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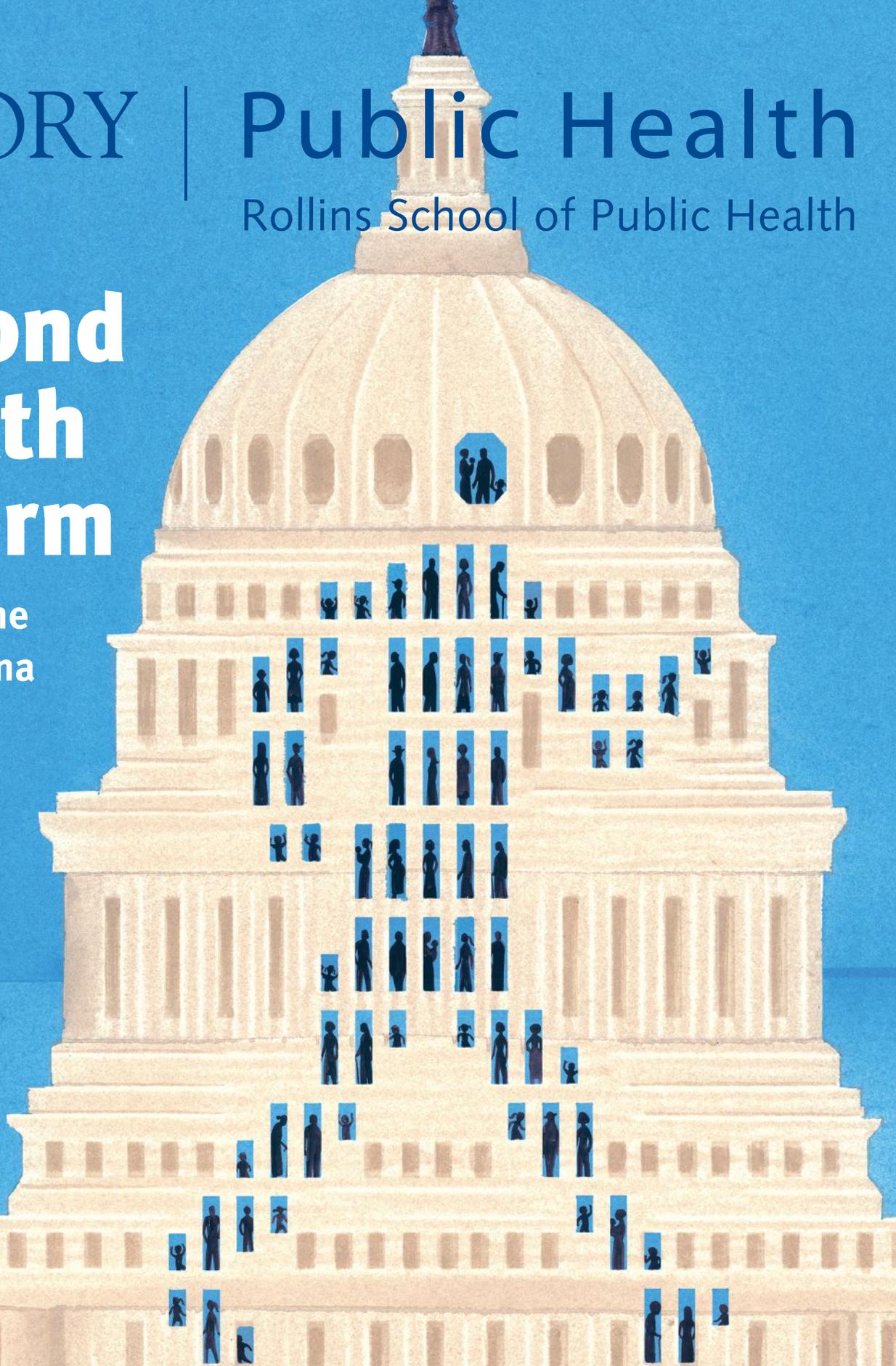
FALL 2012

Public Health

Rollins School of Public Health

# Beyond Health Reform

Shaping the Policy Arena



Legislative Report Card | Return on Investment | Influencing Employee Health

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## ▲ Life Lessons in Health

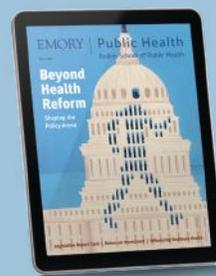
Erika Rees teaches sixth-grade girls at Ivy Prep Academy in Gwinnett County about the effects of acid rain on the environment. Rees was among 15 Rollins students who paired with Teach for America (TFA) mentors to promote health in PreK-12 classrooms in and around Atlanta. See page 8 to learn more about the new partnership between Rollins and TFA.

**On the Cover** Illustrator Alex Nabaum depicts how health reform policy affects populations and individuals of all ages.



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**EMORY**

**ROLLINS  
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HEALTH**

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Whatever the outcome of the November presidential election, the Affordable Care Act has brought about tremendous change to improve health care quality, efficiency, and outcomes. The faculty and alumni who are featured in this issue of *Emory Public Health* are part of that movement.

## Agents of Change

Whether you are a young adult entering the workforce, the parents of a chronically ill child, or a retiree covered by Medicare, the Affordable Care Act (ACA) affects everyone. As it stands, the ACA makes it possible for millions of uninsured Americans to obtain health care coverage. Whatever the outcome of the November presidential election, the ACA has brought about tremendous change to improve health care quality, efficiency, and outcomes.

The faculty and alumni who are featured in this issue of *Emory Public Health* are part of that movement. Ken Thorpe, Robert W. Woodruff Professor of Health Policy and Management, advised the Clinton and the Obama administrations on their health reform plans and thus made chronic disease prevention a top priority. Doctoral graduate Lydia Ogden now leads the CDC's Office of Health Reform Strategy, Policy, and Coordination. Ron Goetzel, director of the Emory Institute for Health and Productivity Studies, works with businesses and agencies around the country to promote employee health. Daniel Thompson, our new alumni board president, frequents the Georgia State Capitol in his government affairs role with Children's Healthcare of Atlanta.

Before fall semester began, we asked our students to read *House on Fire: The Fight to Eradicate Smallpox*, written by Presidential Distinguished Professor Emeritus and former CDC director William Foege. For pioneering that effort, Dr. Foege received the Presidential Medal of Freedom from President Obama at the White House last May. Whatever path we choose in public health, from preventing disease to creating health policy, we serve as agents of change to improve health for individuals, families, communities, and nations.

James W. Curran, MD, MPH

*James W. Curran Dean of Public Health*

# Foege receives nation's highest civilian honor

**Late last May, President Obama** welcomed the recipients of the 2012 Presidential Medal of Freedom to the White House ceremony with this introduction: “I have to say, just looking around the room, this is a packed house, which is a testament to how cool this group is.”

The group, indeed, was made up of heavy hitters: former Secretary of State Madeleine Albright, singer Bob Dylan, astronaut and former Senator John Glenn, writer Toni Morrison, and retired Supreme Court Justice John Paul Stevens. And one of Rollins' own was among their ranks.

Presidential Distinguished Professor Emeritus of International Health William Foege, former director of the CDC, received one of 13 medals for his work to eradicate smallpox from the globe.

“In the 1960s, more than 2 million people died from smallpox every year. Just over a decade later, that number was zero—2 million to zero—thanks, in part, to Dr. Bill Foege,” said Obama, in presenting the medal. “As a young medical missionary working in Nigeria, Bill helped develop a vaccination strategy that would later be used to eliminate smallpox from the face of the earth. And when that war was won, he moved on to other diseases, always trying to figure out what works.

“In one remote Nigerian village, after vaccinating 2,000 people in a single day, Bill asked the local chief how he had gotten so many people to show up,” Obama continued, sharing a favorite anecdote of Foege's. “And the chief explained that he had told everyone

to ‘come to the village and see the tallest man in the world.’ Today, the world owes that really tall man a great debt of gratitude.”

Foege's innovative method for battling smallpox, surveillance and containment, involved vaccinating only those

people who were in danger of acquiring the virus, thereby staying one step ahead of the disease.

“The basics for breaking transmission of the virus were remarkably simple and similar to fighting forest fires,” Foege has said, drawing on knowledge he gained fighting wildfires in national forests in the Pacific Northwest during his college summers.

As a physician and epidemiologist, and through his work at CDC, the Carter Center, the Task Force for Global Health, and the Bill & Melinda Gates Foundation, Foege has taken on challenges from infectious diseases to childhood survival.

“Congratulations to my friend Bill Foege, named as a Medal of Freedom recipient by President Obama for his leadership in global health,” wrote Melinda Gates on her Twitter feed just after the ceremony.

It has been a year of honors for Foege. In May, he received the Spirit of Helen Keller Award for his work to



William Foege accepts the Presidential Medal of Freedom from President Obama. To watch a video of the White House ceremony, visit [bit.ly/foegewhitehouse](http://bit.ly/foegewhitehouse). *White House photo by Chuck Kennedy.*

eliminate smallpox, polio, and river blindness. And in March, Georgia Tech awarded him the Ivan Allen Jr. Prize for Social Courage, named for the Atlanta mayor who supported desegregation during the civil rights era.

“Dr. Foege has played an instrumental role in raising public awareness about many of the world's forgotten diseases and bringing them to the forefront of domestic and international health policy,” says RSPH Dean James Curran, who served under Foege at CDC. “His passion and commitment have resulted in significant change that holds great promise for the future of global health.”

At Rollins, Foege remains a popular speaker and a respected mentor to students, faculty, and leaders like Curran.

“I firmly believe that ours is a cause-and-effect world,” Foege once said. “This is the driving force in public health. You can accomplish good because it is actually possible to change the world.”—*Mary Loftus* ■

## New center targets prevention of spina bifida

RSPH is home to a new global initiative to prevent spina bifida. Epidemiology professor Godfrey Oakley directs the Center for Spina Bifida Research, Prevention, and Policy (CSBRPP) in collaboration with Emory's Department of Pediatrics and the nonprofit Sophie's Voice Foundation.

Spina bifida often causes paralysis and other physical and developmental conditions among children. Worldwide, more than 325,000 babies are born annually with neural tube birth defects, 75% of which could be prevented with the proper daily consumption of folic acid during pregnancy.

In the United States, where the FDA requires that folic acid be added to flour and other "enriched" grains, prevention of spina bifida-F (spina bifida that folic acid prevents) is quite high. CSBRPP will help other countries develop and implement regulations that require folic acid (and iron, zinc, and vitamin B12) be added to flour, corn, and rice products. The center also will work closely with the Flour Fortification Initiative at Rollins.

