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Research Annual Report
Howdy and greetings from College Station, Texas. This year had many unexpected surprises and changes in the global and political landscape. In particular, there has been a renewed focus on the plight of rural Americans. The data are discouraging. Rural Americans are more likely to die from heart disease, cancer and unintentional injuries than urban Americans. Health behaviors including drug use, physical inactivity and smoking are worse in rural America. In 2018, we will celebrate our 20th anniversary as a School of Public Health. We remain the only public health school ever founded to focus specifically on rural health issues. While our name may have changed, rural health has never been far from our hearts.
The disparities in health outcomes stretch across the southern United States. According to America’s Health Ranking, Texas at 33rd is the healthiest state in the South. Our southern neighbors, Alabama, Arkansas, Louisiana and Mississippi rank 47th to 50th, respectively. Coming from Hawaii, which is celebrating its 5th consecutive year as America’s healthiest state, this bothered me. As we talked about the issue, we realized that the 14 universities that make up the Southeastern Conference were all located in these states. Long known for excellence in athletic programs, we wanted these institutions to also be known for promoting health in their states. In April, we hosted the first meeting of the Champions for Health in the South. While still in its early stages, we believe that this initiative has the potential to make an impact in these states.

Our school has had an outstanding year. We have recruited a new Associate Dean for Academic Affairs, Dr. Amy Fairchild. Our undergraduate program is booming. Over 175 new freshmen will start the program in the fall of 2017 bringing our undergraduate total to over 400. In just two years, our undergraduate program has grown to match the size of our graduate program and will certainly be larger before year’s end. Word of our success is getting out. Last year, we received more philanthropic gifts than were given in the entire history of the school. Every person we bring to the school leaves speechless. We often hear, “I can’t believe all the amazing work that your faculty is doing.” Some days, I can’t either. From preparing communities on the Gulf Coast for the next disaster, eliminating workplace injuries, helping older adults avoid falls, harnessing the incredible power of ferrate, improving health care delivery, reducing asthma in children and exploring the ethics of public health surveillance, we are making a noticeable difference in the lives of Texans, Americans and people throughout the world. We are truly Fearless on Every Front.

Aloha,

Jay E. Maddock, PhD, Dean
School of Public Health

Dean Maddock Chairs National Physical Activity Plan Media Advisory Panel

Dean Maddock has been appointed chair of the Mass Media Advisory Panel by the National Physical Activity Plan (NPAP) Alliance. He will chair the nine-member advisory panel composed of members from media organizations, health departments and universities with media expertise related to promoting physical activity.

The NPAP Alliance is a coalition of national organizations that have joined forces to ensure the long-term success of the NPAP, which is a comprehensive set of policies, programs and initiatives that aim to increase physical activity in all segments of the U.S. population.

The panel will prioritize mass media strategies, suggest updates to the NPAP, and identify metrics for evaluation of plan implementation. In addition, the panel may be asked to provide guidance on special projects undertaken by the NPAP Alliance Board.

Maddock authors the Dean’s Perspective, a monthly blog on various topics for the Journal of Public Health Management and Practice (JPHMPDirect.com) and recently completed a term serving as President of the American Academy of Health Behavior.
A Whole Community Approach to Disaster Recovery

Protecting the public’s health from disasters

Texas is highly susceptible to both natural and technological disasters due to the substantial concentration of industrial facilities and extensive coastlines. The combined threats of natural hazards, climate change and coastal population growth has led Jennifer Horney, PhD, MPH, interim department head and associate professor in the Texas A&M School of Public Health Department of Epidemiology and Biostatistics, to research issues related to community resilience.

Horney, a disaster preparedness expert, has previously conducted research on multiple public health disasters including Hurricanes Charley, Isabel, Katrina, Wilma and Irene. Her research focuses on combining interdisciplinary collaborations, community-engaged research and high-impact service learning to help communities achieve resilience.

"Resilient communities anticipate and plan for the impacts of future disasters, and as a result, are less impacted," Horney said.

Innovative research that engages communities at all stages – from developing a hypothesis to reporting results – is a key element of Horney’s work. For example, community partners in Houston, Texas, identified inadequate storm water infrastructure during flooding and hurricanes as a concern. As part of a multidisciplinary award from the National Science Foundation’s Early Concept Grant for Exploratory Research Program, Horney and others engage with residents to collect citizen science monitoring data at the neighborhood scale. The results of this research will benefit residents and local governments by providing a framework for community engagement data collection by citizen scientists.

Recently, Horney worked with the Department of State Health Services to use data from the State Fire Marshal’s Office to publish an article on flash flood swift water rescues in Texas. A webinar with the Texas Flash Flood Coalition and the National Weather Service is planned to ensure that research findings are translated to practitioners.

Horney leads the Health and Environment Program of the Institute for Sustainable Communities (IfSC) a Texas A&M University-wide initiative supported by the Office of the Provost and Executive...
Vice President and the Dean of the School of Public Health. The IFSC was developed to promote interdisciplinary collaborations for transformative research to advance community resilience. The Health and Environment Program focuses on the public health impacts of disasters that result from environmental contamination and is supported by funding from the Texas One Gulf Center of Excellence, the National Science Foundation and the National Institutes for Environmental Health Sciences.

Examples of interdisciplinary collaborations include partnering with the Colleges of Geosciences and Engineering to create a mobile application that allows community members to map locations of potential mosquito breeding grounds.

“The health departments get some free data, without having to use their own very limited staff resources,” Horney said. The data collected by citizen scientists can be leveraged by public health agencies to inform mosquito control strategies preventing such outbreaks as Zika and West Nile from occurring.

With support from the National Oceanic and Atmospheric Administration’s Texas Sea Grant Program, Horney is working with partners in the Departments of Communication and Political Science to better understand the relationship between community engagement and resilience.

“Findings from public opinion surveys of residents in U.S. Gulf Coast shoreline counties have highlighted potential gaps in preparedness for heatwaves and droughts, which residents rank as the hazard they are most concerned about,” Horney said.

With funding from the National Academies of Sciences Gulf Research Program, Horney and investigators in the school’s Departments of Biostatistics and Health Policy and Management are quantifying the effects of disasters on individuals covered by the Medicare health insurance program. Using longitudinal data from the National Center for Health Statistics and the Federal Emergency Management Agency, the research team is learning about the impacts that disasters have on the use of home health care and inpatient rehabilitation services, findings that should support improved preparedness of the elderly and the Medicare program.

“All of these projects are helping to improve our ability to do high quality research after disasters and evaluate the effectiveness of the public health system in protecting the public’s health,” Horney said.
“Surveillance is the radar of public health. Without knowing some basics like who has a disease and where are they located, it becomes nearly impossible to track outbreaks, understand the cause of diseases, and intervene. But public health surveillance often raises concerns about privacy and civil liberties. People worry about having their names on “a list.” Health officials might have to contact individuals with disease. Surveillance, in a case of a disease like SARS, might mean isolation. Tuberculosis might warrant mandatory treatment.

The World Health Organization’s (WHO) Global Health Ethics unit has released new ethical guidelines for public health surveillance highlighted in The Lancet. Amy Fairchild, PhD, MPH, associate dean of academic affairs at the Texas A&M School of Public Health and professor in the Department of Health Policy and Management, played a lead role in guiding a committee of international experts to produce the WHO Guidelines on Ethical Issues in Public Health Surveillance.

“Safeguarding privacy and data is important for maintaining public trust. But so is community knowledge of surveillance and what it can offer. This is where an international ethics framework is useful,” Fairchild said. Surveillance has been at the heart of sometimes bitter controversy. Parent groups, for example, have resisted the collection of data about immunizations, concerned that it might be a tool for mandatory vaccination. In the early years of the AIDS epidemic, gay men in major U.S. cities vigorously challenged calls for name-based HIV reporting. It was a social context in which talk of tattooing and quarantine was in the air. More often than resisting surveillance, populations have demanded a “right to be counted.” For example, in the early 1990s, Texas residents in Brownsville, Harlingen and Houston advocated for birth defects surveillance after parents began to worry about potential clusters of anencephaly. A deep desire to protect children became central to a bipartisan effort to fund birth defects surveillance across the state.

Fairchild Leads International Team in Developing World Health Organization Ethical Guidelines
“As we developed these guidelines, we asked the hard ethical questions,” said Fairchild. “Is it acceptable for governments to collect names and other sensitive personal information without consent? Can personal data ever be shared? What are the limits of sharing? Can governments mandate surveillance even when there are risks that names might be disclosed? Does public health surveillance need formal ethical oversight?”

The WHO Guidelines on Ethical Issues in Public Health Surveillance make the case that governments have an ethical obligation to undertake surveillance. They are very different from research ethics guidelines that begin with limits in the name of individual rights and autonomy. “This is not to say that human dignity and individual liberty are not a vital part of these guidelines,” said Fairchild. “But there can be no question that they understand individuals as part of interconnected populations. The common good is fundamental when it comes to surveillance.”

These are the first ethical guidelines on public health surveillance, not the final word. “The ‘big data’ revolution could be a game changer for public health, and the WHO network is now looking to address this challenge. But we also needed a clear starting point rooted in state-based surveillance,” Fairchild said. “More work and cooperation between nations with different government types, cultural norms and economic systems will be needed to fully build not just a unified ethical system for public health surveillance, but a shared vision of public health ethics as a framework that is distinct from research ethics or health and human rights.”

View the WHO Guidelines on Ethical Issues in Public Health Surveillance at tinyurl.com/WHO-ethical-guidelines or using the QR code.
As telehealth takes off as the next big way to provide cost-effective health care to underserved populations, a group at Texas A&M University sees it as confirmation of what they’ve been doing for years.

The Texas A&M Telehealth Counseling Clinic (TCC) utilizes doctoral students in psychology to provide mental health counseling to people in rural areas of the Brazos Valley region who would otherwise lack such services. The graduate counselors work out of their clinic’s offices on the Texas A&M campus in College Station, but the clients stay near their homes in five Brazos Valley counties. A secure, high-speed video link connects the two.

The clinic is an interdisciplinary collaboration between the Texas A&M School of Public Health and the College of Education and Human Development. The counseling psychology program at Texas A&M is the only American Psychological Association (APA) How Counselors Are Using Telehealth to Reach Underserved Populations

Those with otherwise poor access to mental health care—from veterans and those in rural areas to prisoners—can benefit from what practitioners are calling ‘telepsychology’.
“The people in the community are what have made this program so successful.”
Carly McCord, PhD

The counseling psychology program at Texas A&M is the only American Psychological Association (APA) accredited program in the nation that includes a telehealth clinic.

“My vision is that the TCC will be at the forefront of telehealth training. First and foremost the TCC serves as a clinical setting for students from multiple disciplines to apply what they are learning in the classroom and positively impact the communities in which they live,” McCord said. “Secondarily, the expertise gained can be applied to consult with and assist other universities to incorporate telehealth into their training. Finally, the TCC has demonstrated commitment to providing training to licensed professionals by developing continuing education courses.”

“There’s a huge gap between where technology has grown to be and what many of our young professionals will be prepared to fully utilize when they graduate,” McCord said. “The TCC is working to bridge that gap.”

Carly McCord, PhD, director of clinical services at TCC and an assistant professor at the School of Public Health, said, “Once you consider the public health mindset that I wasn’t taught in my counseling graduate training.”

In addition to using educational psychology students as counselors, the clinic employs public health students in research and outreach positions. To date, they’ve served more than 700 clients and provided approximately 7,000 counseling sessions.

The counties served by the TCC benefit too in the form of health care cost savings. “There is a cost avoidance factor if we can keep people from going to the emergency room every time they have a panic attack, and I’ve heard anecdotally we do,” McCord said. “Still, it’s important to remember that although cost savings can help convince counties to participate, the primary goal is quality care for patients.”

Part of that quality is the fact that people get better access to care because they don’t have to travel an hour or more to Texas A&M. Instead, the TCC has worked with a variety of community partners so clients can access care within their county.

“‘The people in the community are what have made this program so successful,’ McCord said. “That’s...
Thanks to a new $1 million funding award, a Texas A&M School of Public Health research team will explore new ways to integrate diverse datasets for improving patient outcomes through data-driven research that is effective and respectful of patient privacy. The award from the Patient-Centered Outcomes Research Institute (PCORI) will support this project for the next three years.

The project, led by Hye-Chung Kum, PhD, associate professor in the Department of Health Policy and Management at the Texas A&M School of Public Health with a joint appointment in the Department of Computer Science and Engineering at the College of Engineering, will study how to best balance the quality of integrated data used in health research with the privacy rights of the patients the data describe.

