A Taste of Fieldwork
Exploring food systems in Mexico
FROM THE INTERIM DEAN

It is my pleasure to welcome Dr. Edith Parker to her new role as dean of the College of Public Health. Edith brings impressive experience as a researcher, educator, and administrator to the deanship, along with a deep understanding of the college’s mission, vision, and culture. I look forward to working with her to advance the college as I return to my role as head of the Department of Health Management and Policy.

It has been an honor to serve as interim dean. Under Edith’s leadership, I feel confident that the college will continue to expand its outstanding research portfolio, strengthen our educational programs for undergraduate, graduate, and professional students, and lead the way in outreach and engagement to improve the health of people across our state, country, and world. I’m very proud of our many accomplishments, and thank everyone who has given their time and talent to making the College of Public Health the vibrant place that it is today.

Keith Mueller

EDITH PARKER NAMED DEAN OF THE COLLEGE

THE COLLEGE OF PUBLIC HEALTH welcomed Edith Parker as its new dean on June 1, 2018. Parker is the third dean of the College of Public Health, which was founded in 1999. She succeeds Keith Mueller, Gerhard Hartman Professor of Health Management and Policy, who served as interim dean since April 2017. Mueller returned to his role as chair of the Department of Health Management and Policy.

Parker joined the University of Iowa faculty in 2010 as professor and chair of the Department of Community and Behavioral Health. Her research focuses on the design, implementation, and evaluation of community health promotion interventions to improve health status and reduce racial disparities in health. She is an expert in community-based participatory research, which emphasizes the active involvement of community members in all aspects of the research process. Her expertise also includes translating and disseminating research findings for program and policy change.

Parker holds a bachelor’s degree from Davidson College, as well as Master of Public Health and Doctor of Public Health degrees from the University of North Carolina, Chapel Hill. From 1995 to 2010, she served on the faculty of the School of Public Health at the University of Michigan, where she also was associate dean for academic affairs.

“The faculty, students, and staff of the College of Public Health bring tremendous dedication and energy to the work we do to promote better health at the community level,” says Parker. “I look forward to working with them and with our alumni and community partners to build on our current strengths and to distinguish Iowa as a national leader in public health.”

A Taste of Fieldwork

Students spent their spring break in Xicotepec, Mexico, studying food systems for a service-learning course.

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

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Collaboration + Laboratory = Collaboratory
A creative partnership model brings teams of experts together to solve complex public health problems.

The Complicated Costs of Caregiving
The wave of aging baby boomers means more families are taking on the financial and emotional load of caregiving.

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Cover: Detail of a public wall mural in Xicotepec, Mexico. Photo by Jack Feng.
A TASTE OF FIELDWORK

Students traveled to Xicotepec, Mexico, over spring break to conduct a needs assessment focused on food systems.

BY DEBRA VENZKE

Thousands of tourists flock to Mexico for spring break every year, but few of them conduct field research during their visit like a group of University of Iowa students did in March.

Dubbing themselves the Public Health Posse, the team of seven undergraduate and graduate students along with instructor Brandi Janssen traveled to Xicotepec, a small city in central-eastern Mexico, as part of a weeklong, interdisciplinary service-learning course.

Coordinated with the support of Rotary International, the course has developed long-standing service projects with the UI colleges of pharmacy and dentistry. It was the first year that a group of public health students took part.

“Our task was to identify opportunities for future public health projects that would be beneficial to the community,” says Janssen. Because Janssen’s area of study is food systems, the needs assessment was framed through that lens.

“Mexico is seeing a significant rise in diabetes and obesity, so we looked at schools and the food environment overall. We photographed and mapped grocery stores and markets and spoke to local people to answer questions like, What is the access to fruit and vegetables? What is the proportion of junk food to healthy food in stores? What are the greatest needs?”

“Every time we passed a place that sold food, we took GPS coordinates on our phones,” adds course participant Nichole Nidey, a doctoral student in epidemiology. “Our goal was to create an interactive map of the area to see where there are gaps in availability of nutritious food.”

The “story map” incorporates photos the group took during visits to public and private schools, an orphanage, a university, a hospital, a bakery, DIF (a state-run family services program), markets, grocery stores, and a coffee factory.

“The local Rotary was critical to making connections,” Janssen says. “We had a Rotary host at the institutions we visited in the mornings. In the afternoons, we were our own and went out to talk to shopkeepers and vendors.”

Those unscripted afternoons—along with other unknowns that come with international travel—often stretched students in new ways.

“Unlike a structured lab or classroom environment, you can’t plan for everything. This is exploratory fieldwork,” explains Janssen, an anthropologist by training. “You get out there, try things, and talk to people.”

And sometimes you get lucky. The group didn’t have a translator, but fortunately two of the students spoke fluent Spanish. And though varied in ages and backgrounds, the students quickly gelled as a team.
For Nidey, the trip was well worth it. “As a PhD student, I don’t get a lot of time out in the field. I wanted to do public health work in the field instead of behind the computer. It was eye-opening to get a glimpse of life in Xicotepec.” Nidey was one of four students on the trip who received a Global Public Health Student Travel Grant offered by the college. The grants were made possible by a gift to the College of Public Health from Dale and Linda Baker, whose gift also supported Janssen’s travel. The course will be available again in spring 2019.

Going forward, Janssen reiterates “that public health is not a fly in–fly out kind of thing,” she says. “We need to put a lot of thought into the programs and make sure they are sustainable.”
Collaboration + Laboratory = Collaboratory
A creative partnership model brings teams of experts together to solve complex public health problems.