"Folic acid fortification is now required by nearly 70 countries," says Oakley, a pioneer in the fortification



Godfrey Oakley (left), director of the Center for Spina Bifida Research, Prevention, and Policy, and James Okula of Sophie's Voice Foundation  
Photo by Pete Winkle

movement. "Globally, however, we are only preventing about 20% of this type of spina bifida, so the primary goal of the new center is the worldwide prevention of spina bifida by 2022."

CSBRPP will collaborate with CDC's National Center for Birth Defects and Developmental Disabilities and other international public, private, nonprofit, and academic partners. In time, the center plans to create programs that advance quality of life for people living with spina bifida, including the transition from childhood to adult care.—Jennifer Johnson ■

## Fulbright scholar putting faces with diabetes data in India



Unjali Gujral

In December 2011, Unjali Gujral completed a rotation with a research team collecting data on diabetes in Chennai, India. This fall, she returns there as a Fulbright scholar to build on that work.

A doctoral student in nutrition and health sciences at Rollins, Gujral will explore whether the onset of type 2 diabetes and pre-diabetes occurs earlier in Asian Indians than in ethnic groups in the United States.

"It is important to me to put faces with my data," says Gujral, who was born in California but whose parents come from New Delhi. "I want to become familiar with the people with whom I'm working and build strong relationships with our collaborators in India."

The prevalence of type 2 diabetes in Asian Indians is extremely high and continues to rise rapidly. Earlier studies have placed the onset of type

2 diabetes at younger ages in Asian Indians than in other ethnic groups. But these studies, some now more than 20 years old, were conducted with Asian Indian populations living in developed countries. That makes it difficult to tease out whether the age of onset was a result of genetics or environmental factors such as physical inactivity or consumption of a Western diet, says Gujral.

The Fulbright scholar will

# PhD program in environmental health sciences offers multidisciplinary focus

**Elizabeth Marder remembers the day when her interest** in the environment was sparked by a lecture on the Toxic Substances Control Act. Her curiosity led to an internship with the Environmental Working Group in Washington, D.C, where she maintained a public database on ingredients found in cosmetics; a summer traineeship sponsored by the National Institute of Environmental Health Sciences; and an internship at CDC. “All gave me an introduction to the smorgasbord that is environmental health,” Marder says.

Her curiosity has grown since from nascent to encompassing. She is one of the first four students to enroll in a doctoral program in environmental health sciences that launched at Rollins in fall 2011.

Central to the new doctorate is a multidisciplinary focus that mirrors a wide-reaching field. Whether students go on to pursue careers in population science, basic science research, or environmental exposures, the RSPH doctorate will give them broad, fundamental experience in core disciplines, says Jeremy Sarnat, director of graduate studies in environmental health.

“We want them to be exposed,” Sarnat says. “It helps them figure out what they want to do.”

One of the students, Heather Strosnider, who completed her Rollins MPH in 2004, waited to pursue a doctoral degree

spend nine months at the Madras Diabetes Research Foundation (MDRF), analyzing data from an ongoing study in Chennai, an urban setting with a diverse socioeconomic population and high diabetes prevalence. She’ll compare those results with findings from the U.S. National Health and Nutrition Examination Survey, conducted between 2009 and 2010, to assess the health of Hispanics, blacks, and whites in the United States.

Gujral also will focus on diabetes prevention and conduct diabetes awareness classes at MDRF twice a month. Understanding why Asian Indians develop type 2 diabetes and their age at onset can have a significant impact on prevention and diagnostic efforts, she says. “It could benefit the nation’s health and economy overall and ease the burden of diabetes in India.”—*Rhonda Mullen*

Elizabeth Marder (left), Chandresh Ladva, Heather Strosnider, and Cassie O’Lenick are the first PhD students in environmental health sciences. Another five students enrolled this fall.



until the school got its program up and running. “This program gives us the wiggle room to create our own path,” she says.

Specifically, students take two years of classes in three research areas: exposure science, biologic mechanisms of susceptibility and disease, and environmental determinants of population health. During their coursework, they rotate with faculty who are working on solutions to real-world environmental challenges. Along with the program design, the faculty are what drew this first competitive batch of students to Rollins, they say.

When Paige Tolbert became chair of environmental health, one of her top priorities was to offer a doctoral program. “It was long overdue,” she says, “with all of our competitors already having one.” But coming late to the table allowed RSPH to design a distinctive program that Tolbert expects to fuel a growing synergy in research and scholarship. “This takes us to a new level,” she says.

This fall, the department welcomed five new students to its second PhD class.—*Rhonda Mullen* ■



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Nanette Wenger and RSPH Dean James Curran

## Cardiologist Nanette Wenger receives Hatcher award

**Emory cardiologist Nanette Wenger** became the 10th recipient of the Charles R. Hatcher Jr., M.D., Award for Excellence in Public Health at a ceremony hosted by the RSPH last spring. Wenger was honored for her pioneering efforts to improve cardiovascular health, especially among underserved populations.

When Wenger joined the School of Medicine faculty in 1958, she was one of only a handful of female physicians at Emory and among a small number

in the nation. In the 54 years since, she has trained numerous residents and fellows at Atlanta’s Grady Memorial Hospital and advanced research in cardiac rehabilitation and cardiac prevention and care for women and the elderly. Wenger is credited with changing the paradigm that heart disease affects only men and was one of the first physician-scientists to speak out about the underrepresentation of women in research studies and clinical trials.

“Asking questions about women and heart disease was one of the most important things I did—realizing that women are not just small men and building a robust science around women and heart disease,” said Wenger during the award ceremony.

She is also among the physicians with whom Charles Hatcher collaborated to advance open-heart surgery at Emory and Grady after he joined the faculty in 1962. Established by the RSPH in 1996, the Hatcher Award honors faculty members in the Woodruff Health Sciences Center (WHSC) who exemplify excellence in public health. The award is named to honor Hatcher, who supported the creation of Rollins during his tenure as vice president for health affairs and WHSC director.

The former vice president, who is the recipient of the first Hatcher award, was present when Wenger received the same honor. “I am personally grateful to Dr. Wenger,” said Hatcher. “She was one of three cardiologists at Grady when I arrived at Emory 50 years ago. Thanks to her, we’ve had a wonderful relationship with Grady in cardiology during all of these years.”—*Pam Auchmutey* ■



## Reporting on the health of Georgia Latinos

Lack of health insurance coverage among the Hispanic population in Georgia is much higher than the national average, according to a report prepared by Karen Andes of the RSPH and the Hispanic Health Coalition of Georgia (HHCGA). Nearly

half of the state’s 850,000 Latinos are uninsured.

The report, issued during the 2012 Latino Health Summit held in June at Rollins, synthesizes the health status and outcomes of Georgia Hispanics and draws upon a wide range of indicators collected by Rollins and Laney Graduate School students. They also were integral to writing the report and organizing the summit, involving more than 150 providers, academicians,

agency representatives, and community grassroots leaders in Georgia. The report encompasses data between 2000 and 2010, during which Georgia’s Latino population doubled.

One key finding shows that two-thirds of Hispanic children in the state were born into what researchers called “mixed nativity” households, where they are U.S. born and their parents are foreign born.

“These mixed nativity families



John Boring (left) served on the search committee that led to James Curran's appointment as dean of the Rollins School of Public Health.

## Epidemiology professor John Boring retires

**John Boring once aspired to be a professional baseball pitcher.** But after trying out with two different teams, “Lefty” Boring reasoned that he might be better suited for another profession. This year, he attained the status of professor emeritus of epidemiology after 46 years of teaching at Emory.

“John Boring most definitely played a

transformative role in our school,” says Rollins Dean James Curran. “He helped lay the groundwork for what became the Department of Epidemiology and trained more than two generations of students in public health and medicine.”

Boring came to Emory in 1966 by way of CDC, where he served with the Epidemic Intelligence Service and later

as a senior scientist with expertise in microbiology. Tom Sellers, then chair of Emory's Department of Preventive Medicine, invited him to teach epidemiology in the School of Medicine. The field of epidemiology was just coming into its own, and Boring taught students what he calls “denominator science”—known today as evidence-based medicine.

“At that time, physicians thought medicine was deterministic and not probabilistic,” said Boring during his retirement celebration at Rollins. “No one was teaching inductive reasoning. For every numerator, you need an appropriate denominator. The larger the denominator, the more reliable the conclusion.”

Boring also became one of the “midwives” to Rollins. In the mid-1970s, he taught in the master's of community health program, the genesis of RSPH. Some years later, when the School of

face particular challenges in terms of health status as well as health care access,” says Andes, assistant professor of global health and faculty director for the project. “Latino children in the state have significantly lower access to health insurance than their black and white peers. While they begin life with relatively good health, a number of indicators suggest that their health status declines by the time they start school.”

Another noticeable change in the Hispanic population is their makeup, which largely shifted from working adults to families. In those families, children under age 15 comprise nearly one-third of the state's Hispanic population.

The 2012 Georgia Latino Health Summit covered several key areas, including maternal and child health; cardiovascular disease, obesity and diabetes; cancer; and behavioral health.

The report covers a full range of health topics and provides comparisons between the health of Georgia Hispanics and Hispanics nationwide, as well as differences between Hispanics and non-Hispanic white and black populations in the state.

Rollins and HHCGA are now looking at ways to implement ideas generated during the summit. Possibilities include student projects with community-based organizations to assess

needs and improve services in areas such as mental health and collaborating with the National Public Health Institute of Mexico and other international partners to better address the health needs of Georgia's Latinos.—*Jennifer Johnson and Pam Auchmutey*

To download the Georgia Latino Health Report 2012 and a follow-up report on the summit, visit [hhcga.org](http://hhcga.org).

Medicine created the Department of Epidemiology and Biostatistics, Boring led the epidemiology division as part of the MPH program. After Rollins was established as a school in 1990, Boring chaired the Department of Epidemiology. Under his guidance, the curriculum evolved, the doctoral

co-directed the Master of Science in Clinical Research (MSCR) program, which he helped establish in 1998 for physicians who wanted to merge science and clinical practice.

To date, the MSCR program has graduated 120 students who enter with MD or PhD credentials. The program is based in the Atlanta Clinical and Translational Science Institute, led by David Stephens,

Emory vice president for health sciences research and author of the NIH proposal that launched the program.

John McGowan, professor of epidemiology and director of the MD/MPH program at Rollins, codirects the MSCR program with Boring. “He convinced me to work with Dr. Stephens to set up the program,” says McGowan. “John can convince you to do anything—he is such a good coach and cheerleader.”

