Friday, May 11, 2012
7:30 am - 3:30 pm
Pyle Center
702 Langdon Street
Madison, Wisconsin
Public Health in Practice

An Overview of the Master of Public Health and the Wisconsin Population Health Service Fellowship Program

The Master of Public Health (MPH) Program at the University of Wisconsin-Madison was established in December, 2004. The Program was initiated by a group of interdisciplinary faculty for the purpose of educating and training students and practitioners in public health concepts and methods. The Program was developed to expand and enhance a competent public health workforce that is able to advance the well-being of the citizens of Wisconsin and beyond.

The UW-Madison MPH Program’s strengths include an interdisciplinary approach to public health, practice and evidence-based teaching, a focus on meeting the students’ learning needs, and an emphasis on a population health focused field experience and capstone project. In addition to the eight primary (core) public health faculty, more than 50 public health program faculty and staff members and 50 community faculty participate in the MPH Program through teaching, research, and service.

Students in the MPH Program must complete 42 credits, including 26 credits of required courses. There are six required 3-credit courses, two required 1-credit seminars and a 6-credit, 400-hour field experience. Students complete 16 credits of elective coursework from a list of over 70 interdisciplinary electives across the University campus. Students complete a capstone project, which serves as a culmination of didactic and experiential learning, by writing a scholarly paper and delivering a presentation at one of two semi-annual Public Health Symposia.

MPH Staff

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Tom Oliver
Jenny Vue

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Kirstin Siemering
Hal Skinner
Lisa Steinkamp
Geof Swain
Amy Trentham-Dietz
Louise Trubek
James Vergeront
Mark Wegner
Whitney Witt
Bobbi Wolfe
Susan Yackee
Susan Zahner
Health in All Policies: Can Harnessing Wisconsin’s Local Food System Increase Access to Healthy Foods?

ABSTRACT
The increasing prevalence of obesity and associated chronic diseases have become a national health concern in recent decades. The issue is particularly relevant in Wisconsin, where 64% of adults are overweight or obese. Currently a hot topic in the academic and policy spheres is the impact access to fruits and vegetables has on obesity. This presentation assesses Wisconsin’s 2009 changes to the Women Infant and Children (WIC) food package, in particular the state’s adoption of Cash Value Vouchers (CVVs) aimed at increasing consumer demand for fruits and vegetables. In considering the policy’s shortcomings, this research uses policy analysis to weigh the costs and benefits of several supply-side policies, such as a statewide local food purchasing mandate and subsidization of Electronic Benefit Transfer (EBT) equipment in WIC stores and farmers markets to increase the supply of local fruits and vegetables in underserved areas. Considering the issue of obesity from both demand and supply-side, state policies have the potential to better address Wisconsin’s population health while integrating farmers and the local economy in a system-wide approach.

BIOGRAPHICAL SKETCH
Carly Hood is native to Portland Oregon, where she graduated in 2006 from Lewis & Clark College with a degree in economics and public policy. It was here epidemiological research with faculty spawned her interest in obesity and health inequities. Upon graduating, Carly spent three years living internationally in Prague, Seoul and Vietnam before returning to the States to pursue her dual Master of Public Affairs through the La Follette School of Public Affairs and Master of Public Health through UW’s School of Medicine and Public Health. Carly will finish her Global Health Certificate and dual degrees this summer and is very much looking forward to the next two years as she begins a two year Population Health Service Fellowship through the UW Population Health Institute.

The Wisconsin Population Health Fellowship Program is an extension of the student’s public health service and training. The two-year fellowship program, targeted to those who have completed masters programs, preferably in public health and allied sciences, provides applicants with practical field assignments in community based, non-profit, governmental and health service organizations.

The primary goal of the Wisconsin Population Health Fellowship Program is to develop the next generation of public health officials and administrators skilled in planning, implementation, and evaluation of public health programs.

Fellowship Staff
Marion Ceraso
Tom Oliver
Geof Swain
Jim Vergeront
Lesley Wolf
7:30 am  Registration & Continental Breakfast
8:00 am  Introduction and Overview
8:10 am  Katie Fritz - Addressing Barriers to Self-Management in Pediatric Type 1 Diabetes
8:30 am  Abby Panozzo - Driving Improved Health Outcomes in an Era of Evidence-based Practice: Timely and Accurate Health Data Delivers Quality Improvements
8:50 am  Crystalynn Woodard - Addressing Birth Outcome Disparities in Wisconsin
9:10 am  Carley Zeal - Determining Contributors to Maternal Obesity in a Dane County Community
9:30 am  BREAK
9:45 am  Sarah Bimber - Educating the Healthcare Professionals of Tomorrow: Legal, Economic and Clinical Barriers to Operational Efficiency in Academic Medical Centers
10:05 am  Dorothy Miller - Patient-Centered Medical Homes: Where Quality Improvement and Cost Reduction Intersect
10:25 am  Cynthie Anderson - Ethiopia Collaborative Training in OB/GYN: Capacity Building to Reduce Maternal and Perinatal Mortality
10:45 am  Paj Ntaub Vang - Rice Campaign: Social Marketing Campaign to Reduce Rice Consumption for Diabetes Prevention in the Hmong Community

Capstone Committee:
Ana Martinez-Donate, PhD
Assistant Professor, Department of Population Health Sciences
Amy Meinen, MPH, RD, CD
State Nutrition Program Coordinator
Wisconsin Department of Health Services
Pamela Herd, PhD
Associate Professor, Public Affairs & Sociology
LaFollette School of Public Affairs

Norma-Jean Simon

Changing Food Environments: What Will Be the Impact of the Federal Menu Labeling Requirements Under the Patient Protection and Affordable Care Act?

ABSTRACT
On average, Americans eat 5.8 times per week at restaurants consuming 30-42% of their daily calories away from home. With the understanding that foods prepared outside of the home are less likely to be nutritious, restaurants, stores and the built environment have become targets for intervention encouraging access to healthful food to improve health, decrease obesity, and promote well-being. The Assessing the Nutrition Environment in Wisconsin Communities study (ANEWC) aims to provide information, tools, and resources for communities, restaurant owners, grocers and policy makers to support changes in the food environment. The study involves statewide surveillance of the nutrition environment, the development and evaluation of a point-of-purchase healthy eating intervention, and a thorough review of local, state, and federal policies that have been proposed to improve the nutrition environment and curb the growing prevalence of obesity. Legislative databases, governmental websites, and academic literature have been used to catalog obesity prevention policies related to restaurants. Selected policies will be evaluated using the RE-AIM framework and will be shared with community partners across the state in order to increase knowledge regarding policy tools to improve food environments and address obesity within Wisconsin communities. This presentation will focus on (a) a description of the new federal menu labeling requirements under the Patient Protection and Affordable Care Act; (b) a description, and assessment of, the impact of instituted menu labeling laws to date; and (c) an analysis of how these requirements will affect the Wisconsin food environment.