For years, researchers have integrated and used so-called secondary data such as hospital discharge information and insurance data to improve health care, but a critical task to reap the benefits of big data for population health is data integration, a process known as record linkage, or RL. RL identifies the same patient
Due to the sensitive nature of the data that are needed for record linkage, there are concerns about privacy, leading to many obstacles to getting full access to all required data. 

Due to the sensitive nature of the data that are needed for RL, there are concerns about privacy, leading to many obstacles to getting full access to all required data. Some concerns are real, but many are only perceived obstacles. This privacy concern can be overcome by suppressing identifying information in data sources, but this comes with the costs of reduced RL accuracy and missing data that leads to suboptimal outcomes. Additionally, many patients are unaware of where their data will be used in the future, making patient consent a tricky issue.

“Information privacy is a complex problem that requires a holistic approach,” Kum said. “The only viable solution is at the intersection of technology and regulations where technology and regulations are reconciled and applied to safely use only the needed identifying information for optimal linkage.”

The research team will work to determine how much information is actually needed for quality data integration and study the relationship between RL quality and how much patient data is suppressed.

“We will also develop tools to analyze privacy risks involved when using medical data and communicating the technology to patients,” Kum added.

Patient-centered health care means that patients are expected to be active participants in their care decisions. To do this, patients will need better information so they can make informed choices. “Part of this involves knowing how much of their personal data could be used by researchers, what the risks are to their privacy and what steps researchers are taking to protect them,” Kum said. “Transparency is one of the most effective mechanisms for privacy protection.”

Kum will conduct the study with a multidisciplinary team that will use information privacy protection techniques, human computer interface design, and input from health care researchers, legal experts and patients. Additional researchers include Alva Ferdinand, PhD, JD, and Cason Schmit, JD, both from the Department of Health Policy and Management at the School of Public Health as well as Eric Ragan, PhD, from the Department of Visualization in the Texas A&M College of Architecture.

PCORI is an independent nonprofit, nongovernmental organization located in Washington, DC, that was authorized by Congress in 2010. Its mission is to fund research that will provide patients, their caregivers and clinicians with the evidence-based information needed to make better-informed health care decisions. For more about PCORI, see www.pcori.org.
Over one-third of the nation’s population lives in the southern United States and the region is growing rapidly. The region is racially and ethnically diverse and home to a large share of the nation’s people of color. It is also home to the universities of the Southeastern Conference (SEC). The SEC has fourteen member institutions that include the flagship public universities of ten states, three public land-grant universities, and one private research university. These fourteen universities reside in 11 states, all of which are located in the southern region of the United States.

Every SEC school is located in a state whose health rankings are in the bottom one-third of all states – and eight of them rank among the lowest 20 percent. Texas ranks 33rd in the national health rankings. Measures include rates of obesity, diabetes, smoking, alcohol and drug use, immunizations, physical inactivity, infant mortality, violent crime and more. The South performs poorly on most of these health indicators with a disproportionate effect on underserved people and communities.

As an SEC member institution, Texas A&M University is committed to helping its fellow institutions and the states where they reside to better the health of their citizens. To achieve meaningful impact, the Texas A&M School of Public Health is leading an initiative to tackle this important issue. Led by Dean Jay Maddock, PhD, and John Spengler, PhD, JD, both from the Texas A&M School of Public Health, a planning group of 25 thought leaders, content specialists and academic leaders in health
from SEC universities was brought together at Texas A&M to focus on actionable ways to improve health in the South.

“The southern states have been in the bottom of the health rankings for too long. We are excited about the potential to bring together some of the premier higher education institutions in these states to work together to improve the health of our residents,” said Maddock.

Dean Maddock led the day-long conference starting with a presentation on the state of health in states where SEC universities reside followed by Ruth Katz, the executive director of the Aspen Institute’s Health, Medicine and Society Program moderating a panel of key thought leaders. Afternoon sessions focused on brainstorming strategies and priorities, and the generation of ideas on how to move the agenda forward.

Recurring themes were diversity and recognition of health disparities in the South, the importance of education and prevention, marketing and opportunities connected to mass gatherings, and establishing collaborations among important stakeholders. Built upon the framework provided by Dean Maddock on the state of health in the South, and the panel of experts moderated by Ruth Katz, Esq., from the Aspen Institute, the meeting generated big ideas of relevance to individual campus and community initiatives, and improving health in southern states and regions.

The meeting has generated support for the initiative among Presidents/Chancellors of SEC member institutions through the signing of declarations which indicate a symbolic gesture of support for both the Champions for Health in the South initiative and the improvement of health on the home campus, community, state and region each university serves.

To further achieve meaningful impact, discussions are underway with the Aspen Institute’s Health, Medicine and Society Program about partnering with Texas A&M University in this endeavor. Conversations are currently underway around promoting healthy workplaces and tobacco free campuses, developing important new collaborations between extension and public health, and addressing health disparities through strategic partnerships and creative thinking.

A Note on Dean Maddock

Dean Maddock joined Texas A&M from the University of Hawaii where he led the research and evaluation arm of the Healthy Hawaii Initiative, a comprehensive program to improve health in Hawaii. During his time in Hawaii, the state’s ranking improved from 6th to 1st, a rank that it has now held since 2012 with some of the lowest rates of cancer deaths, preventable hospitalizations and premature death. He wants to impact the health of Texas and other southern states as he did in Hawaii.
Technology promises to transform health care, whether through mobile applications, wearable trackers or electronic health records. Still, it’s clear that this hasn’t yet happened, so what’s wrong with the system?

Perhaps nothing, except that it’s just slowly getting to where it should be. “I would caution against us making any final conclusions of overall value or potential of health information technology (HIT) at this vantage point; it would be similar to looking at the fate of Friendster and making a final determination on the future success of something like Facebook,” said Cason Schmit, JD, research assistant professor at the Texas A&M School of Public Health. “There is so much more room for growth.”

And just like Facebook, most of the real utility—and economic potential—of HIT will be realized when all of the systems come together in an interconnected network that is used by a critical mass of people. “By
themselves, separate HIT systems are not going to have much of an impact,” Schmit said. However, if electronic health records of thousands or even millions of patients link together in a massive health information exchange (HIE) and combined with other auxiliary technology like electronic drug prescribing, there might be a synergistic effect.

For example, a health information exchange allows health care providers in different practices or even in different regions to access the health history of the patient in front of them. Still, it only works if many providers have all opted into the same network. “By its nature, a HIE is a valueless system on day one; HIE needs users and patient data,” Schmit said. “You need to build it up to the point where it is worth a physician’s time to look up their patient on the HIE.”

Once it has been built up, though, it could be of real benefit. Care of the patient can be integrated with providers being alerted of potential drug interactions and notified when their patients visit the emergency department. Evidence suggests it can also cut down on the cost of imaging and diagnostic tests if providers had easy access to earlier scans—and didn’t have to repeat them. Medical errors—18 percent or more of which can be attributed to an information gap, according to studies—might also be reduced.

However, even with all of these benefits, technological change won’t happen overnight. “It’s difficult to get there because, among other administrative and technical challenges, there are many real and perceived legal barriers that stand in the way of achieving high-value use cases,” Schmit said. “There are legacy legal frameworks that apply to traditional health care practice that are not facilitating the free exchange of health information required for some advanced HIT uses.”

The trouble is that there are literally thousands of laws—many of them well-intentioned attempts to protect patient privacy—getting in the way of this free exchange of information. “There are 2,364 state statutes and regulations relating to electronic health information as of 2013,” Schmit said. “I counted.” That’s not to necessarily say that each of those laws is in itself an insurmountable barrier, but the sheer number of laws can make some people less inclined to try something new for fear of running afoul of one of the laws. “We are working with a technology that is evolving incredibly quickly and a massive regulatory framework across 50 states that is moving very, very slowly,” he added. “It is very difficult for innovators of emergent technologies to create something that can be applied nationwide and that will be compliant.”

“These existing real and perceived legal and policy barriers need to be addressed so we can actually go where we need to go.”

Cason Schmit, JD
The United States has an obesity epidemic, and although it would be easy to place blame on individual decision making, many Americans don’t have access to fruits, vegetables and other healthy food at a price they can afford. The Centers for Disease Control and Prevention (CDC) has a name for areas in which people live far from a supermarket or large grocery store that sells nutritious foods and where much of the population lacks easy access to transportation: food deserts.

Much of the rural area around McAllen, Texas, could be considered a food desert, as there are few public bus routes, leaving those without their own vehicle to rely on friends or family members to get to grocery stores. “In Hidalgo County, which contains McAllen, 46 percent of the population lives in census tracts designated as food deserts,” said Evelia C. Castillo, MPH, CHWI, program coordinator of the CDC-funded Working on Wellness (WOW) Hidalgo program. “Through the WOW program, we are working through community-based coalitions to improve healthy food access in Hidalgo County.”

Monica Campos-Bowers, DrPH, instructional assistant professor at the Texas A&M School of Public Health in McAllen and an evaluator for WOW Hidalgo, sees the problem as largely one of access—the population’s access to fresh and healthy food, public health practitioners’ access to the population, and farmers’ access to people who can and will buy their food at fair prices.

“WOW-Hidalgo aims to decrease obesity in our region, and one way is to address food retail opportunities—to get people access to any fruits or vegetables,” Campos-Bowers said. However, that’s not as easy of a proposition as it sounds. “You think that if you just plop a farmer’s market in the middle of a food desert, everything will be solved, but that’s not how it works. The population might not even want the farmer’s market. “Community ownership in the initial assessment, implementation and monitoring of such a program is vital for sustainability and long-term success,” Campos-Bowers added.

Although the area is generally warm with two growing seasons each year, making fresh, locally grown ingredients available nearly year-round, some farmers aren’t producing because it’s not profitable. “For some farmers, selling their produce isn’t paying for their costs,” Campos-Bowers said. “How do you make it valuable for the farmers to come to food deserts and sell their produce?”

As part of Texas A&M Healthy South Texas—an innovative public health extension platform that combines the clinical expertise of the Health Science Center with AgriLife Extension Service’s statewide reach—WOW-Hidalgo and other initiatives have been

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**Bringing Produce to the Food Deserts of South Texas**

Issues of access and cultural sensitivity inform interventions in border communities
empowering the community to implement innovative solutions. For example, they plan to work with local community clinics to stock local produce that the providers can prescribe to high-risk patients as they would a medication. “This way, we can support local farms and help patients at the same time,” Campos-Bowers said. “If they’re seeing which foods are good for their diabetes, for example, and what they should be eating, that might help them know what they should buy next time to help their condition.”

“We want to show that you can get healing through your food,” Campos-Bowers added.

Another program utilizes existing social welfare resources to give people options about the fresh fruits and vegetables they consume. Families enrolled in the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) in the area get a voucher for a fixed amount to spend at the local farmer’s market. Such initiatives also serve the dual purposes of supporting farmers and getting their products to the population.

Getting gardens into elementary schools is also an important part of teaching healthy habits. “Summer programs and schools are a huge asset with regards to access to these populations,” Campos-Bowers said.

There is also a role for public policy in the solution. “If cities or communities pass laws that 20 percent of the shelves in grocery or convenience stores have to be fresh fruits and vegetables, that really helps with access,” Campos-Bowers said. The pricing of items, whether through tax incentives (or disincentives for junk food) may also be important.

Still, any intervention should consider the particular community. In South Texas, where much of the population is Latino or Hispanic, anyone creating the interventions should understand the cultural dynamics. “It’s vital to remember that any intervention must be culturally sensitive,” Campos-Bowers said. “Instead of telling people to stop eating foods they are familiar with and that they enjoy, perhaps suggest and provide a small change to a healthier alternative.”

Some research has shown that available resources, culture, education and food preferences may be more important for determining a healthy diet than simple access might be. Therefore, WOW is also including education and demonstration in their interventions. “We found that access is only one part of the puzzle, as some of the produce at the farmer’s markets are not consumed regularly by residents in our area,” Castillo said. “We have started to deliver food demos to educate participants on how to incorporate vegetables and fruits into their diets as well.”

“We don’t know what’s going to happen or what programs will work, but one thing I see as valuable is that they’re trying,” Campos-Bowers added. “We can learn from both successes and failures.”

“Community ownership in the initial assessment, implementation and monitoring of such a program is vital for sustainability and long-term success.”

Monica Campos-Bowers, DrPH
With the graying of the baby boomer generation, the number of older adults in America is increasing dramatically. In Texas alone, there are already more than 3 million people over the age of 65.

With these statistics in mind, Texas A&M has established a Center for Population Health and Aging led by Marcia Ory, PhD, MPH, Regents and Distinguished Professor in the School of Public Health. The center coordinates research and community programs for understanding and promoting optimal aging.

“We need to challenge the negative stereotypes people hold about older adults,” Ory said. “The idea that older people are frail and set in their ways can be truly detrimental to health.” Research has shown that when an older adult holds negative attitudes about aging, they actually die sooner.