Students also share that sentiment. Medical students selected Boring as Teacher of the Year five times. He received the Thomas F. Sellers Jr. M.D. Award (1993), which honors a Rollins faculty member deemed as a role model by colleagues, and the Thomas Jefferson Award (1995), Emory’s highest faculty honor.

Although Boring is officially retired, he will continue doing what he loves best: teaching students.

“When I came here, it was the right time and the right place,” he says. “I was advised and carried along by some wonderful people who are responsible for what Rollins is today. Every day I’ve spent at Emory has been more than satisfactory for me.”—*Pam Auchmutey* ■

## Rollins joins with Teach for America to promote health in the classroom

**“They’re big! If only they fit,”** jokes Carrie Oliver of her “Teacher Pants”—metaphorical trousers that represent the self-reflection, patience, and vision required to teach PreK-12 students about health.

Last spring, Oliver was among the first Rollins students enrolled in Classroom to Community, a seminar that paired them with Teach for America (TFA) teachers in Atlanta-area schools. The seminar is part of ConnectEd-4Health, an alliance between Rollins and TFA to promote health in the classroom to overcome barriers to education. The collaboration is the first of its kind between a school of public health and TFA, the national program that places outstanding college graduates in underserved areas to teach for two years.

“Our partnership with TFA is a launch pad for using local schools as a vehicle to teach critical health skills to the next generation,” says Ariela Freedman, assistant research professor at Rollins and a TFA alumna.

ConnectEd4Health grew out of student interest fostered by Freedman. Although it offered no course credit, the first seminar drew in a landslide of applicants. Freedman chose 15 students who were paired with TFA mentors to learn to guide them in becoming effective health educators.



Tom Sellers (center) brought Boring to Emory from CDC. Nancy Thompson helped Boring establish the epidemiology track in community health.

program was formed, and enrollment grew. And he brought many of the current faculty on board, including Dana Flanders, Harland Austin, David Kleinbaum, Michelle Marcus, Carrie Drews-Botsch, and Carol Hogue, who holds the Jules and Uldeen Terry Chair in Maternal and Child Health, the first endowed professorship at Rollins.

“John was the person who made me feel comfortable as a new faculty member,” says Kleinbaum, who dedicated the second edition of his textbook, *Logistic Regression: A Self-Learning Text*, to his colleague and mentor.

In 2002, Boring stepped down as chair to teach full time at Rollins and in the School of Medicine, where he introduced “Analytic Medicine,” a required course for first-year medical students, several years earlier. He also



Carrie Oliver teaches South Atlanta High School students how to recognize signs of mental illness among family and friends.



Lolly Beck-Pancer instructs kindergarteners on how to plant a garden at Canby Lane Elementary in DeKalb County.

As RSPH students quickly learned, the classroom can be an unforgiving place. “It’s a reality check from Rollins, where everyone tells you to change the world. Then you’re out in the world, and it’s big,” says Gaëlle Gourmelon 12MPH.

But the difficulties were part of the learning process for Lolly Beck-Pancer 13MPH. Her first lesson on high levels of sugar in food might have been ambitious for a kindergarten class, but she made an impression—one 5-year-old was so taken aback by the presence of sugar in his chocolate milk that he flatly refused the beverage in favor of water.

Throughout spring semester, Rollins students and TFA members discussed how to better promote health in the classroom. In an entry on the Classroom to Community blog, Sahar Salek 12MPH discussed her volunteer work as a dental assistant at a school-based health center in south San Diego. Such centers, she wrote, can be crucial to combating the social determinants of health in underserved schools and integrating health and education.

Audra Williams, an MD/MPH student

at Emory and a TFA alumna from Atlanta, concurs. “This year brought together my lives as a teacher and medical student,” says Williams, who co-taught the Classroom to Community seminar with Freedman. “We all need to take on the responsibility to learn what’s going on in our schools to build healthier communities.”

Williams also took part in a project to launch a database that TFA teachers can use to develop lesson plans on nutrition, mental health, reproductive health, and other topics.

“Classroom to Community has deepened our teachers’ understanding of how health affects the lives of their students,” says Lauren Lamont, TFA manager of teacher leadership and development. “They leave the program with a better understanding of how to be agents for change.”

Early last May, Erika Rees, an MPH candidate in environmental health, and Scot Seitz, a TFA earth science teacher at Ivy Prep Academy, an all-girls charter school in Gwinnett County, handed out gloves and goggles to Seitz’s sixth-grade

class. They were about to observe the effect of weak sulfuric acid on common building materials such as zinc and brick, part of a lesson on acid rain designed by Rees. The lesson proved to be a popular one with students, who were reluctant to remove their goggles when it ended.

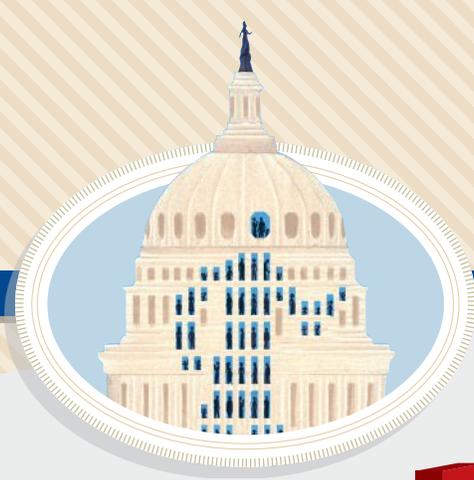
Seitz and Rees worked in tandem to make their health lessons more engaging. “After each class, we shared some thoughts and tried new things during the next class,” Seitz wrote in his journal about the experience. “As each class went by, the lessons got better and better.”

By semester’s end, Classroom to Community had helped TFA teachers understand how health affects individuals and communities, Rollins students become better educators, and PreK-12 students develop skills necessary to live a healthy life.

“It’s not just about how to develop lessons plans,” says Rollins student Lolly Beck-Pancer. “It’s about how to create social justice wherever we go.”—*Stone Irvin* ■

SPECIAL ISSUE: POLICY

AND PUBLIC HEALTH



# BEYOND HEALTH REFORM

KEN THORPE LEADS FACULTY AND STUDENTS IN  
SHAPING DOMESTIC AND GLOBAL POLICY

BY PAM AUCHMUTEY



Robert W. Woodruff Professor and  
Chair of the Department of Health  
Policy and Management

In 1912, former President Theodore Roosevelt championed national health insurance in his unsuccessful bid to return to the White House. This year, a century after Roosevelt first proposed national health insurance, the U.S. Supreme Court upheld the Patient Protection and Affordable Care Act (ACA), signed into law by President Barack Obama in 2010.

Ken Thorpe has followed the arc of health care reform for more than three decades. During the 1990s, he advised the Clinton administration as U.S. deputy assistant secretary for health policy. Since 1999, he has grown Rollins' programs in health policy and management as Robert W.

Woodruff Professor and department chair, all the while serving as one of the nation's go-to experts on ways to control health care spending. He also leads the Partnership to Fight Chronic Disease, a national coalition that has positioned obesity and related illnesses as a top health priority with a focus on prevention.

In the following Q&A, Thorpe shares his thoughts on the ACA and how Rollins faculty and students are shaping the health care reform landscape.

**Q** During the Clinton administration, you advised the President and First Lady on health care reform. What are the differences between the Clinton and Obama plans?

**A** There are more similarities than differences. They both tried to achieve universal coverage. The penalties for not enrolling were steeper in the Clinton plan than what the ACA requires. The biggest difference is that the Clinton plan built in serious cost containment. It included a set of goals in terms of the growth of private insurance premiums that mirrored the growth of the economy plus one percentage point. Essentially, there were some controls for premiums that grew faster than that. Basically, the plans were taxed at 100% of excess growth. So a very tight cost control system was built into the Clinton plan.

**Q** Why was the Clinton plan unsuccessful?

**A** Congress was not engaged from the beginning. The proposal was written in the White House from A to Z. No one obtained buy-in from the Congressional committees that were going to have to introduce and pass the legislation. The process and strategy derailed it, and the length of time that it took to put the plan together. Had it gone faster, the White House would have had a better chance of passing health care reform.

**Q** The passage of the Affordable Care Act was a historic achievement. What is working well under the current law?

**A** Several important provisions now in place are working well. For example, parents can cover their children up to age 26. That's reduced the number of uninsured adults by 6.6 million people. So the ACA has had a major impact on increasing insurance coverage among young adults. It's provided a range of benefits to seniors in the Medicare program, especially for people who have multiple chronic health conditions. It's eliminated the so-called donut hole in the prescription drug program and provided better preventive benefits for those covered by Medicare. It's provided tax credits to small

“Chronic diseases are responsible for seven out of 10 deaths each year and account for 75% of the nation’s health care spending.”

—Ken Thorpe, Robert W. Woodruff Professor and Chair of the Department of Health Policy and Management

businesses that offer insurance, making it more affordable for employers to offer coverage. It eliminates bans on pre-existing conditions among children. It eliminates the ability of insurance companies to discriminate based on health status—the community rating provision. Everybody will have access to health insurance even with a pre-existing condition—the guaranteed issue provision.

The major elements of the ACA are scheduled to take effect in 2014. When that happens, it will reduce the number of uninsured in the United States by 30 million people. Originally, 17 million of those people were to be covered through an expansion of state Medicaid programs. The Supreme Court decision now leaves it up to states to decide whether or not to expand their Medicaid programs. Regardless, the ACA will expand coverage to Americans who currently do not have health insurance.

**Q** What isn’t working well under the ACA?

**A** There’s nothing major. The biggest structural change requires putting together state insurance exchanges to provide an online marketplace where people can buy health insurance. Today, 11 states and the District of Columbia are moving ahead to do that. These exchanges must be up and running by 2013 for them to work by 2014 under the ACA. By default, the federal government will establish exchanges for states that do not set up their own. Past November, if Obama is re-elected, you’ll see a lot of activity because states will want to design and shape how these exchanges operate.

**Q** In 2007, you established the Partnership to Fight Chronic Disease (PFCd). How did it come about?

**A** It came in part from work I did in Vermont, where I helped the legislature put together a health care reform package that was passed. We began by focusing on affordability and

the issues around chronic disease. We wanted to create a system that did three things: do a better job of averting disease, increase the detection of chronic disease, and more effectively manage patients with chronic disease. We learned that as you build that system up, it has the potential to control growth in spending. It was a place where we could start and build a broad coalition and apply that lesson nationally through PFCd.

**Q** What has PFCd accomplished nationally?

**A** Before the 2008 presidential election, our policy platform was adopted by the Democratic and Republican platforms. It formed a major part of the health care reform proposals by Obama, Clinton, and McCain. It’s completely changed the dialogue about where to look to save money in our health care system. Until a few years ago, most of the discussion focused on increasing insurance copays and deductibles instead of looking at the drivers behind increases in health care spending.