BIOGRAPHICAL SKETCH
Norma-Jean Simon completed a Bachelors degree in International Studies and Spanish in 2007. Her work and interest areas have varied over the course of completing her dual MPH/MPA degrees including women’s health, adolescent health, health system quality improvement, and obesity prevention. Norma-Jean is currently working at the UW-Madison on two research studies related to nurse navigation for cancer patients and HIV/AIDS surveillance on the US-Mexican border. She will continue in this capacity after graduation and hopes to pursue a position working in health policy in the future.
### Farm to School: A Primary Prevention Measure to Reduce Obesity. Where We Stand Today and What the Future Holds

**ABSTRACT**
In Wisconsin, 29% of adults and 31% of children are overweight or obese. Obesity is associated with increased risk of cancers. The Wisconsin Comprehensive Cancer Control Program has received a Cancer Policy grant which seeks to reduce the burden of cancer in Wisconsin through policy, systems and environmental change consistent with the Wisconsin Comprehensive Cancer Control Plan 2010-2015. The Farm to School (F2S) program, a CDC recommended strategy for preventing obesity, is one of the policy priorities of the Plan’s Prevention chapter. In the 2009-10 Wisconsin legislative session, Assembly Bill 746 (Act293) passed authorizing the creation of a farm to school advisory council and a full-time position in department of Agriculture, Trade and Consumer Protection. Multiple F2S sites were set up statewide with federal grant funding. As of present Act 293 exists but the grant funding has been zeroed out and insufficient funds are available for the dedicated F2S position. A series of interviews were conducted with Farm to School stakeholders ranging from legislators to food service directors to assess stakeholders’ readiness for policy to enhance F2S in Wisconsin, to identify barriers faced by existing stakeholders and to identify new stakeholders. The results of this exercise will inform advocates’ strategies on future Farm to School policy change and will also aid the development of recommendations for making Farm to School operationally sustainable.

**BIOGRAPHICAL SKETCH**
Amina Saqib received her MBBS from King Edward Medical University, Pakistan. She is currently a post doctoral trainee in basic cardiovascular research at University of Wisconsin. Her projects include therapeutic trials for dilated cardiomyopathy associated with genetic mutations. She is moving on to the clinical side of medicine and will start her residency in internal medicine in New York this summer. She plans to sub specialize in preventive cardiology and her career goal is to help reduce the burden of cardiovascular disease in the community.

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### Agenda Room 235

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<td>Focusing on Energy: Developing Leadership Skills Through Local Action</td>
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<td><strong>Alex Hartzman</strong></td>
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Agenda Room 313

7:30 am  Registration & Continental Breakfast

8:00 am  Introduction and Overview

8:10 am  Sadat Abiri - Severe Mental Disorders, Stigma Beliefs, and Social Avoidance in the Recovering Community Treatment Patient

8:30 am  Christina Kantor - Environmental Health for Public Health Practitioners: Research Towards a New University of Wisconsin MPH Core Course

8:50 am  Azin Moghadam - Wisconsin Adolescent Health Care Communication Program (WAHCCP)

9:10 am  Bageshree Cheulkar - Healthy Babies are Worth The Wait® - an Educational Initiative by March of Dimes

9:30 am  BREAK

9:45 am  Katy Lois - Amplifying the Public Voice: Documenting the Perceived Importance and Limitations of Public Health Insurance Programs in Wisconsin

10:05 am  Meghan Pesko - Birth Cost Recovery Policy: Implications for Health Disparities in Infant Birth Outcomes in Wisconsin

10:25 am  Renee Walk - Developing Digital Habitats for Community Health Groups

10:45 am  Tony Sturm - Community Asset Mapping for a Primary Care Clinic

Capstone Committee:
Laurel Rice, MD
Chair, Obstetrics and Gynecology
Lori DiPrete Brown MS, MTS
Associate Director, Education and Engagement Global Health Institute
Abigail Scherrer, PA-C, MPH, DFAAPA
Co-founder/Vice President, Amazon Promise LLC
Thomas Merfeld, MBA, CFA, CPA, PhD
SVP/Chief Investment Risk Officer, CUNA Mutual Group Lecturer, School of Business
Jennifer Alix-Garcia, PhD
Assistant Professor, Department of Agricultural & Applied Economics

The Sol Also Rises: A Case Study in Sustainable Global Health in Perú

ABSTRACT
Under the “traditional” post-WWII developmental paradigm, Western governments or institutions provide aid or loan packages to developing countries that face periodic banking, sovereign debt, and currency crises along the road to development. This model is predicated on a stable US dollar (USD) as the global reserve currency. However, as US federal debts mount at an accelerating pace, and as developing economies assert a larger role in international trade, non-government organizations (NGOs) that rely on USD-based funding face financial risks that have so far received little attention in the context of global public health. This project examines financial challenges and potential risk mitigation strategies as applied to Amazon Promise (AP), a US-based NGO that offers pro-bono medical and dental care to underserved communities in the Peruvian Amazon. The project goals were to model AP’s current clinical impact, to estimate the effect of USD-adverse scenarios on AP’s cost structure and healthcare services, and to recommended strategies to mitigate risks and improve sustainability going forward. As part of this effort, the suitability of DALYs as well as other program metrics was considered. AP could face significant cost pressures over a 1 to 5 year planning horizon, jeopardizing their efforts to combat endemic parasitic disease and restore dental health amongst other services to indigenous communities. Reduced reliance on USD-denominated funding, increased coordination with public and private healthcare providers, and incorporation of hard assets as part of a reserve fund are recommended as potential strategies to sustain APs public health impact. The model could be applicable to a broad range of US-based NGOs that face USD and foreign exchange risk.

BIOGRAPHICAL SKETCH
Tim Nardine became interested in global health issues during a trip to Peru prior to medical school. He earned his M.D. in 2009 from the UW and expects to complete his MPH degree in May of 2012 prior to beginning residency in OB/GYN at Loyola University.
**Keith Bersch**

The Health Impact of Obesity in Brazil

**ABSTRACT**

According to the World health Organization, overweight and obesity now cause more deaths across the globe than underweight. In 2005, more than 1 billion people worldwide were overweight and more than 300 million were obese. The majority of the impact of obesity on health comes through its role as a leading risk factor for non-communicable diseases (NCDs). Brazil is a stark example of recent trends. With the 6th largest economy in the world, Brazil is experiencing rapid urbanization, accompanied by increases in physical inactivity and consumption of processed foods. Levels of overweight and obesity reflect these changes. In 2010, 48% of the Brazilian population was overweight and 15% was obese. Although there is a delay between risk factor and health outcome, as of 2008, NCDs already accounted for 74% of all deaths in Brazil compared to 63% worldwide. This project demonstrates the impact of elevated Body Mass Index (BMI) on cardiovascular disease and type 2 diabetes mellitus in Brazil, specifically, it shows the reduction in burden of disease through a hypothetical intervention that reduces BMI on a population level. Estimates of the risk of cardiovascular disease and diabetes are obtained using the Framingham Equation. Data on relative risk and the prognosis for individuals with cardiovascular disease or diabetes are found in the literature. Finally a null scenario is compared against an intervention scenario in order to determine the burden of disease attributable to changes in the level of BMI.

