Master of Public Health Program

Field Experience Symposium

Friday, August 11, 2006

8:00 am - 5:00 pm

Pyle Center
702 Langdon Street
Madison, WI
Symposium Agenda

8:00  Coffee and Continental Breakfast

8:30  Welcome and Introductions
      Patrick Remington, Director, MPH Program

8:40  Presentations Part I
      Moderator: Jim Vergeront, Department of Health and Family Services

10:40  Break, Lee Lounge

11:00  Presentations Part II
      Moderator: Tim Size, Executive Director, Rural Wisconsin Health Cooperative

12:20  Lunch, Alumni Lounge
      Recognition of Public Health Program Faculty, Mentors, and Preceptors

1:40  Presentations Part III
      Moderator: Alex Adams, Department of Family Medicine, UW-Madison

3:00  Break, Lee Lounge

3:20  Presentations Part IV
      Moderator: Chris Olsen, School of Veterinary Medicine, UW-Madison

4:40  Concluding Remarks
      Patrick Remington, Director, MPH Program

5:00  Reception, Alumni Lounge
The Master of Public Health field experience provides students with practical experience; allowing students to apply and incorporate skills and knowledge learned during their graduate study in a public health setting. Following the completion of the majority of their course work, MPH students participated in a population focused field experience. While most evident in the field experience, the integration of public health practitioners and the incorporation of current public health issues appears throughout many of the core courses in the program. The application of real-world issues and problem solving along with the interdisciplinary nature of the curriculum makes the MPH program a unique learning environment for all students.
Abstract
Utilization of hospital emergency departments for dental care is a significant problem. Not only is it a burden financially but also ED’s are not capable of providing definitive dental care treatment. Since patients are only provided with a temporary resolution to their pain this pattern of care may be cyclical. Research goals are to assess the financial burden associated with such visits and further analyze this data to look at trends, frequency of visits, age, gender, select counties (Milwaukee, Dane, Brown, Eau Claire), county by zip code, and type of insurance. From such findings a proposal for policy or future-funding directions to curtail use of ED’s for dental treatment will be made to make sure this population is receiving the preventive treatment it needs. The population who presents to an ED in the entire state of Wisconsin for dental-related complaints from 2003-2005 will be studied. The objectives of this study will be accomplished by an in-depth analysis of the WHA ED data set. Future research into appropriate policy/funding recommendations will be made to reach the objective of proposing an appropriate solution to this public health issue with the hopes of providing this population more definitive/preventive treatment options. I hope to effectively bring to light the urgency and need for further access to dental treatment by demonstrating the financial burden of ED visits that are dental-related. Furthermore, I would like to see steps (policy/funding) taken in the right direction to increase such access. The significance of this study is to increase access to dental treatment and preventive care. This will decrease the burden on ED’s and allow people to obtain the treatment they deserve.

Future Plans
Currently, my future plans consist of attending dental school at the University of Michigan, conducting public health research and taking dental public health classes when time permits. Exactly how public health will fit into my plans after dental school is still unclear. However, I intend to continue conducting public health research and would even like to work on some advocacy or public policy issues. I would personally like to thank everyone who made the MPH program possible. The first class is always a challenge and all the professors, staff, mentors, preceptors and fellow students have been incredible. This was an amazing experience for me! I am eager to hear about the future successes of my classmates and wish everyone nothing but the best in their future.
Milwaukee Alliance for Sexual Health

Abstract
For my MPH Field Experience, I worked at the Department of Health and Family Services (DHFS) with Drs James Vergeront and Murray Katcher. My project was to examine issues surrounding adolescent utilization of the Wisconsin Medicaid Family Planning Waiver (FPW). The FPW was designed to extend access to contraception and reproductive health services for low-income women in Wisconsin, and has been considered an important tool in increasing adolescent access to contraception. Although in some respects the Wisconsin FPW has exceeded expectations, as a whole utilization rates lag behind those of other states with similar programs. My project, then, consisted of statistical analysis of adolescent use of the FPW and interviews with stakeholders and providers in the Milwaukee area to identify ways to increase use of the FPW.