**Q** Earlier this year, you wrote an article for *Health Affairs* that sets forth a strategy to reduce diabetes under the ACA. How would that work?

**A** Chronic diseases are responsible for seven out of 10 deaths each year and account for 75% of the nation’s health care spending. Flaws in the current health care system often lead to fragmented and expensive care for these conditions. The ACA includes several provisions that could be used to create a comprehensive approach to prevent chronic diseases such as diabetes. The strategy that we proposed has three parts: expanding the National Diabetes Prevention Program, a public/private partnership led by CDC, into more communities; introducing community health teams into the Medicare program; and using these teams to coordinate public health, prevention, and treatment. All would contribute to improving outcomes and lowering health care costs by promoting wellness and reducing hospital readmissions.

**Q** Your previous research has shown that health care costs related to obesity will quadruple by 2018. What steps can be taken to prevent such a steep rise?

**A** Funding community programs known to promote weight loss is one way. Our studies of the YMCA’s Diabetes Prevention Program

show that participants age 60 and older lose weight and reduce their diabetes risk by up to 71%. Our estimates show that expanding the 16-week program nationally would cost \$590 million—which includes training, data collection, and enrolling program participants—with funding from the National Diabetes Prevention Program and the Prevention and Public Health Fund, created by the ACA. This investment would save an estimated \$2.3 billion in Medicare costs over the next 10 years.

**Q** In 1999, you joined Emory to lead the Department of Health Policy and Management at Rollins. How has the department evolved since then?

**A** It's changed dramatically. We've tripled the number of faculty. We added a Master of Science in Public Health (MSPH), directed by Laurie Gaydos, to our two existing MPH programs in health services management and health policy. We added a new doctoral program in health services and research policy, led by Walter Burnett. We put into place an element of the Career MPH program that we continue to be involved with. With the growth in faculty, our research focus has broadened.

**Q** What are the research strengths of the department?

**A** One is the big picture side of health care reform. Several faculty focus on ways to control health care spending. Ron Goetzel works with employers to maintain worker productivity through chronic disease prevention and health promotion. David Howard studies various drug treatments and medical procedures to determine their effectiveness in reducing health care costs. Kathleen Adams is an expert on Medicaid and Children's Health Insurance Programs, including how to slow the growth in spending while improving outcomes. Richard Saltman examines health policy reform and expenditures in other countries.

Another side is the economics of different diseases. We collaborate with schools and units throughout the Woodruff Health Sciences Center and Emory. Joe Lipscomb and other faculty

work closely with the Winship Cancer Institute on cancer screening, cancer costs, and cancer epidemiology. Ned Becker and Steve Culler analyze different ways of treating heart attack and stroke and look at surgical interventions versus cardiology interventions to determine cost effectiveness. Benjamin Druss works to improve mental health care delivery and quality in communities. Kim Rask leads the Center for Health Outcomes and Quality, which bridges several disciplines to improve clinical outcomes.

**Q** How does the rate of chronic disease in the United States compare with that of other countries?

**A** There's no question that other countries are facing an explosion of chronic illness. India,



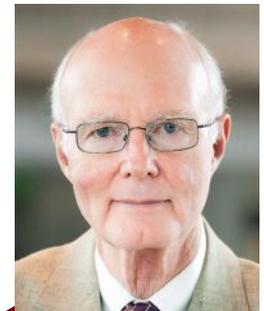
Benjamin Druss



David Howard



Kathleen Adams



Walter Burnett

China, Southeast Asia, you name it. There are 80 million diabetics in India alone. Those are common interests, and we're doing a lot of work in taking what we've found to be effective in prevention and delivery system reforms to reduce the growth of obesity, to reduce the growth of chronic disease—to keep people with four, five, six chronic conditions out of hospital emergency rooms and clinics. Those are all common features, unfortunately, that we're finding between the United States, Eastern Europe, and Southeast Asia. It's almost worldwide now.

**Q** Currently, 40 of the 153 master's students in the department come from other countries. What draws these students to Rollins?

**A** We offer a strong foundation in health systems in general. A lot of international students focus on health management. They come to learn management skills, finance, and accounting—skills they can apply in their own countries. Historically, a lot of international students are physicians who want to gain experience in the

administrative and management side of health care. This year, we have six King Abdullah Fellows here from Saudi Arabia. This group includes five physicians and a nurse who will help form the nucleus of a new CDC-like agency in their country.

**Q** On the domestic side, what are students prepared to do when they graduate? Where do they work?

**A** We try to give them a tool kit so they can hit the ground running in any industry they choose. We provide them with a strong foundation in the financing of health care and health care delivery and prevention. We keep them up to date on all the key issues. In my class, for example, we do a lot of work on the components of the ACA and some of the debates on entitlement reform. We provide a strong analytic foundation so they can do policy analysis effectively. And we want them to have core management and finance skills that are important anywhere they go. Basically, we want them to be as flexible as possible.

After our students graduate, they land jobs in the public and private sector. They work for federal agencies such as the Food and Drug Administration. They work for advocacy groups such as the Blue Cross and Blue Shield Association and consulting firms such as McKinsey and Company. They work for hospitals and hospital systems. And some work on Capitol Hill in Washington.

**Q** Regardless of the outcome of the 2012 presidential election, where do you see health care reform five to 10 years down the road?

**A** It will focus on the structural issues. It will change how we pay for Medicare by moving away from a fee-for-service system to a bundled payment system, which will ripple over into the private sector. It will build a delivery system that promotes integrated team-based care. And it will build a prevention structure that effectively reduces smoking rates, obesity rates, and other conditions.

**Q** As a nation, have we turned a corner in terms of preventing disease and reducing health care costs?

**A** No, not yet. We have a long way to go. ■



# LEGISLATIVE REPORT CARD

## STUDENT RESEARCH INFLUENCES AMENDMENT TO STATE ABORTION BILL

BY KAY TORRANCE

**A**drienne DeMarais Zertuche *MD MPH* knew with a strong conviction that she wanted to be an obstetrician and gynecologist. She liked the opportunity of having lifelong relationships with her patients and caring for them during the special time of pregnancy and birth. Now, as a medical resident at Emory, she can fully experience the varied work in her specialty. But before she graduated last spring, she learned an early lesson in how politics can affect how she practices medicine.

When DeMarais Zertuche was on her way to earning an MPH, Rollins Professor Roger Rochat was looking for students to assist the Georgia Obstetrical and Gynecological Society with an assessment of obstetric providers in the state. She signed on and helped organize the Georgia Maternal and Infant Health Research Group (GMIHRG) to recruit medical, nursing, and public health students to help with the project. What the students found was a worsening situation for pregnant women outside of metro Atlanta. In the course of their research, they also got a primer on the political process and negotiation.

The students called all 63 birthing facilities outside the metro area to gauge the obstetric provider workforce and workload. They found that 38% have no obstetricians and 70% have no certified nurse-midwives. Overall, 52% of the



ADRIENNE DEMARAIS ZERTUCHE

MD/MPH graduate who led the effort to inform Georgia legislators about the shortage of ob/gyn providers

areas are either overburdened—too few providers and too many patients—or have no obstetric providers at all.

There are numerous reasons for the shortage, DeMarais Zertuche says. Georgia obstetricians face crippling malpractice insurance costs, exacerbated by the lack of tort reform, and there are too few of them in rural areas. Those that do practice in small cities and towns have crippling workloads. Moreover, Medicaid reimbursements are low—about 60% of deliveries in Georgia and up to 80% in rural areas are paid for by Medicaid.

GMIHRG used their findings to back the society's efforts to influence the outcome of a house bill proposed during the 2012 Georgia General Assembly. HB 954 prohibited abortions after a fetus reaches 20 weeks, regardless of its medical futility, and imposed a prison sentence of up to 10 years for doctors who perform them.

The students met with State Representative Sharon Cooper, chair of the House Health and Human Services Committee, who advised them that they could make the

greatest impact by drafting a “report card” for each legislator’s area and offered to help distribute the cards. The project coincided with Cooper’s efforts to kill HB 954.

In the end, the cards helped the bill’s supporters and opponents work out an amendment that made an exception for a medically unviable fetus. “We were able to make a horrific bill into just a terrible bill,” Cooper says. “The cards give us a well-done study and information to take to the speaker and governor as we go forward and say to them, ‘Look what’s happening and what can we do about it?’”

“The students learned about the political process,” she continues. “Physicians often don’t get involved in it. They are busy and doing the best job they can to take care of patients. But people who have no medical background are making decisions about how doctors practice. Doctors need to get involved in the political process.”

DeMarais Zertuche admits the political process was tough. Late into the last day of the legislative session, the bill was still up for vote.

“It was the last night of the session, and at 11:30 PM, they voted on it. It passed with flying colors,” she says. “I think the cards helped create support for the amendment, especially among the 17 Republicans who voted for it.”

The front of each card includes quotes from providers about the difficulty of running an obstetric practice. One from Americus said, “In rural Georgia, 70% to 80% of patients are Medicaid, and with today’s reimbursement rates, no

matter how smart you run your business, it’s hard to get by.” Another provider from Moultrie commented, “We are the only obstetrical practice in town. With one OB and a midwife, we did 550 deliveries last year. Sometimes we see 60 women in a day. It’s difficult to recruit physicians of any kind to this area.”

Student adviser Roger Rochat is impressed by what GMIHRG accomplished. “This has been one of the most remarkable student practicum experiences with which I have been associated in 42 years,” he says. “The enthusiastic, professional student response to a community request directly and positively affected state legislation.”

In the future, DeMarais Zertuche would like to do a study on how residents decide where to practice because “there is nothing on the horizon to improve the statistics on obstetricians/gynecologists,” she says. “If Georgia does not act now, by 2020, 75% of the counties outside the Atlanta metro area will be severely overburdened or have no ob/gyn providers at all.” ■



# ENSURING RETURN ON INVESTMENT

LYDIA OGDEN INFORMS CDC'S EFFORTS  
IN THE ERA OF HEALTH CARE REFORM

BY LORI SOLOMON  
96C 00MPH

**J**ust contemplating the enormity of the problems plaguing the U.S. health care system can be sobering, but tackling the transformation of the health system in an era of reform is the daily mission of

Lydia Ogden MD, PhD, the first graduate of Rollins' doctoral program in health services research and health policy. Her to-do list is daunting: reining in unsustainable health care spending, ensuring affordable access to care, and maximizing population health gains in today's disjointed system. But for Ogden, the current imperfect reality is motivating.