**BIOGRAPHICAL SKETCH**

Originally from New Jersey, Keith Bersch has lived in the Midwest for most of the past 15 years. He graduated with BA in economics from the University of Notre Dame. He worked for over eight years as a carpenter including a year on the construction staff at HFHDC. His brother influenced him to study public health where he developed an interest in health systems and policy. His current plans are to enter Physician Assistant studies in order to serve in primary care. As a PA, Keith will seek opportunities to attend to underserved populations and to influence health care policies.
Wisconsin in July 2012.

Addressing Barriers to Self-Management in Pediatric Type 1 Diabetes

ABSTRACT
Over 150,000 U.S. children and adolescents live with type 1 diabetes, requiring intense self-management to control blood sugar. Most affected children do not achieve adequate control, partly due to each family’s unique self-management barriers. This pilot evaluates the feasibility, acceptability, and potential impact of quarterly group interventions targeted to a child’s and family’s unique self-management barriers. 414 children were screened for eligibility (8-17 years of age, inadequately controlled diabetes, and parent or child endorsement of either of two barriers (diabetes knowledge/skills or family teamwork)), resulting in 77 eligible children. Thirty-three were invited to participate in each of the four intervention sessions; 40 controls with comparable demographics and glycemic control received regular care. Feasibility, acceptability, and impact were assessed by session attendance, post-session survey, and mean hemoglobin A1c (A1c) at each session, respectively. Of the 25 families enrolled in the pilot, 18 (72%) remained in the pilot over the year. Nearly all (91%) participants were comfortable participating; 83% looked forward to the next session. For intervention participants, mean A1c declined from 9.2% (n=22, 95% confidence interval 8.3-10.1%) to 8.6% (n=20, 8.1-9.1%) between the first two sessions, but rose to 9.1% (n=17, 8.5-9.7%) at session 3. For controls, mean A1c decreased from 9.9% (n=22, 9.1-10.8%) to 9.5% (n=22, 8.8-10.2%) initially, then rose to 9.7% (n=17, 9.0-10.7%). A targeted, group-based, diabetes self-management intervention is feasible and acceptable. The initial A1c decline for intervention subjects was not statistically significantly and was not sustained. A1c data after all four intervention sessions is pending.

BIOGRAPHICAL SKETCH
Katie Fritz received her medical degree from the University of Wisconsin School of Medicine and Public Health in 2011 and will complete the MPH program in May 2012. She holds a Bachelor of Science degree in Chemistry from DePaul University. As a medical student, she served on the council of MEDiC, a student-run free clinic organization, and participated in Training in Urban Medicine and Public Health (TRIUMPH), which provided her with leadership and community health education while immersed in clinical rotations in Milwaukee. Katie’s current research focuses on program planning and implementation to improve glycemic control in children with type 1 diabetes. She will begin her Pediatrics residency at the Medical College of Wisconsin in July 2012.

The Problematic and Risky Internet Use Screening Scale (PRIUSS) for Adolescents and Young Adults: Initial Scale Development and Refinement

ABSTRACT
Problematic Internet use (PIU) is a significant public health concern among adolescents and young adults. The condition has been linked to a variety of health and developmental concerns such as depression, sleep disorders, alcohol and drug use, and poor school performance and social functioning. Prevalence has been estimated between 4% and 15% in US youth. Despite the common occurrence of this condition and the substantial associated health concerns, a gold standard instrument for assessing symptoms is currently lacking. The purpose of this mixed methods project was to develop and validate a theory-based screening instrument for PIU specifically tailored to US adolescents and young adults. Using a concept mapping approach, a pool of 80 items was developed to describe the core constructs of PIU: psychological predisposition; physical, emotional, and social impairment; risky and impulsive Internet use, and Internet use dependency. The pool was administered to a total of 716 college students between the ages of 18 and 25 years from two public, Midwestern universities. Exploratory factor analysis in a development subsample (n=500) was used to determine the number of factors and reduce the total number of items. A cross-validation sample (n=216) was used to confirm the scale’s reliability. Confirmatory factor analysis was used to assess the overall fit and construct validity of the model. The Problematic and Risky Internet Use Screening Scale (PRIUSS) is an 18-item scale with three subscales: Social Consequences, Emotional Consequences, and Problematic Online Behaviors. The PRIUSS may be a promising tool for future intervention and prevention efforts targeting PIU in this population.

BIOGRAPHICAL SKETCH
Lauren Jelenchick has a B.S. in Biological Sciences from the University of Wisconsin-Milwaukee. While working toward her MPH she has been a project assistant with the Adolescent Health Research Team in the Department of Pediatrics. After graduating in May, she will be joining the Medical Scientist Training Program (MD/PhD) at the University of Minnesota. Lauren plans to pursue a career in pediatric research and medicine.
Jeffrey Yaeger

Management of Pediatric Upper Respiratory Infections as an Indicator of Health Disparities

ABSTRACT
Inappropriate antibiotic prescription for upper respiratory infections (URIs) is a well-established public health problem. Prior studies have evaluated predictive patient and provider factors, but community factors have not been examined. The aim of this study is to utilize electronic medical records (EMRs) to identify novel community characteristics that are associated with inappropriate antibiotic administration for pediatric URIs. The University of Wisconsin Medical Record Public Health Information Exchange Database was used to identify all patients between 3 months and 18 years who were evaluated for an URI from 2007 – 2009 in the UW Health system. The protocol for the Health Effectiveness Data and Information Set (HEDIS) quality measurement for pediatric URIs was followed. Multiple logistic regression modeling was used to identify independent predictors of inappropriate antibiotic use in patients diagnosed with acute nasopharyngitis or URI of multiple/unspecified sites. Variables of interest include age, gender, ethnicity/race, insurance type, co-morbidities, as well as community-level measurements of urbanization, education, and economic hardship. The prevalence of inappropriate antibiotic use was calculated along with crude and adjusted odds ratios (with 95% confidence intervals) associated with patient and community factors. is the first study to use EMRs to examine the role of community-level predictors of inappropriate antibiotic prescriptions in pediatric URIs. Results will inform future studies and interventions to evaluate and address the impact of community on other management and diagnostic decisions of providers.

BIOGRAPHICAL SKETCH
Jeffrey Yaeger obtained a B.S. in Molecular Genetics from the University of Rochester, then completed his medical school education at SUNY Buffalo. He came to Madison in 2007 and finished his residency training in pediatrics, as well as a spending a year as Chief Resident. In addition to his MPH coursework, Jeff is also a Primary Care Research Fellow, funded through the Ruth L. Kirschstein National Research Service. Jeff looks forward to studying important factors in providing effective health care in resource-poor locations, including public policy, development of reliable health statistics, medical knowledge, and education of health care professionals as well as the public. He and his wife, who is also a physician, have accepted positions with the Indian Health Services and will begin working in Shiprock, New Mexico in September of 2012.