BY JENNIFER NEW

We have to abandon the conceit that isolated personal actions are going to solve this crisis,” former Vice President Al Gore has said of climate change. Whether a problem is as monumental as global warming, or more emerging, such as the relatively sudden worldwide use of an insecticide whose effects are not fully understood, solutions will rarely arise from a single person or even a single laboratory. Rather, such difficult problems necessitate collaborations that span disciplines and organizations, challenge accepted methods, and even push established lexicons to shift.

This is the founding principle behind the Iowa Institute of Public Health Research and Policy’s collaboratory initiative. Two inaugural collaboratory teams just completed their first year of work via this new funding source available to teams anchored in the College of Public Health but extending beyond it. One team is focused on better understanding neonicotinoids, a relatively new class of insecticides. The other team is invested in creating data that can be leveraged by providers and public health professionals to improve the health outcomes of children born in Iowa.
THE TEAMS INCLUDE research scientists, physicians, public policy experts, epidemiologists, engineers, geologists, chemists, and others. This rich array of expertise and the fertile network of knowledge and contacts that members bring with them is what makes this model so ripe with possibility.

Vickie Miene, interim director of the Iowa Institute of Public Health Research and Policy (IIPHRP), says that in addition to spanning a spectrum of disciplines, the new program is intended to encourage team-building strategies. It is one part of the burgeoning institute’s work, which is focused on fostering new relationships within and outside of the University of Iowa.

Funded by a gift from Dale and Linda Baker and supplemented by the Roy J. Carver Charitable Trust, the collaboratory program is intended to create teams that are ready to respond rapidly to opportunities.

“In today’s funding world, you get maybe 60 days to respond to a call for a new grant or contract, and most of the time they’re looking for existing partnerships that are multidisciplinary,” says Miene.

Ideally, a successful collaboratory will lead to a sustainable research initiative that bolsters and builds upon the college’s three areas of excellence: rural health, comparative effectiveness research, and community engagement. Finding the kinds of complex topics that call for this approach isn’t difficult, but locating faculty leaders who appreciate the necessity and utility in an approach that can take many people out of their comfort zones is another matter. Miene is impressed by the success of the initial two collaboratories, both in the depth of their work and in their willingness to embrace the team-building aspects of the process.

“People have to be willing to get their hands dirty in learning collaboration,” says Miene. “They are the content experts, and our role at IIPHRP is to support them in their efforts.” To do so, the institute helps the teams to develop memorandums of understanding, create a team process, and make a plan for disseminating their work.

According to Miene, the institute could not have chosen better directors for the inaugural collaboratories. CPH Professors Kelli Ryckman and William Field, she says, “have been all in and completely willing to learn.”

FIELD LEADS THE TEAM “Human Exposure and Health Risks from Neonicotinoid Insecticides,” which grew out of his graduate student Darrin Thompson’s strong interest in the occurrence and potential health effects of these emerging chemicals as a dissertation topic.

“Neonicotinoids have only been around for about 20 years,” explains Thompson, “but they are already the most widely used class of insecticides in the world.”

Although they were developed as a safer alternative to other insecticides, there is already substantive evidence that neonicotinoids are playing a role in the decline of honey bee populations. Beyond initial laboratory tests done by the manufacturers, there has been little research on human health effects of this insecticide, which is used by farmers, gardeners, and the timber industry, among others. According to Thompson, laboratory tests simply
cannot take into account the myriad of variables that exist when these chemicals interact with environmental factors and other chemicals.

Field says the topic is especially pertinent to the state “since neonicotinoids are used as a seed coating for the majority of corn and soybean seeds in Iowa.” In the long-term, the collaboratory intends to study the potential health risk, if any, posed by chronic exposure to low concentrations. In the shorter term, the central research is that of Thompson’s dissertation, which includes measuring the levels in groundwater and in the urine of people who apply the pesticide.

The team now comprises more than 15 active members and includes researchers from the UI College of Engineering, the Iowa Geological and Water Survey, the State Hygienic Laboratory, the U.S. Geological Survey, the Center for Health Effects of Environmental Contamination, and the National Cancer Institute. The collaboratory is ready to publish a paper that will open a whole new portfolio of research, Miene says. Descibing one of their meetings, Miene adds, “I was in awe of the expertise around the table. There were geologists, engineers, epidemiologists, and a major scientist calling in from California. It’s really impressive how they are thinking about sustainability and the intricacies of the conversation.”

Field agrees. “It sort of reminds me—in a real sense rather than an imaginary one—of The Field of Dreams: If you start the collaborative, researchers with a shared interest and vision will come, and with each addition, the collaborative expertise expands.”

RYCKMAN HAS HAD A similar experience as her team, the Iowa Perinatal Health Research Collaborative, has grown since its inception. Ryckman's biggest challenge wasn’t finding researchers, but rather creating a team committed to sharing research. “There has had to be some breaking down of barriers of what is mine and what is ours,” says Ryckman, a genetic epidemiologist.

“This first year has really been about creating shared resources and a similar language,” she observes. “There were already many projects out there related to this topic, but instead of us each doing our own siloed thing, we were challenged to consider if we could create some synergy to share and collect data. Is there a way to connect initiatives so that we can all benefit?”

The perinatal collaboratory has 12 regular members, including UI researchers from obstetrics and gynecology, neonatology, and pediatric neurodevelopment; as well as partners from the Iowa March of Dimes, the Iowa Department of Public Health, and the State Hygienic Laboratory.

