PUBLIC HEALTH SYMPOSIUM

November 11, 2009
1:30 pm - 8:00 pm
Fluno Center
601 University Avenue
Madison, Wisconsin

University of Wisconsin
SCHOOL OF MEDICINE AND PUBLIC HEALTH
Public Health Symposium
November 11, 2009
The Master of Public Health Program, established in 2005, provides multidisciplinary graduate education and training in public health concepts and methods to health professionals and students through a focus in service learning. Close connections with the community, through the Wisconsin Division of Public Health, the City of Milwaukee Health Department, and other health care and not-for-profit agencies, enable students to apply their skills in a real world setting. The MPH program’s vision is to develop a workforce that is competent to advance the well-being of the citizens of Wisconsin and beyond.

The Master of Public Health Program offers a unique educational experience that focuses on public health applications. The MPH degree is supported by a strong core of departmental faculty as well as program faculty spanning a broad array of departments including Family Medicine, Biostatistics and Medical Informatics, Nutritional Sciences, Nursing, Pharmacy, Veterinary Medicine, Social Work and several other departments across the School of Medicine and Public Health and the University of Wisconsin–Madison campus.

Special Thanks to...

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Bridget Booske
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Charles Brokopp
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2009 Pandemic Influenza: What Occurred in Wisconsin?
Shaun Truelove

Capstone Committee Members:
Richard Heffernan, Section Chief - Bureau of Communicable Disease and Emergency Preparedness, Division of Public Health
Jeffery Davis, MD, Division of Public Health
James Vergeront, MD, Adjunct Associate Professor, University of Wisconsin School of Medicine and Public Health

This presentation will outline the surveillance research and analysis performed on hospitalization cases in Wisconsin during the spring and summer 2009 H1N1 Influenza A outbreak. This study was performed through the Wisconsin Division of Public Health as part of a public health emergency and WHO declared pandemic. Due to the varying standards of case counting and severity, hospitalized patients proved to be an important cohort to analyze, thus making thorough surveillance a high priority. The study conducted was a case series of patients hospitalized due to 2009 H1N1 in Wisconsin, and analysis was performed primarily with EpiInfo. With the help of infection preventionists and public health nurses, the data for this study was collected through statewide surveillance of these patients. Results from this analysis indicated several key aspects of this outbreak and highlight important areas of focus for the coming fall resurgence of this virus. Among these findings, notable ones include the disparities among SES groups, particularly in Milwaukee, as well as the clear need for timely and effective utilization of antiviral drugs.

Shaun Truelove graduated from the University of Wisconsin-Madison with a Bachelors of Science in Biology in 2007. His interest in public health began after graduation, while he spent a year abroad living in Peru and Bolivia. Through his continued work and experiences he has become increasingly interested in infectious disease and global health, and intends to pursue an MD to combine with his MPH in order to best integrate these interests.
Planning HIV Prevention Programs in Wisconsin: A Toolkit for American Indian Tribal HIV/AIDS Coordinators
Megan Reading

Capstone Committee Members:
Narra Smith Cox, PhD, Professor, Division of Continuing Studies
James Vergeront, MD, Adjunct Associate Professor, UW-School of Medicine and Public Health
Barbara Duerst, Associate Director, Master of Public Health Program

American Indians have a long history of oppression that has contributed to a large number of health disparities including the Human Immunodeficiency Virus (HIV). They have the third highest rate per 100,000 of new HIV infections and have the shortest period of survival after diagnosis. The availability of HIV prevention and related services is often limited due to cost, accessibility, and stigma. HIV coordinators working at tribal clinics are expected to plan and implement HIV prevention programs and services in addition to providing numerous other services. With limited time, coordinators are only able to devote minimal time to HIV prevention, and it is difficult to acquire the background information and materials needed to plan and conduct programs within their communities. Given these challenges, tribal members identified the need for HIV coordinators to have a comprehensive HIV prevention toolkit to support their work as they begin to plan and implement HIV prevention activities. Tribal HIV Coordinators, community members, staff from the Wisconsin AIDS/HIV Program in the Department of Health Services and local public health workers provided input on the content of the toolkit. The toolkit, compiled in a three-ring binder, is designed to serve as a resource, orientation and programming guide for HIV coordinators. The development of this comprehensive toolkit adds to a very limited body of materials and literature specific to HIV/AIDS prevention for the American Indian population in Wisconsin. The toolkit will be distributed to each of the eleven tribal communities in Wisconsin as part of a one-day training event in the spring of 2010. The training will highlight the importance of implementing evidence-based programs within American Indian communities.