Abby Panozzo

Driving Improved Health Outcomes in an Era of Evidence-based Practice: Timely and Accurate Health Data Delivers Quality Improvements

ABSTRACT
Public health policy uses data, as evidence, to shape policy development. However, policy development is only as effective as the accuracy of the data collected and the thoroughness by which the data is interpreted. This project employs qualitative methods, including interviews and content analysis, through the examination of a partnership between a private health care measurement company and a collaborative clinical quality improvement network, to support the theory that existing electronic health data influences and informs quality improvement measures in the medical community. Founded in 2009, Forward Health Group is a private, Madison-based health care measurement company. The company aims to fill the niche of organizing complex and fragmented existing electronic health data. Forward Health Group’s, client, the Northern New England Perinatal Quality Improvement Network (NNEPQIN), was used as a case-study to examine and analyze which health data will be included and eventually interpreted through Forward Health Group’s, PopulationManager® software. The partnership between Forward Health Group and NNEPQIN was used to examine how effectively a health information technology system informs the organization’s quality improvement initiatives. Based on the content analysis, it will be determined how Forward Health Group’s PopulationManager® software could enhance the accuracy and timeliness of retrieving NNEPQIN’s health data to better inform future quality improvement initiatives.

BIOGRAPHICAL SKETCH
Abby Panozzo earned her Bachelor’s of Arts in Psychology & Women’s Studies from the University of Wisconsin-Madison. During her undergraduate career she began to recognize how the social, political and cultural environment impacts health. Eager to explore these impacts, she enrolled in the MPH program at the School of Medicine & Public Health. During the pursuit of her Masters, she also began working at Apple. The concurrent pursuit of her MPH and her experiences at Apple ignited an interest in health information technology. Her newly discovered interest prompted questions related to electronic health records, data mining and health information technology. After completion of her MPH she intends to continue working in the field of health technology and endeavors to pursue a PhD with a focus in medicine, technology and society.
Addressing Birth Outcome Disparities in Wisconsin

ABSTRACT
Wisconsin has one of the worst black infant mortality rates (IMR) in the nation (14.0 per 1,000 live births). It is currently ranked 34 out of 40 reporting states. This rate, when juxtaposed with the white IMR (5.2), reveals a disturbing disparity in birth outcomes. The incidence of low birth weight (<2,500g) and prematurity (<37 weeks) are also important factors that contribute to IMR. Attempts to reduce disparities in birth outcomes have focused on increasing access to prenatal care. However, simply increasing access to prenatal care without increasing quality preferentially benefits whites and therefore functions to widen birth outcome disparities between blacks and whites. In order to reduce disparities and poor birth outcomes, Wisconsin is now focusing on four innovative methods to improve health care for pregnant women: 1) group prenatal care programs that empower women, and incorporate health education and group support; 2) medical homes during pregnancy that ensure coordination of all healthcare and related social services; 3) campaign to reduce elective deliveries prior to 39 weeks; and 4) use of 17α-Hydroxyprogesterone caproate to reduce the risk of preterm birth among women who have a history of preterm birth.

BIOGRAPHICAL SKETCH
Crystalynn Woodard entered medical school at UW-Madison in 2008. Her interest in reducing health disparities in underserved populations motivated her to pursue an MPH. She has since worked in the Bureau of Community Health Promotion at the Wisconsin Department of Health Services to reduce maternal and child health disparities in the state of Wisconsin. As a future physician with training in public health, Crystalynn will promote the interests and care of underserved populations in urban communities.

Immunize Milwaukee Coalition Community Needs/Capacity Assessment

ABSTRACT
A general lack of knowledge on the part of parents and access to healthcare were the two of the most often cited factors that contribute to low immunization rates in the City of Milwaukee. To assess barriers, resources, and opportunities surrounding immunization in the City of Milwaukee, a phone survey was delivered to 25 stakeholders from June to August 2011. Funding (38%) and lack of responsibility to immunize on the part of healthcare providers, especially Emergency Room care providers (24%) were most often mentioned as barriers to providing immunizations. Organizationally the respondents were most commonly providing various educational efforts (24%) and routine checks of the Wisconsin Immunization Registry (WIR) (20%). The final question that produced significant results asked for suggestions to increase immunization rates. The most mentioned strategy was to meet the community members in their own communities to get children immunized (32%) along with raising provider awareness and physician involvement, choosing respected community members to lead the effort, and launching a community-wide campaign tying for second place (16%). Survey results confirm what is stated in the literature. A lack of knowledge about immunization leads to low immunization rates and that provider recommendation is influential in parent decision to immunize. Finally, refusal for personal conviction or religious reasons is not a major factor in the City of Milwaukee. The results of the surveys provide clear direction to inform a multidisciplinary immunization coalition on their next steps.

BIOGRAPHICAL SKETCH
Anne Hahn intends to graduate from the MPH Program in 2012. In 2010 she received her BA in Political Science with a minor in Public Policy at the University of Notre Dame. She became interested in public health through an internship working in HIV outreach. She hopes to work in health education with a nonprofit organization upon completion of the program.
Tony Sturm

Community Asset Mapping for a Primary Care Clinic

ABSTRACT
Patient care can be improved if a clinic has strong links to the community. An on-line, interactive map of community assets for clinic faculty, staff and other community members in Madison, WI was developed. Users may easily find options for healthy eating, physical activity, mental health support, and health care in the community. Assets were identified through interviews with patients and other community members, looking street-by-street in the neighborhood, and published directories. The mapping and outreach conducted as a part of this project will be beneficial to patients, providers, and outside organizations. Medical providers are better able to serve their patients with knowledge of local resources, and within the context of a medical visit, patients and providers can develop a more specific plan for lifestyle change with knowledge of where, for example, healthier foods or locations for structured physical activity are in relation to where they live. Patients may find the clinic more accessible if the clinic has developed relationships with other local organizations. Finally, this map may also be useful as a mechanism for outreach to local residents, increase local social interactions, and provide opportunities for collaboration with other neighborhood organizations. This is an important exploration into connecting a clinic with community resources through mapping. It uses the existing technique of asset mapping and applies it to newer mapping technologies. This model may be replicated by other clinics and organizations with similar goals.

BIOGRAPHICAL SKETCH
Tony Sturm received his medical degree from the UW School of Medicine and Public Health in 2011. Prior to that, he had taught high school math and worked in community development in Philadelphia, taught English in Ningbo, China, and traveled extensively. He is originally from Madison. Following graduation from the MPH Program, he will begin a Family Residency with Aurora Health Care in Milwaukee in June.