Future Plans
In September 2006, I will be resuming my training as a 4th year medical student at the University of Wisconsin School of Medicine and Public Health. After that, I will be applying for a residency in internal medicine. I hope to someday practice in an academic setting where I can also use my MPH to develop community-based health initiatives.

The Master of Public Health program would like to acknowledge the mentors, preceptors, program faculty, and staff who contribute to the success of the MPH program.

Mentors
Alex Adams          Jim Cleary
Michael Collins    John Frey
Jean Grade         Alfonso Gutierrez
Marty Kanarek      Murray Katcher
Jeanine Mount      William Schwab
James Shropshire    James Sosman
Mark Sotir          Audrey Tluczek
David Zimmerman

Preceptors
Marvin Birnbaum    Lynne Briggs
David Brown        Melissa Clifford
Amy Ellestad       Sharon Fleischfresser
Jean Grade         Kristin Hill
Gary Hoffman       Dan Hopfensperger
Jim Kazmierczak    Steven Kirkhorn
Warren LeMay        Tim Size
Maureen Smith      Jim Vergeront
Lorna Will

Program Faculty
Henry Anderson     Linda Baumann
Byron Crouse      Lori DiPrete-Brown
John Frey          Cindy Haq
Karen Holden       Marty Kanarek
Kyungmann Kim      Javier Nieto
Chris Olsen        Jonathan Patz
Linda Reivitz      Patrick Remington
Gordon Ridley      Sue Riesch
Jeanette Roberts   Susan Skochelak
Geoff Swain        Amy Trentham-Dietz
Jim Vergeront      Mark Wegner
Claire Wendland    Susan Zahner

Staff
Patrick Remington  Michelle Young
Barbara Duerst     Betsy Prueter
Heather Cote
Ann O’Rourke
4:20 pm ~ Session IV

Preceptor
Marvin Birnbaum, President, WADEM
Mentor
Marty Kanarek, Professor, Population Health Sciences

Conceptual Framework in Disaster Research

Abstract
Disaster health is an emerging field that is beginning to describe paradigms for health in disaster situations as well as for preparedness for disasters. To date, much of disaster health has been based on intuition and consensus guidelines rather than evidence based. As the number of disasters and people affected by disasters increases, there is more pressure to create an evidence base for health and medical interventions in disaster situations. A necessary element for evidence based research is a common conceptual framework and terminology to serve as a platform to build research.

A focus group of international experts in disaster health and a subsequent search of the disaster literature was undertaken to expose the concepts and terminology that needed further clarification. Using these areas of confusion, conceptual, operational, and research frameworks were constructed that highlight the commonalities found in disaster situations regardless of the event that caused the disaster, or the society in which it took place. Terminology was carefully defined. These frameworks and terminology were piloted at several meetings and short courses. Refinements were made to the material based on areas of confusion in coursework or on feedback from participants. The conceptual framework has been published as the volume one of Health Disaster Management: Guidelines for Evaluation and Research in the Utstein Style. The material for the operational and research frameworks is in final editing for publication.

The conceptual and operational frameworks and terminology are being incorporated into current World Health Organization meeting proceedings and peer reviewed literature.

Future Plans
I will be continuing in my surgical training for the next 3 years and plan to do further training in trauma and critical care. I plan to continue to work with WADEM while I am in my training here in Madison. I hope to use my MPH to work in disaster health and injury prevention.

Elizabeth Wagner
9:20 am ~ Session I

Preceptor
Jim Vergeront, DHFS
Mentor
James Sosman, Professor of Medicine, SMPH

HIV Drug Resistance Surveillance

Abstract
The development of pharmaceutical therapy for HIV infection has dramatically changed the nature of the epidemic. However, HIV is a rapidly mutating virus and often develops resistance to drugs, even on multiple drug therapy. Resistant viruses are problematic as they can accelerate the progression to AIDS and can be transmitted to uninfected persons. The CDC and Wisconsin Division of Public Health both do extensive surveillance and epidemiologic investigation into every HIV diagnosis, however there is no current surveillance on drug resistance in the state. Several clinicians have expressed concern about HIV drug resistance, but the general level of interest is unknown. To determine the knowledge, perceptions and preferences of Wisconsin clinicians on this matter, a survey was sent to approximately 70 HIV clinicians.