Megan Reading received her B.S in Community Health Promotion from Northern Illinois University. She received certification as an HIV Counselor from the Illinois Department of Public Health and is a Certified Health Education Specialist (CHES). Megan currently works for UW-Madison coordinating HIV/AIDS trainings through the statewide Wisconsin HIV/AIDS Training System. After graduation Megan plans to continue working in the field of HIV prevention providing education and trainings on HIV/AIDS, sexuality and reproductive health. She is considering pursuing a PhD in Human Sexuality.
Ignition Interlock Devices: The Effects of Mandatory Sentencing on Wisconsin Drunk Driving

Tiffini Diage

Capstone Committee Members:
Timothy E. Cordon, MD, Associate Professor, Pediatric Critical Care
Stephen Hargarten, MD, MPH, Director of the Injury Research Center
Susan K. Riesch, Professor, School of Nursing

An ignition interlock device (IID) is intended to prevent an alcohol impaired driver from driving by preventing the vehicle from starting if the driver’s blood alcohol content (BAC) is above a pre-specified limit. Proposed Wisconsin legislation will require mandatory sentencing to install an IID on all registered vehicles for any repeat operating while impaired (OWI) offense or 1st time offense with a BAC of 0.15 or greater. This study attempted to determine the potential impact mandatory IID sentencing would have on alcohol related fatal crashes in Wisconsin. Fatal Accident Reporting System (FARS) data was used to determine the number of alcohol related fatal motor vehicle crashes (MVC’s) that occurred in the year 2007. There were 142 alcohol related motor vehicle crashes in 2007 involving a total of 312 people (148 drinking drivers). Thirty (30) of the 142 crashes involved a drinking driver with prior OWI. Three of the prior OWI’s were 2nd offenses and fall within mandatory sentencing requirements. The remaining 27 were 1st offenses. BAC data at time of offense was not available, resulting in a range of 3 to 30 (2.1% - 21.1%) alcohol related MVC’s that could have been affected by mandatory IID sentencing. The range of people potentially affected is 4 to 50. The number of deaths that may have been affected by IID legislation is 3 to 32, or 1.9% to 20.6% of the total alcohol related fatal motor vehicle crashes. Proposed mandatory IID sentencing may affect a relatively small portion (2.1%) to a fairly significant portion (20.6%) of alcohol related fatal crashes in Wisconsin in 2007. The burden of alcohol related MVCs is much greater than fatalities alone. In order to properly evaluate the effect IID’s have on changing behavior and reducing the public health burden of drunk driving; improvements to current data systems is required.

Tiffini Diage is a director of Clinical and Regulatory Affairs for a medical device company. She is interested in public health policy and legislative advocacy. Upon graduation, Tiffini hopes to transition her career into public health policy analysis, specifically looking at how best to incorporate new technology and evidence based medicine into the healthcare system.

The Presence of Metabolic Syndrome among American Indian Adults in Wisconsin and its Relationship with Functional Health and Well Being

Katelyn Parker

Capstone Committee Members:
Alex Adams, MD, PhD, Associate Professor, Department of Family Medicine, Director, Collaborative Center for Health Equity
Byron Crouse, MD, Associate Dean of Rural and Community Programs, Interim Senior Associate Dean, Academic Affairs, School of Medicine and Public Health

This study examined the relationship between the presence of Metabolic Syndrome (Met S) and its relationship to functional health status as measured by the SF-12v2 questionnaire in adults in three Wisconsin American Indian (AI) tribes. American Indians face a disproportionate burden of obesity and related chronic diseases such as Met S. The prevalence of Met S is estimated at 47 million U.S. adults and has increased more than 60 percent during the past decade. Participants were enrolled through a family-based intervention study, Healthy Children Strong Families (HCSF), that was conducted on three Wisconsin AI reservations. Of the 115 families recruited, 91 adults completed all baseline data and were included in the analyses. Data were collected on Met S risk factors and functional health status. Thirty-three participants met the diagnostic criteria for Met S. An analysis was run on the presence of Met S and the eight SF-12v2 scales used to measure perceived physical and emotional health status. Two variables used to measure perceived physical health status (Physical Functioning and Role-Physical) were negatively associated with the presence of Met S, while an unexpected positive association was found between the presence of Met S and a variable measuring perceived general health status (General Health). This study indicates the presence of Met S affects adult AI’s rating of perceived physical health status but not mental health status. Regardless of presence of Met S, the participants reported relatively high perception of their physical health status but low perceptions of their mental health status.