Carley Zeal

Determining Contributors to Maternal Obesity in a Dane County Community

ABSTRACT
In an attempt to integrate the life course model approach to public health, Public Health Madison Dane County enacted a fetal and infant mortality review process. After the first two quarterly reviews of fetal and infant death cases in Dane county, it was observed that mothers in these cases were often plagued by chronic conditions, one being obesity. It appears that the obesity epidemic is affecting reproductive aged women, which is very concerning given the health implications. Numerous studies have shown associations between maternal pre-pregnancy overweight and obesity and pregnancy complications such as gestational diabetes, hypertension, preeclampsia, premature birth, assisted deliveries, birth defects, and overweight, obesity, diabetes, and cardiovascular disease of their children in adulthood. Though it is ideal to enter pregnancy with a healthy body mass index, research shows that controlled weight gain can also improve pregnancy outcomes. Success of some interventions including nutrition and exercise counseling give hope for improving birth outcomes by improving maternal health. Given that maternal obesity appears to be a modifiable risk factor for birth outcomes, this factor was further explored in Dane County. Through exploration of vital records and census data, the health implications of maternal obesity in Dane County were defined statistically. The data also allowed for determination of a target community from which a sample of women were interviewed to determine modifiable contributors to overweight and obesity of reproductive age women in the community.

BIOGRAPHICAL SKETCH
Carley Zeal is a combined MD/MPH candidate, who pursued an MPH after completion of three years of medical school. She is originally from Monroe, Wisconsin, and completed a Bachelor of Science in Biology at UW, before entering Medical School at UWSMPH. She will be returning to medical school in the summer and applying for a residency position in obstetrics and gynecology. She hopes to serve as a leader in her practice for evidence-based, high quality, cost-effective care. She also hopes to act as an advocate for state and national health care policy that provides universal coverage, while reducing inequities in quality and access.
Sarah Bimber

Educating the Healthcare Professionals of Tomorrow: Legal, Economic and Clinical Barriers to Operational Efficiency in Academic Medical Centers

ABSTRACT
As part of an academic medical center, teaching hospitals strive to provide high-quality patient care while also serving as a training site for the next generation of health professionals. These dual missions require teaching hospitals to carefully balance care quality and revenue considerations with educational goals, while operating within a very complex regulatory environment. This balancing act raises a number of legal, economic and clinical issues that affect hospital operations, and can be a source of significant confusion and potential liability. This project sought to clarify the laws applicable to provision of clinical services by a variety of types of trainees and to assess their impact on operations at one of the nation’s leading teaching hospitals. After reviewing laws and regulations applicable to the provision of clinical care by students, semi-structured interviews with administrators, educators and clinical managers were conducted. Interview responses revealed several common themes. While most interviewees believe the provision of clinical services by trainees decreases efficiency, they also believe trainees benefit the institution by increasing care sophistication and staff satisfaction. A majority of interviewees did not find applicable laws overly onerous, however, most interviewees lacked adequate familiarity with them to remark on their impact on operations. Interviewees raised several concerns related to patient privacy, adequacy of supervisory staff and trainees’ unfamiliarity with policies and practices. These concerns varied based on the professional role of the interviewee. The results of this project will assist institutional efforts to balance quality of care, education of future health professionals and revenue considerations.

BIOGRAPHICAL SKETCH
Sarah Bimber is completing a dual JD/MPH in order to pursue a career in the field of health law. After graduating from Kalamazoo College with a major in health sciences in 2005, Sarah spent three years implementing electronic medical record systems in hospitals for Epic. Since returning to school she has enjoyed working on health law and policy projects as a founder and president of the Health Law Students Association and with the Wisconsin Department of Justice Medicaid Fraud Control Unit, the Wisconsin DHS Nutrition, Physical Activity, and Obesity Prevention Program, Project HealthDesign and the University of Wisconsin Hospital and Clinics Compliance Department. Sarah recently moved to Seattle with her husband and hopes to work in hospital compliance.

Renee Walk

Developing Digital Habitats for Community Health Groups

ABSTRACT
Local health departments and initiatives must often make big programs happen on small budgets. Many are now looking to use technology, particularly social media, to help facilitate coordinated group work and public messaging. This presentation will discuss the successes and challenges of implementing a social media scheme for the Dodge-Jefferson Healthier Community Partnership, a local community health coalition.

BIOGRAPHICAL SKETCH
Renee Walk is currently a policy analyst at the Wisconsin State Laboratory of Hygiene and co-chairs the Department of Health Services’ Occupational Safety Action and Advisory Group. Her interests are community organizing, occupational safety, and using digital media to promote health programming. She will complete the UW MPH program in August 2012.
Patient-Centered Medical Homes: Where Quality Improvement and Cost Reduction Intersect

ABSTRACT
One of the most critical challenges in healthcare is improving quality of care, while reigning in rapidly rising expenditures. While there is substantial evidence that increasing access to primary care improves a patient’s health outcomes, that improvement often comes with increased costs for the additional care provided. The Patient-Centered Medical Home (PCMH) addresses this problem through models of care which focus on primary care as the core of patient health, and are able to both lower costs and improve quality.

PCMHs employ a variety of methods, focusing on case management, lessening patient load for primary care providers and other innovations.

This presentation identifies existing models of PCMHs, similarities and differences, and discusses several PCMH case studies with clearly identified Return on Investment, improved patient outcomes and reductions in costs. It also examines some of the challenges of implementing and evaluating PCMHs.

BIOGRAPHICAL SKETCH
Dorothy Miller will be receiving her MPH from the School of Medicine and Public Health and her JD from the Law School this May. Ms. Miller’s fieldwork over the last year has been with the Wisconsin Health Information Organization’s Partnership for Healthcare Payment Reform, where she has focused on health policy and legal issues arising in implementing healthcare reform initiatives. After graduation, Ms. Miller plans to pursue a career that focuses on finding innovative solutions through policy and law to challenges in healthcare. Ms. Miller’s background is in anti-corruption and elections work throughout the Asia Pacific region.
Cynthie Anderson

Ethiopia Collaborative Training in OB/GYN: Capacity Building to Reduce Maternal and Perinatal Mortality

ABSTRACT

Ethiopia is Africa’s second most populous country and is one of the planet’s poorest nations, ranking 174 of 187 on the United Nations 2011 Human Development Index. 84% of Ethiopia’s 81 million people live in rural areas with only 1 medical doctor for every 100,000 people. Of nearly 3 million annual births, 93% occur at home and only 6% occur with the help of a skilled birth attendant. The inadequate density and distribution of healthcare workers in Ethiopia is a major contributor to one of the nation’s worst tragedies: a maternal mortality ratio of 673 per 100,000 and a neonatal mortality rate of 39 per 1,000. Since 2004, the Federal Ministry of Health (FMOH) has trained 34,000 community health extension workers and enrolled 300 trainees in the Integrated Emergency Surgery in Obstetrics program. Increased referrals have led to a higher demand for unavailable physician services. The FMOH has also established five new medical colleges and now graduates 1,300 physicians annually. This is an increase of 400% since 2005. Unfortunately, key barriers to strengthening the health work force remain. The UW Medical School has strong ties to Ethiopian medical education through the Departments of Family Medicine and Surgery and the UW Institute for Global Health. The University of Michigan’s Department of OB/GYN has a 20-year track record of medical educational partnership in Ghana and has been considered a model for Africa. The UW Department of OB/GYN will partner with Black Lion and St Paul’s Millennium Medical Colleges, other UW departments, the UW Global Health Institute, and with the University of Michigan Department of OB/GYN to develop sustainable, mutually beneficial training, quality improvement, faculty development projects. The partnership will promote excellence in the training and oversight of maternal and child health workers and contribute to efforts aimed at reducing maternal and perinatal mortality in Ethiopia.