Additionally, key informant interviews were performed with leading HIV clinicians as well as resistance surveillance coordinators in other areas. The results of the survey were analyzed and compiled with the information gathered from the interviews. The final result is a set of guidelines for the state of Wisconsin of the best practices and recommendations for establishing a surveillance system in the state.

Future Plans
For the immediate future, I am managing a diagnostic lab at the UW Vet School. Long term, I would like to apply both my research experience and my public health knowledge to clinical research or to policy work with an international HIV epidemic focus.
Perceptions of Raw Milk Consumption in Wisconsin

Abstract

Raw milk is often consumed by dairy farm families and by people who are members of cow-share programs. This behavior creates the potential for human health risks. The National Farm Medicine Center (NFMC), which is associated with the Marshfield Clinic, is one of the longest running research centers addressing the health and safety of America’s farmers. The NFMC has a strong track record of conducting research with practical implications for farm families. In conjunction with the NFMC, focus groups of local dairy farmers were created to assess attitudes towards raw milk consumption and potential for completing a survey. The results of the focus groups will assist in providing evidence to look at possible interventions in the future to impact the behavior of raw milk consumption.

Future Plans

I am a practicing bovine veterinarian who is a graduate of the University of Wisconsin School of Veterinary Medicine. My primary interests are with food safety and infectious disease. I hope to be able to integrate my training in both veterinary medicine and public health to assist producers and consumers in creating a safe and healthy product.

I would like to recognize Dr. Christopher Olsen of the School of Veterinary Medicine for being an advocate for veterinary medicine in this program. He has played an important role in program structure, content, and bridging the gap between human and veterinary medicine. Your efforts are very much appreciated, Dr. Olsen!
Bennett Arble

3:40 pm ~ Session IV

Preceptor
Jean Grade, Christian Veterinary Mission

Mentor
Chris Olsen, Professor, School of Veterinary Medicine

Treating Animals and Helping People in Uganda

Abstract
The Karamoja tribe of northern Uganda are traditionally nomadic cattle herders who have recently been beset by serious land shortages, arising from factors such as drought, environmental degradation, and armed conflicts. Jean Grade, DVM has lived and worked with the Karamoja for several years. Her work is in two main areas: the use of participatory training to improve medical care and management of their cattle, on which the Karamoja lifestyle is entirely dependent; and the evaluation of traditional veterinary treatments through participatory research. I will be working with Dr. Grade in Uganda this summer during the months of June and July, then returning to Madison to complete my written and oral reports. I will work with Dr. Grade in two areas. First, I will perform a field trial to determine the efficacy of a traditional treatment for parasitic worms in sheep. This will involve a randomized control trial with results obtained via fecal analyses at multiple time points, and analyzed with standard statistical methods. My second project will be to evaluate Dr. Grade’s work with the Karamoja as an example of a participatory cross-cultural intervention, through interviews with program leaders and participants and analysis of any locally-available indicator data. Through these studies, I hope to contribute to the knowledge base of veterinary practices for the Karamoja tribe, offer practical advice for Dr. Grade’s future interventions, and expand my own understanding of international veterinary medicine and global health.

Future Plans
I will finish my DVM in the Spring of 2007.