Miene says that how to do research better is a key part of Ryckman’s project: “They are building and testing a database that will allow them to answer a lot of questions about outcomes of children born in Iowa, particularly those born preterm or low birth weight. They are gaining crucial understanding of how kids born under these circumstances are doing in multiple ways.”

It’s such an important issue, Miene adds, that the team has already received generous gifts from donors Dale and Linda Baker and Dr. Roger Williamson to help continue its work.

Traditionally, research comes with a strong sense of turf since success leads to future funding. There is understandable concern for who gets credit and what department or unit “owns” the grant funding around a project. As she’s created and nurtured her team, Ryckman simply wasn’t accepting that model.

As though summing up the modus operandi of the collaboratory and why the College of Public Health initiated it, Ryckman says, “Everything I have is ours—that’s my stance, and you have to give me the same buy-in. That’s the difference between simply collaborating versus really creating something beneficial to the broader research community and to the public.”
With age comes wisdom, but sometimes age comes alone.” Oscar Wilde was always ready with a quip, but few of us are ready for the more serious aspects of aging. While we all hope to spend our golden years in good mental and physical health, chances are we’ll eventually need help from family members, home health aides, or a long-term care facility.

In the U.S., baby boomers are entering their retirement years and reshaping demographics: the number of Americans ages 65 and older will more than double from 46 million today to more than 98 million by 2060. Add in longer life expectancy, and it’s clear that the rapid “graying of America” will increase demands on already strained resources.

“The rising number of older Americans will put pressure on entitlement programs and create challenges for the labor market and health care systems—as well as family members who provide the majority of care to older adults with disabilities,” cautions a report by the Population Reference Bureau.
The Impact of Aging on Families
Some of the major health issues affecting older populations include chronic disease, falls, depression, and dementia.

To help improve health outcomes for older adults, the University of Iowa established the Aging Mind and Brain Initiative (AMBI). This interdisciplinary group seeks innovative ways to diagnose, prevent, and delay natural or disease-related cognitive, functional, and mental decline with aging.

AMBI investigators Kanika Arora, assistant professor of health management and policy, and Sato Ashida, assistant professor of community and behavioral health, are both based in the College of Public Health. Each was drawn to the subject of aging partly through their own experiences of having a grandparent affected by dementia. Through their respective areas of study, Arora and Ashida are examining the impact on families as an aging relative requires more care.

More than 34 million American adults provide unpaid care to someone age 50 or older, and 60 percent of these caregivers are female, according to a National Alliance for Caregiving/AARP report. The same report notes that caregivers often experience high levels of emotional stress, physical strain, and financial strain.

The Costs of Care
Long-term care can be staggeringly expensive. Nationally, the median annual cost for an in-home health aide (44 hours/week) runs about $49,000. A semi-private room in a nursing home is $85,775. The costs for dementia patients can spiral even higher.

Research has shown that when older adults receive more informal care, they are less likely to go into a nursing home. The intent of Paid Family Leave (PFL) is to make it financially easier for employees to take time off from work to care for children and seriously ill family members. While the United States has no such federal policy, a handful of states are offering PFL programs. Arora co-authored a recent study that examined the effect of California’s PFL policy on long-term care use.

“We found that after the beginning of paid family leave in California, the proportion of older adults in nursing homes went down,” says Arora. “This suggests that workers were able to take time off to care for family members, leading to a reduction in nursing home use.”

Some proposals for PFL programs apply only to parental family leave—the birth or adoption of a child—and don’t include care for family members with a chronic illness.

“I think this is a big part of the conversation we’re missing out on, especially if it affects nursing home use,” says Arora. “Given how expensive nursing homes are, and the fact that seniors like to age at home, policymakers need to consider what is included in paid family leave.”

But the issue is not clear cut. “If family members are providing more care, it could reduce nursing home use and save federal and state dollars—but will it create other costs for employers? If a family member isn’t working in order to provide care, is that good for their own health? The fact that we’re offloading this responsibility onto family members is an issue that needs more careful discussion,” Arora says.
Even if adult children aren’t serving as caregivers, they may still take a financial hit if they provide monetary assistance or incur out-of-pocket expenses on behalf of their parents. Arora has investigated the impact of a parent’s dementia diagnosis on their adult children’s wealth. The study looked only at unmarried children and took a comprehensive view of financial outcomes.

“I found that among those people who were typically adding to their wealth over the years, once there was a parental dementia diagnosis, they were adding much less or nothing at all to their wealth,” Arora says.

**Caregiving Networks**

Caregiving often requires many partners. Ashida studies caregiver networks—systems of family members, paid help, and others who provide emotional or instrumental support that enables a primary caregiver to care for an individual.

“A lot of studies look at the caregiver and their feelings, but few studies talk to other people to get their perspective of what’s going on in a caregiving relationship and how that might impact the family dynamics and context,” Ashida says.

One of Ashida’s studies looked at how the expectations members in a caregiving network have about each other can affect everyone involved.

“If my sister is not meeting my expectations in participating in caregiving, it has a detrimental impact on my psychological well-being,” Ashida explains. “That sets the tone for the whole family and the cohesion goes down. Ultimately, the care that people receive is impacted by that.”

Another pilot study led by Ashida and funded by AMBI examined the relationship and interactions among family caregivers and paid caregivers (e.g., home health aides, homemaker services, and meal service providers).