BIOGRAPHICAL SKETCH

Cynthie Anderson completed her medical degree at Johns Hopkins University and completed her residency training in Obstetrics & Gynecology at UW Madison. In 2007, she joined the UW School of Medicine and Public Health as Assistant Clinical Professor in the Department of OB/GYN. Anderson is completing her MPH with a focus on maternal & child health and global health in 2012.

Katy Lois

Amplifying the Public Voice: Documenting the Perceived Importance and Limitations of Public Health Insurance Programs in Wisconsin

ABSTRACT

State and federal public health insurance programs form a crucial societal safety net. Despite their importance, these programs prove difficult to navigate for the people who need them. This is especially the case for individuals of lower socioeconomic status and population subgroups unfamiliar with the United States’ health care system. This project works to investigate and better document the cultural-linguistic, disease-related, financial, and political or bureaucratic limitations inhibiting certain subgroups from participating in public coverage programs. The target population consists of Wisconsin state residents who need public health insurance, represented through data collection of public testimony in seven distinct state areas. Working in partnership with a non-profit public-interest legal firm, public testimony was collected discussing personal experiences with public health insurance programs. Narratives were collected in either written or video format. Emphasis was placed on obtaining narratives from Spanish-speaking individuals in an attempt to illustrate cultural-linguistic difficulties in utilizing public health benefits. Following narrative collection, testimonials were analyzed to reveal common, interconnecting themes using grounded theory analysis. Four recommendations for future program improvement were generated based off the analysis and included in a written report accompanied by a video component, which will be utilized by the firm in the future as an educative and advocacy tool. In this way, the project amplifies the public voice to raise awareness of both coverage program necessity as well as factors that decrease the effectiveness of such programs, thus facilitating program improvement and increased consumer empowerment surrounding health care coverage in the future.

BIOGRAPHICAL SKETCH

After graduating in 2009 from UW-Madison with a B.S. degree in Neurobiology and Spanish, Katy Lois worked for Bilingual Education for Central America (BECA), creating a resource program for low-income students in a rural Honduran school. Katy currently holds positions both at ABC for Health, Inc. and at the Goodman Community Center, where she focuses on the relationships between social justice and health in the local community. Upon her graduation from the MPH Program in May 2012, she plans to work both domestically and abroad, maintaining her focus on issues of social justice and health as well as infectious disease epidemiology.
Healthy Babies are Worth The Wait® - an Educational Initiative by March of Dimes

ABSTRACT

Healthy Babies are Worth The Wait project is a part of 'Prematurity Campaign' funded by the March of Dimes. The purpose of the project is to decrease preventable premature births before 39 weeks gestation as a result of elective C-sections or inductions by increasing knowledge of the risks of preterm birth and decreasing the intent of consumers for elective C-sections. The project targets both prenatal providers and consumers to achieve its goal. Because Oneida County, an area covered by Mohawk Valley Perinatal Network, has one of the highest rates of C-section, preterm birth and infant mortality in New York State, it was chosen to pilot test the project. A health presentation and companion resources highlighting the importance of full term pregnancy and risks of elective induction, C-section and premature births were developed to target women of childbearing age group, predominantly pregnant women. Fifteen health presentations were conducted at various sites in the Oneida and Herkimer county regions until March 2012. Sixty-nine women attended and 92.9% showed an increase in knowledge, while only 14.5% stated a possible intent to deliver before 39 weeks gestation. The majority of women gave positive feedback regarding the overall project and felt that the presentations were beneficial. Most women appreciated the information about risks of premature births to the baby. The project continues through July 2012.

BIOGRAPHICAL SKETCH

Bageshree Cheulkar has a medical degree from India and some of her experiences in India include supervision of Polio Immunization Campaigns and Tuberculosis Control Program, training tribal Mid-wives/ Doulas in rural areas and health education projects for children. Since coming to U.S. she has actively volunteered in health education programs for breastfeeding promotion for new mothers. She also worked in research in Perinatal Cardiology. After graduating from the UW-MPH program, Bageshree aspires to explore the public health field and aims to work in health educational program planning and preventive services. She also hopes to eventually do a preventive medicine residency to complement public health experience with her medical background.

Rice Campaign: Social Marketing Campaign to Reduce Rice Consumption for Diabetes Prevention in the Hmong Community

ABSTRACT

Hmong adults in Wisconsin are believed to be at greater risk for type2 diabetes. The literature suggests that high consumption of white rice is diabetogenic, and this is a key aspect of the Hmong diet. Social marketing is a novel approach to overcome barriers to behavior change, one that has not been used with the Hmong population. The objective of this project was to create and implement a social marketing campaign to encourage improvements in the Hmong diet in order to reduce diabetes risk, particularly reduction in the amount of white rice consumed. Initial assessment and formative research (focus groups with community members and key informant surveys) were done to better understand the Hmong diet and factors that influence it, and how a social marketing approach can best be applied. Based upon the results of the formative research, the campaign was developed and will be piloted, followed by implementation in three Hmong neighborhoods in Madison, Wisconsin. Video vignettes and posters were used to promote the campaign messages, and these channels will be evaluated for effectiveness. This project provides valuable information about how to influence health behavior in the Hmong, with the expected outcome of decreasing white rice consumption and future diabetes risk for the Hmong families who are reached by the campaign. The lessons gleaned from the project will be shared with local and statewide partners, and may lead to wider implementation of the rice campaign throughout Hmong communities in Wisconsin.

BIOGRAPHICAL SKETCH

Paj Ntaub Vang received a B.S. degree in Biology and a certificate in Gender and Women Studies from the University of Wisconsin-Madison in 2010. She serves as an elected leader for the Hmong Health Council of South Central Wisconsin (HHC), an independent coalition of Hmong health care providers, community leaders, members and partners whose mission is to promote health and prevent disease in the Hmong community. It is through her experiences with the HHC that Pajin developed interests in community health, obesity and diabetes prevention. Pajin is pursuing a certificate in Type II Translational research in addition to her MPH degree, and will begin medical school at the UW-Madison School of Medicine and Public Health in the fall of 2012.
Joel Charles

Focusing on Energy: Developing Leadership Skills Through Local Action

ABSTRACT
The dangers of climate change are severe and imminent. Taking action to mitigate climate change will have immediate and significant health benefits. Public health professionals will be critical advocates in this struggle. Through its Forums-to-Action program, national and local advisors guided student coordinators in forming a team with diverse skills and backgrounds. Advisors and national energy experts trained the team in energy literacy, leadership, event planning, and action planning. The team developed community partnerships with UW’s We Conserve, Madison Gas & Electric, and Focus on Energy to plan and execute the ‘Negawatt Summit’, a forum to focus on energy conservation in rental properties near campus. The forum identified a lack of searchable information on the energy efficiency of rental properties as a key barrier to shifting the market toward more efficient properties. With partners from the forum, the team is currently developing a program proposal to create such a mechanism and incorporate it into a broader UW strategy to incentivize sustainable student behavior. This process will not only create tangible results in the local community, but has formed partnerships between the university and Madison that will lead to greater future progress. Furthermore, it has given several students the training and experience to lead our society toward a safer, cleaner future.