"We're older, fatter, and sicker as a nation, and we can't afford it. Big problems that are hard to solve are not unique to public health, but I love a challenge" she says. "Nothing in our field is easy or will happen overnight. It is what you sign up for when you get into public health. I have a stepdaughter who is in her third year of medical school, and I don't want her to go out into this dysfunctional system. She's one of the reasons why I go to work each day."

Ogden is director of CDC's Office of Health Reform Strategy, Policy, and Coordination (HRSPC). The office is a central resource for disseminating information both within CDC and to state and local health departments regarding the implications of the Affordable Care Act (ACA) for public health. Ogden and her staff monitor health reform implementation at all levels and provide expert guidance on crucial features of national reform efforts. Their guidance shapes CDC's internal program strategy to achieve population health goals and helps

external players with broader reform efforts, including understanding the population health implications of health benefits packages and state-level implementation of insurance exchanges and Medicaid expansion.

The U.S. Supreme Court decision to uphold ACA's individual mandate and related provisions, including guaranteed coverage and state-based exchanges, means more people can obtain insurance and access care. But the court's decision allowing states to opt out of the Medicaid expansion may negatively impact access. HRSPC measures the impact of these counterbalances.

"My office is on constant alert to monitor what states



LYDIA OGDEN 10PHD

Director of CDC's Office of Health Reform Strategy, Policy, and Coordination

**“We’re older, fatter, and sicker as a nation, and we can’t afford it. Big problems that are hard to solve are not unique to public health, but I love a challenge.”**

—Lydia Ogden 10PhD, director, CDC’s Office of Health Reform Strategy, Policy, and Coordination

are doing and help CDC programs understand the implications for the populations they and their partners serve. But a huge part of public health is to monitor the health care system, and that is not just the health reform act,” says Ogden. “Public health is the keeper of surveillance data—health insurance status, access to care, and outcomes and quality. We know the populations at risk and whom to target with preventive services or strategies. My role is to help integrate public health and what we bring to the table into the larger health system that encompasses clinical care and community-based interventions.”

### THE WHEELS OF HEALTH POLICY

Rollins students and alumni assist Ogden in shaping public health’s changing face along the continuum of national reform efforts. Doctoral student Emily Johnston came to Rollins because of the faculty’s connections and experience with implementing health policy programs. Her research interest lies in how variation in state Medicaid policy affects health status.

“There are not many fields in policy where so much is happening right now. To be in health policy and see how ACA is being implemented is fascinating and very beneficial,” says Johnston, who worked in HRSPC as an Oak Ridge Institute for Science and Education Fellow. “It has opened my eyes and shown me the entire policy-making world.

“You learn in theory how policy is made and passed in the legislature,” she continues. “But how the law is implemented can lead to different possibilities and different outcomes in people’s health.”

Working on policy implementation exposes students and graduates to the slow and sometimes discouraging pace of change in shifting national policy.

“Health care reform has such potential to positively impact the health of Americans, and to know that I had my hand in it is very satisfying both personally and professionally,” says Jon Altizer 07MPH, a Deloitte contractor working in HRSPC. “In reality, the federal government has red tape. There are processes and hierarchies to observe. We are always busy and frantic, but naturally there is a certain level of frustration over not having a bigger immediate impact.”



Rollins alumnus Jon Altizer works with Ogden on health care reform at CDC.

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Ogden’s impact on transforming America’s health care system is not limited to HRSPC. Among her proudest contributions was her six-month stint in 2010 as senior health policy adviser to the bipartisan National Commission on Fiscal Responsibility and Reform, otherwise known as the Bowles Simpson Commission or the debt commission, appointed by President Obama. The commission was tasked with making recommendations to balance the federal budget by 2015. It proposed meaningful policies to improve the long-term fiscal outlook, including changes to address the growth of entitlement spending and the gap between projected revenues and federal expenditures. Ogden advised the commission regarding health-spending drivers and worked on policies to increase the value of health care dollars and curb spending while preserving access to quality care and improving health outcomes.

“Without a doubt, my time with the fiscal commission is my most lasting contribution. I am very proud of the ideas in the health arena,” she says. “While not



Ian Brantley (left), Jennifer Burkholder, Emily Johnston, and Jon Altizer have gained new insight on health reform policy by working with Ogden at CDC. All are students or graduates of Rollins.

immediately ratified, many ideas and recommendations are being taken up seriously now, such as greater means testing in Medicare, increasing the Medicare eligibility age, and creating real solutions for the most vulnerable—the population dually eligible for Medicare and Medicaid. Right now, many states are acting upon the need for care coordination among the dual eligible and are moving them into managed care.”

## MAKING TOUGH CHOICES

Ogden is amazed by the increasing public understanding of the deficit and the mounting national discussions about it, which parallel the discussions in the class she teaches at Rollins. “Introduction to the U.S. Health Care System,” a required course, exposes students to the realities of the system so they can play a role in shaping reform efforts.

“I see young people from every part of Rollins and Emory, including from law, nursing, and medicine. Most don’t understand the huge financial deficit the United States is facing and what it means for them personally and professionally,” explains Ogden. “We are borrowing \$0.41 for every dollar spent. It is like we’re having a big old party, and we’re going to stick the next generation with the bill. It is imperative for every public health student to understand exactly how the U.S. health system is structured, what drives health care spending, and the value on that spend. You can’t change it if you don’t understand it.”

Ogden’s class was transformational for Ian Brantley, a 12MPH student who interned at HRSPC.

“I was very idealistic in thinking that health care was a universal right, regardless of the situation,” recalls Brantley, who served in Nicaragua with the Peace Corps. “Nicaragua is the second poorest country in the Western Hemisphere, but it has a universal health system. But through studying with Dr. Ogden, you realize there are finite resources, and you understand that allocating these resources requires tough choices. You may want to help everybody, but there are constraints.”

For students, working in HRSPC is a natural bridge between theoretical learning in the classroom and their first foray into shaping health policy.

“People who go into public health generally are idealistic,” says Ogden.

“They want to help and believe they

are doing the Lord’s work, but the problem is that we still have to be accountable and demonstrate value, especially to the American public who is funding us. That is a glaring omission in public health. We assume it’s all good, but we have to demonstrate return on investment.”

Jennifer Burkholder, an MSN/MPH student who interned with Ogden in HRSPC, is learning how to maintain her idealism in the health care and health policy arena.

“As an ICU nurse, I loved practicing at the bedside but saw the bigger picture of health care trends going in a scary direction with the breakdown in care coordination across disciplines,” says Burkholder. “I was very idealistic out of undergraduate school, and I thought I lost that as a clinical nurse. But now I realize my beliefs are still evolving. It’s easy to spot problems and gaps in the health care system, but I thought it would be easier to solve them than it is.”

After she graduates next year, Burkholder intends to “maintain her nursing identity” while pursuing work in federal health reform. Nurses add “unique value and perspective both on leadership teams and in reshaping health care delivery,” she says.

Students and practitioners will look to Ogden for guidance as she works to improve the value of the U.S. health system and transform the role of public health as health reform moves forward. In turn, the students she helps train will find their niche in the health policy arena.

“We’re pushing a boulder uphill every day,” Ogden says. “I hope to accelerate the transformation into a coherent system—and, of course, try not to have the boulder roll over my foot!” ■



# GETTING DOWN TO BUSINESS

RON GOETZEL FINDS THAT INFLUENCING EMPLOYEE HEALTH YIELDS BIG DIVIDENDS

BY PAM AUCHMUTEY

In the United States today, 157 million adults—approximately 50% of the nation’s population—spend half or more of their waking hours at work. What better place, Rollins research professor Ron Goetzel believes, to improve health.

As director of the Emory Institute for Health and Productivity Studies (IHPS), Goetzel devotes the bulk of his waking hours to working with employers to find effective ways to promote employee health, heighten worker productivity, and reduce unnecessary health care costs.

Based in Washington, D.C., IHPS engages faculty, master’s students, and doctoral students from the Department of Health Policy and Management in its studies. A key collaborator is Robert W. Woodruff Professor and

department chair Ken Thorpe, whom Goetzel has known for more than 20 years. The two met when they worked for Medstat, known today as Truven Health Analytics, an IHPS partner, for whom Goetzel serves as vice president of consulting and applied research.

“Ken’s work has been instrumental in shaping health policy and unearthing the root causes of health care cost increases,” says Goetzel. “Those increases are driven by disease states and the risk factors that precede them, such as obesity, poor diet, sedentary lifestyle, and smoking. His work is very much in line with my interests. I approach health promotion from a business perspective to help employers figure out what they can do, what’s within their power and reach, to influence the health and well-being, and ultimately the performance, of their workers.”



**RON GOETZEL**

Director of the Emory Institute for Health and Productivity Studies

The employers whom Goetzel counsels and studies read like a Who's Who of business and government: Lockheed Martin Corporation, PepsiCo, PPG Industries, the U.S. Department of Defense, the National Institute of Occupational Safety and Health (NIOSH), the Centers for Medicare and Medicaid Services, and insurance companies like American Specialty Health of San Diego. Goetzel also aided Discovery Health, the largest health insurer in South Africa, in gathering data to identify that nation's healthiest companies.

New projects are planned or just beginning. Goetzel is working with the U.S. Office of Personnel Management in Washington, D.C., to pilot an initiative for federal workers and with Prudential Financial to study how telecommuting affects employee health. This past summer, the health commissioner of Baltimore contacted Goetzel to discuss what the city could do to promote health and wellness for its employees.

"We spend a lot of time thinking about 'promising practices' in health and productivity management—what can employers do to achieve a healthy company culture? What are the magic ingredients for that?" says Goetzel. "We

"We spend a lot of time thinking about 'promising practices' in health and productivity management—what can employers do to achieve a healthy company culture? What are the magic ingredients for that?"

—Ron Goetzel, Institute for Health and Productivity Studies

help promulgate best practices, documenting that they actually work and produce positive health and financial outcomes for employers and their workers.”

## A SHINING EXAMPLE

At one point in his career, Goetzel worked for the company that others look to as a pioneer in making employee health and wellness a priority. In 1978, Johnson & Johnson introduced its Live for Life program to encourage healthy behaviors among employees. James Burke, the company’s CEO at the time, backed the program, firmly believing that promoting employee health and positive lifestyle decision-making could reduce rising health care costs.

“The positive outcomes related to the program began to surface immediately,” writes Goetzel in a 2012 collection of research papers for NIOSH. “Johnson & Johnson work sites that implemented Live for Life had 18% lower

All employees underwent health risk assessments and biometric screenings for weight, BMI, blood pressure, cholesterol, and blood glucose. At each intervention site, Dow provided healthier food choices in cafeterias and vending machines and at meetings, promoted exercise by making stairways more inviting and creating walking trails, and encouraged behavior change through communication and employee recognition. At five intervention sites, leaders also were trained to assume an even stronger role in promoting health in the workplace.