Amy Karon

10:00 am ~ Session I

Preceptor
James Kazmierczak, State Public Health Veterinarian, DHFS

Mentor
Mark Sotir, Assistant Professor, PHS, Vectorborne Disease Epidemiologist

Epidemiologic Surveillance of Human Infections of Salmonella enterica serovar Newport in Wisconsin, 2003-2006

Abstract
Human infections of nontyphoidal multi-drug resistant Salmonella strains are a global public health problem. Within the last decade, a highly multi-drug resistant strain of Salmonella enterica serotype Newport (MDR-SN) has emerged and disseminated rapidly in the United States. Because dairy cattle are a major reservoir for MDR-SN, this strain is particularly relevant to Wisconsin. Human infections of MDR-SN in Wisconsin residents have not previously been assessed. This project evaluated data from laboratory-confirmed human Salmonella Newport infections occurring among Wisconsin residents from 2003 through 2005. Case characteristics, infection rates, reported exposures, and antimicrobial resistance patterns were examined. The statewide prevalence of MDR-SN was compared to national data from the Centers for Disease Control and Prevention. A survey instrument was designed to more comprehensively evaluate exposures in Wisconsin residents with laboratory-confirmed Salmonella Newport infections occurring in 2006. The prevalence of antibiotic resistance among Salmonella Newport isolates from Wisconsin was substantially higher than that reported for the United States. Exposure to dairy cattle and unpasteurized milk were statistically significant risk factors for MDR-SN infection. Preliminary evidence suggests that MDR-SN is an emerging and important public health concern in Wisconsin, with persons exposed to dairy cattle and unpasteurized milk at increased risk for infection. Because clinicians have limited treatment options for invasive MDR-SN infections, and because MDR-SN carries resistance genes that may be transferred to other bacteria, enhanced preventive efforts are warranted.

Future Plans
I will graduate from the UW-Madison School of Veterinary Medicine in May 2007. My future plans include a career in infectious disease epidemiology. I am deeply grateful to John Archer, James Kazmierczak, and Mark Sotir for mentoring me and creating a truly rewarding and educational field experience. Many thanks also to Pat Remington and Chris Olsen for their support, their outstanding teaching, and their leadership of the MPH program. Special thanks to Mudit for standing by me through yet another year of school, and to John Karon for his patience during late-night phone calls for help with biostatistics. I would finally like to recognize each and every student in the MPH program. Your adventurous spirit, commitment to public health, and warmth and generosity are qualities that I will remember and carry with me always.
Rachel Klos
10:20 am ~ Session I

Preceptor
Lorna Will, Surveillance Epidemiologist, DHFS
Mentor
Mark Sotir, Assistant Professor, PHS, Vectorborne Disease Epidemiologist, DHFS

Review of Wisconsin Smallpox post-vaccination reactions

Abstract

Background: In 2003, the U.S. Department of Health and Human Services initiated a smallpox vaccination program prompted by concern that smallpox could be used as a bioterrorist agent. Since smallpox vaccination was previously associated with serious and potentially life-threatening reactions, Wisconsin vaccinees were requested to document adverse events (AEs) using daily symptom diaries for four weeks.

Methods: Our study assessed AEs among Wisconsin vaccinees; inclusion criteria were a successful vaccine take and submission of the first week of diaries. Data from diaries and medical history and consent forms, including AEs, demographics and previous vaccination status were entered into an electronic database. Prevalence and timing of AEs were determined; AEs were examined by age, gender and previous vaccination status.

Results: The final cohort (n=654) consisted of 443 women (68%) and 211 men (32%), of whom 92% had been previously vaccinated. Commonly reported AEs included: itching (94%), swelling (37%) and pain (41%) at the vaccination site, fatigue (34%), swollen or tender lymph nodes (32%), headache (31%), fever (27%) and joint pain (20%). Three cardiac related events occurred, but none were life-threatening. Higher rates of AEs were generally reported by women versus men and by previously unvaccinated versus vaccinated respondents. Seventy-eight percent of AE onsets occurred during the first 8 days post-vaccination.

Conclusions: These results are generally consistent with previously published reports. Expected minor AEs were relatively common, with no life-threatening AEs reported during the 4 week follow-up period.