Still, Ory cautions that it’s not an issue that should concern only a segment of the population. “Aging isn’t something that suddenly occurs when we hit 65,” she said. “It’s occurring throughout our entire lives.”

The center, which has more than 30 faculty affiliates from nine Texas A&M colleges, focuses on research, education and practice. “With a comprehensive, geographically dispersed health science center composed of all major health disciplines and strong collaborations with other colleges and agencies across the System, Texas A&M can lead the way in addressing the needs of an ever-growing, ever-aging society,” said Carrie L. Byington, MD, dean of the Texas A&M College of Medicine, senior vice president of the Texas A&M University Health Science Center and vice chancellor for health services at The Texas A&M University System.

The center will use a three-pronged approach: research to assess needs and modifiable risk factors, design and implementation of interventions and then dissemination of these evidence-based programs.

For example, the Texas A&M School of Public Health, working in collaboration with the Brazos Valley Area Council on Aging and other clinical and community partners, is promoting the delivery of evidence-based programs to improve older adults’ ability to manage their chronic conditions, reduce risks of falling and decrease burdens of caring for persons with dementia. “These programs have been shown to provide better health outcomes, improve health care, and demonstrate better value,” Ory said. “So far, the center’s programs have reached thousands but the challenge is to bring such successful programs to scale and sustain them over time.” Ory and her team are starting in their own backyard: Many of these programs are also being offered through Wellness Works, a program for the health and well-being of Texas A&M employees.
Ongoing research by professors in the College of Architecture and School of Public Health is examining the role the built environment plays in healthy aging, looking at how a planned community in Austin can impact physical activity as an example.

The Texas Transportation Institute is also involved in the center due to their concern about aging drivers. “When an older adult has to quit driving that’s an incredible loss of independence,” Ory said. “But imagine, someday in the not-to-distant future if you had an autonomous car that could take you safely wherever you needed to go.”

The collaborations don’t end there. The College of Veterinary Medicine & Biomedical Sciences is interested in participating because they study how to improve the aging of animals. The Bush School of Government and Public Service is focused on economic policy around aging and legislation impacting older workers. The College of Engineering is involved in developing technology that might allow older people to remain independent for a longer period of time. Other Texas A&M partners include AgriLife Extension with their outreach across the state, the College of Education and Human Development with their complementary Center for Translational Research in Aging and Longevity, the departments of psychology and sociology in the College of Liberal Arts with their concern for factors influencing individual health as well as the context in which people age, and the Colleges of Medicine, Nursing, Dentistry, and Pharmacy within the Health Science Center. “The point is that we should all be interested in aging,” Ory said, “because aging is everyone’s business.”

Complementing the new center there is a university-wide Healthy Aging Interest Group Research, which Ory helps convene, sponsored by the Texas A&M Division of Research. Some people, especially students, may want to focus on aging more intently, and that’s why Ory is offering some initial courses in healthy aging at both the undergraduate and graduate levels. She would also like to see the center coordinate the offering of a university-wide certificate in aging studies. “One goal of the center is to train the next generation of experts in gerontology and geriatrics, which is urgently needed given the rapid aging of the population,” Ory added.

In addition to behavioral and social interventions, the center includes aspects of clinical medicine and works to build bridges between clinical care and community programs. Clinical partners of the center in the Brazos Valley area include Baylor Scott & White Health, CHI St. Joseph and the College Station Medical Center. “Most people spend far more of their time at home than in the clinic or in hospitals,” Ory said. “That’s why that link between clinical and community networks is so important.”

The diabetes self-management program or the chronic pain self-management program, for example, helps people manage their condition in the community, supplementing the care they receive from their health care provider. Programs have been held in libraries, senior centers and other places that are easy for older people to reach. “Go where it’s convenient for people and bring them things they like,” Ory said. “And then, don’t tell people, ‘This will help you,’ but instead ask ‘What’s important to you?’ and then help them figure out how to meet those goals.”

Additionally, the center hosts these programs as well as community groups such as the Texas Falls Prevention Coalition, which advocates for community-wide policies and programs to reduce preventable falls.

“The center is a call to action, that’s what excites me. I want people to know they can make a difference no matter what their age, and the infrastructure of the center helps make that happen.”

Marcia Ory, PhD, MPH
We rely on a variety of substances, from antibiotics and aspirin to shampoo and sunscreen, to make modern life more comfortable and convenient. But these pharmaceuticals and personal care products, commonly called PPCPs, have lives that go on long after we use them. They enter our wastewater when they get washed down the drain or flushed down the toilet after passing through our bodies. After that, they end up in the environment. But what does that mean for ecosystems and human health?

To answer that question, Texas A&M School of Public Health researchers first looked at previous studies on PPCPs and how they affect the environment, publishing a review article of their findings in the journal *Environmental Chemical Letters*. Antibiotics are an important subset of PPCPs, and the World Health Organization has identified antibiotic resistant bacteria and genes as the major health issue of the century. Therefore, the research team also examined previous studies relating to treatment strategies for antibiotic resistant bacteria and antibiotic resistance genes and published this review in *Chemosphere*.

The purpose of the first review was to establish what is already known about PPCPs. “We pulled together all of the research to give a starting point,” said Leslie Cizmas, PhD, assistant professor in the Department of Environmental and Occupational Health at the Texas A&M School of Public Health and first author of the paper. “We tried to see what we need to learn and how to prioritize which compounds to look at.”

Much of the current concern about PPCPs is how they persist and affect the environment and...
the various species in it. Research on the effects of PPCPs in algae has been important in these efforts because algae are sensitive and can be tested quickly. Researchers also looked at studies of fish and other organisms at the other end of the size spectrum from algae. “We need to understand what’s going on at each trophic level,” said Cizmas. “Bioaccumulation, or the intake and concentration of chemicals in organisms, and biomagnification, in which chemicals are passed up the food chain and become more concentrated in higher predators, are also problems that need to be considered.”

In addition to these ecological concerns, there are potential human health issues related to PPCPs on the horizon. Population growth and increased reliance on water reuse, especially in drought-prone areas, could increase PPCP concentrations to a level where they start affecting humans as well. A specific side effect, higher levels of antibiotics in wastewater, could promote the spread of antibiotic resistant bacteria. “Further research will be needed to clarify this issue and point to antibiotics that should be saved for last line human use,” Cizmas said.

A major reason why PPCPs accumulate is that once they go down the drain, these substances tend to stick around. When they mix with other substances, even larger problems can develop because some PPCPs can affect the toxicity of other PPCPs, making a mixture that is more toxic than either would be on their own.

“Wastewater treatment plants aren’t really designed to take these things out of the water,” Cizmas said. “PPCPs can pass through these facilities into the environment largely untouched, and in some cases, these compounds can react with disinfecting agents like chlorine to produce new substances that could be harmful.”

The exact toxicity mechanisms after release of PPCPs from wastewater treatment plants is still largely unknown, Cizmas and her colleagues found, so they plan to study that subject next. This work is also looking at new methods that could remove PPCPs from wastewater. To be effective, removal methods will need to get rid of at least the most toxic and persistent compounds and be relatively inexpensive. Maintaining and upgrading wastewater infrastructure takes large amounts of money that many localities simply don’t have. “We need further research into cost-effective treatment methods, which is something we continue to look into,” said Cizmas.

The international interest in this research has brought several researchers from around the world to the Texas A&M School of Public Health. Pavla Plachtova, a Fulbright Scholar from the Czech Republic, is currently studying the effectiveness of oxidant treatment for reducing the toxicity of pharmaceutical-contaminated water. “Water pollution is a global problem, and PPCP contamination is also an emerging concern in Europe,” Plachtova said.

“The main aim of this research is to minimize the ecological and human health effects of released pharmaceuticals to the environment,” according to Virender Sharma, PhD, MTech, MSc, professor at the School of Public Health and a pioneer in ferrate research.

Additional research will depend on prioritizing which PPCPs to focus on. Antibiotics are a particular concern because of emerging antibiotic resistant bacteria worldwide. Not all PPCPs are created equal, so researchers need to pay special attention to compound concentrations, toxicity and persistence, and how they interact with each other. This, in turn, will help policymakers decide where to focus their efforts, whether it’s upgraded wastewater infrastructure, or restrictions on how these substances are used.

These and other studies coming from the questions clarified by the initial review articles aim to better understand the complicated mixtures of PPCPs that are currently in our waterways, and seek to find ways to minimize any harm caused by these useful compounds. “Water scarcity is predicted to be a major problem in the next century. Water reuse is likely to become more common, and we need to develop sustainable methods for managing our water resources,” said Cizmas.
Garcia Awarded NIH Grant to Develop First Huntington’s Disease Progression Tool

Research key to helping those with Huntington’s disease and may aid in Alzheimer’s and Parkinson’s research

The National Institutes of Health (NIH) recently awarded Tanya Garcia, PhD, assistant professor at the Texas A&M School of Public Health, a faculty development award in excess of half a million dollars to help her develop a statistical tool to track the progression of Huntington’s disease (HD).
Although estimates vary, more than 16,000 Americans are thought to have HD, a progressive neurodegenerative disease that causes a loss of cognitive, behavioral and physical control. It is a genetic condition that typically onsets in the person’s 30s or 40s. Because it is a dominant trait, everyone who carries the gene will eventually develop the disease, and they would have a fifty-fifty chance of passing it on to their children.

“I feel a sense of urgency to further study the overall progression of HD,” Garcia said, “which is critical to the timing of therapeutic interventions and design of effective clinical trials to help individuals who suffer from this disease.”

Garcia developed preliminary results for the NIH grant proposal during her time as a 2013-2015 Human Biology Project Fellow of the Huntington’s Disease Society of America (HDSA) on HD. Her work with HDSA and the School of Public Health’s Research Enhancement Development Initiative significantly contributed to her being awarded the grant from the National Institute of Neurological Disorders and Stroke, part of the NIH. Garcia will use the award from NIH to develop a statistical tool: the HD Progression Risk Assessment tool (HD-PRAT) which is aimed to help evaluate a person’s individual risk for when different disease symptoms will occur and visualize estimated, personalized trajectories of the HD.

“Significant gaps exist in the transitional period from pre-manifest to manifest Huntington’s disease, particularly how and when overt clinical symptoms and neurological deterioration develop,” Garcia said.

“Significant gaps exist in the transitional period from pre-manifest to manifest HD, particularly how and when overt clinical symptoms and neurological deterioration develop,” Garcia said. “My research will focus on improving prediction of HD motor-diagnosis by modeling the time-varying effects of multiple clinical performance measures and to improve identification of disease-relevant brain regions in relation to HD motor-diagnosis by modeling the spatial-temporal brain structure.”

Over the next 3 years, Garcia will work with esteemed neurologists and statisticians to best develop HD-PRAT: Raymond J. Carroll, PhD (Texas A&M University), Karen Marder, MD, MPH, and Yuanjia Wang, PhD (Columbia University), Jeffrey Morris, PhD (MD Anderson), Elizabeth Aylward, PhD (Seattle Children’s Hospital) and Samuel Mueller, PhD (University of Sydney). These mentors and collaborators will help Garcia to ensure that HD-PRAT is developed with the patient’s interest in mind.

“I feel a sense of urgency to further study the overall progression of Huntington’s disease, which is critical to the timing of therapeutic interventions and design of effective clinical trials to help individuals who suffer from this disease.”

Tanya Garcia, PhD

“Improved precision medicine approaches are needed in treating HD,” Garcia said, “and my goal is that HD-PRAT will provide ways to predict the pattern and intensity of an individual’s clinical and neurological changes over time while increasing the capacity to personalize early interventions, based on these learned predictions.”

Garcia’s hope is that these improved predictions will ultimately provide more informative genetic counseling sessions for presymptomatic carriers. It could aid in both treatment options and making important life decisions, such as marriage or family planning.

“As HD may be a protein misfolding disorder similar to Alzheimer’s and Parkinson’s, this research may also serve as a starting point for evaluating the risk and pattern of progression for these neurodegenerative disorders as well,” Garcia added.
Creating a world in which people with disabilities enjoy equal access, rights and opportunities is something Darcy McMaughan, PhD, is passionate about. With the motto, “Nothing about us without us,” where no research, policy or tool is created without the direct participation of those affected, she is pioneering approaches for those with disabilities. McMaughan, an assistant professor and director of the Program on Disability Research and Community Based Care (PDRCC) at the Texas A&M School of Public Health, focuses on establishing academic-stakeholder partnerships to address disability and community-based care. The PDRCC is engaged in research, training and dissemination focusing on three areas essential to the emancipation of people from unnecessarily restrictive and segregated medical
environments: independent living, community participation and social integration.