Two years into the study, results showed that intervention group participants maintained their weight, while control group participants gained weight. Intervention group participants also experienced positive changes in eating habits, physical activity, blood pressure, and cholesterol.

“It was important to apply evidence-based practices in the work setting in order to understand what environmental factors could influence employee health,” says John White, global health promotion and culture leader at Dow. “We have learned a lot about the application of environmental interventions in the workplace and continue to implement them to improve the health of our workers.”

The company also conducted a prospective return on investment analysis that predicted a 1% annual decrease in obesity and other health risks among employees would save the company approximately \$62 million over 10 years in health care costs alone.

“The beauty of environmental interventions is that once they’re in place, they’re solid,” Goetzel says. “The idea is to introduce policies and programs that are inexpensive and easy to maintain over time. Dow continues to have an aggressive health management program and strategy.”

In another study funded by CDC, IHPS sought to determine how public-private health partnerships could benefit employees. The study examined the impact of introducing the New York City Department of Health and Mental Hygiene’s Wellness at Work Program at 10 major employers, including Columbia University, Con Edison, and the NYC Transit Workers Union. The study involved 9,000 participants.

NYC employers involved in the health promotion program saw modest improvements in healthy behaviors and self-reported biometric metrics, similar to those from another public-private initiative in Seattle and surrounding King County. That initiative targeted 12,000 county

“The HealthScoreCard is definitely going to be used. A lot of large organizations tend to emphasize health promotion because they have the resources to do it. We want the CDC scorecard to work for smaller organizations as well.”



—Karen Kent 12MPH, Institute for Health and Productivity Studies

absenteeism rates and one-third the medical expenses as their counterparts without access to Live for Life.”

Guided by Johnson & Johnson’s example, other companies have implemented programs to create a culture focused on employee health. A few years ago, Dow Chemical Company participated in a five-year study funded by the National Heart, Lung, and Blood Institute and led by IHPS in partnership with Thomas Reuters, the University of Georgia, and the National Business Group on Health. The project examined a comprehensive, evidence-based approach to weight management using a series of environmental interventions.

More than 2,400 employees at 12 company locations took part in the study, which focused on environmental and ecological changes that Dow could make to reduce overweight, obesity, and related risks. The study tested the effectiveness of individual interventions versus a combination of individual and environmental interventions.

employees, including teachers, firefighters, police officers, and sanitation workers.

“We saw reductions in 12 of 14 health risks and a bend in the cost curve,” says Goetzel. “The county realized \$26 million in savings from the initiative after four years.”

## THE ECONOMICS OF OBESITY

In an essay that he wrote for NIOSH’s 2012 report, Goetzel points to obesity and its consequences as a “striking example of the clash between workers’ health and economic growth.” According to CDC figures from 2003, he notes, obesity-related disorders led to 39.3 million lost workdays, 239 million restricted activity days, and 62.7 million doctor’s office visits among U.S. businesses.

To help turn the tide, CDC rolled out its LEAN Works! website in 2009. Drawing on materials from the CDC Guide to Community Preventive Services, LEAN Works! offers ideas for policies, programs, and tools to reduce obesity rates in the workplace.

In early September, CDC launched the Worksite Health ScoreCard, a tool that employers large and small can use to assess their health promotion programs, identify gaps, and prioritize steps to prevent heart attack, stroke, and related conditions. IHPS developed the scorecard in collaboration with CDC, state health departments, and worksite experts. The new online tool is based on the recommendation of the Community Preventive Services Task Force, on which Goetzel serves.

Karen Kent I2MPH began working on the scorecard during her first year at Rollins in 2010. The first phase of the project—developing a 100-item survey for employers to use—had just ended. For the second phase, Kent recruited 150 employers to pilot the online tool, conducted interviews and site visits, analyzed the data, and wrote a report for CDC’s National Center for Chronic Disease Prevention and Health Promotion.

The Health ScoreCard generated quite a bit of buzz before it was launched, Kent says. Care was taken to design a tool for businesses with 10 to 10,000 employees. It provides employers with instant feedback showing how well they score in areas such as tobacco control, diabetes, and high blood pressure, and it provides guidance for implementing the policies, programs, and environmental supports that are truly impactful.

“It’s definitely going to be used,” says Kent, now an IHPS staff member in Washington. “We made sure that the scorecard has broad appeal and applicability. A lot of large organizations tend to emphasize health promotion because they have the resources to do it. We want the CDC scorecard to work for smaller organizations as well.”

Kent recently began working with the Samueli Institute in Alexandria, Virginia, to develop an Optimal Healthy



Dow Chemical Company installed walking tracks at various worksites to promote weight management for employees as part of a study led by the Emory Institute for Health and Productivity Studies.

“We have learned a lot about the application of environmental interventions in the workplace and continue to implement them to improve the health of our workers.”

—John White, global health promotion and culture leader, Dow Chemical Company

Environment-Workplace (OHE-W) tool that employers can use to assess health promotion programs and the work environment. “The CDC Health ScoreCard focuses on chronic disease prevention,” Kent explains. “The OHE-W tool will be broader in some ways. It will look at the work environment, employer-employee relations, and behavioral health in addition to general wellness.”

Two years from now, Kent and Goetzel will be among those watching when a provision of the Affordable Care Act takes effect for employers. The provision will allow employers to provide differential insurance premiums, set at 30%, as incentives for employees to adopt healthy lifestyles.

“It will provide more encouragement for employers to adopt effective health promotion and programs,” Goetzel says. “Employers and employees will have a definite stake in the outcome.” ■

To download the CDC Health ScoreCard, visit [bit.ly/healthscorecard](http://bit.ly/healthscorecard).

Proceeds from selling the T-shirts these students are wearing help support the GEMMA Fund. Pictured are Gibwa Kironde (left), Ron Eldridge Jr., Heidi Moline, Laura Colbert (pink shirt), and Meryl Goodwin in Puerto Rico in 2009. Photo courtesy of Roger Rochat



## GEMMA Fund gift expands student efforts to prevent unsafe abortions

Global health professor Roger Rochat has committed to matching any gift—up to a total of \$25,000—to support the Global Elimination of Maternal Mortality Due to Abortion (GEMMA) Fund. He and his wife Susan established the fund several years ago to support summer field experiences in developing countries, giving students access to research opportunities and encouraging publication of their findings.

Rochat hopes his challenge will increase the number of students



Roger Rochat

who can participate in fieldwork and create more educational and teaching opportunities. In the long run, these efforts will help make abortion safer for women by reducing stigma and improving access to care.

“I value every contribution to the fund, and it gives me confidence that others will support this issue,” he says. “There’s no question that the GEMMA Fund has changed people’s careers and helped save women’s lives.”

In summer 2010, for example, Roula AbiSamra O6C IIMPH, Aimee

Leidich IIMPH, and two other Emory students traveled to Mexico to work with the National Pro-Choice Alliance to help its members address an anti-abortion backlash following the legalization of abortion in Mexico City in 2007. The students funded their work through the GEMMA Fund and the Emory Global Health Institute. Their goal: develop an advocacy framework that alliance members could use to gain wider acceptance of abortion. “The idea was to make recommendations to reduce stigma and isolation for women who have had or may need an abortion,” says AbiSamra.

Today, AbiSamra and Leidich work at the University of

California in San Francisco. Leidich is an analyst with the Global Health Science Prevention and Public Health Group, while AbiSamra is a project coordinator with Advancing New Standards in Reproductive Health, a research group of the Bixby Center for Global Reproductive Health. She is helping pilot a project to train nurse practitioners, nurse-midwives, and physician assistants in providing aspiration abortion in the first trimester. If the pilot proves successful, the results may convince California legislators to allow such providers to include early abortion care in their practice, potentially improving access to such care throughout the state, including community clinics and rural areas.

AbiSamra chose to study at Rollins based on the advice of graduates who encouraged her to meet Rochat. After that meeting, she was hooked.

“Dr. Rochat is a wonderful mentor,” says AbiSamra, who helped him develop the GEMMA Seminar, a popular spring semester course. “He goes out of his way to support students who are interested in studying abortion and maternal mortality from abortion.”—*Maria Lameiras and Pam Auchmutey* ■

## Georgia syrup maker supports training to prevent type 2 diabetes

Blackberry Patch, a specialty syrup maker in Thomasville, Georgia, has teamed with Rollins to help prevent type 2 diabetes. The company is contributing sales from its line of Sugar Free and No Sugar Added Fruit Syrups to Emory’s Diabetes Training and Technical Assistance Center (DTTAC).

DTTAC, an official partner of the CDC-led National Diabetes Prevention Program, is training lifestyle coaches to deliver a lifestyle change program proven effective for people at risk for type 2 diabetes in organizations around the country.

Support from the company is enhancing training in several communities with high-risk populations by helping defray the cost of the curriculum and materials.

Harry T. Jones and Randy Harvey, co-owners of Blackberry Patch, developed the company’s sugar-free and no-sugar-added products five years ago to satisfy customer demand for more healthful syrups. This year, the company introduced Sugar Free Sweetness, a new brand of syrups and toppings for consumers who want to eat healthfully, maintain or lose weight, and control diabetes. The business owners also made it a goal to partner with a diabetes-related organization to promote better health in communities. Jones learned about DTTAC through his sister, Randy Jones, a member of the RSPH Dean’s Council.

“Randy put us in touch with Rollins, where we know that every dollar we donate to DTTAC will help people at the grassroots level,” says Jones.

Such efforts are greatly needed. According to the 2011 National



Diabetes Fact Sheet published by CDC, 25.8 million adults and children have diabetes, and 79 million adults have prediabetes.

“Blackberry Patch is meeting an important need by building community capacity to reduce the incidence of type 2 diabetes,” says Linelle Blais, director of DTTAC and the Emory Centers for Training and Technical Assistance at Rollins. “Through training led by DTTAC, lifestyle coaches are helping people learn to prevent the disease through moderate physical activity and healthier eating.”

“We want to help those who are working on the frontlines to prevent diabetes,” adds Jones. “DTTAC embodies the philosophy behind our sugar-free and low-sugar products—good for you, good for the community.”—*Pam Auchmutey* ■

## Rollins expands development team

Kimberly Fulghum has joined Rollins as assistant director of development. She oversees stewardship, donor relations, and cultivation of new prospects interested in supporting students and faculty as part of the team led by Kathryn H. Graves 93MPH, associate dean for development and external relations.