“We found that higher collaboration between family caregivers and paid caregivers was associated with higher job satisfaction among the providers and lower depression among the family caregivers,” Ashida says. “Another finding was that when family caregivers perceived that they received emotional support from paid service providers, their mental health score was higher. Even though agencies are focused on task-oriented services, our study suggests that having additional emotional support services could have positive implications on the psychological well-being of the family caregiver, which may allow them to provide better care.”
Research has shown that when older adults receive more informal care, they are less likely to go into a nursing home.

The Changing Landscape of Caretaking
A number of factors have changed the caretaker role in American society, including high divorce rates, more women in the workforce, families having fewer children, and geographic mobility.

“Family members are moving away, so we need some kind of structure that can support older people in their homes,” Ashida says. “As [aging adults] develop more severe disabilities, who’s going to take on that caregiving role? It’s coming down to community-based providers. It’s not only less expensive, but most older adults prefer to stay at home in their community.”

“Long-term care is inequitable,” Arora adds. “If you’re wealthy, you can afford care. If you’re poor, there is Medicaid. It’s the people in the middle who are affected very differently. We need a long-term care solution from a policy perspective that doesn’t rely on a means-tested program like Medicaid.”

Both researchers mention the importance of engaging seniors with their communities. Arora points to the AARP Foundation Experience Corps, whose trained volunteers work with students in high-need elementary schools. Ashida gives an example from Japan where older adults and families with young children live in condominiums and share a communal kitchen, living spaces, and yard.

“The idea is that older adults can contribute by making meals and supervising kids’ homework or play while their parents are at work,” Ashida says. “I think the key is inter-generational interactions where older people are contributing to younger people. They enjoy it and have a purpose in life, and the younger children look up to the older adults.”
Rema Afifi’s academic career and passion for public health have taken her many places around the country and globe. She recently was appointed interim head of the Department of Community and Behavioral Health succeeding Edith Parker, who was named dean of the College of Public Health.

What does your academic background look like?
I got a bachelor’s degree in psychology here at the University of Iowa. I was fascinated with behavior and the brain. At some point, though, I realized that I wanted to be on the prevention side of behavior change rather than on the more curative side. So, after I finished my undergrad, I went to University of North Carolina at Chapel Hill to get my Master of Public Health (MPH) with a concentration in health behavior and health education. I later went on to get my PhD in health services research with a minor in behavioral science from Saint Louis University.

What other institutions have you worked at besides the University of Iowa?
After I got my MPH, I moved to Atlanta to be an intern with the Centers for Disease Control and Prevention for nine months. I was in the Office of Public Health Planning doing interesting work strategizing with state health departments. It was exciting work, but I felt I needed more on-the-ground experience. I then shifted from that position to be a health educator at a very local level, at the DeKalb County Board of Health.
I worked for four years doing injury and violence prevention specifically for children through the Safe Kids Campaign. In 1993, I moved to St. Louis and pursued my PhD. Then, in 1997, I actually moved back to my home city and country—Beirut, Lebanon. I’ve been there the last 20 years working at the American University of Beirut, Faculty of Health Sciences. I moved back to the United States and specifically to the University of Iowa College of Public Health in July 2017.

Do you feel like your life growing up overseas has influenced your professional life throughout the years?

Oh, absolutely. Growing up, I was exposed to the idea of diversity early on because my parents had an intercultural marriage. I think they and my grandparents were very progressive in accepting a cross-cultural marriage. Being the result of two different cultures has allowed me to understand and accept differences and feel very comfortable in at least two global regions: the Arab world and the United States. I also grew up having access to an American passport, which was such a privilege and not common, and I was aware of that. I was aware that I had a lot of opportunities that many of my extended family members, friends, and neighbors did not have. I come from a place that struggles with various layers of inequity in the local and global spheres.

A lot of your research has revolved around the health and well-being of youth populations. What has made you so passionate about this?

From the vantage point of war, conflict, and uncertainty, which is where I have spent most of my working life, interventions have tended to focus on maternal and child health along with water and sanitation. Young people are often not paid much attention. They are, however, incredible assets to any community, and have energy and hope that, if engaged effectively and equitably, can truly make a difference in their own lives and that of their community. Also, globally, we have become so much better at keeping younger babies alive, but have not focused much on the second decade of life. Unless we start to focus on that next stage, we risk losing all the momentum and success we have achieved in that first decade.

I believe that young people have this incredible potential that we tend to ignore. We tend to be “scared” of young people because they are passionate and they want to make change. They are a group who are hopeful and energetic and can make wonders happen, but there’s no space for them to do it. I fell across this concept of positive youth development, which is about focusing on assets and strengths rather than risks. And I was exposed to the concept of “youth at promise,” which was paradigm-shifting for me—what if we thought of all youth “at promise” instead of “at risk”? It changed my perspective completely, and I have conducted research and practice with young people from this starting point.

What would you say to undergraduate students who are thinking about pursuing public health at a graduate level?

Public health is a life mission. It’s hard to separate your non-work life from it because it becomes a way of life. Public health is very much about values. For those who are passionate about issues of equity and justice, public health is a great field. Very few people get into this field because they know exactly what it is. They often pick public health because they find a place in which to be an activist and there are so many things that you can be an advocate for. It’s truly a great profession.

What do you look forward to working on as interim department head?

In the past year, I have been humbled by the values, passion, commitment, and expertise of the faculty in the department. Every one works to advance the ideals of social justice and equity through robust and participatory research and service, as well as through teaching. I look forward to championing the work of faculty, staff, and students and engaging with alumni. As a department, we have recently been developing our new strategic priorities, and I look forward to continuing this work together.
Clinical trials for neurological diseases are long, arduous, and expensive, which means developing medications to treat those diseases is also long and difficult. Sometimes researchers and pharmaceutical companies don’t bother with trials because the probability of bringing an effective and profitable drug to market doesn’t outweigh the risk of losing their investment.