Following the World Health Organization’s lead, McMaughan and her team define disability in the broadest sense to cover physical, cognitive, psychological and emotional impairments; activity limitations; and participation restrictions.

“Community-based care encompasses those long-term supports and services delivered in a non-institutional setting,” McMaughan said. “Our focus has been on advancing knowledge in the area of costs, quality and access to a wide range of community-based long-term supports and services programs.”

For example, the Texas Health and Human Services Commission (HHSC) awarded approximately $3 million to the PDRCC team, who along with the Texas A&M Public Policy Research Institute, created the STAR Kids Screening and Assessment Instrument as part of establishing the STAR Kids Medicaid Managed Care Program. This occurred as a result of Texas Senate Bill 7, which redesigned health care for individuals with intellectual and developmental disability, and directed HHSC to establish the STAR Kids program as a capitated, mandatory, managed health care program to provide Medicaid benefits to children with disabilities.

“We created a reliable assessment of care needs instrument to be used for the nearly 200,000 Texas children with disabilities on social security insurance or in a variety of Medicaid waiver programs,” McMaughan said. “Our research team worked closely with industry members, community stakeholders, advocacy groups and state policymakers in the process of assembling then field testing the intervention.”

Long-term care policy for the aging is also a focus of the PDRCC, including the development and testing of a toolkit for improving antibiotic stewardship in nursing homes across the United States. Working as a subcontractor for the American Institutes for Research on a grant funded by the federal Agency for Health Research and Quality, her team helped develop and test a nationwide toolkit to improve antimicrobial use in American nursing homes.

“The Nursing Home Antibiotic Stewardship project stems from our team’s previous work on antibiotic nursing homes in Texas, in which we discovered an alarming rate of inappropriate antibiotic use in Texas nursing homes,” McMaughan said. “The intervention we developed successfully reduced this rate when implemented by nursing homes.”

Recently, the PDRCC developed a close working relationship with the Houston Police Department Mental Health Division to tackle issues related to unlicensed board and care homes in Houston, Texas. This model of community-based care, the board and care home, provides board and varying levels of care for people needing supportive services. Some of these homes are legally unlicensed, while others operate without a license illegally.

The actual living conditions, quality of care and level of safety at unlicensed board and care homes is largely unknown due to a combined paucity of regulation, oversight and research, and McMaughan’s team is currently conducting research with the Houston Police Department to examine the state unlicensed board and care homes in Houston.

“Directly engaging those with disabilities will continue to be the approach we use in research to work towards a just society that provides accessible and appropriate disability support,” McMaughan said.

View the Star Kids Screening and Assessment Instrument at hhs.texas.gov/services/health/medicaid-chip/programs/star-kids or the Nursing Home Antibiotic Stewardship Protect Guide at ahrq.gov/nhguide/index.html

“We created a reliable assessment of care needs instrument to be used for the nearly 200,000 Texas children with disabilities on social security insurance or in a variety of Medicaid waiver programs.”

Darcy McMaughan, PhD
Multiple Diseases, Multiple Causes of Sexually Transmitted Infections

Study to look into the role of social factors in STI rates among minority adolescents

Sexually transmitted infections, or STIs, are a major public health issue that disproportionately affects adolescents, young adults and minorities. To improve prevention efforts, Texas A&M School of Public Health researchers will study the impact of various social, demographic and neighborhood-level factors on STI disparities. This research is funded by a grant from the Health Resources and Services Administration of the U.S. Department of Health and Human Services.

STIs are a significant health problem for young people and carry increased risks of adverse outcomes like acquisition of HIV infection and infertility later in adulthood, and the Centers for Disease Control and Prevention (CDC) recently stated that reported STIs are at an unprecedented high in the United States.

“Previous preventive campaigns have focused on individual risk behaviors, but STIs appear to be a ‘syndemic’—in other words, a synergistic epidemic, an issue that involves many diseases, causes and mitigating factors connected through multiple feedback mechanisms,” said Brandie DePaoli Taylor, PhD, assistant professor in the Department of Epidemiology and Biostatistics at the Texas A&M
School of Public Health and one of the study’s principal investigators. “This could explain the notable inequalities in STI rates seen among young people from different races, ethnicities and social backgrounds.”

In this study, Taylor and her co-investigators Maria Perez-Patron, PhD, research assistant professor at the Texas A&M School of Public Health, along with Natacha DeGenna, PhD, of the University of Pittsburgh, will analyze restricted data from two large national datasets: the National Health and Nutrition Examination Study (NHANES) and the American Community Survey (ACS). Research will be conducted at the Texas Research Data Center, which is based at Texas A&M University.

NHANES is an extensive dataset containing interview results and data from physical exams and laboratory work for a broad swath of Americans. Taylor’s team will use restricted NHANES data for nearly 8,500 people ranging from 14 to 25 years of age. They will merge NHANES data with census tract data from ACS, an ongoing survey by the U.S. Census Bureau.

With these extensive population-based data, researchers will be able to better understand STI disparities, specifically looking at herpes simplex virus (HSV II), human papilloma virus (HPV) and chlamydia, and the complex interaction that factors like gender, race and ethnicity, substance use, mental illness and neighborhood-level factors have with STIs. This would be a major improvement over most existing studies that either used small sample sizes, examined only individual risk behaviors, excluded neighborhood-level data or lacked generalizability due to a limited focus on one disease or specific high-risk locations. Preliminary studies Taylor and colleagues conducted using publicly available NHANES data on HSV II found a possible syndemic relationship with drug use, depression, poverty, race and gender.

“The results of this study will serve as a guide for future research on STI disparities,” Taylor said. “In addition, the conclusions we glean from our analysis will help health care professionals and public health experts form more effective prevention measures.”

This project is supported by a grant from the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant number R40MC30760-01-00 and title Maternal And Child Health Field-Initiated Research Program. This information or content and conclusions are those of the authors and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government.

Maternal and Child Health Training Program

Improving the health of mothers and children in Texas is the focus of this Health Resources and Services Administration (HRSA)-funded program lead by Brandie DePaoli Taylor, PhD. Currently, the program provides scholarships, travel funds, research mentorship and practicum support for highly qualified students who plan to enter the field after graduation. Students engage in didactic training including coursework, seminars, research and field experience. Over 15 faculty members serve as mentors in the program providing expertise in reproductive and perinatal epidemiology, environmental exposures, childhood obesity, health disparities and other maternal and child health issues. Several students have been selected for competitive practicums including two students who were selected for the Title V Internship Program through the National Maternal and Child Health Workforce Development Center. Other students have worked with the Texas Collaborative for Healthy Mothers and Babies.

“The results of this study will serve as a guide for future research on STI disparities.”

Brandie DePaoli Taylor, PhD
Perceived Social Norm Predicts HIV Behaviors in China

HIV, the virus that causes AIDS, is a major public health issue around the world. One of the most effective methods of reducing its spread is consistent condom use, particularly by people who are living with HIV. Therefore, it is important to understand how best to encourage people to engage in safer sex practices, and Texas A&M researchers recently published work that attempted to do just that in an understudied area of the world: China. They found that social norms, defined as the opinions and attitudes of peer groups, affect condom use rates.

In the United States, this effect is well-established. If one’s friends talk about condom use and consider it to be important, people are more likely to use them consistently. This is a phenomenon often found in other areas of life and health promoting behaviors. “If we believe most of our friends exercise regularly, we are more likely to do so,” said Yan Alicia Hong, PhD, associate professor in the Department of Health Promotion and Community Health Sciences at the Texas A&M School of Public Health.
“It is important to allow those with HIV to discuss condom use and other issues with less fear of being stigmatized to better promote HIV prevention in this vulnerable population.”

Yan Alicia Hong, PhD

The researchers sent surveys to 450 HIV patients and focused on the seventy-five percent who were sexually active. A little more than half of those sexually active subjects reported talking to friends about condom use, with half of those patients stating that their friends considered condom use necessary. Patients whose peers had positive views of condom use were more likely to use condoms consistently than either those whose friends had neutral or negative views or patients who did not talk about condom use at all. This points to a correlation between peer group attitudes and safer sex practices similar to that found in the United States.

The study also examined factors such as the patient’s age and sex, whether they lived with family, with friends or alone, and if family members were aware of the patient’s HIV status. The researchers found that those living with family members were less likely to consistently use condoms than subjects who lived alone or with friends. Family awareness of HIV infection also seems to matter, as patients whose family knew that they had HIV were more likely to engage in safer sex practices.

The study also found a significant difference in consistent condom use rates among men and women, with women far less likely to use condoms consistently. “This is possibly due to women’s lower social economic status, which means that they have less negotiation power in condom use,” said Hong. “These findings point to a need for future efforts to put additional focus on women and try to include family members as stakeholders.”

The study’s results show that social norms influence safer sex practices in China, meaning that HIV prevention efforts should encourage people to talk openly and positively about condom use. However, stigma surrounding HIV could make this difficult, Hong said. “This stigma can lead people with HIV to hide their identities in daily life, choosing to interact with fellow HIV patients online,” she added.

Because of this, my colleagues at China’s Sun Yet-sen University and I are working to develop a new social media approach to promote positive social norms, allowing people with HIV to discuss condom use and other issues with less fear of being stigmatized to better promote HIV prevention behaviors in this vulnerable population.”

Little research on how social norms affect condom use in people with HIV has been done in China.

However, with more than 500,000 people living with HIV in China, this sort of work is crucial. Hong and colleagues from the United States and China conducted a study of more than 400 HIV patients in Guangzhou, China’s third-largest city, to see whether social norms had a similar effect there as they do in the United States and what other characteristics might affect condom use rates. The study was published in the journal *AIDS Care.*
A New Approach to Reducing Workplace Injuries

When people think of the oil and gas industry, typically public health is not the first thing that comes to their minds.

However, this is an extremely important domain for public health researchers as S. Camille Peres, PhD, an assistant professor in the Department of Environmental and Occupational Health at the Texas A&M School of Public Health has discovered.

Peres is trained as a cognitive psychologist and began her work with the oil and gas industry by investigating how highly graphical software might present more risks for repetitive strain injuries, particularly for geoscientists, than typical software.
One current research project includes effective designs of technology for emergency operations centers. “By working with real responders in true-to-life emergency scenarios, the research team’s findings should be highly applicable to real-world situations,” Peres said. “The project will also serve as a proof of concept for human-team interaction and team-machine interaction, and our findings provide the first step to better understand how people, teams and technologies interact in high-stakes and time-sensitive situations.”

Research findings will have applications beyond emergency response and contribute to knowledge in fields like social and organizational psychology and systems engineering.

Other current research projects involve designing of procedural systems, the measurement of fatigue and situation awareness for drillers, and human factors research for offshore oil and gas operations.

Her work is primarily focused on preventing incidents that can cause enormous business, environmental and safety consequences. However, public health researchers are also applying their knowledge to effective response to these events both for safety and environmental recovery.

“These efforts need to be well coordinated and it is conceivable that those who are designing the prevention strategies should be working with those who are designing the response strategies,” Peres said. “Everyone deserves a safe workplace, and this approach is key to better ensuring just that.”

People with desk jobs can develop debilitating hand and wrist problems, and poorly designed software may be contributing to this.”

S. Camille Peres, PhD

This has led to the development of a self-report ergonomic assessment tool (SEAT), which is designed as a quick and easy-to-use method of determining how much stress computer programs put on their users.

“Workplace injuries don’t only happen to employees doing manual labor,” Peres said. “People with desk jobs can develop debilitating hand and wrist problems, and poorly designed software may be contributing to this.”

“By working with real responders in true-to-life emergency scenarios, the research team’s findings should be highly applicable to real-world situations,” Peres said.

This initial work Peres did with oil and gas was primarily related to office ergonomics and human computer interaction. However, after coming to the School of Public Health, her work began to focus more on the interaction of the workers with the systems, technology and tools in the field. With funding from various industry partners such as ATR®, NASA, various oil and gas companies as well as the National Science Foundation, Peres is working with Texas A&M scientists from chemical and systems engineering, psychology and the fire school on multiple research projects.
Smoke Signals: A New Study of Tobacco, Nitric Oxide and Breathing Problems

Respiratory conditions like asthma, chronic obstructive pulmonary disease and chronic bronchitis affect the health and well-being of many Americans.

One of the methods for diagnosing airway inflammation from these conditions is concentrations of exhaled nitric oxide, or FeNO. The American Thoracic Society established a set of clinical guidelines for using FeNO as a diagnostic tool in 2011, but these guidelines only consider age as a factor in children. New research on FeNO and active and passive tobacco smoking shows a clear effect that could be used to inform new guidelines in the future.
Researchers analyzed FeNO concentrations along with self-reported statistics on smoking and blood levels of cotinine, a substance produced when nicotine is broken down in the body. Participants with high levels of cotinine were classified as smokers regardless of their survey responses. The analysis looked for relationships between smoking and FeNO concentration while controlling for age, race and ethnicity, body mass index (BMI), medication use and other factors.