Rollins is a natural fit for Fulghum, who has a strong interest in applying her skills to improve human welfare. Before joining Rollins, she served as the fund-raising officer for the Atlanta office of the International Rescue Committee (IRC), where she increased unrestricted giving, secured new grants and sponsorships from corporations and foundations, and established an advisory board. She also mentored student interns from Rollins' Hubert Fellowship program and Emory's Ethics and Servant Leadership program and partnered on RSPH and School of Medicine events.

"I developed a great deal of respect for students, staff, and faculty and how Rollins and Emory reach out to collaborate with other institutions in Atlanta," says Fulghum.

An Atlanta native, Fulghum spent her formative years in San Francisco and majored in English literature at the University of Washington. After completing a master's degree in Anglo-Irish



Kimberly Fulghum

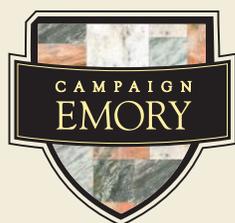
literature at University College Dublin, she moved to Costa Rica, and later, Nicaragua, where she taught English at a university.

Her development career began in Atlanta, where in 2001 Fulghum served as Trees Atlanta's membership director. Over the years, however, public health issues have drawn her interest and volunteer time. In 2003, she returned to Nicaragua, where she directed a research project into child malnutrition in Puerto Cabezas, located on the country's

remote Atlantic Coast. Here in Atlanta, she has served as a medical interpreter for health care clinics where Latina women received free pap smears, mammograms, and blood pressure screenings. All of these experiences have shaped her worldview of people, communities, and populations.

"That's one of the reasons I chose to come to Rollins," she says. "Here I can use my skills as a development professional to advance the work the school is doing, locally and internationally."—*Pam Auchmutey* ■

*To learn more about giving opportunities to support students and faculty, contact Kimberly Fulghum at 404-727-8842 or [kimberly.fulghum@emory.edu](mailto:kimberly.fulghum@emory.edu).*



### RSPH campaign surpasses \$165 million

Since reaching our \$150 million Campaign Emory goal a year ago, the RSPH has continued to attract transformative gifts from generous donors. To date, we have raised more than \$165 million—more than 110% of our goal. Campaign Emory officially concludes on December 31. If you are among the many who helped

us reach our goal—thank you! If not, there's still time to be part of the RSPH's largest fund-raising initiative. To learn more, visit [campaign.emory.edu](http://campaign.emory.edu). To make a gift, contact Kathryn H. Graves, Associate Dean for Development and External Relations, at 404-727-3352 or [kgraves@emory.edu](mailto:kgraves@emory.edu).

# Legacy of service

New graduates cited as humanitarians through art, science, and community

**Tim Puetz and Colleen Laurence, both 12MPH,** received Humanitarian Awards from Emory shortly before graduating last spring. Both demonstrate service to others in different ways.

Through art and through science, Puetz transformed his experiences in the U.S. Army, including his deployment to Afghanistan, into advocacy for veterans and mental health. He established Theater of War at Emory, a production that engages audiences in conversations about the impact of war. As a volunteer with the ArtReach Foundation in Atlanta, Puetz helped people overcome the trauma of violence and war through art therapy. And through his work with the Carter Center's Mental Health Program and Liberia's Ministry of Health and Social Welfare, he helped make psychotropic medicines more readily available to people recovering from several years of civil war.

"For those of us who have seen war, we will never stop seeing it," says Puetz, who is now a Presidential Management Fellow at NIH. "Only the dead have seen the end of war and its ramifications. So until my dying breath, there is only one thing to do—I will continue to fight the good fight."

Laurence, who served with the Peace Corps in Mauritania and Rwanda, found Atlanta to be an amazing place to engage with community. After enrolling in Rollins' Paul D. Coverdell Program for Returned Peace Corps Volunteers,



Colleen Laurence used her service in the Peace Corps as a springboard for serving the international community at Rollins and in Atlanta. Army veteran Tim Puetz is committed to helping veterans and civilians overcome trauma caused by war.

Laurence taught students in the Master's International program to help prepare them for their Peace Corps service, interned with the Emory Global Health Institute, worked with the refugee community in Clarkston, Georgia, and welcomed and mentored international students to Rollins.

"These experiences taught me a lot, but the most important skill I derived was an awareness of when to facilitate and when to listen," says Laurence, who is currently enrolled in a pre-medical program at the University of Virginia. "I also developed a greater respect for the role of collaboration between disciplines and organizations. Challenging though it may be, successful negotiation of these different perspectives often yields more robust commitments and better projects."—*Pam Auchmutey* ■

## Presidential Aspirations

Tim Puetz is one of five recent graduates selected as Presidential Management Fellows. Awarded by the federal Office of Personnel Management, the two-year fellowships are highly sought after by graduates from a variety of disciplines who aspire to become leaders in public policy and programs. In addition to Puetz at NIH, RSPH graduates and their fellowship placements include the following.

- Rebecca Minneman 07C 12MPH, National Cancer Institute
- Priyanka Pathak 12MPH, CDC/ Agency for Toxic Substances and Disease Registry
- Elise Richman 12MPH, FDA Center for Tobacco Products
- Robin Rinker 12MPH, National Cancer Institute

# The Total Advocate

Thompson assumes alumni board presidency

**Daniel Thompson** is not shy about stopping legislators in the halls of the State Capitol to advocate on behalf of children's health. Nor does he hesitate to tout the benefits of his Rollins education to current and perspective students. He talks up both ably as a key member of the government affairs department for Children's Healthcare of Atlanta and this year's president of the RSPH Alumni Association Board.

Thompson's interests are rooted in his family ties to Emory. Both his father and grandfather are graduates of Emory's medical school. His father, John D. Thompson, served 25 years as chair of Emory's Department of Gynecology and Obstetrics and was the youngest chair ever appointed. His mother, Rita, was a neonatal information specialist at Grady Memorial Hospital for 10 years before joining the presidential campaign for Jimmy Carter. She still works with the former president and first lady at the Carter Center, one of Rollins' local partners.

Choosing a different path than his forebears, Daniel majored in sociology at Emory College and health policy at Rollins, where he was "turned on" to the public health argument for children's access to health care in a class discussion about state insurance programs led by Professor Kathleen Adams.

"I started thinking about access to health care for kids and how to better ensure their health through well-child visits and other preventive measures," Thompson says.

After completing a fellowship at Children's Hospital in Philadelphia,

he returned to Georgia and soon joined Children's Healthcare of Atlanta to research policy related to child health promotion. Within the year, Thompson was asked to join the government affairs department.

"Children's is the largest pediatric hospital system and Medicaid provider in the state, so most of our lobbying efforts focus on the state level," he says. "We maintain a sharp focus on the Georgia Department of Community Health, which oversees Medicaid, and the staff and legislators who decide what the Medicaid program looks like at the state level."

While Children's is known for its excellent clinical care and research, the hospital system devotes considerable resources to prevention. It's Strong4Life program—which attracted praise and criticism for its provocative television and print ads showing obese children—aims to reduce Georgia's 40% childhood obesity rate—the second highest in the nation after Mississippi.

"Our leadership took a good hard look at that," says Thompson. "Children's launched Strong4Life to help families make healthy choices about nutrition and lifestyle. We want their children to grow up to become healthy adults free of the chronic comorbid conditions associated with obesity such as asthma and diabetes."

Children's and other pediatric stakeholders in Georgia are working



Daniel Thompson

with the state to devise a new health delivery system for children covered by Medicaid. The model would be based on quality and outcomes instead of volume of services, notes Thompson. "It requires working at the state and federal level to develop a model that affords greater financial predictability so that when the economy slows and there is less state revenue to fund critical programs, kids don't suffer."

As an advocate for children's health, Thompson relies daily on his public health training to educate legislators and other constituents on policy issues affecting Children's and pediatric health in Georgia.

"I believe in Rollins' mission and the ideals instilled in me through my education," says the new alumni board president. "I want to help Rollins' reputation grow stronger and impress upon students that it's important to do the same."—*Pam Auchmutey*. ■

# Rollins' Unsung Heroine

CMPH candidate Doris Mukangu is among the 10 women named as 2012 Unsung Heroines by the Emory Women's Center. Mukangu was honored for her work with African refugees and immigrants in Atlanta and underserved communities in rural Kenya.

Several years ago, Mukangu volunteered as a translator to assist Burundians at the DeKalb County Board of Health and noticed a communication gap between refugees and service providers. To close the gap, she co-founded the African Women Health, Education, and Empowerment Center to connect women with health services and counsel couples on domestic violence. The volunteer organization serves the Atlanta metro area and parts of Georgia with a chapter in Kenya led by Doris's mother, Jennifer.

"We have assisted thousands of refugees and immigrants," says Doris, who also works with the nonprofit group Tapestri to end refugee domestic violence. "Our last project in Kenya was in collaboration with The Coca-Cola African Diaspora Network and MedShare International and sponsored by The Coca-Cola Foundation. We shipped a container of medical supplies to a remote clinic in Meru, Kenya. The clinic is now serving hundreds of people and projected to serve thousands in the next few years." ■

Doris Mukangu was named one of Emory's 2012 Unsung Heroines for her work with the African Women Health, Education, and Empowerment Center, which serves African immigrants and refugees in Atlanta and underserved communities in Kenya.



**If you are in Washington on October 24**, come hear Emory experts discuss the recent Supreme Court decision on health care reform. Panelists include School of Law Dean Robert Shapiro, national health strategist Ken Sperling, RSPH health policy expert Ken Thorpe, and health policy analyst Sally Tyler 820x 84C. Julie Clements 02C of the American Psychiatric Association will moderate. Time: 6:30-8:30 pm. Location: Carnegie Endowment for International Peace. To register, visit [bit.ly/healthreformpanel](http://bit.ly/healthreformpanel).

## RSPH Alumni Board Members

### President

Daniel Thompson 08MPH

### Immediate Past President

Anne Farland Arwood 06MPH

### Members

Kelly Callahan 09MPH

Takeia Horton 09MPH

Chanda Holsey 96MPH DRPH

Heather Ingold 00MPH

Nicole Kosacz 10MPH

Alyssa Lederer 08MPH PHD CHES

Melissa Miller 06MPH

Lynn Perkins 06MPH

Kaitlin Porter 08MPH

Paige Rohe 05MPH

### RSPH Leadership on the Emory Alumni Board

Matthew Biggerstaff 06MPH

Lisa Carlson 93MPH

## Upcoming Events

### Destination Public Health/ Open House

Saturday, October 6

Rollins School of Public Health

### Dean's Reception

#### American Public Health Association

Monday, October 29

Hotel Monaco, San Francisco

### Health Care Reform Panel

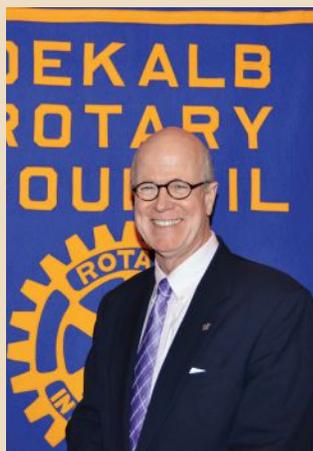
Wednesday, October 24

Washington, D.C. (see details left)

For information:

Contact [alumni@sph.emory.edu](mailto:alumni@sph.emory.edu) or 404-727-4740. Also visit

"Alumni and Friends" at [rsph.emory.edu](http://rsph.emory.edu).