But NeuroNEXT, a national network of 25 academic health care research institutions funded by the National Institutes of Health, is accelerating the clinical trial process for neurological diseases with the expectation of bringing drugs to market in less time, with less money, and less risk. Here’s how the University of Iowa College of Public Health is helping with the process.

**BY TOM SNEE**

1. The College of Public Health’s Clinical Trials and Statistical Data Management Center (CTSDMC) is the data coordinating center for the NeuroNEXT network. The center oversees all data and statistical collection and analysis and helps researchers design their trials across the 25 academic sites.

2. Chris Coffey, director of the CTSDMC, says NeuroNEXT “de-risks” the process of developing and testing drugs and therapies. “A single institution is no longer spending the resources to conduct a clinical trial,” Coffey explains. “Now, the risk is shared among many institutions across the country.”

3. Coffey says recruiting patients to participate in the trials is also easier when 25 institutions are involved instead of just one or two, especially in rare diseases with few patients.

4. The network also helps with quality control, ensuring the same standards are applied across the trials and that the data are gathered in the most efficient and cost-effective way possible. “We act as a bridge to make sure all of the trials are conducted in the same way,” Coffey says.

5. NeuroNEXT has published results of its first trial on biomarkers that indicate infantile-onset spinal muscular atrophy. Other trials are underway, including ones looking to find treatments for Huntington’s disease, multiple sclerosis, myasthenia gravis, fragile X syndrome, and glioblastoma multiforme (a type of brain tumor).

**Hear Chris Coffey talk more about the NeuroNEXT network:**
cph.uiowa.edu/neuronext-video
UI graduate students offer sustainable solutions as part of a global rural health case competition.

armed with well-researched plans, information-packed slides, and seamless teamwork, six student teams competed for top honors and cash prizes in the inaugural Global Rural Health Case Competition held April 4 at the College of Public Health.

The multidisciplinary teams were given a case centered on the ongoing power crisis in Puerto Rico caused by the Category 5 Hurricane Maria in September 2017. Their mission: to present feasible, sustainable solutions to restore health, hope, and resiliency to Puerto Rico.

The teams were tasked with addressing multiple systems such as power, water, health, and communications as well as ideas around infrastructure, policy, and sustainability to prevent this type of breakdown in the future. The students had about two weeks to research and develop their proposals with limited guidance from a faculty mentor.

On competition day, each team had 15 minutes to present their recommendations, followed by 10 minutes of questions from a panel of five judges. The teams were made up of graduate students from a variety of academic backgrounds.

“We had students from 14 different disciplines representing five colleges across the university,” says Vickie Miene, interim director of the Institute of Public Health Research and Policy. “It was really exciting to see the collaboration with public health. All of the teams did an outstanding job.”

For participant Monisa Saravanan, an MPH student in community and behavioral health, the case competition offered a new type of learning experience.

“I have a strong interest in global health and learning about the underlying factors that can influence a certain health status either positively or negatively,” she says. “The case competition provided the opportunity to engage in material and get an experience doing something with global health that was ‘real-world’ and not classroom-based.”

Saravanan found the process to be valuable in several ways.

“While I expected to learn a lot from the competition, I was surprised by the amount of information that our team went through and how much we all learned from each other,” she says.

How do you solve a problem like (Hurricane) Maria?

BY DEBRA VENZKE
Curry Appointed Chair of the U.S. Preventive Services Task Force

Sue Curry, University of Iowa interim executive vice president and provost and distinguished professor of health management and policy in the UI College of Public Health, has been appointed chair of the U.S. Preventive Services Task Force.

The task force is an independent, volunteer panel of national experts in prevention and evidence-based medicine. Members come from many health-related fields, including internal medicine, family medicine, pediatrics, behavioral health, obstetrics/gynecology, and nursing.

RUPRI Studies Rural Health Policy Initiatives, Future Opportunities

A recent paper from the Rural Policy Research Institute (RUPRI) Health Panel examines the progress of national health policy initiatives and the gaps that remain as they affect rural people, places, and providers.

According to Keith Mueller, RUPRI Health Panel Chair and professor of health management and policy, the paper lays out clear policy trajectories in seven major subject areas that can enhance access and affordability of high quality services in rural America into the future. The subject areas included are Medicare; Medicaid and CHIP; Insurance Coverage and Affordability; Quality; Health Care Finance and System Transformation; Workforce; and Population Health.

Each chapter begins with a summary of policy opportunities, followed by a background section on rural trends and challenges that summarizes rural-related policy advances and continued gaps. Each chapter concludes with a “Looking Ahead” section that highlights the most pressing issues in today’s rural health care system environment and suggests future policy directions related to each issue.

“We wanted to take a look at national policy initiatives such as Medicare, Medicaid, and insurance reform to take stock of progress made for rural communities and to develop clear statements of remaining challenges,” says Mueller.

“Ultimately our goal is to help build a roadmap to achieve a high performance health system in all of rural America.”

A PDF of the paper is available at www.rupri.org.

Pentella Named State Hygienic Lab director

Michael Pentella, interim director of the State Hygienic Laboratory (SHL) since December 2017, was named permanent director effective June 1, 2018.

Pentella is a clinical professor of epidemiology in the University of Iowa College of Public Health and former associate director in the SHL. He takes over the position from Christopher Atchison, who retired on January 5.
A new study finds that a vaccine that effectively reduces the incidence of a parasitic disease in dogs might also help thousands of Iraq war veterans infected with the same disease.