“We found a significant decrease in FeNO concentrations for smokers with and without respiratory diseases,” said Xu. Researchers analyzed FeNO concentrations along with self-reported statistics on smoking and blood levels of cotinine, a substance produced when nicotine is broken down in the body. Participants with high levels of cotinine were classified as smokers regardless of their survey responses. The analysis looked for relationships between smoking and FeNO concentration while controlling for age, race and ethnicity, body mass index (BMI), medication use and other factors.

“We found a significant decrease in FeNO concentrations for smokers with and without respiratory diseases,” said Xu. “Participants with the highest levels of cotinine in their blood had a 28.8 percent lower FeNO concentration across the board, with asthmatic smokers showing a 45 percent decrease. These decreases were independent of demographic factors and medication use.”

These findings point to a need to take smoking into account when setting diagnostic values for FeNO. This is, however, not an exhaustive study and further research will be needed.

“This study looked at a broad sampling of the population, but only for a short period of time,” said Xu. “Further research that looks for changes over time could be beneficial, and along with this research, could help inform new guidelines for using FeNO as a diagnostic tool in the future.”
Most individuals are not aware that the United States has one of the highest infant-mortality rates in the developed world. In fact, for every 1,000 American babies that are born, six die during their first year—nearly three times higher than the mortality rates in Japan, Portugal and Sweden. One of the major causes of this tragic statistic is the large number of preterm births.
In an effort to reduce preterm births and subsequently reduce the state’s infant mortality rate, the Texas Department of State Health Services (DSHS) has awarded the Center for Community Health Development (CCHD) at the Texas A&M School of Public Health funding to implement the Healthy Texas Babies Coalition evaluation.

“It is imperative for the well-being and future of Texas and the U.S. that we ensure these infants start out with the decks stacked toward, rather than against them.”

Over the next two years, E. Lisako Jones McKyer, PhD, MPH, associate dean for climate and diversity and deputy director for CCHD, will lead the effort to evaluate six perinatal coalitions in Texas that will implement evidenced-based interventions to reduce preterm birth and infant mortality and provide community awareness and outreach using DSHS’s “Someday Starts Now.” McKyer’s team, including project director Emily Martin, MPH, will evaluate the progress of the effectiveness of this evidence-based program and provide training and technical assistance to improve performance quality.

“Someday Starts Now” resources include a life-planning tool that helps women think through multiple aspects of becoming pregnant that might jeopardize having a healthy baby such as smoking and alcohol consumptions. The tool helps women assess their future plans and educational goals and assists in providing a roadmap of when might be the best time to become a mother in light of these goals and their life situations.

“Texas has the fourth highest birthrate in this nation, which means a lot of beautiful babies are being born in this wonderful state,” McKyer said. “It is imperative for the well-being and future of Texas and the U.S. that we ensure these infants start out with the decks stacked toward, rather than against them. Thus, promoting optimal health for women during childbearing years—through Healthy Texas Babies—is how Texas is succeeding in reducing infant mortality rates.”

Each of the six coalitions provide McKyer’s team monthly reports to include data on the number of trainings and events held to disseminate information, the number of women who complete life planning tools, results of training evaluations, birth outcomes, etc. The team in turn provides quarterly feedback to the coalitions assessing coalition development and functioning and provides technical assistance as needed, to improve program outcomes.

The competitively selected perinatal coalitions are using various techniques to disseminate maternal health information from electronic records prompts during doctor visits, to training providers, to direct client interventions including targeting students in both high school and college.

Coalitions include Travis County Central Texas Perinatal Coalition, Baylor College of Medicine Teen Health Clinic, Northeast Texas Public Health District, Parkland Health and Hospital System Community Action Network, Tarrant County Infant Health Network, and Waco-McLennan County Healthy Babies Coalition.
Millions of Americans undergo surgery each year, and many of the more minor surgeries take place in outpatient settings like ambulatory surgery centers (ASC), hospital outpatient departments (HOPD) and physician offices. Over the past few decades, the number of these procedures being done in physician offices has skyrocketed, going from about 110,000 surgeries in 1981 to 12 million in 2009. This growth, however, brings with it concerns about the safety of office-based procedures.

To gain a better understanding of this, a research team led by Regents Professor Robert Ohsfeldt, PhD, of the Texas A&M School of Public Health, compared surgical procedures performed in each of the three outpatient settings. The study, published in the journal *Health Services Insights*, outlined the researchers’ analysis of surgeries performed in different settings to determine how often complications arose for each procedure and type of location. They found significantly higher post-procedure hospitalization rates for physician office procedures compared to surgeries performed in ASCs or HOPDs. Hospitalization rates serve as an indicator of complications related to the outpatient procedure.

The growth of physician office surgeries can be attributed to many factors. A few of these are physicians seeking more autonomy in their practices and the fact that surgeries open a new revenue stream for physician practices. Two other likely contributors are technological advances that make office-based procedures more feasible and the fact that office-based surgery takes fewer resources.

“In-office procedures can make things more convenient for patients, but physician offices are not always regulated the same way as ASCs or HOPDs and often lack the staff and equipment that dedicated outpatient surgical facilities have,” Ohsfeldt said.

Previous studies have looked into differences in outcome between surgeries in physician offices and dedicated surgical centers, but most have not taken a rigorous approach that appropriately handled the varying levels of risk involved in different procedures. Riskier or more involved surgeries would be more likely to happen in an ASC or HOPD, so an assessment would need to weight those procedures differently than simpler ones.

Ohsfeldt and colleagues built on a previous study that used Medicare data and analyzed 16 surgical procedures, only now they examined one million private insurance claims for 88 types of relatively complex outpatient surgeries performed in Florida between 2008 and 2012. Despite the rapid growth
in office-based procedures overall, little change in settings among the specific 88 procedures was observed during the study period. Ohsfeldt and colleagues attribute this in part to the fact that they focused on relatively complex procedures rather than very simple procedures often performed in an office setting.

Among these relatively complex surgeries, differences in complication rates were striking.

“The seven-day hospitalization rate for physician office surgeries was nearly twice the rates in ASCs and HOPDs and the 30-day rate was about 34 percent higher,” Ohsfeldt said. “These findings were consistent with the previous study using Medicare data, showing larger differences but in the same direction.”

“Studies with a focus on how safe and effective office-based procedures are will become more important as the number of surgeries done in physician offices continues to grow.”

Ohsfeldt and the other study authors caution that this work should not be taken as the final word on the subject. As the research was limited to surgeries in Florida, the results may not be representative of the entire country. Also, their research focused on hospitalization for all causes and not just surgery-related reasons. This could affect overall numbers of hospitalizations, but would likely have little effect on the differences between settings.

“These findings point to a need for continued in-depth research in this area,” Ohsfeldt said. “Studies with a focus on how safe and effective office-based procedures are will become more important as the number of surgeries done in physician offices continues to grow.”

Additionally, research should help to guide practitioners on which procedures are appropriate for an office setting and which ones should stay in ASCs and HOPDs.

Robert Ohsfeldt, PhD, professor in the Department of Health Management and Policy at the Texas A&M School of Public Health, is the latest recipient of the prestigious Regents Professor Award.

Established in 1996, the Regents Professor Award is bestowed annually by the Texas A&M University System Board of Regents in recognition of employees who have made exemplary contributions to their university or agency and to the people of Texas. The title is added to each faculty member’s current designation or rank.

Texas A&M System Chancellor John Sharp said the new Regents Professors have proven their commitment to the System’s success. “The recognized professors and professionals represent the best of our great System and higher education in Texas,” Chancellor Sharp said. “Their work consistently elevates Texas A&M System campuses and agencies.”

Ohsfeldt’s research examines the effects of alternative treatment strategies on costs, clinical or quality-of-life outcomes (effectiveness), and cost effectiveness in usual clinical practice. Much of his research in this area has focused on treatments for chronic diseases or conditions, although he recently has ventured into work related to oncology treatments and more acute conditions. Ohsfeldt has made important contributions to the general area of health information technology, focused on health information exchange networks and computer-assisted physician order entry systems. Currently, he serves as principal investigator for the evaluation of Texas’ Medicaid 1115 Waiver contract with the Texas Health and Human Services Commission. He is an author of 138 published or accepted manuscripts in a variety of peer-reviewed journals and has served on several editorial boards, including the Journal of Managed Care and Specialty Pharmacy.

“His research is renaissance in character. It runs the gamut from voting at the constitutional convention and the effects of state laws on workers’ safety, to the economics of specialty hospitals, studying hip fractures and strokes, and the appropriate use of statistical methods. This list just scratches the surface,” said Michael Morrissey, PhD, professor and department head of Health Policy and Management. “Bob has made substantial contributions to health services research, and to economics research more generally.”

A native Texan, Ohsfeldt completed his undergraduate and graduate education at the University of Houston and completed post-doctoral training as a Robert Wood Johnson Foundation Fellow in Healthcare Finance at Johns Hopkins University and the Texas Medical Center.

“Bob is a great asset to our school. As chair of our PhD program he has ensured that we are educating the next generation of highly trained health services researchers,” Dean Jay Maddock said. “Since 2005, he has been the dissertation advisor or a member of a dissertation committee for 25 doctoral students.”

The selection process for the awards begins with a call for nominations from the chancellor, after which an internal selection committee is formed within each institution or agency. Final nominations are put forth to the chief executive officer of each respective entity. They are then subject to a system-level review consisting of academic vice chancellors and past recipients of the awards. Finally, nominations are forwarded to the chancellor and the board for final approval.
Using Statistical Methods in the Development of Precision Medicine

Novel statistical methods can improve the design and analysis of clinical trials to realize the promise of precision medicine

The current wave of clinical trials for developing personalized—or precision—medicine, in cancer and other diseases, faces a major challenge: patient accrual can be long and difficult. This is because only participants with a specific biological feature, which may be a gene mutation, are qualified in a precision medicine trial. This has been recognized as a problem for years, especially for rare cancers in which finding enough patients with a specific gene signature can take decades. Gang Han, PhD, associate professor
survival measurements: for example, median and mean survival time. In a two-arm or multi-arm trial where two or more therapies are being compared, Han’s method can better capture the signal of improvements from the novel treatment. “Compared with existing treatments, additional benefits from a new treatment may not be noticeable in the first few weeks or even few months. But in another trial, the additional benefit may only be significant in the first few weeks or even few months,” Han said. “As a result, comparing treatments for the whole trial period will miss the signal. Our method involves a statistical test identifying time points where the survival risk changed significantly for each treatment arm. The comparison of the corresponding time periods can show additional benefits from the new treatment, leading to more efficient and effective risk stratification and disease monitoring in practice.”

Trained as a mathematical statistician, Han has published many peer reviewed articles on the reduced piecewise exponential framework and has implemented the statistical methods he developed in a number of clinical and pathological studies. Han has received more than 20 research grants with health science researchers, and some of the research grants were used to block his time for methodological research. Han will spend the next year working on funded projects on lung cancer, melanoma and aging research, where the patient outcomes include overall survival, progression-free survival and recurrence-free survival. “I will implement appropriate statistical methods in practical health science studies,” Han said, “and I will continue to develop new methods to solve analytical problems that arise along with the current trend of precision medicine.”

“These advances in statistical methods will be able to improve the ability to detect effective treatments in clinical trials.”

This may enable clinicians to design a trial with fewer participants, routinely saving one-third of patients compared with existing commonly used statistical methods. To both clinicians and patients, the benefit of Han’s work could be critical. “If a novel treatment has significant effects, we can quickly identify the effects and design new trials for the next phase,” Han said. “If it is not showing significant effects, we can quickly reject it to save time and cost. Either way, using the novel analytical method is ethically attractive and cost effective.”

More specifically, in a single-arm trial where all participants receive a new treatment, Han’s method can better estimate the survival probabilities at landmark times as well as other survival measurements: for example, median and mean survival time. In a two-arm or multi-arm trial where two or more therapies are being compared, Han’s method can better capture the signal of improvements from the novel treatment. “Compared with existing treatments, additional benefits from a new treatment may not be noticeable in the first few weeks or even few months. But in another trial, the additional benefit may only be significant in the first few weeks or months,” Han said. “As a result, comparing treatments for the whole trial period will miss the signal. Our method involves a statistical test identifying time points where the survival risk changed significantly for each treatment arm. The comparison of the corresponding time periods can show additional benefits from the new treatment, leading to more efficient and effective risk stratification and disease monitoring in practice.”