Future Plans

I would like to especially thank Lorna Will and Mark Sotir for all their help and guidance with this project and their willingness to share their time and expertise. It has been a rewarding experience both professionally and personally. I would also like to express my deep appreciation for the entire staff at the Bureau of Communicable Diseases and Preparedness. Their interest and generosity in providing me with opportunities to participate beyond my own project created an ideal environment in which to complete my field experience.

Martha Maurer
3:20 pm ~ Session IV

Preceptor
Amy Ellestad, MPH, Program Director, Wisconsin Comprehensive Cancer Control Plan
Mentor
Dr. Jim Cleary, Associate Professor, SMPH

Assessing the relationship in Wisconsin counties between cancer mortality and opioid pain medication use

Abstract

Introduction: National estimates suggest that the prevalence of unrelieved cancer pain in the US continues to be a significant public health problem, particularly for those patients with advanced disease near the end of their lives (Goudas et al., 2005). Opioid analgesics are considered the gold standard in managing moderate to severe cancer pain; however, there are many barriers to the use of opioid analgesics that may impede the appropriate treatment of cancer pain. Little is known about the relationship between patterns of opioid use and cancer mortality in individual states.

Objectives: To geographically examine the relationship between the medical use of opioid analgesics to treat cancer pain and cancer mortality rates throughout Wisconsin for 2004 to identify areas of the state with variable rates of opioid use.

Setting: This analysis will cover the state of Wisconsin.

Methods: Spatial analysis will be used to model the relationship between Automated Reports and Consolidated Orders System data, a measure of medical use, and cancer mortality data to identify opioid use patterns.

Conclusions: This analysis could help guide public health efforts to investigate whether areas with particularly high or low usage of opioids compared to cancer mortality rates suggest that there is under treatment of cancer pain.

Future Plans

After completing the MPH I plan on continuing with my PhD in social welfare here at the University of Wisconsin. As a non-clinician, with a background in the social sciences, learning about public health has been invaluable. My research will undoubtedly focus on public health in one form or another. One of the most enriching aspects of the program for me was the informal learning from fellow students, each with a unique and varied background. Thanks to the program administrators and my colleagues for an unforgettable learning experience. I wish everyone the best and hope to hear about all of our public health successes in the years to come!
Evaluation of Proposed Intervention for the UWHS CMS Proposal

Abstract
Through its 646 demonstration program, the Centers for Medicare & Medicaid Services (CMS) has created an unparalleled opportunity for physician groups to affect system-wide change. However, participation also entails financial risk as CMS budget neutrality must be maintained. In spite of the potential for financial risk, over the past eight months, University of Wisconsin Medical Foundation (UWMF) has come to the decision to apply for this demonstration. The objectives of this project are to evaluate the individual, organizational and system factors that resulted in a major health care system’s decision to participate in the CMS 646 demonstration project. The UWMF, a large academic multi-specialty physician group, will serve as the setting for this project. As a member of the core workgroup for the proposal, I was an active participant in the process. Comprehensive meeting notes and discussions with other participants served as data for analysis. The results showed strong support from UWMF leadership provided resources and created a climate favorable to change. Individuals from the core multidisciplinary work group committed significant time for regular work on the project. Through an extensive literature search, evidence-based interventions that would directly translate into financial reward were identified. Further work identified which of these interventions had not yet been implemented throughout our system, were feasible, and had the potential to provide the greatest return-on-investment. Prior experience from within the organization was used to create a successful communication infrastructure and measurement approach. Finally, leadership recognized that CMS is moving inexorably toward pay for performance reimbursement mechanisms for Medicare patients, that mechanisms to mitigate financial risk were available, and the opportunity to build a system that could support quality measurement and contribute to informing nationwide healthcare system change in this arena. Through participation in the demonstration project, this large physician group concluded that it could improve the quality of care, reduce costs, prepare for future reimbursement mechanisms, and contribute to shaping change in the larger health care system. Other physician groups can use this case study to evaluate their readiness to engage in systemwide change.