About 40,000 people in tropical and subtropical climates around the world, most of them in Pakistan, India, Bangladesh, Ethiopia, and Brazil, die every year from leishmaniasis. Most victims contract the disease from sand flies, which pick up the parasite from the skin of infected dogs and carry it to humans.

Fighting the disease takes a toll on the body, leaving the victim weakened and lethargic. Victims in regions where the disease is prevalent also often live in poverty, so symptoms are worsened by malnutrition and other illnesses. Left untreated, the parasite eventually leads to death by kidney failure in most dogs and 25 percent of humans.

Christine Petersen, CPH associate professor of epidemiology and the study’s lead author, says that infected dogs are the main reservoir of the disease in humans. If the disease can be controlled in dogs, then the rate of human infection can be reduced.

A vaccine commercially available in Brazil called LeishTec is prescribed frequently by veterinarians, but it had never been tested in clinical trials to see if it can fight disease that is already present. The UI study, led by Petersen and published in the American Journal of Tropical Medicine & Hygiene, was the first clinical trial for LeishTec in dogs. It found the vaccine was effective in preventing parasite-free dogs from becoming infected, with few adverse effects. More promising, it can help dogs already infected survive the disease.

“The vaccine can hold the parasite at bay until the dog’s immune response system can kill it,” says Petersen. The study suggests that a public health strategy to immunize dogs in regions where the disease is prevalent could significantly reduce human rates of infection and fatalities. The study also could be used as a step toward clinical trials for human use of LeishTec, which would be especially beneficial for U.S. service members carrying the disease. Though no exact number is known, recent studies estimate anywhere between 5 and 20 percent of service members who served in Iraq have leishmaniasis.
Islet Transplantation Improves Quality of Life for People with Type 1 Diabetes

Quality of life for people with type 1 diabetes who had frequent severe hypoglycemia—a potentially fatal low blood sugar level—improved consistently and dramatically following transplantation of insulin-producing pancreatic islets (tiny clusters of cells scattered throughout the pancreas), according to findings recently published in *Diabetes Care*.

The results come from a Phase 3 clinical trial funded by the National Institute of Allergy and Infectious Diseases (NIAID) and the National Institute of Diabetes and Digestive and Kidney Diseases, both part of the National Institutes of Health.

Eric Foster, CPH clinical assistant professor of biostatistics, is the corresponding author of the paper, and the Clinical Trials Statistical and Data Management Center served as the clinical and data coordinating center for the study.

The greatest improvements were seen in diabetes-related quality of life. Islet recipients also reported better overall health status after transplant, despite the need for lifelong treatment with immune-suppressing drugs to prevent transplant rejection. Researchers observed these improvements even among transplant recipients who still required insulin therapy to manage their diabetes.

“Although insulin therapy is life-saving, type 1 diabetes remains an extremely challenging condition to manage,” said NIAID Director Anthony S. Fauci, MD. “For people unable to safely control type 1 diabetes despite optimal medical management, islet transplantation offers hope for improving not only physical health, but also overall quality of life.”

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Field Honored with Iowa Radon Hero Award

CPH Professor Bill Field was honored earlier this year with the Iowa Radon Hero Award from the Iowa Department of Public Health for his work as a researcher, educator, and advocate.

He was presented with the award at the EPA Region 7 Radon Stakeholders Meeting in Des Moines. The meeting was attended by more than 200 stakeholders, including EPA representatives, radon testers, radon mitigation specialists, members of the American Association of Radon Scientists and Technologists, representatives from state cancer coalitions, and representatives from state and local health departments.
A new report from the UI Injury Prevention Research Center examines for the first time how bicycle safety is being taught in the U.S. The report creates an inventory of child bicycle education curricula so that educators can look for best practices and age-appropriate lessons to teach children bicycle safety.

Cara Hamann, lead author of the report, studied 96 youth bicycle education programs across the country. She found that the majority of bicycle education programs (59 percent) are not age-specific despite the fact that children of different ages have varied levels of coordination, balance, and endurance.

The report also found that most bicycle education programs are school-based (66 percent), provide equipment (59 percent), and include knowledge-based tests (60 percent) and hands-on training (80 percent). Fewer accommodate special needs children (32 percent) and meet education requirements (36 percent).

According to the report, all children should learn the benefits of bicycling, the importance and proper fit of helmets and visibility, proper starting technique, and how to ride on multi-use paths. Children should also practice bicycling skills through on-bike games and learn bicycle maintenance and fit, where to ride, and traffic safety laws/rules.

The report is available at cph.uiowa.edu/iprc/.

More Children Are Diagnosed with Autism than Previously Thought

The number of children in the United States diagnosed with autism spectrum disorder may be significantly higher than previously thought, according to a University of Iowa analysis.

The analysis of data from the U.S. Centers for Disease Control and Prevention (CDC) suggests that 2.4 percent of American children between the ages of 3 and 17—or 1 in 41—have been diagnosed with autism, higher than most earlier estimates of about 1.46 percent or 1 in 68 children. Wei Bao, CPH assistant professor of epidemiology and corresponding author of the analysis, says the higher number shows the need for officials to think about reallocating health care resources to care for significantly more people with autism.

“Previous thinking about autism is that it is very rare, but this study tells us that it is no longer something that is very rare,” says Bao. “This should cause us to reconsider what our future priorities in research, service, and policy should be regarding children who have autism spectrum disorder. Clearly, we need more people to care for children with autism.”