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Little did she know that before returning to the United States, she would not only personally invest her resources to help the village, but also be given the opportunity to present to community leaders ways to improve the serious public health issues she found.

Hearon, a graduate student at the Texas A&M School of Public Health Department of Environmental and Occupational Health, spent six weeks in poverty stricken Wagusu where most families live in houses made of mud. She completed an internship with a local Kenyan organization called the Kenya Voluntary and Community Development Project, identifying and in some cases, developing interventions on some of the most dire public health issues in the African village.

“The village faces so many issues compared to more developed areas; it was overwhelming and difficult to know what to tackle first,” Hearon said. “So I completed an environmental assessment of the community to help the Kenya Voluntary and Community Development Project direct their short- and long-term goals.”

At the top of the list was the toxic local water supply for the community. Wagusu sits on a hill next to Lake Victoria, one of the African Great Lakes, and most villagers draw their water unfiltered from it. The lake is seriously contaminated for many reasons, including gold mining.

“The miners use mercury to bind gold particles together, and discharge from this process gets washed into Lake Victoria,” Hearon said. “Most individuals in Wagusu don’t know that direct contact with mercury is toxic.”

Student Aims to Make a Difference in Rural Kenya

When Sara Hearon arrived in Wagusu, Kenya, she was troubled by the amount of health hazards that plagued the small village of a thousand.
The villagers use water from Lake Victoria to cook, bathe and drink, so they are potentially being exposed to mercury on a daily basis.

Another major issue Hearon found is, because of a lack of running water in Wagusu, close to 60 percent of the villagers don’t have access to bathrooms, contributing to the spread of infectious disease. As a result, Hearon began work on a roofed community sanitation center with showers, hand-washing stations and latrines so villagers could have easier access to hygiene services.

“I personally funded ‘The Toilet Project’, as we eventually called it, by hiring contractors and buying the necessary materials,” Hearon said. “I was also involved in planning and helped lay the foundation for the building.”

Hearon ended up funding the entire project with her own money.

“It was something that was doable for me and the community really needed,” Hearon said.

HIV is very prevalent in the community, and one of the main focuses of the organization she worked for is a day care with about 40 children that are the most vulnerable in the village. Approximately half of the day care’s children are HIV positive. They are fed twice daily and provided an education to prepare them for primary school. Hearon would usually spend her mornings at the day care making breakfast or teaching English and personally contributed her resources by sponsoring one of the children.

“I would wake up, walk approximately two miles to the day care center, and help out there,” Hearon said. “Then in the afternoons I participated in community assessments by visiting people in their homes and at work.”

Towards the end of her six weeks in Africa, Hearon was asked to present to community leaders her findings of the most serious health issues facing the community.

In addition to the unfiltered water supply and sanitary issues, she explained in the presentation that villagers cooking inside their mud homes without ventilation are contributing to increases in respiratory diseases. Also, due to the lack of trash cans, most of the garbage ends up on the street, which consequently is affecting the soil and the water.

“My life has been tremendously impacted by my time in Wagusu,” Hearon said. “There is still a lot of work to be done, and I look forward to working on more projects to help their community in the future.”
Developing an innovative approach to detect and treat sepsis, a life-threatening organ dysfunction, is the objective of a team lead by a Texas A&M School of Public Health former student.

Kristen Miller, DrPH '12, has been awarded a 4-year, 1.4 million R01 research grant from the U.S. National Library of Medicine through the U.S. National Institutes of Health to develop a new approach to detect

Miller Awarded $1.4 Million to Develop Sepsis Alert System

Saving lives through early detection and treatment
and treat sepsis, which nationally infects about 1 million people annually, killing a quarter of them.

“This research will advance what is known in the field and has the capacity to improve clinical decision-making, delivery and the health of patients,” said Miller who is principal investigator on the project. The study is in collaboration with MedStar Health where Miller currently works, and the University of Pennsylvania, the University of Michigan and the Medical University of South Carolina.

“We believe the design of the alert plays a significant role in provider recognition and response. Ultimately, it will improve the response of providers and result in better, quicker and most appropriate treatments.”

Sepsis occurs when a body is experiencing a severe response to a bacterial, fungal, viral or yeast infection. Early identification of sepsis is critical to survival. For every hour that treatment is delayed, the chance of dying from sepsis increases 7.5 percent.

Often the signs can be subtle, which is where computer-assisted guidance would be helpful. Instead of having to hunt among patients’ medical records to piece together the big picture, the alert system Miller’s team will develop will assess danger by recording such data as abnormalities in vital signs, respiratory rate, kidney and other organ function and mental status.

Miller, who is a founding member of the School of Public Health’s alumni board, has research interests in the design, implementation and evaluation of clinical bioinformatics - basically how you display information in a meaningful way.

The project won’t be studying patients, but their health care providers. The team will test various ways to display information that will most effectively alert the providers to possible danger and guide them through evidence-based best practices to turn the infection around before it becomes deadly.

Using a mobile usability lab, researchers will better be able to collaborate with providers in medical and surgical units in rural, urban, academic and community settings.

“Our objective is to determine the best way to provide a sepsis alert to improve decision-making in the health care work environment,” Miller said. “We believe the design of the alert plays a significant role in provider recognition and response. Ultimately, it will improve the response of providers and result in better, quicker and most appropriate treatments.”

Health care providers often complain that in today’s digital world, they are inundated with alerts and flags.

“This project is about taking the information that health care providers have in their computer systems and presenting it to them in a way that makes them not only aware that sepsis is present, but helps guide them to make the right treatment choices,” Miller said.
Ferdinand to Serve on Journal of Rural Health Board

Alva O. Ferdinand, DrPH, JD, has been appointed to a 3-year term on the Editorial Board for the Journal of Rural Health by the Board of Trustees for the National Rural Health Association. The principal goal of the journal is to advance professional practice, research, theory development and public policy related to rural health. Ferdinand is deputy director of the Health Resources and Services Administration (HRSA)-funded Southwest Rural Health Research Center at the school.

Saldaña Named Outstanding Community Health Worker by APHA

Paula Saldaña was selected as the Outstanding Community Health Worker by the American Public Health Association (APHA) Community Health Worker (CHW) Section. Saldaña was chosen from a competitive field of national and international nominees.

A Texas certified CHW and CHW instructor, Saldaña is a training specialist with the National Community Health Worker Training (NCHWTC) housed within the Center for Community Health Development at the Texas A&M School of Public Health. Through multiple center projects funded by the Cancer Prevention Research Institute of Texas, the Centers for Disease Control and Prevention and the Texas Department of State Health Services, she has delivered community-based training, education and outreach in South Texas. With over 20 years experience as a CHW, her bilingual, bicultural background and expertise in curriculum development, program planning, in-person and online training and community capacity building have greatly benefited NCHWTC and Texas A&M in the lower Rio Grande Valley.

"I am truly and honestly thrilled to receive this award," stated Saldaña. "If I, as a promotora, am able to make a person’s life a little better, I feel that I am rewarded every day."

She has been recognized nationally on the Rachel Maddow Show and the Esther B. Holder Award from the Center for Sustainable Health Outreach Unity for her commitment and passion for serving her community.

International Atomic Energy Agency Collaboration

Bita Kash, PhD, MBA, and Dean Maddock recently attended the International Atomic Energy Agency (IAEA) conference in Vienna, Austria. The school has a three-year agreement with the IAEA to assist in capacity building in public health nutrition for the IAEA and its member states around the globe. Projects will include joint research activities and the development of educational materials and training in public health research methods with the IAEA Human Health Division.
Jane Bolin, BSN, JD, PhD, is the Texas Rural Health Association (TRHA) recipient of the Rural Health Academic/Preceptor Award. Bolin received the award at the TRHA Annual Conference in Austin, Texas.

Bolin is a professor in the Department of Health Policy and Management at the Texas A&M School of Public Health and director of the Southwest Rural Health Research Center (SRHRC), a nationally funded center established more than a decade ago to address the needs of rural and underserved populations across Texas and the nation. The SRHRC was awarded a 4-year, $2.8 million dollar grant as one of seven cooperative research center agreements funded by the Health Resources and Services Administration (HRSA) to research critical health issues facing rural populations in our country. The center comprises a unique combination of faculty expertise in health policy, health economics, aging, long-term care, health law, epidemiology and biostatistics, and chronic disease and is the home of Rural Healthy People 2020, a companion document to Healthy People 2020.

“I was honored to receive the TRHA annual award for academic mentor and preceptor, but the award reflects the great team of faculty researchers, doctoral student health policy researchers, and the incredible staff dedicated to the Southwest Rural Health Research Center,” said Bolin.

Marcia Ory, PhD, and her husband, Raymond Carroll, PhD, were honored for their gift of $25,000 to establish the Center for Population Health and Aging Scholarship and Research Fund. They previously gave $25,000 to the school to endow a scholarship in healthy aging.

The Chinese Academy of Science has awarded the highly-competitive President’s International Fellowship to Virender Sharma, PhD, professor at the Texas A&M School of Public Health. Since 2015, Sharma, an environmental chemist and pioneer in ferrate research, has published 11 peer-reviewed papers with Chinese collaborators. He recently returned from a 2-week trip where he presented his current research findings at two international conferences and universities across China in Nanjing, Xi'an, Wuhan, Changsha, Xiamen, Guangzhou and Urumqi.

As part of his fellowship, he will conduct research with Chinese collaborators and continue to present research findings throughout the country during the coming year.
Spengler and McKyer Named Distinguished Alums by Indiana University School of Public Health

John Spengler, JD, PhD, professor and department head of Health Promotion and Community Health Sciences, and E. Lisako Jones McKyer, PhD, MPH, associate professor and associate dean of climate and diversity, have both received Distinguished Alumni awards from the Indiana University School of Public Health-Bloomington.

Spengler received the W.W. Patty Distinguished Alumni Award, the oldest and most prestigious alumni recognition award bestowed by the school to a graduate who has demonstrated outstanding personal and professional achievement in his or her career. Since the award’s inception in 1976, recipients have characterized the ideals set forth by the school’s first dean, Willard W. Patty.

McKyer was the inaugural recipient of the David L. Gallahue Distinguished Alumni Award, which recognizes contributions of alumni who advance the cause of justice and equality. Named after David Gallahue, PhD, who served as Dean of Indiana University School of Public Health from 2002-2007 and was a champion for diversity and inclusion, recipients are alumni who have made significant and sustained contributions in the advancement of health equities.

Morrisey Explores Competing Health Plans in Affordable Care Act Marketplaces

A five-state study completed by Michael Morrisey, PhD, professor and head of the Department of Health Policy and Management at the Texas A&M School of Public Health, and colleagues provided insights into competing health plans at affordable costs and was highlighted on C-SPAN. The Brookings and Rockefeller Institute project analyzed California, Michigan, Florida, North Carolina and Texas experiences with Affordable Care Act marketplaces. State-based teams of field researchers engaged with insurance carriers, providers, state regulators and consumer engagement organizations to find out why certain markets were successful and how less competitive markets might be improved. Tiffany Radcliff, PhD, associate professor at the Texas A&M School of Public Health, worked on the Texas portion of research study.

Two of the team’s major findings were that first, insurers in most of the states badly underestimated the extent to which “sicker” individuals would enroll in their ACA plans and this led to higher premiums, narrower networks of providers in health plans, and withdrawals from selected markets. Second, insurers were only willing to enter markets when they were able to negotiate acceptable prices with health care providers.

The C-SPAN presentation can be viewed at tinyurl.com/c-spanaca or using the QR code.
Carrillo Receives EPA Children’s Environmental Health Award

Genny Carrillo, MD, ScD, MPH, MSPH, associate professor at the Texas A&M School of Public Health, was awarded the Children’s Environmental Health Excellence Award from the Office of Children’s Health Protection at the U.S. Environmental Protection Agency (EPA).

From culturally appropriate educational interventions to unique collaborations with primary schools, higher education institutions and hospitals, Carrillo has improved the quality of life of children suffering with asthma in South Texas. She developed the successful intervention based on extensive applied research and outreach efforts. Due to the proven success of the program, Carrillo’s curriculum is being implemented in the 27 counties addressed by Texas A&M Healthy South Texas.

The EPA review committee commended Carrillo’s efforts to train health care providers, community health workers and respiratory therapy students on asthma triggers.

“This award represents the hard work and efforts of many individuals and organizations who have worked together to make a difference in our community,” Carrillo said. “In addition to the Texas A&M School of Public Health in McAllen, organizations such as the South Texas College Respiratory Program, the Rio Grande Regional Hospital and the Knapp Community Care Foundation have worked with me for many years, and I am very appreciative of their continued support and trust.”

Carrillo’s asthma curriculum will be expanded to the rest of state as part of Healthy Texas, a community-based health promotion platform to educate families, promote behavior change and improve the well-being of residents to increase quality of health care and life.

