a platitude, it has true meaning to me, realized even more with the passing of Pete Knapp in 2015.

Pete was one of the first faculty members hired in the late 1950s to form the Institute of Agricultural Medicine (IAM), now called the Institute for Rural and Environmental Health (IREH). The IAM was built within the UI College of Medicine’s Department of Preventive Medicine and Environmental Health, which became part of the College of Public Health in 1999. The IAM was a dynamic program that elevated the department to national and international status. Pete was one of the giants who helped bring the IAM to its prominence. Born in 1925, Pete grew up on a farm outside of Ithaca, N.Y. He earned an MS degree in agricultural engineering from Cornell University. After graduating, he joined Cornell as a New York State Extension agricultural engineer and became a national leader in agricultural safety education for farmers.

Along with Pete, the first hires for the IAM included a veterinarian, microbiologist, toxicologist, family physician/clinical toxicologist, anthropologist, environmental scientist, and epidemiologist. These professionals worked together on identification and prevention of agricultural health and safety hazards.

I was a research assistant and graduate student in the IAM beginning in 1964, then moved on to further graduate work and military service. Pete was an important voice and mentor in my graduate years and early professional life. He recruited me back to the IAM in 1973.

Pete was an enthusiastic and genuine spokesperson for agricultural health and safety—and people listened. He was an early adopter (and the first in agricultural safety) to use the tools of epidemiology to identify and prevent agricultural injuries. He used his observations, findings, and engineering training to redesign the power take off shield on tractors to make them safer, and was instrumental in correcting an engineering fault in corn pickers that resulted in saving many farmers’ hands, arms, and lives.

Pete was instrumental in gaining additional funding from the Kellogg Foundation to construct a comprehensive research facility for the institute that was completed in phases in 1968 and 1972. He was prominent in the design of the building (now called the IREH Building), particularly the Accident Prevention Laboratory. Pete served as director of the IAM from 1971 to 1988.

Pete not only improved the health and safety of farm people in Iowa and the U.S., but internationally, as well. He was a prime instigator and supporter of the International Association for Agricultural Medicine and Rural Health. This organization continues today, with members from North America, Europe, India, Japan, Korea, and beyond.

Pete was a special person to me and to his many other mentees and colleagues in the world of agricultural health and safety. He was a gentle giant in his field, and on his shoulders, many have stood.
THANKS, PUBLIC HEALTH

Earlier this year, the college launched a social media campaign on Facebook and Twitter (#thxpublichealth) to say thanks for the many ways that public health makes a difference in all our lives. In addition to posts, tweets, photos, and gifs, the campaign included a chalkboard kiosk placed in the CPH Building’s atrium where everyone was invited to add their own Thanks, Public Health message.

We gathered great messages from people representing a variety of departments, degree programs, research projects, and centers to help share the tremendous diversity and reach of public health.