The paper was published in the January 2018 issue of JAMA. Its first author is Guifeng Xu, PhD candidate in the UI College of Public Health, and is co-authored by Buyun Liu, postdoctoral researcher in the College of Public Health, and Lane Strathearn, professor of pediatrics in the Carver College of Medicine.
Study Examines Alcohol-related Crashes Involving Farm Equipment

Rural roads can be hazardous for drivers due to poor roadway conditions, high travel speeds, and frequent encounters with farm equipment and other slow-moving vehicles. A recent five-year study published in *Traffic Injury Prevention* identified more than 60 alcohol-related crashes involving farm equipment in four Midwestern states.

“We found that the passenger vehicle drivers were more often impaired than the farmers operating their equipment. This is important because these impaired drivers may be slower to recognize and react to farm equipment, and more likely to misjudge the differences in speed of the equipment on the roadway,” said Karisa Harland, the lead investigator.

The team of researchers from the University of Iowa and University of Minnesota found that the percentage of alcohol-impaired crashes involving farm equipment varied by state. North Dakota and South Dakota, respectively, had the highest proportions of alcohol-impaired driver crashes when compared to the other states. Most crashes resulted from the impaired passenger vehicle driver rear-ending or running head-on into the farm equipment.

“There’s a continued need for educating all road users about alcohol use while driving and the appropriate ways to interact with farm equipment on roads,” says Harland. NIOSH funded the study through the Great Plains Center for Agricultural Health.

Emergency Department Telemedicine Shortens Patients’ Time-to-provider

Rural hospitals using telemedicine services reduce the time between patients entering the emergency department to receiving physician care by six minutes, according to a new study led by University of Iowa researchers.

The research team, headed by Nicholas Mohr, UI associate professor of emergency medicine and anesthesia, measured the impact of emergency department (ED)-based telemedicine services on timeliness of care in rural hospitals. The study looked at data collected from 14 hospitals in Iowa, Kansas, Nebraska, North Dakota, and South Dakota that subscribe to telemedicine services from a single ED-based telemedicine provider. The team matched 2,857 emergency department cases that used telemedicine services with non-telemedicine controls.

The results, published online in *Telemedicine and e-Health*, showed that telemedicine decreased door-to-provider time by six minutes. This provider could be either a local provider physically assessing the patient or a telemedicine provider—whoever was available first. The first provider seeing the patient was a telemedicine provider in 41.7 percent of telemedicine encounters, and in these cases, telemedicine was 14.7 minutes earlier than local providers.

The researchers also noted that among patients who were transferred to other hospitals, ED length-of-stay at the first hospital was shorter in patients who had telemedicine consulted. The authors suggest that this reduced time may be due to remotely located staff completing administrative and charting tasks, allowing local staff to concentrate on patient care.

The study team included Tracy Young, Karisa Harland, and Marcia Ward from the University of Iowa; and Brian Skow, Amy Wittrock, and Amanda Bell from Avera eCare.
College Names 2018 Outstanding Alumni Award Recipients

The College of Public Health has named Adaeze Enekwechi (07PhD, health services and policy) and Margaret Chorazy (10PhD, epidemiology) the recipients of its 2018 Outstanding Alumni Awards. They will be honored at a special event in September.

Enekwechi is a highly experienced health care executive with a deep understanding of federal health policies, including delivery system reform and Medicare payment models. She is currently vice president for strategy, policy and analytics at McDermott+Consulting in Washington, D.C. Previously, she served as the associate director for health programs at the White House Office of Management and Budget during the Obama Administration. As the federal government’s chief health care budget official, she provided budget, policy, management, and regulatory oversight for over $1 trillion in spending on a range of federal programs including Medicare, Medicaid, insurance marketplaces, and for all domestic health care federal agencies, including the National Institutes of Health, the Food and Drug Administration, and Centers for Disease Control and Prevention.

Chorazy is director of undergraduate programs and a clinical assistant professor of epidemiology at the University of Iowa College of Public Health. She has demonstrated excellence in teaching and mentoring both undergraduate and graduate students. Her scholarship is in two areas: infectious disease epidemiology and curriculum development. In the latter area, she has focused on public health education and curricular innovation, contributions to pedagogy, and the development of the college’s undergraduate program in public health. She has served as a member of the UI Student Success Task Force and UI Faculty Advisory Council on Student Retention. Chorazy also serves on the college’s executive committee, where she expresses the vision, strategies, and operational approaches for the college’s new undergraduate programs.
NICOLE (EGAN) ALOIA (t2MHA) is an operations administrator, medical oncology at Mayo Clinic Health System in Eau Claire, Wis.

RICHARD ARMSTRONG (t0MHA) is a practice administrator at Eye Physicians & Surgeons, LLP in Iowa City, Iowa.

ERIN ARNESON (t6MPH) is a research associate I: health communications specialist with the University of Southern Maine as an embedded contractor to the Maine CDC in Portland, Maine.

HIND BAYDOUN (09PhD) is a manager, epidemiology at Sabin Vaccine Institute in Washington, D.C.

KAITLIN BOYLE (t2MHA) is a regional administrator, primary care at Brigham and Women’s Hospital in Boston, Mass.

WEN CHE (t4MS) is data scientist I at OSF HealthCare in Peoria, Ill.

BRIAN DAHL (t9MHA) is the compliance practice lead at F.M.M.A. International Consulting Group, Inc. in Farmington Hills, Mich.

MEGAN (NEAL) DORR (t7MPH) is a program specialist at the State of Minnesota Department of Human Services in Minneapolis, Minn.