BIOGRAPHICAL SKETCH
Joel Charles is an MD/MPH student interested in both clinical care and public health advocacy. After finishing his MPH, Joel will complete his two remaining years toward his M.D. degree. During that time he will continue to hone his advocacy skills by volunteering with Citizens Climate Lobby, a national non-profit that is working to pass national climate legislation. He plans to pursue a residency in Family Medicine while seeking an official role through which to advocate for a stable climate.

Azin Moghadam

Wisconsin Adolescent Health Care Communication Program (WAHCCP)

ABSTRACT
The Wisconsin Adolescent Health Care Communication Program (WAHCCP) improves communication between providers and adolescent patients which results in the improvement of the delivery of sexual and reproductive health care to all young people throughout the community. WAHCCP uses a bi-directional influence providing knowledge and information to teens and their providers. Pre and post-test evaluations were distributed to WAHCCP workshop participants (n=246), focusing mainly on post-test evaluations from provider groups and future-providers. Data was assessed within two different groups; group 1 consisted of provider and future-provider workshop participants and group 2 consisted of the 13 year medical students at the University of Wisconsin School of Medicine and Public Health. Data was collected to assess current knowledge, satisfaction and interest with the workshop, and aspects of the workshop the participants will incorporate into their practice. Ninety-two percent (92%) of group 1 and 97% of group 2 workshop evaluations reported correct responses and displayed a significant amount of current knowledge regarding the topic of adolescent healthcare. When asked how likely participants were to incorporate ideas from the WAHCCP presentation, 71% of group 1 participants responded with “very likely.” The majority of participants in both groups were very pleased with the overall presentation, rating it “excellent” or “very good.” It is clear that providers and future-providers have significant knowledge about adolescent health, yet positive approaches to communication and an understanding about adolescent attitudes alone are insufficient in providing comprehensive health care services to adolescents.

BIOGRAPHICAL SKETCH
Azin Moghadam is a Master's in Public Health student at the University of Wisconsin-Madison. She's also receiving her Global Health Certificate from UW and is interested in working within Maternal & Child Health. She is an intern at the Wisconsin Alliance for Women's Health and is the Assistant Project Director for the Wisconsin Adolescent Health Care Communication Program. She's originally from Oshkosh and loves her home state of Wisconsin. Azin looks forward to continuing her work in advocating for women's health and reproductive rights after graduating from the University of Wisconsin School of Medicine and Public Health.
Environmental Health for Public Health Practitioners: Research Towards a New University of Wisconsin MPH Core Course

ABSTRACT
The University of Wisconsin Master of Public Health program faculty and administrators are in the process of developing a new Environmental Health course. CEPH requires that courses at accredited schools and programs of public health address the competencies it has defined in each of the core areas of public health. Program faculty and administration decided to seek assistance collecting background information that would help them choose course topics and teaching methodologies that would provide new public health practitioners with a solid foundation in current environmental health practice. Following CEPH’s recommendation that accredited programs use a collaborative process to develop new MPH curriculum, relevant background information needed to develop the new course was collected. Syllabi from similar courses at top US schools of Public Health were collected and analyzed, ASPH and other recommended competencies for public health students were reviewed, a survey with UW MPH students from the current PHS 650:063 course was conducted, five state public and environmental health practitioners were interviewed, and evidence-based recommendations for pedagogical methodologies that could be applied to MPH education were reviewed. The results have been provided in a written report that will be followed by recommendations to the MPH program administration.

BIOGRAPHICAL SKETCH
Christina Kantor has a background in community health, international development and epidemiological research. Her MPH field experience combined all three. She helped found an innovative community development organization for and by residents of a very low-income neighborhood in Madison, WI. She plans to continue to use her training and background to assist underserved and marginalized groups, and the organizations who serve them, to increase their capacity, expand their funding base and conduct background research needed to meet their goals of building healthy communities from within.

The UW-Madison Closed Point of Dispensing Project

ABSTRACT
In a public health emergency – pandemic disease, natural disaster, terrorism – local public health agencies are responsible for dispensing life-saving medication and supplies to the population of the affected area within 48 hours of an emergency declaration. In order to serve its community UW-Madison has agreed to operate points of dispensing (PODs) for its 60,000+ students, faculty, and staff, as well as their associated family members. The purpose of the UW-Madison Closed POD Project is to create the plan that will prepare UW-Madison to successfully operate PODs in an emergency. Planning is multifaceted and complex, requiring a scalable response that is flexible enough to be useful in various emergencies of differing sizes, scopes, and severities. Numerous legal agreements, call down lists, responder trainings, are being formulated with University Health Services, the UW Police Department, Public Health – Madison & Dane County, the WI Department of Health Services and other stakeholders as part of this ongoing project. Once completed, the project will serve as a model for public health emergency planning at other universities around the state.

BIOGRAPHICAL SKETCH
Alex Hartzman has worked on the UW-Madison Closed POD Project from its start in 2011 for his MPH field experience, then as a member of the WI Department of Health Services’ public health preparedness unit. He is a dual degree candidate in the Master of Public Health and Master of Public Affairs and was the first recipient of the Ina Jo Rosenberg and Shiri Eve Leah Gumbiner Fellowship for health policy studies in 2010. Prior to enrolling in graduate school, Alex worked as a consumer health advocate through the Center for Patient Partnerships house in the UW-Madison Law School, earning a Certificate in Health Advocacy (2010). Alex received his BS in Astro-Physics and Physics (2009), also from UW-Madison. After graduation, he plans to continue his work with the public health preparedness unit.
Colleen Moran

Intergenerational Influences Over Youth Physical Activity & Health in a Hispanic Community

ABSTRACT
What sort of influence does extended family have over youth physical activity and health? A review of summary health literature indicated that families and peers greatly influence youth’s physical activity as does gender, age, socio-economic status (SES) and neighborhood characteristics. Social Ecological Models (SEM) provide a framework to examine the multiple effects and interrelatedness of social elements (intergeneration influences) with the built, geographic, and food environments on youth physical activity. To inform one facet of the SEM, formative qualitative research was conducted in a Hispanic community in Milwaukee, WI. Grandparents’ thoughts and perspectives on physical activity in general and in specific relation to their grandchildren were obtained through oral interviews. Data was analyzed using a qualitative mixed methods analysis tool to identify common themes. These themes included intact vs. non-intact families, grandparent control over grandchild development, “right conduct,” importance of education, value of certain foods over others, traditional gender roles, influence of age on physical activity, acculturation issues, and other places being healthier than here. The study’s findings confirm the community partner’s independent perceptions of the influences of extended family over youth physical activity and health and will be used in future youth physical activity planning. Future research will analyze these themes through the lens of a comprehensive interdisciplinary SEM to help understand the influence of extended family over youth physical activity and health.