Katelyn Parker plans on continuing to gain experience in the medical field through research and preventive medicine and plans to focus on childhood obesity prevention. She is applying to medical school this coming spring and hopes to be a clinician in a rural area.
Addressing Childhood Malnourishment in Zacapa, Guatemala

Daniel Erdhardt

Capstone Committee Members:
Charles Brokopp, DrPH, Director, Wisconsin State Laboratory of Hygiene
Lori DiPrete Brown, MSPH, Associate Director, Center for Global Health
Karen Scheering-Parra, Founder and Executive Director of Hearts In Motion

Adequate nutrition is an important indicator of health status. A diet lacking essential nutrients will not facilitate normal growth and development of the body and mind, especially in young children. Malnutrition is prevalent in the rural region of Zacapa, Guatemala, and is linked to poverty, education, and access to nutritious foods. Hearts in Motion, a not-for-profit organization based out of Indiana, has constructed a nutrition center in Gualán, Zacapa, to which severely malnourished children from all over Guatemala are referred. Nutrition staff members provide adequate diet, basic care, and hygiene for the child while enrolled in the nutrition center. Staff members also provide an environment that encourages the emotional development of the child, and remain in contact with the parent/guardian to aid in sustaining the child’s health. In order to properly assess the household environment and assist the reintegration process, several tools were developed and implemented for the families of the children staying at the Center. The tools were piloted and insight was gathered from the compilation of information from five in-depth family visits. These home visits laid the foundation for the development of the Center’s protocol for collaborating with families to sustain their children’s health following their return home. The tools continue to be utilized and enhanced by long-term staff members and volunteers at the Nutrition Center. Future directions include the implementation of culturally sensitive nutrition education and self-efficacy methods for maintaining healthy lifestyles through gardening, food preparation, hygiene and sanitation.

Daniel Erdhardt’s public health interests include studying global health issues, analyzing public policy, and preventing overweight and obesity in the school setting. Daniel will graduate from the MPH Program in May 2010, and he plans to contribute his skills both in the local and international settings toward improving the health of global populations.

The Wisconsin Early Childhood Obesity Prevention Initiative: Formative Assessment of the Early Childhood Care and Education Setting

Erin Mader

Capstone Committee Members:
Amy Meinen, RD, MPH, Nutrition Coordinator/Fruit and Vegetable Coordinator, Wisconsin Department of Health Services, Nutrition, Physical Activity & Obesity Program
Susan Zahner, DrPH, Associate Professor, School of Nursing
Alex Adams, MD, PhD, Associate Professor, School of Medicine and Public Health

The prevalence of obesity in the United States has risen dramatically over the past twenty years, reaching epidemic proportions and extending to all ages of the population. Nearly one in three children ages two to four in Wisconsin’s WIC population are considered overweight and obese. As overweight and obesity in childhood contributes to higher risk for obesity and multiple chronic diseases in adulthood, tackling this issue early is essential. Preschool-aged children spend a large proportion of their time in early care and education (ECE) settings, indicating a vital venue for healthy nutrition and physical activity. Understanding more about this setting is critical for developing public health interventions. Through the State Nutrition, Physical Activity, and Obesity Program and the Wisconsin Partnership for Physical Activity and Nutrition (WI PAN), the Wisconsin Early Childhood Obesity Prevention Initiative was created. Activities included an extensive literature review on obesity prevention strategies in the setting and age group, key informant interviews with organizations that support providers, and focus groups with ECE providers, including in-home and licensed group centers throughout the state. Qualitative data analysis yielded key findings related to the current practices of providers, barriers to implementing nutrition and physical activity strategies, and potential involvement of providers and partners throughout the state. These findings will inform the planning and implementation of a statewide intervention to address early childhood overweight and obesity.