Future Plans
I will be starting the PhD program in Population Health Sciences in the fall. My eventual goal is to become a physician-scientist engaged in sustainable patient-centered research that improves the health status of vulnerable populations. I’d like to thank my professors and classmates for making this past a rewarding experience and acknowledge my mentors: Maureen Smith, Mike Fleming, Barbara Bowers and John Frey for their critical feedback, advice and encouragement.

Pro-Active Pharmacy-Based Vaccination Study: A Multi-State Intervention

Abstract
Pneumonia and influenza are the sixth leading cause of death in the United States. The pneumococcal immunization rate for adults with high risk conditions who are under 65 years of age is estimated at approximately 20%. Various types of interventions used to increase immunization coverage have been investigated among traditional vaccine providers. So, far little attention has been given to the potential impact of pharmacy-based vaccination services. The primary goal of this intervention is to design, implement, and evaluate immunization services that significantly increase pneumococcal vaccine coverage and that is: simple to implement, acceptable to providers and clients, applicable to diverse pharmacy practice environments, sustainable, and sustained. A multi-component intervention as recommended by the Task Force on Community Preventive Services, will be used. Community pharmacies and their patients in matched intervention and control counties in Alabama, Tennessee, and Wisconsin (Rock County-intervention and Winnebago County-control) will be recruited to participate. Pharmacies in the selected counties will be contacted for demographic information and to recruit to participate in the study. Education for pharmacists and technicians will be provided in two sessions for each group. We will measure the rates of participation and the intervention effects. Immunization rates and institutionalization will be measured as the study continues. The proposed study will make several contributions. First, it will investigate the intervention effects in community pharmacy setting that previously has not been done. It addresses several knowledge gaps in intervention studies including the differences between participating and nonparticipating sites and the sustainability of pharmacy-based immunization services. A change in pneumococcal immunization rates among adults with high risk conditions is expected. Increased understanding of factors influencing the outcomes of this study will help policy-makers and health care providers plan to facilitate the diffusion of this practice.

Future Plans
I plan to continue in my faculty position at the University of Wisconsin School of Pharmacy. The knowledge and experience that I gained by completing the Master of Public Health program will be extremely valuable to augment my vaccine research program. In addition, pharmacy education has an increasing emphasis on the public health role for pharmacists. I plan to graduate in May 2007.
Bradley Geiger

11:20 am ~ Session II

Preceptor
Lynne Briggs, Director of Information Systems, BloodCenter of Wisconsin

Mentor
Alfonso Gutierrez, Director, UW E-Business Consortium

Assessing New Technologies to Improve Safety in Transfusion Medicine

Abstract
The safe and ample supply of blood products is a critical pillar of Wisconsin's public health infrastructure. While the majority of media attention is paid to infectious disease hazards such as HIV, mis-transfusions (mis-match between patient and blood) pose the most serious hazards in transfusion medicine. The risk of mis-transfusion is more than 1,000 times greater than the risk of HIV transmission via blood transfusion. This study addressed the problem of medical errors in transfusion medicine. Specifically, this project aimed to assess the potential of new technologies to 1) increase the safety and availability of blood products, and 2) decrease the frequency of mis-transfusions.

Working with the BloodCenter of Wisconsin (Milwaukee, WI) and the University of Wisconsin E-Business Consortium (Madison, WI), a comprehensive analysis was completed assessing the impact of potential interventions in terms of availability, safety, and cost. As the BloodCenter of Wisconsin primarily serves the greater Milwaukee area, specific attention was paid to the public health implications any interventions would have on Milwaukee County. Project findings will be used by the BloodCenter of Wisconsin and the hospitals it serves to help make decisions about improving transfusion medicine practices.

Future Plans
I am currently a project manager with the University of Wisconsin E-Business Consortium where I am involved with information technology projects for several health care organizations. I will be graduating from the Master of Public Health Program in December of 2006 and will complete a Master's in Industrial Engineering – Health Systems in Spring of 2007. After graduation I would like to work in health care administration promoting better health through the use of technology systems.