BIOGRAPHICAL SKETCH
After working for several years in local alternative transportation and organic farming, Colleen Moran was inspired to attempt a dual degree in Public Health and Urban and Regional Planning which she will be completing in May 2013. Her interest lies in the connection between the built environment and public health issues, specifically, how the built environment affects one’s ability to be physically active and access healthful foods. She is particularly interested in helping communities plan for the future with a better understanding and appreciation of how those plans affect health, possibly through the use of Health Impact Assessments (HIAs).

Sadat Abiri

Severe Mental Disorders, Stigma Beliefs, and Social Avoidance in the Recovering Community Treatment Patient

ABSTRACT
Persons living with severe mental disorders, particularly in developing countries, can be subject to uninformed stigmatizing beliefs. SAMSA now defines recovery as a personal journey of healing and transformation and living a meaningful life in the community. Accordingly, how a recovering community treatment patient experiences stigma may impact the patient’s recovery. This project examines the relationship of stigma and recovery by addressing two preliminary questions: Do stigma beliefs promote social avoidance? Is stigma related social avoidance a social barrier to recovery for recovering community treatment patients? This project examined the research literature for evidence of association between stigma beliefs, stigma experiences, and social avoidance in recovering community treatment patients living with a severe mental disorder. Key findings are illustrated with the narratives of a person living in the community with severe mental illness, a community person, and a case worker. METHOD Key word searches of CINAHL, Psychinfo, and Socindex were performed. Key words were stigma, social avoidance, and community treatment. Refined search terms used were recovery, schizophrenia, schizoaffective disorder, and bipolar disorder. PRISMA systematic review methods and selected checklist items were used to select articles and analyze the evidence. The evidence provides support for the social avoidance model. Stigma beliefs can act as social barriers to recovery in community treatment patients.

BIOGRAPHICAL SKETCH
Sadat Abiri is a nurse currently training in the MPH program in the use of population science methods to implement public health policies that can support the recovery journey of person’s coping with the stigma of severe mental illness. She obtained a Certificate in Global Health this year and is a recognized social justice advocate. Sadat plans to return to Nigeria to participate in the development and implementation of public health policy to eliminate traditional African stigma belief about mental illness that can prevent help seeking and limit service delivery. She is the mother of four children, two of whom graduate May 2012 with her; a son in PharmD and a daughter in Medicine.
The Wisconsin Minority Health Report: Aligning the Structure, Broadening the Scope

ABSTRACT
Disparities in health have mirrored the long history of inequality and social disadvantage in the United States. In Wisconsin, some of these disparities are among the worst in the nation. As a result, the elimination of health disparities is one of two overarching goals identified by the state health plan, Healthiest Wisconsin 2020. Routine reporting on health disparities is recognized as an important component of achieving health equity. However, as the population becomes more diverse, it is important to re-evaluate which populations are being assessed. Since 2000, two five-year reports have been published addressing the health status of racial and ethnic minority populations in the Wisconsin. Currently, the Minority Health Program of the Wisconsin Department of Health is working on compiling a third report. The aim of this project was to develop the framework for this report. This process involved several approaches, including aligning the structure with the state health plan, generating consensus on which populations to address, and compiling preliminary data with the proposed format. The proposed outline, along with examples of how the data will be presented, were demonstrated to the Minority Health Leadership Council who agreed to write a letter of endorsement.

BIOGRAPHICAL SKETCH
Sarah Covington is a second year MPH student who plans to complete her degree in the spring of 2012. She is currently continuing her work on the Minority Health Report at the Wisconsin Department of Health Services and is looking forward to seeing the final product. Upon completion of the MPH program, she is interested in pursuing a career that will contribute to the reduction of health disparities.

Katherine Vaughn-Jehring

The Division of Public Health Strategic Plan

ABSTRACT
In the fall of 2010, the Division of Public Health was awarded a CDC grant, the Wisconsin Public Health Improvement Initiative. This grant is providing the infrastructure needed to address quality improvement projects, including work to attain accreditation by the national Public Health Accreditation Board. One aspect of accreditation is the development of a strategic plan to improve and strengthen initiatives and processes within the Division of Public Health. The priorities and objectives identified in the Division of Public Health Strategic Plan reflect the Division’s transition to a performance-based organization. The plan is a road map to define the organization’s roles, priorities, and direction; performance management and quality improvement are the vehicles used to travel down the road. This plan in focused on the Division of Public Health initiatives and identifies internal improvement opportunities. The internal focus provides an opportunity to develop quality improvement knowledge, skills, and experience that will prepare the Division of Public Health to apply this new approach with external partners and customers. The development of the Division of Public Health Strategic Plan, major components, future initiatives, and potential implications will be discussed.

BIOGRAPHICAL SKETCH
Katherine Vaughn-Jehring is completing her Fellowship in the Wisconsin Division of Public Health, Office of Policy and Practice Alignment, and the Allied Wellness Center in Madison - a community-based organization in the Allied Drive neighborhood. Katherine has developed expertise in the areas of grant writing, health policy implementation and analysis, organizational development, program planning, legislative rule development, and community engagement. Katherine plans to continue her public health career working to develop, implement and evaluate health policies that will improve the health of the public and the communities where we live, grow, work, learn and play. Through the fellowship she has broadened her understanding and ability to build organizational and community capacity to improve the health of the public.
Katarina Grande

Network Diagramming as a Tool for Public Health Partnerships, Evaluations, and Investigations

ABSTRACT
The impact of social networks on health is an area of growing public health importance—such networks can describe how communicable or non-communicable disease can spread through a population, how organizations interact with partners, or simply how groups of individuals are connected to one another. However, the practice of social network diagramming has yet to be fully utilized by public health practitioners. This presentation will describe multiple uses of social network diagramming as a tool for public health practice and evaluation. Using a recent Wisconsin-based infectious disease outbreak as an example, social network diagramming will be demonstrated using a simple and inexpensive computer program. The visualization of social networks will be illustrated as a valuable tool for health-related organizations.

BIOGRAPHICAL SKETCH
Katarina Grande, MPH, is a Wisconsin Population Health Service Fellow placed at the City of Milwaukee Health Department and the Center for Urban Population Health. Her Fellowship work has focused on qualitative evaluation, promoting methods to prevent the spread of sexually transmitted infections in Milwaukee, supporting efforts of the Milwaukee Consortium for Hmong Health to empower women, and analyzing a structural intervention to prevent HIV in Malawi. She is passionate about tackling health inequities both locally and abroad. Post-Fellowship, Ms. Grande hopes to land a job in an area related to sexual health and/or global health policy.