Carrillo received the award in Washington, D.C., at the Children’s Environmental Health Day program hosted by the EPA Children’s Environmental Health Network.

Benden Receives 20th Patent

Mark Benden, PhD, CPE, head of the Department of Environmental and Occupational Health, received his 20th patent at the Texas A&M Patent and Innovation Awards Luncheon for his student stand-biased desk design. The design incorporates a stool that can be sat on or leaned against in addition to standing in front of it while utilizing the dual height and dual depth footrest needed for sitting and standing postures.

“This fits children thru adjustability and flexible, biomimetic design that works in concert with our evidence based research that activity permissive learning environments are the best foundation for learning due to improvements in cognition, behavior, learning and health,” Benden said.

This most recent patent is licensed to Stand2Learn, the Texas A&M School of Public Health faculty-led startup company that has now sold standing school desks in all 50 states and dozens of countries.

Pictured L-R: Brett Cornwell, Executive Director of Texas A&M Technology Commercialization; Benden; Glen Laine, PhD, Vice President for Research at Texas A&M University.
The inaugural class of Broad Street Society freshmen embarked on a week-long field trip to London, England this past year as part of their “Windows on the World” course. While in the United Kingdom (UK), students worked on research for their end-of-term research paper as well as sitting in on sessions of both Houses of Parliament. They were fortunate to see history in the making as the House of Commons gave final approval for Prime Minister Theresa May to trigger Brexit negotiations for the UK to leave the European Union, and the House of Lords debated the ongoing refugee crisis in the Middle East and its impact on the UK.

Students also had the opportunity to travel to Wales, Oxford and Dorsetshire. Society members made a pilgrimage to the original site of the Broad Street pump in SoHo, the birthplace of public health. Additionally, several students inadvertently got within arm’s length of Queen Elizabeth II and Prince Phillip as their motorcade passed within a few feet of where they were waiting to cross the street at Buckingham Palace after watching the Changing of the Guard.

Students returned to present their research to the rest of their class using multimedia presentations. Ana Mathew, a freshman from Katy, Texas, was selected as the inaugural recipient of the John Snow Award for outstanding research paper and presentation.

The Broad Street Society is an Honors learning community designed to give some of the School of Public Health’s most academically talented freshmen an interdisciplinary immersion in public health and our place in the world at large.

Eunice Fafiyebi is the first student from our school to be named a “Maroon Coat” by the A&M Foundation following a competitive selection process. Texas A&M Foundation President Tyson Voelkel ’96 describes the Maroon Coats as a living link between our donors and current students.

“We keep talking about our Maroon Coats’ great talents and leadership skills, but I must also mention that this impressive group is comprised of amazing individuals, each of whom has his or her special Aggie story,” Voelkel said.

Fafiyebi’s story is one of a family’s dream of moving to America coming true when her mother won the visa lottery in Nigeria. Fafiyebi plans to attend medical school after completing her undergraduate degree in public health, and then pursue a career that combines both medicine and health policy.

“Kids die young in Nigeria, and I have learned in my public health classes how health policy can greatly impact the health of populations,” she says. “I just don’t want a career that is about me, but an impactful career that will help others.”
The Texas A&M School of Public Health recently inducted a faculty member, 12 students and 12 alumni into the local Alpha Tau chapter of the Delta Omega Honorary Society in Public Health. New members were recognized during the school’s Awards Reception and Dinner at the Phillips Event Center.

The newest Public Health Scholars were recognized at the Awards Reception and Dinner at the Phillips Event Center. The Public Health Scholars Program awards bronze, silver or gold medallions to qualifying graduate and undergraduate students who go above and beyond to make the most of their school experience. Student efforts and engagement in professional development, research, service and outreach are awarded points across the students’ academic tenure, and the level of medallion awarded is based on total points earned.

Xiao Zhang, a doctoral student in the Department of Epidemiology and Biostatistics at the Texas A&M School of Public Health, is among an elite group of students selected nationwide to participate in the Delta Omega National Honorary Society in Public Health research poster presentations at the American Public Health Association (APHA) annual meeting this year in Atlanta, Georgia.

Nine of the past 10 years one or more Texas A&M School of Public Health students had research posters selected for this prestigious honor.

Zhang’s poster, “Serum Folate Level and Urinary Arsenic Methylation Profiles in the US population: NHANES, 2003-2012,” assesses the impact of serum folate levels on arsenic methylation. The study suggests that higher serum folate levels may reduce arsenic toxicity, which has implications for subpopulations that generally have low folate levels such as high poverty groups, heavy smokers, and non-Hispanic blacks.

Zhang plans to complete her doctoral degree in 2019.
Texas A&M School of Public Health Establishes Joint Program with Houston Methodist to Address Health Outcomes

“With support and direction from the rich clinical environment that characterizes Houston Methodist working with Texas A&M faculty, our goal is to conduct research in the fields of health services, health economics and health operations that will provide national leadership and fundamental improvements in patient outcomes in the U.S. and throughout the world,” Kash said. “Research findings will be translated into actionable strategy for health system leaders to implement rapidly.”

Kash will divide her time between two program offices, one at the School of Public Health and the other at Houston Methodist Hospital.

“We are delighted to partner with one of the nation’s leading hospitals in developing better and more effective care through our outcomes research,” said Dean Jay Maddock of the School of Public Health.

“With this partnership, we hope to provide national leadership that will lead to fundamental improvements in patient outcomes throughout the world,” said Robert Phillips, MD, executive vice president and chief medical officer of Houston Methodist.

Kash’s research model relies heavily on the knowledge and experience of health care leaders to guide academic research. She has published 70 articles in peer-reviewed journals. Kash also serves as the editor-in-chief of the *Journal of Healthcare Management*, a peer-reviewed research journal of the American College of Healthcare Executives (ACHE).

Slater New Director of Development

Karen Slater ‘88 joined the School of Public Health as Director of Development in September 2016. She plays a leadership role in the comprehensive fundraising efforts for the college.

Karen received her Bachelor of Business Administration degree in Accounting from Texas A&M and currently serves on the board for OPAS, an organization of the Memorial Student Center at Texas A&M.

Outside of her work for Texas A&M, Karen is passionate about nonprofit service and giving back to the community. “I am excited to be in this role at the School of Public Health as it combines my love for Texas A&M and passion for helping others.”
William Sage, MD, JD, is the school’s first Faculty Fellow from the Hagler Institute for Advanced Study at Texas A&M University. The Hagler Institute selects Faculty Fellows from among top scholars who have distinguished themselves through outstanding professional accomplishments or significant recognition.

Over the past few months, I have developed some great working relationships with the school’s outstanding faculty and graduate students,” Sage said. “My principal research assistant, doctoral student Yuxian Du, is working with me and my long-time collaborators at Northwestern and Georgetown to better understand how tort reform might affect nursing home quality and access.” Since his appointment, Sage has lectured on health care reform, contributed to faculty research grant proposals, advised doctoral candidates and peer-reviewed manuscripts in advance of formal submission.

Sage is a member of the National Academy of Medicine, the National Academy of Sciences, and the Academy of Medicine, Engineering, and Science of Texas. He holds the James R. Dougherty Chair for Faculty Excellence at the University of Texas at Austin School of Law and is a professor of surgery and perioperative care at Dell Medical School.

Texas A&M Celebrates National Public Health Week

Each year the Texas A&M School of Public Health hosts an array of events for the public to celebrate National Public Health Week. Of special interest this year was the Delta Omega Honor Society Distinguished Lecture Series, “What worked and didn’t work in Obamacare” led by Michael Morrisey, PhD, internationally renowned health economist and School of Public Health department head, recently on C-SPAN with colleagues discussing a 5-state study on the issue. He was joined by William Sage, MD, JD, a Fellow of the Hagler Institute for Advance Study, and Laura Daugue, PhD, of the Bush School of Government and Public Service.

The school kicked off the week with the annual spring banquet for faculty, staff and students with this year’s theme being, “Around the World.” The school is the most diverse college at Texas A&M University, and all enjoyed seeing our students wearing clothes from their native countries.

We were honored to have College Station Mayor Karl Mooney and Bryan Mayor Andrew Nelson read and present a signed proclamation to Dean Jay Maddock at the school declaring National Public Health Week in the Brazos Valley. The winners of the “This is Public Health” photo contest were announced and are currently on display in the school’s lobby. The Research Poster Student Showcase was on display for public viewing the entire week, and students were on hand to discuss their research findings and answer questions. Later in the week, the three winners of the student research poster competition were announced and awarded cash prizes, with the top two winners given the opportunity to have their research submitted to the national Delta Omega Research Poster competition.

The following day Olympian Jackie Washington and Brigadier General Joe Ramirez, Commandant of the Texas A&M Corps of Cadets, kicked off at the school the World Fit Walk Event. The school supported this 6-week campaign designed to motivate and encourage youth to increase their physical activity with Olympians as role models. Individuals chose to track their physical activity online, and partake in the global effort to inspire elementary and middle school youth to stay active. Each week at lunch participants meet at the school to walk one mile. General Ramirez also discussed “Mission Readiness,” a national security organization that advocates for smart investments to help our young people grow up “citizen ready”— prepared to succeed academically, stay physically fit and abide by the law.

Video highlights of the week can be viewed at http://tinyurl.com/NPHW2017 or using the QR code.
James Alexander, PhD, retiring faculty member, was surprised at our annual awards dinner when it was announced alumni had raised the majority of the $25,000 needed to endow the first of two named scholarships in his honor. Alumni are currently continuing to raise funds for the second scholarship. Alexander has served as a faculty member at the Texas A&M School of Public Health since 2001. Prior to coming to the school, he was influential in establishing the Texas Organization of Rural and Community Hospitals (TORCH) and received the Founder’s Award from the organization in 2015. CEO and President of TORCH Dave Pearson joined alumni during the awards dinner in honoring Alexander.

St. John receives President’s Excellence in Community Engagement

Julie St. John, DrPH, received the President’s Excellence in Community Engagement Award from Tedd L. Mitchell, MD, president of Texas Tech University Health Sciences Center (TTUHSC). Selected by a committee of faculty and university senate representatives, St. John received a cash honorarium with the award. St. John received her MPH from the Texas A&M School of Public Health in 2003 and worked for the school’s Center for Community Health Development (CCHD) from 2002-2014 in multiple roles including serving as the CCHD South Texas Regional Director. St. John served as principal investigator on several research grants and was involved in many activities including health status assessments, program evaluations, developing community partnerships and conducting Community Health Worker training. She is currently an assistant professor and serves as associate department chair in the Department of Public Health in the Graduate School of Biomedical Sciences at the Abilene campus of TTUHSC. She also serves as director of the online MPH program. Her research interests include health status and quality of life improvement among diverse populations through community health development and partnership approaches; scope of practice and training of Community Health Workers; and the relationship between morals/values and health status. St. John recently completed a fellowship with the National Rural Health Association (NRHA).
Karalyn Apperson, MPH ’17 is a Junior Administration for Soltys Enterprises in Sugar Land, Texas.
Janayle Borski, MPH ’17 is a Sustainability Program Specialist for the General Services Administration in Dallas, Texas.
David Ellenburg, MHA ’17 is a Capital Equipment Analyst for Premier Inc. in College Station, Texas.
Madison Failla, MPH ’17 is the Senior Supervisor of Clinic Operations for Baylor Scott & White Health in College Station, Texas.
Victoria Fretty, MPH ’17 is a Data Specialist for Health Point Community Health Center in College Station, Texas.
Victoria Gutierrez, MPH ’17 is a Safety Coordinator for Whiting-Turner Contracting Company in Dallas, Texas.
Sarah Hilton, MHA ’17 is the Clinical Integration Project Manager at CHI St. Joseph Health in Bryan, Texas.
Johnson Ogbonna, MPH ’17 is a Health Information Specialist for Automated Records Collection in Bryan, Texas.
Anthony Onokwu, MPH ’17 is a Safety Specialist for Amazon in Las Vegas, Nevada.
Amrutha Patil, MHA ’17 is an International Administrative Fellow at the University of Pittsburgh Medical Center in Pennsylvania.
Elizabeth Arana, MHA ’16 is the Manager of Business Services at the MD Anderson Cancer Center in Houston, Texas.
Sanjana Bamrara, MPH ’16 is an Analyst for Dell Medical School at the University of Texas in Austin, Texas.
Sinying Chan, MPH ’16 is a Program Coordinator for the City of Austin, Texas.
Joyce Chen, MPH ’16 is an Environmental Health Officer for the City of Austin, Texas.
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Michael Edwards, MPH ’15 is a Health & Safety Specialist for HollyFrontier in Tulsa, Oklahoma.
Ariana Ince, MPH ’15 is the Vice President of Operations at M-erg in Houston, Texas.
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Audrey Young, MPH ’15 is a Program Specialist for the Texas Department of State Health Services in Austin, Texas.
Julia Butler, MPH ’14 is a Planner for the Texas Department of State Health Services in Temple, Texas.
Deborah Vollmer Dahlke, DrPH ’14 is the Chief Executive Officer at DVD Associates, LLC in Austin, Texas.
Ayssa Garza, MPH ’13 is a Management Analyst at the University of Texas Southwestern in Dallas, Texas.
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Monty Gomez, MPH ’13 is a Statistical Analyst Programmer for Exeter in San Antonio, Texas.
Kevin Milhalik, MPH ’13 is a Chemist at the Texas Department of State Health Services in Austin, Texas.
Patricia Moore, PhD ’13 is the Program Manager for Research at the Cancer Prevention & Research Institute of Texas in Austin, Texas.
Melissa Murphy, MPH ’13 is an Ergonomist at Humantech Inc. in Ann Arbor, Michigan.
Vidal Quintanilla, MPH ’12 is the Director of Human Resources for Texas Digestive Disease Consultants in Dallas, Texas.
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David Weiser, MHA ’12 is the President of Genesis Health Group in Davenport, Iowa.