I would like to thank my MPH classmates and professors for a fun and valuable experience in the MPH program.

Mala Mathur

2:20 pm ~ Session III

Preceptor
Sharon Fleischfresser, DHFS Maternal and Child Health Bureau

Mentor
William Schwab, Professor, Family Medicine

Promoting Developmental Screening within the Medical Home

Abstract
The medical home is an approach to health care delivery that encompasses care that is accessible, continuous, comprehensive, coordinated, family centered, compassionate and culturally appropriate. One of the components of the medical home for children is having regular developmental screening performed within the primary care office to detect any delays so that appropriate interventions can be made. Research indicates that early intervention for developmental delays has economic, academic and social benefits to the individual and society, including cost-effectiveness. Currently the majority of pediatricians (7 out of 10) do not use a validated screening tool to detect delays and rely solely upon clinical judgment. Studies suggest that clinical assessment alone only detects up to 30% of developmental delays in the office setting but that this could be increased to 70-80% by using a validated screening tool. This field work project will focus on the planning and implementation of a developmental screening program in primary care pediatric offices with the National Medical Home Autism Initiative funded through the federal Maternal and Child Health Bureau. This will involve reviewing screening tools options, providing training to providers and coordinating this effort within the pediatric practice in an effort to help implement this tool and increase the number of children with developmental delays who receive appropriate intervention services.

Future Plans
I plan to continue practicing pediatrics and will be starting at Group Health Cooperative in Madison as a pediatrician this fall. I am also hoping to stay active with public health issues including the National Medical Home Autism Initiative project that I have been working with this summer. My goals are to help close the gap between public health and clinical medicine. I would like to thank the professors in the Master's in Public Health Program for their courage in teaching the first year class and I would like to thank my classmates whose diverse experiences have enriched my learning in this program and have provided a foundation for my continuing education in the field of public health.
Working Group on Interdisciplinary Research
Focusing on Communities at Risk

Abstract
Effective neighborhood-level health promotion depends on having an understanding of how the local environment shapes safety and physical activity as well as mental and physical health outcomes. This includes taking into account how children experience their spaces and places. The perspectives of children are important for assessing community assets and barriers affecting health. The purpose of this study is to understand a neighborhood in relation to health issues through the eyes of children. Researchers and youth are using participatory observations, interviews and geographic information systems (GIS) technology to build an integrated multi-level profile of community space. Insights that emerge from this study will identify assets and barriers impacting health and safety outcomes.

Future Plans
I’m hoping to be brought on at the Department of Family Medicine as a project coordinator for this project. I would like to continue working in GIS and health, but to expand this project across age and ethnic groups.

Stacey Lindenau
11:40 am ~ Session II

Preceptor
Tim Size, Director, Rural Wisconsin Health Cooperative
Mentor
David Zimmerman, Professor, Industrial and Systems Engineering

What Policies Encourage Local Collaboration for Population Health In Local Communities?

Abstract
Our primary research question – “What Policies Encourage Local Collaboration for Population Health in Local Communities?” - is meant to provide an opportunity to recommend policies supportive of improving rural health indicators through the collaboration of public health, private medical care providers and area businesses. Through extensive literature reviews, review of existing statewide partnership database, surveys of rural community stakeholders, project leaders hope to identify factors that contribute to successful collaboration. Through identification of these key factors and examples of improved health indicators we hope to increase credibility for statewide promotion of public & private sector partnerships. Full funding from the Robert Wood Johnson Scholarship program will extend my field placement until May 2007. Working with Tim Size, of the Rural Wisconsin Health Cooperative (RWHC), a nationally recognized leader in the field of rural health and development, I will assist in the development of policy recommendations to the Secretary of the Wisconsin Department of Commerce by working with the RWHC, Wisconsin Office of Rural Health, Rural Health Development Council, Center for Healthy Communities and two Wisconsin University Systems (University of Wisconsin – Madison, School of Medicine and Public Health and the Medical College of Wisconsin).