Erin Mader worked in government human services and community-based non-profits with a focus on connecting individuals and families to housing, health insurance, health care, nutrition resources, and other basic needs prior to enrolling in the MPH program. She currently works for Covering Kids and Families on a project that connects uninsured children and families to public health insurance through capacity building within schools. After completing the MPH program, Erin hopes to obtain a graduate fellowship or position in governmental public health, potentially at the state level.
Chitra Karki has a background in holistic medicine and has been providing part-time consultation in Madison. She also works at the Department of Health Services, Division of Public Health, in the AIDS/HIV prevention program and is involved in evaluation of prevention programs and quality assurance for statewide agencies. She completed her field experience with Physicians Plus Insurance Corporation this past summer and fall; helping them to evaluate the chronic illness case management programs for Heart Failure, Diabetes and Heart Disease. She is currently completing a certificate in Prevention Science and intends to continue pursuing her career goals in program planning, evaluation, quality improvement, and health administration after she graduates in May 2010.

Wisconsin Beer Tax Policy:
A Case-Study that Explores the Complex Intersection of Health, Politics and Policy Making in Wisconsin

Emma Hynes

Emma Hynes will be completing the Master of Public Health and Master of Public Affairs dual-degree program in the spring of 2010. In addition to her graduate work, Emma works as a project assistant at the Population Health Institute where she spends the majority of her time on the qualitative component of the BadgerCare Plus evaluation project which aims to analyze the efficacy and efficiency of Wisconsin’s new low-income family health care policy. She also writes the monthly eNews which consolidates and synthesizes important state and national health policy news and research. Prior to her graduate work, she attended the University of Wisconsin-Madison and graduated with a Bachelor of Science in English Literature and certificates in Women’s Studies, European Studies, Global Cultures, and Leadership. After graduating, Emma hopes to use the knowledge and skills she has gained in the MPH/MPA program to make a positive impact on expanding health care quality and access in the United States and, hopefully, someday bring those skills to the global health policy arena.
Safe Mom Safe Baby Evaluation Project
Paula Tran

Capstone Committee Members:
Jessica Bergstrom, MPH, Associate Researcher, Center for Urban Population Health
Barbra Beck, PhD, Faculty Associate, Public Health Training and Education Coordinator, School of Medicine and Public Health
Trina Salm Ward, MSW, APSW, CCRC, Center for Urban Population Health

Intimate partner violence (IPV) is a growing public health problem with severe economic and health burdens. In 2003, the cost of IPV for medical care, mental health services, and loss of productivity was estimated at $8.3 billion. Safe Mom, Safe Baby (SMSB) is an initiative to identify pregnant women experiencing IPV and to offer social support and resources necessary to keep the mother and child safe and healthy. The Center for Urban Population Health (CUPH), as the evaluation partner, coordinated and conducted key participant interviews to gather feedback and provide recommendations for program adjustments. The interviews were a component of continuous evaluations, which assesses the extent to which the program is carrying out its intended purposes. SMSB staff identified key participants of the program. CUPH created the interview tool, conducted and recorded interviews. Gift cards to local stores were offered as a participation incentive. Seven of the ten participants completed the interview. Due to scheduling conflicts, two of the seven interviews were conducted over the phone; the remaining interviews were conducted in person. Overall, program participants were highly satisfied with their experience in SMSB and believe strongly that the program should continue. Program participants provided suggestions for future program improvements and enhanced services.

Paula Tran is a graduate of the University of Wisconsin-Madison with a B.S. in Biology and intends to complete her Master of Public Health Degree in May 2010. Her previous experience in population/public health includes sexual health education, emergency preparedness, breast feeding promotion, sexual assault prevention, program planning and evaluation, and advocacy. During her educational training she has had the honor of working for Public Health - Madison and Dane County, The Center for Urban Population Health, The Center for Patient Partnerships, and ABC for Health, Inc. In addition to her MPH she will be completing Certificates in Consumer Health Advocacy and Prevention and Intervention Science. Upon completion of the MPH program, she will pursue further training and employment in areas focusing on social determinants of health, health inequity and social justice.

Capstone Committee Members:
Lou Sanner MD, MSPH, Department of Family Medicine, School of Medicine and Public Health
Alex Adams MD, PhD, Department of Family Medicine, School of Medicine and Public Health
Rich Brown MD, MPH, Department of Family Medicine, School of Medicine and Public Health

Although obesity is common and recognized as a serious problem in primary care settings, few patients receive optimal care. Practice systems are lacking in their ability to treat obesity as a chronic, relapsing medical condition, and many healthcare providers cite lack of time, resources, and authoritative information to guide treatment. This presentation describes a pilot program implemented at UW Health Northeast Family Practice Clinic which systematically screened patients for their motivation to lose weight, matched this with actual BMI, and then offered obese and overweight patients who screened positive additional resources, clinic and community referrals. Weight loss screening was incorporated into the Wisconsin Initiative to Promote Healthy Lifestyles (WIPHL) survey which is used to annually screen all patients for drug and alcohol abuse at the Northeast Clinic as well as 19 other primary care clinics around the state. Patients who qualified as participants in the study were contacted by phone and participated in two motivational interviews to assess readiness for change and to assist with goal setting and support. They were also sent a letter encouraging them to follow-up with their primary care provider for further counseling. Patients were contacted by mail survey six months after the second interview to assess weight and usefulness of the intervention.