Jim Jarboe 82MPH



Gordon Freymann 93MPH and staff



Raghu Raju 96MPH and wife Arathi



Sharon Talboys 98MPH

## 1980s

**JIM JARBOE 82MPH** was the Decatur Rotary Club's nominee for the annual "You Are The Key" award last March at the Capital City Club-Brookhaven in Atlanta. Jarboe was recognized for his role in the club's literacy initiative, "On the Same Page," which reached more than 2,000 students in Decatur, Ga., in fall 2011.

## 1990s

**GORDON FREYMAN 93MPH** received the Sellers-McCroan Award from the Georgia Public Health Association last April. He is director of the Office of Health Indicators for Planning, Georgia Department of Public Health. The award recognized his staff's work on OASIS (Online Analytical Statistical Information System).

**RAGHU RAJU 96MPH** and his wife Arathi opened a tea bar in Atlanta using a different business model. They are donating 50% of after-tax net profits to charity. They call their charitable efforts "Being

in the World," a phrase they have copyrighted. Raghu's inspiration to contribute to humanitarian and environmental causes stems directly from his experiences at RSPH. The couple created jobs for six employees at their tea bar, Mahamosa, at Perimeter Mall.

**THOMAS H. PROL 88OX 91C 97MPH** was sworn in last May as secretary of the New Jersey State Bar Association. He is a three-term trustee and expected to become president in 2017.

**SHARON L. TALBOYS 98MPH** was named associate director of the Office of Public Health Workforce Excellence at the University of Utah Division of Public Health, where she is a doctoral student. Talboys co-directs the university's Global Health Study Abroad Program in Chandigarh, India, and coordinates the Bassi Pathana Community Collaborative Development Project, an Indo-U.S. partnership.

## 2000s

**BORN:** To **TAREK H. KHALIL 01MPH** and his wife, Nancy,

a daughter, Rachel, on Oct. 6, 2011. She joins her sister, Rebecca, who is 6. The family lives in Bedford, Nova Scotia.

**DR. DARCY ANN FREEDMAN 02MPH** is assistant professor and Centenary Faculty in Social Disparities in Built Community Environments in the College of Social Work at the University of South Carolina. Freedman's research promotes health equity through improved access to healthful foods.

**THE REV. TOLTON PACE 02MPH** is the youth pastor of Impact Church in the historic

West End section of Atlanta. Pace also was accepted into the High Potential Diverse Leaders Class of 2012 at Nonprofit University, Georgia Center for Nonprofits, in conjunction with his work as program director for Agape Community Center in Northwest Atlanta.

**MARRIED:** **DR. JANET WITTE 01M 02MPH** and John Hopkins last February, when she also became stepmom to Matt and Devin. The family lives outside Boston with their dog Coby. Janet is a psychiatrist at Massachusetts General Hospital and has a

## Stay Connected



Follow what's happening at Rollins through Twitter (@Emory Rollins),



YouTube (rsphweb), Facebook and



LinkedIn (Rollins School of Public Health), and E-Connection, the online



community of the Emory Alumni Association. Also visit "Alumni and Friends" at sph.emory.edu.



Tarek Khalil 01MPH and family



Janet Witte 01M 02MPH and husband John Hopkins



Sophie Wenzel 04MPH



Jessica Risser Corwin 06MD/MPH 07MR

private practice. John works in business development for a software company.

**BORN:** To **JENNIFER S. BLAKELY 99OX 01C 03MPH** and her husband, Michael Jr. 00OX 02C, a son, Michael Joseph Blakely III, on June 27, 2011.

**DR. DAVID A. BRAY 01C 04MPH 08PHD** was named the lead Senior National Intelligence Service Executive with the National Commission for Review of Research and Development Programs of the U.S. intelligence community. Bray is a lifetime member of the Senior Executive Association and was elected to its board of directors in 2011.

**MARRIED:** **DR. KATE ELIZABETH KOPLAN 04MD/MPH** and Gregory Caldwell Little, on May 5, 2012, in Key West, Fla., at the Harry S. Truman Little White House. She is the director of medical management at Atrius Health, a nonprofit alliance of six group medical practices in eastern Massachusetts. He is director of the performing arts division of New Frontier

Touring, a Nashville Booking Agency, and works in Boston.

**SOPHIE WENZEL 04MPH** works for the Alaska Division of Public Health as an adolescent health program manager.

**HASSANATU BLAKE 05MPH** and Hussainatu Blake were honored by the White House in July as Champions of Change, part of President Obama's Winning the Future initiative. The twin sisters founded Focal Point Global, which connects underserved youth by using low-cost technologies such as Skype to address social issues. Focal Point Global has connected youth in the United States, Cameroon, and Namibia to discuss HIV and child trafficking in their communities.

**MARRIED:** **DR. JESSICA RISSE 06MD/MPH 07MR** and Dr. Mike Corwin, on May 27, 2012. Jessica completed her dermatology residency at Brown University in 2010 and her dermatopathology fellowship at Roger Williams Medical Center in Providence, R.I., in 2011. She now works as a dermatologist and dermatopathologist at Kaiser in Vacaville,

Calif. Her husband Mike is a radiologist.

**JESSICA ANN SCHINDELAR 06MPH** was appointed as a health communication specialist in CDC's Division of News and Electronic Media.



Jessica Ann Schindelar 06MPH



Samantha Eells 07MPH

**EBONEI N. BUTLER 07MPH** was accepted into the PhD program in epidemiology at the University of North Carolina, where she joins fellow graduate Brionna Hair 08MPH.

**SAMANTHA EELLS 07MPH** was appointed assistant professor of research in the Clinical Outcomes Research Unit of the David Geffen School of Medicine at UCLA.

**DR. ALEXIS B. REEDY 07MPH** graduated in May from Cleveland Clinic Lerner College of Medicine at Case Western Reserve University, where she received the Daniel E. Sweeney Award for Outstanding Family Medicine

Student. She began her residency at Lancaster General Hospital in Pennsylvania in July. Reedy plans to advocate for public health as a family medicine physician.

**MARRIED:** **KERRY ANN THOMSON 07MPH** and Kurt Velguth on Sept. 3, 2011, in her hometown of Portsmouth, N.H. Kurt finished his medical residency this past summer, and the couple is seeking another placement with Doctors Without Borders. Kerry works at the Colorado Department of Public Health and has "appreciated my MPH from Emory everyday!" She is looking into PhD programs at the University of Washington in Seattle, where the couple would like to make their home.



Laurel Curry 08MPH and husband Daniel Weir



Shauna Mettee 09MSN/MPH and husband Jeff Zarecki



Amanda Lewis 10MPH and fiancé Trey Carnes

**MARRIED: LAUREL CURRY 08MPH** and Daniel Weir on May 5, 2012, in Mt. Pleasant, S.C. Laurel is a research public health analyst for RTI International in Washington, D.C. The couple lives in Arlington, Va.

**BRIONNA HAIR 08MPH** is a doctoral student in epidemiology at the University of North Carolina.

**DEBRA PROSNITZ 08MPH 08PHD** works for ICF International on USAID's flagship Maternal Child Health Integrated Program.



Debra Prosnitz 08MPH 08PhD

**JENNIFER K. ARNEY 09MPH** is a program associate for Gender/Gender-based Violence, HIV/TB Global Program, with PATH. Arney works in the Washington, D.C.,

office of PATH, which serves more than 70 countries.



Jennifer Arney 09MPH

**MARRIED: HILARY EIRING 09MPH** and Jeff Christanell on Sept. 17, 2011, at the Old Courthouse on the Square in Decatur, Ga. She is a health policy fellow with CDC, and he is a sales account manager with White Cap Construction Supply in Atlanta.

**MARRIED: SHAUNA METTEE 09MSN/MPH** and Jeff Zarecki on Jan. 14, 2012, in Colorado. She is a CDC Preventive Medicine fellow. The couple lives in Atlanta with their two children.

**LAURA LEICHTI COLBERT 10MPH** has been a program coordinator at Children's Healthcare of Atlanta's Camp

Strong4Life since October 2010.

**MARISSA ESSER 10MPH** is a doctoral student at the Johns Hopkins Bloomberg School of Public Health.

**AMANDA LEWIS 10MPH** is a Certified Health Education Specialist at CDC. She and Trey Carnes will marry on Oct. 20.

**JANE E. BIGHAM 11MPH** was awarded a Presidential Management Fellowship with the CDC in 2011. She works for the National Institute of Occupational Safety and Health in the CDC Office of the Associate Director for Policy.

**KELLYE D. SLIGER 11MPH** is a statistical programmer

at Oak Ridge Associated Universities. She lives in Rockwood, Tenn., near Oak Ridge.

**DR. CARRIE MCNEIL 12MPH** serves as an Epidemic Intelligence Service officer in New Mexico where, as a student, she conducted a community needs assessment in Socorro County. Officials there are using her assessment to address priority access to care, diabetes-related issues, tobacco and secondhand smoke, mental health, and maternal and child health.

**MARRIED: GRETCHEN VAN ESS 12MPH** and Dane Martin on Feb. 25, 2012.

## Alumni Deaths

**JOHANNA SHOOPMAN ANDERSON 99MPH** of Atlanta on May 4, 2012, with close friends and family at her side. She died following a brief illness with pancreatic cancer at age 73. Originally from Somerset, Ky., Anderson conducted research in virology, genetics, oral biology, hematology, and vascular research. At Emory, she was a program specialist at the Wesley Woods Center for Health in Aging. Survivors include a sister, her stepmother, and many cousins and friends.

# Rollins School of Public Health Dean's Council

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## Thank you, Mr. President

William Foege, emeritus professor and former CDC director, is known worldwide for leading the successful campaign to eradicate smallpox.

For his efforts, Foege received the Presidential Medal of Freedom from President Obama at the White House in May. To learn more, see the story on page 3.



White House photo by Chuck Kennedy