Future Plans
My interests have expanded to include the economic and social effects on commerce and communities of both health care service limitations and, the operation of health care systems. I am particularly interested in these effects on rural and underserved urban areas. In the coming year I will continue my graduate education with a Master of Industrial Systems Engineering – Health Systems Planning and Evaluation here at the University of Wisconsin-Madison. Upon graduation I will temporarily relocate to Southern California where I will continue my work on the relationship between health care delivery networks and local community economic development. Additionally, I hope to further this work through active involvement in government relations. I would like to acknowledge the following individuals: Judith Leavit, Professor of Medical History & Associate Dean for Faculty at the School of Medicine and Public Health, Rima Apple, Vilas Lifestyle Professor, School of Human Ecology and the Women’s Studies Program, KyungMann Kim, Professor of Biostatistics & Medical Informatics, Tim Size, Executive Director of the Rural Wisconsin Health Cooperative, my preceptor for field placement, David Zimmerman, Professor of Industrial Systems Engineering, Director of CHSRA - Center for Health Systems Research and Analysis, my mentor and academic advisor.
**Assessing Parents' Knowledge of the Wisconsin Newborn Screening Program**

**Abstract**

**Objectives:** The aims of this study were to assess mothers' knowledge of the Wisconsin Newborn Screening (NBS) Program and identify effective methods for educating parents about NBS.

**Methods:** We surveyed Wisconsin hospitals (n = 10) to determine primary methods of NBS parent education. We then conducted telephone interviews with mothers of recent newborns (n = 95) who had given birth at one of the 10 hospitals. A questionnaire was administered at this time to determine mothers' knowledge and understanding of NBS.

**Results:** Wisconsin hospitals vary in method and delivery of NBS parent education. Mothers had limited knowledge and understanding of NBS, and mothers’ self-reported recollection of the timing and mode of NBS education often did not concur with data gathered from hospitals. Method of parent education was not significantly correlated with mothers’ knowledge of NBS.

**Conclusions:** Further research should be done to explore the sources of these significant deficits in mothers’ knowledge of NBS. Recent efforts to standardize and increase NBS parent education should be evaluated after implementation to determine effectiveness.

**Future Plans**

After graduation, I will be completing my project assistantship in the School of Nursing. In addition, I will continue to work on my current manuscript and prepare it for submission for publication. I then plan to seek employment in a maternal and child health setting which combines research and outreach. Ideally, this search will keep me in the Madison area and I will be able to continue collaborating with the contacts I have made through the MPH program. Thank you to all of the faculty and fellow students who have made the past year such an enriching and fun experience! Best wishes to all of you in the future, and I hope that our paths cross again on our various paths to, as Bennett put it at orientation, “saving the world.”

**Maternal and Child Health Indicators: Three State Profile 2006**

**Abstract**

The purpose of the field project is to identify maternal and child health (MCH) indicators and draft a proposed report that includes national and state data and information collected directly from the Tribes in the Bemidji Indian Health Service (HIS) area of Michigan, Minnesota and Wisconsin. The Great Lakes EpiCenter is an epidemiology project working through the Great Lakes Inter-Tribal Council in Lac du Flambeau, Wisconsin. The EpiCenter works in partnership with federally recognized American Indian Tribal Nations (thirty-four Tribes and three Urban programs) and is funded in part through a competitive grant from the Indian Health Service. Reports have been generated in the past using state and national data to describe the demographics of American Indians at the state level. However, past and current reports do not include adequate maternal and child health indicators and are not region specific. The information can be used as a baseline for MCH indicators and for future policy and planning.

**Future Plans**

I am employed as an epidemiologist in the Division of Public Health at the Department of Health and Family Services. As someone who was hired to work in public health because of my data skills, not my health knowledge, I wanted to fill in the gaps in my education by completing the MPH program. The research I’ve completed as part of the MPH program has helped me cement some of the relationships I’ve developed in the national birth defects community and develop some new relationships in Wisconsin.