T.K. EVERETT (t4MHA) is a performance consultant at Privia Health in Atlanta, Ga.

CHRISTA A. GALLAGHER (t2MPH) is an assistant professor of veterinary public health and epidemiology at Ross University School of Veterinary Medicine in Basseterre, Saint Kitts and Nevis.

ERIC HAWKINS (t9MS) is the deputy state epidemiologist at Indiana State Department of Health in Indianapolis, Ind.

AARON HORSFIELD (t7MHA, t7MPH) is an administrative fellow at UPMC Health Plan in Pittsburgh, Penn.

SARA (BAKER) IMHOF (t6PhD) is the senior director, precision health at North Carolina Biotechnology Center in Cary, N.C.

NINA JOVANOVIC (t7MPH) received the 2018 Developing Country Eye Research Travel Fellowship from the ARVO Foundation for Eye Research. Her work includes pediatric eye injuries and an eye trauma registry in Bosnia and Herzegovina.

TODD LINDEN (t8MA) announced his retirement from Grinnell Regional Medical Center, effective Jan. 1, 2018. He will continue as a consultant assisting with implementation of a recently finalized affiliation agreement between GRMC and UnityPoint Health-Des Moines. The UnityPoint Health–GRMC organization also includes a partnership with University of Iowa Health Care.

JAMES MCKNIGHT (t0MS) is an environmental science engineering officer at Medical Research & Materiel Command, US Army in Ashburn, Va.

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LENA SWANDER (t6MPH) is a chronic disease prevention epidemiologist at the Wisconsin Department of Health Services in Madison, Wis.

ANNA TIMMERMAN (t07MHA) is an attorney at McGuireWoods LLP in Chicago, Ill.

ABIGAIL TOMPKINS (t7MS) is a senior industrial hygienist at Altria Client Services Inc. in Richmond, Va.

BRENNA C. WALDSCHMIDT (t11MS) is the clinical nutrition director at Senova Healthcare in Middleton, Wis.

JAMES MCKNIGHT (t0MS) is an environmental science engineering officer at Medical Research & Materiel Command, US Army in Ashburn, Va.

LEMAC’ MORRIS (t5MPH) is the associate director of veterinary strategic projects at Boehringer Ingelheim in Stillwater, Okla.

SEAN O’GRADY (t93MA) is the chief clinical operations officer at NorthShore University HealthSystem in Evanston, Ill.

DANIELLE PINGEL (t3MHA) is the director of clinic operations at UnityPoint Clinic-Fort Dodge in Fort Dodge, Iowa.

MATT SOGARD (t04MHA) became CEO of Overland Park Regional Medical Center in Overland Park, Kan., in April 2018. He previously was CEO of Lee’s Summit Medical Center in Lee’s Summit, Mo. Both medical centers are part of HCA Midwest Health based in Kansas City, Mo.

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.
As a high school student in Martensdale, Iowa, Krista Scott was an avid athlete, competing in five different sports. But serious injuries resulting in torn ACLs in both knees led Scott to consider options beyond athletics and ultimately helped her discover her future career path.

Realizing that she wanted to help others with injuries, Scott initially considered a career as an orthopedic surgeon. During her University of Iowa undergraduate studies, however, she thought, “Wouldn’t it be great if we could somehow prevent people from needing surgery in the first place?”

This led her to the UI College of Public Health, where in 2008 she received a Master of Science degree in industrial hygiene from the Department of Occupational and Environmental Health. This degree program prepares students to prevent occupational disease and injury in industrial, environmental, and occupational sectors.

“I learned a wide variety of scientific principles and how to identify gaps where something could be improved,” Scott says.

As an industrial hygienist at EMC Insurance Companies in Des Moines, Scott helps clients create policies and procedures to fill in the gaps in their own safety and health programs to prevent future problems. Her work includes a variety of roles, from providing internal and external training, completing onsite industrial hygiene surveys in various venues from schools to manufacturing facilities, and working with clients to develop procedures for return-to-work and injury management programs.

“On a more global scale, I believe industrial hygienists and other safety and health professionals can truly make a difference in the lives of workers all over the world,” she says. “It’s up to us to do everything we can to protect people who may not have the knowledge or ability to protect themselves.”

Scott sees her work as an industrial hygienist as preventive medicine.

“If I can prevent a person from becoming ill or injured, rather than responding solely when an injury or illness does occur, then I have definitely accomplished something,” she says.
Giving Voice to Hope and Power

BORN IN MEXICO CITY, raised in Chicago, and now living in Harlem, award-winning journalist Maria Hinojosa grew up noticing stark contrasts between the U.S. and Mexico, as well as neighborhoods only a few blocks apart.

Hinojosa spoke about disparities affecting Latino and immigrant communities in the U.S. during a visit to the College of Public Health in April. She delivered the keynote speech at the 12th Annual Latinx in Action Week Honoring César Chávez, touching on disparities in education, the legal system, and media.

After a career reporting for CNN, PBS, CBS, and other news outlets, in 2010 Hinojosa formed her own company, Futuro Media Group, to give voice to the stories and diversity of experiences that mainstream media often overlooks. While the prevailing narrative often focuses on what Latino and immigrant communities lack, Hinojosa prefers to flip that around, focusing on what marginalized groups bring to the conversation.

“Where can I find some power in disparity?” she asked. “I see a tremendous amount of hope in the stories I encounter. There’s a lot that I learn from these communities.”

She’s particularly inspired by an emerging generation of leaders and social activists. “Own your power,” Hinojosa advised students. “Don’t wait.”