Katheryn Baker, MPH ’11 is the Chief Public Health Nurse for the McDonald Army Health Center in Fort Eustis, Virginia.

Patty Bihlartz, MPH ’11 is the Medical Director at Premise Health in Fremont, California.

Patrick Feehery, MPH ’11 is a Health, Environment & Safety Advisor for Chevron in Coraopolis, Pennsylvania.

Christina Holch, MHA ’11 is a Law Student at the University of Baylor in Waco, Texas.

Brian Jelks, MPH ’11 is a Project Specialist at Houston Methodist Hospital in Houston, Texas.

Ankita Mahajan, MPH ’11 is a Graduate Trustee at Midwestern University in Chicago, Illinois.

Ritu Patel, MHA ’11 is the Senior Project Manager at the Baylor College of Medicine in Houston, Texas.

Gaurev Poudyal, MPH ’11 is a Biostatistics Consultant at the University of Texas Southwestern Medical Center in Dallas, Texas.

Monica Yates, MPH ’11 is an Academic Career Advisor for the University of Texas Rio Grande Valley in Brownsville, Texas.

Marcel Elizondo, MPH ’10 is an Environmental Health Supervisor for the City of Austin, Texas.

Ashley LeMaistre, MPH ’10 is a Chronic Disease Program Coordinator in the Human Services Department for the City of Austin, Texas.

Keith Moody, MHA ’10 is a Practice Administrator at Sanders Clinic in Houston, Texas.

Lydia Ricketts, MHA ’10 is the Director of Professional Outreach at the College Station Medical Center in College Station, Texas.

Robert Shaw, MPH ’10 is a Community Partner Support Specialist for the Community Partner Program in Austin, Texas.

Cedrick Bates, MPH ’09 is a Business Developer for Houston Methodist Global Health Services, Houston, Texas.

Sudipa Biswas, MPH ’09 is an Epidemiologist for the City of Houston, Texas.

Matthew Comneck, MPH ’09 is a Sales Representative at DePuy Orthopedics in Waco, Texas.

Christian Doll, MHA ’09 is a Pediatric Registered Nurse at Cooks Children’s Hospital in Fort Worth, Texas.

Ashley Lopez, MPH ’09 is the Senior Program Manager of Major Gifts at the Houston Methodist Hospital Foundation in Houston, Texas.

Luis Martinez, MHA ’09 is a Consultant at the Innova Group in Austin, Texas.

Nathaniel Walker, MHA ’09 is an Administrator at the University of Texas Southwestern in Dallas, Texas.

Jessica Keralis, MPH ’08 is the Associate Director of Public Health Services & the Senior Data Analyst for the Cadence Group in Hyattsville, Maryland.

Courtney Peebles, MPH ’08 is the Project Coordinator for the University of Texas Health Science Center at San Antonio, Texas.

Jesus Rodriguez, MPH ’08 is an Environmental Health Specialist at the Brazos Valley Health Department in Bryan, Texas.

Hilary Ross, MHA ’08 is the Director of Marketing & Community Relations & also the Compliance Manager at Cardiothoracic and Vascular Surgeons in Austin, Texas.

Pankil Shah, MPH ’08 is an Informatics Analyst at the University of Texas MD Anderson Cancer Center in Houston, Texas.
Amy Lavery, PhD, MSPH ‘10, has been selected as an Epidemic Intelligence Service (EIS) Officer by the Centers for Disease Control and Prevention (CDC). Lavery just completed a Postdoctoral Fellow at the Children’s Hospital of Philadelphia and will begin the 2-year training program in applied epidemiology this year. Annually, 70 to 80 EIS officers are selected from among hundreds of physicians, doctoral-level scientists, veterinarians and other health professionals for this highly competitive fellowship program. Known as the CDC’s disease detectives, EIS officers identify causes of disease outbreaks, recommend prevention and control measures, and implement strategies to protect people from injury, disability, illness and death both in the U.S. and worldwide.

Parth Shah, MPH ’08 is a Physician at the Jennie Stuart Hospital in Hopkinsville, Kentucky. Soila Villarreal, MPH ’08 is a Program Specialist for the State of Texas in Austin, Texas. Lisa Capps, MPH ’07 is an Associate Director, Clinical Operations at Merck in Austin, Texas. Cody Fikes, MPH ’07 is the Health & Safety Program Manager for Hollyfrontier in Dallas, Texas. Erin Herbrich, MPH ’07 is a Medical Education Program Coordinator at the Texas A&M College of Medicine in Round Rock, Texas. Chandini Revanna, MPH ’07 is an Associate Director of Environmental Health & Safety at Texas Tech University in Lubbock, Texas. Alicia Williams, MPH ’07 is a Public Health Manager at the Montgomery County Public Health Department in Conroe, Texas.

Lacey Bourgeois, MPH ’06 is a Safety Specialist at MD Anderson Cancer Center in Houston, Texas. Kella Castillo, MPH ’06 is an Epidemiologist at Caduceus Healthcare Inc. in Laredo, Texas. Shaun Fernando, MPH ’06 is an Emergency Plans Officer for the City of Austin, Texas. Conor McGuire, MHA ’06 is the Health Plans Operations Specialist at Cooks Children’s Health Plan in Fort Worth, Texas.

Amy Lavery, PhD, MSPH ‘10, has been selected as an Epidemic Intelligence Service (EIS) Officer by the Centers for Disease Control and Prevention (CDC). Lavery just completed a Postdoctoral Fellow at the Children’s Hospital of Philadelphia and will begin the 2-year training program in applied epidemiology this year. Annually, 70 to 80 EIS officers are selected from among hundreds of physicians, doctoral-level scientists, veterinarians and other health professionals for this highly competitive fellowship program. Known as the CDC’s disease detectives, EIS officers identify causes of disease outbreaks, recommend prevention and control measures, and implement strategies to protect people from injury, disability, illness and death both in the U.S. and worldwide.

H. Pamela Pagano, MPH ’07, is an Epidemiologist who has been part of the Centers for Disease Control and Prevention’s (CDC) response to the Zika virus. Pagano has been working in Puerto Rico and Colombia over the past year and half developing the Zika Active Pregnancy Surveillance System (Puerto Rico) and the Zika en Embarazadas y Niños (Colombia) cohort study. In this role, she served as a medical record abstractor to collect information from medical records of Puerto Rican women with laboratory evidence of Zika virus infection. In Colombia, she is working on a cohort study aimed to evaluate the association between Zika virus infection and adverse maternal, fetal and infant outcomes. The collection of this information is critical to better characterize the risk and outcomes associated with congenital Zika virus infection and continues to improve clinical guidance, inform counseling messages for pregnant women, and facilitate planning for clinical and public health services for affected families. She is a Public Health Advisor in the Division of Reproductive Health at the CDC based in Atlanta, Georgia.

Lewis Ressler, MPH ’06 is the Manager of the Food Group, Policy, Standards and Quality Assurance Unit at the Texas Department of State Health Services in Austin, Texas.

Lewis Ressler, MPH ’06 is the Manager of the Food Group, Policy, Standards and Quality Assurance Unit at the Texas Department of State Health Services in Austin, Texas.
Lisa Cornelius, MD, MPH ’04 is Medical Director and Health Authority for Williamson County and Cities Health District in Georgetown, Texas.

Schulyn Huston, MPH ’04 is the Project Manager at Baylor Scott & White Health in Temple, Texas.

Katherine Jackson, MPH ’04 is an Environmental Health Specialist at the Brazos County Health Department in Bryan, Texas.

Gene Mikeska Jr., MPH ’04 is a Medical Countermeasures Coordinator at Bell County Public Health District in Temple, Texas.

Christina Morrison, MHA ’04 is a Lean Six Sigma Black Belt at Memorial Hermann Healthcare System in Houston, Texas.

Nathan Pilgrim, DO, MPH ’04 is a Physician at INOVA Behavioral Health Services in Fall Church, Virginia.

Tricia Blalock, MPH ’03 is the Director of Rehabilitation Services at Titus Regional Medical Center in Mount Pleasant, Texas.

Linda Clark, MHA ’03 is the Vice President of Clinic Operations at Baylor Scott & White Health in College Station, Texas.

Carol Davis, MSPH ’03 is the Public Health Preparedness & Epidemiology Manager at the Texas Department of State Health Services in Temple, Texas.

Benny Holland, PhD, MPH, RN ’03 is the Director of the Clinical Learning Resource Center at the Texas A&M Health Science Center in Bryan, Texas.

Amanda Kennedy, MPH ’03 is Co-Owner of WellCare Specialty Pharmacy in Humble, Texas.

Raschel York, MPH ’03 is a Volunteer Coordinator for Hospice Brazos Valley in Bryan, Texas.

Frank Villamaria, MPH ’02 is a Staff Anesthesiologist at Baylor Scott & White in Belton, Texas.

Crystal Crowell, MPH ’01 is the Executive Director at the Brazos Valley Council on Alcohol and Substance Abuse in Bryan, Texas.

Leia Spoor, MPH ’01 is the Director of Health and Wellness at Baylor Scott and White Health in Dallas, Texas.

Jeff Brizzolara, MPH ’00 is Chief Clinical Officer, Viverae, Inc. in Dallas, Texas.

Jennifer Griffith, DrPH, MPH ’00 is an Associate Professor and Associate Dean of Public Health Practice at the Texas A&M School of Public Health.

Rasul Ramji, DC, DrPH, MPH ’00 is the Assistant Dean at the School of Public Health and Information Sciences and Associate Provost for Global Affairs at the University of Louisville in Kentucky.

Sherri Welch, BSN, MHA, ’06, was awarded the Distinguished Alumni Award for her significant contributions to improving the lives of others. She serves as Chief Operating Officer at the College Station Medical Center. A native of Caldwell, Texas, Welch has 21 years of extensive medical background including nursing positions in emergency and trauma medicine; intravenous therapy; home health; and worker’s compensation medical case management. Previously, she managed both an urgent care center and an occupational medicine center. She joined the College Station Medical Center in 2001 as the Associate Director of Patient Care Services and was promoted to Chief Nursing Officer in August 2006. She has served as President of the Texas A&M School of Public Health Alumni Advisory Board and on the MHA Advisory Committee. She is a Community Advisory Board member for both the Blinn College School of Nursing and the Texas A&M College of Nursing. She currently serves on the March of Dimes Board and recently completed service on the Health for All Clinic Board. She is a member of the Texas Organization of Nursing Executives, Sigma Theta Tau and the American College of Healthcare Executives where she recently achieved the status of Fellow.

Melanie Bujanda-Romero, MPH ’06 is the Senior Director of Clinical Quality Improvement & Innovation at Genesis Healthcare in Kennett Square, Pennsylvania. Christina Villalobos, MPH ’06 is a Public Health Analyst for the U.S. Department of Health & Human Services in Washington, D.C.
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**Mentor a student:** Share valuable knowledge with those just beginning their careers.

**Update your contact information:** In order to keep you up-to-date on exciting opportunities, we need to know how to reach you.

**Attend events:** Stay connected by joining us for the alumni tailgate, networking events in various cities, APHA and professional conferences.

**E-mail items for the Alumni Electronic Newsletter:** Promotions, awards and recognitions—we love to brag about our alumni.

**Nominate a fellow alumni for the Outstanding Alumni Award:** Help us honor a deserving fellow alum.

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**Give back:** Volunteer for a speaker series, support school scholarships/programs and serve on the Alumni Advisory Board.

**For additional information** on these and other opportunities, email rlmitchell@sph.tamhsc.edu.

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