Jackie Redmer is currently a second year resident in the UW Department of Family Medicine. After attending medical school at the UW School of Medicine and Public Health she had the unique opportunity work as a research fellow in the UW Department of Family Medicine, combining clinical activities with course work in the MPH Program. Her interests in preventive medicine and systems-based primary care interventions led to the formulation of her MPH project. After completion of residency, she plans to combine her public health experience and full spectrum family medicine training with practice in a community health center.

Systematic Weight Loss Screening, Referral and On-going Support for Obese and Overweight Patients in a Primary Care Clinic
Jacqueline Redmer

Capstone Committee Members:
Lou Sanner MD, MSPH, Department of Family Medicine, School of Medicine and Public Health
Alex Adams MD, PhD, Department of Family Medicine, School of Medicine and Public Health
Rich Brown MD, MPH, Department of Family Medicine, School of Medicine and Public Health

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Anatomy of Overdiagnosis: Sinusitis in Acute Pediatric Clinics

Linda Sanders

Capstone Committee Members:
Elizabeth Cox, MD PhD, Assistant Professor, Department of Pediatrics, University of Wisconsin School of Medicine and Public Health

Antibiotic overuse is associated both with public health risks created by antibiotic resistance and large costs to society. Recent work has identified overdiagnosis of sinusitis as a contributor to antibiotic overuse. Distinguishing bacterial sinusitis from a viral upper respiratory infection in children (URI) is challenging, as demonstrated by numerous efforts to identify and validate a diagnostic test for sinusitis. Currently, an evidence-based diagnosis of bacterial sinusitis is based on the illness history, and is thus reliant on accurate physician/parent communication. In order to further reduce antibiotic overuse, this study sought to determine how communication of the illness history is associated with overdiagnosis of sinusitis. Data include parent surveys, physician surveys, and videos of 100 children’s visits for URI symptoms (e.g. cough, runny nose, fever). Classification of overdiagnosis of sinusitis was determined from prior work using reliable, validated methods. From the videos, trained coders used the Noldus software system to assess physician and parent communication about evidence-based sinusitis diagnostic criteria (being ill more than ten days with symptoms of cough or nasal congestion, fever or facial/dental pain). A 20% random sample of videos was double coded to assess inter-rater reliability. Chi square tests will be used to compare communication evidence-based sinusitis diagnostic criteria for visits with and without overdiagnosis of sinusitis. Coders demonstrated almost perfect inter-rater reliability (Cohen’s Kappa=0.95) for evidence-based sinusitis diagnostic criteria. Coders were able to assess physician and parent communication of the evidence-based sinusitis diagnostic criteria with almost perfect reliability. Remaining analyses will examine communication patterns associated with overdiagnosis. Based upon these findings, communication tools may be devised to improve physician-parent communication around URI visits to reduce overdiagnosis of sinusitis and resulting antibiotic overuse.

Linda Sanders' professional focus is in communication, program planning and intervention and her coursework has focused in these subject areas. Additionally she has been a research coordinator to the ProKids Research Group which examines communication in a pediatric setting and has provided her extensive opportunities in research.

Member Rights and the Dispute Resolution System in the Wisconsin Family Care Program

Ronald Rodgers

Capstone Committee Members:
Monica Deignan, Managed Care Section Chief, Division of Long-Term Care Expansion, Wisconsin Department of Health Services
Tom Oliver, PhD, MPH, Professor, Department of Population Health Sciences
Meg Gaines, JD. LLM, Clinical Professor, University of Wisconsin Law School

The Wisconsin Department of Health Services, with Medicaid funding, has developed an innovative program to provide long-term managed care services through regional Managed Care Organizations to the developmentally disabled, physically disabled, and frail elderly. Rather than offering a standard package of benefits, the Family Care program features an individualized process whereby members – together with friends or family members – work with their own care management teams to develop a unique member-centered plan (MCP). The MCP identifies the personal outcomes that are most important to each member, and indicates the services that will be necessary to attain those outcomes. In the event that there are any grievances or disagreements about the contents of the MCP or the services that are provided, the Family Care Program offers a variety of channels and stages of appeal for the resolution of disputes. The focus of this project was a series of memoranda describing and evaluating the way the dispute resolution system works in practice, and outlining recommendations for improvement.

Ronald Rodgers, building on his background in law and business education, will use his MPH degree to contribute to improvements in the accessibility, affordability, and accountability of health services. He is particularly interested in programs designed to ensure that low income, disabled or geriatric clients receive the health and social services they need to maintain a healthy lifestyle, and in quality-management initiatives within the domain of health care administration.
Analysis of 2006 and 2008 Antibiograms from Healthcare Facilities Performing Antimicrobial Susceptibility Testing (AST) in Wisconsin

Christina Carlson

Capstone Committee Members:
Steven Marshall, MS, Research Epidemiologist, WI State Laboratory of Hygiene
Christopher Olsen, DVM, PhD, Associate Dean of Academic Affairs, School of Veterinary Medicine
David Warshauer, PhD, Assistant Director of Communicable Disease Division, WI State Laboratory of Hygiene

Incidence of antimicrobial resistance has rapidly increased in recent years as a result of improper treatment of infections, misuse of antimicrobials, and increasing global travel. The increase in morbidity and mortality resulting from antimicrobial resistant infections poses a major global public health threat. Continuous surveillance is essential to controlling antibiotic resistance by guiding judicious use of antibiotics, identifying the need for enhanced infection control practices, and revealing trends and populations at risk. To examine and report the status of antimicrobial resistance in Wisconsin, year 2008 antibiograms from all healthcare facilities in the state performing antimicrobial susceptibility testing (AST) were requested. Antibiograms were combined into a cumulative statewide antibiogram and the resistance status in Wisconsin for select organisms was compared to Wisconsin’s first cumulative antibiogram, from 2006. Antibiotic resistance data was compared to national data, providing both geographical and temporal trends. Additionally, individual antibiograms received from Wisconsin’s clinical and reference labs were evaluated for accuracy for antimicrobial susceptibility testing and preparation of antibiograms, respectively. Information produced by this study will be used to guide public and clinical health practice concerning antimicrobial resistance in Wisconsin on state and local levels.

Christina Carlson anticipates graduation from the MPH program in spring 2010. Afterwards, she hopes to bridge her basic science background in cellular and molecular biology with her newly attained skills in public health toward research she is conducting on the environmental persistence of chronic wasting disease at the USGS National Wildlife Health Center here in Madison, WI.

Examination of Words and Descriptors Used in NIH Grant Reviews

Anna Kaatz

Capstone Committee Members:
Molly Carnes, MD, MS, Director, UW Center for Women’s Health Research,
Professor, Department of Medicine and Industrial & Systems Engineering
Carol A. Isaac, PhD, Postdoctoral Fellow, Center for Women’s Health Research

The presentation will outline a study at the UW Center for Women’s Health Research examining words and descriptors used in NIH grant reviews. Specifically, this study investigates whether there is systematic bias in the NIH grant application review process that prevents female PIs and women’s health researchers from establishing careers in biomedical research and academic medicine. This research question is timely in that currently there are similar numbers of males and females completing medical degrees and doctoral training in biomedical research, but females are much less likely to complete post-doctoral training or to successfully establish careers as NIH supported researchers. This study will add to a larger body of research being performed by Dr. Molly Carnes, the director of the UW-CWHR, and Dr. Carol Isaac on barriers faced by both female physicians and women’s health researchers in establishing careers and taking leadership roles in academic medicine. Results from this study may additionally contribute to the fields of grant writing, social psychology, biomedical research and women’s health.

Anna Kaatz came to the UW-Madison in 2004 to complete an MA/PhD degree in Comparative Literature. Her original research looked at the effects of public health codes on women’s rights in the U.S and in France. While completing her MA in Comparative Literature and her MPH Anna taught women’s health in the Department of Gender and Women’s Studies. Currently, she is working at the UW Center for Women’s Health Research completing her public health field study and will finish her MPH in December. After graduation Anna will continue PhD work at the UW focusing on inequalities and disparities in women’s health.