PUBLIC HEALTH SYMPOSIUM
Department of Population Health Sciences
Master of Public Health Program

May 6, 2011
7:30 am - 1:00 pm
Pyle Center, 702 Langdon Street
Madison, Wisconsin
An Overview of the Master of Public Health Program

The Master of Public Health Program, established in 2005, provides multi-disciplinary 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.

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Marvin Birnbaum  Donna Friedsam
Elizabeth Bolt  Meg Gaines
Bridget Booske  Cindy Haq
Anne Bradford Harris  Marilyn Haynes Brokopp
Charles Brokopp  Mary Hayney
Karl Broman  Paul Hunter
Richard Brown  Marty Kanarek
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Byron Crouse  Kristen Malecki
Sarah Davis  Ana Martinez-Donate
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Louise Trube
Jim Vergeront
Mark Wegner
Whitney Witt
Bobbi Wolfe
Susan Yackee
Susan Zahner
Agenda

Room 232

7:30 am  Registration & Continental breakfast
7:45 am  Welcome and Overview
8:00 am  Jessica Thompson - Understanding Producer Perceptions to Inform Wisconsin Farm-to-School Programs
8:20 am  Karen Odegaard - Community Coalitions and Active Schools: Assessing Coalition Capacity to Advocate for Physical Activity Policies
8:40 am  Ann Elmer - A Health Belief Model-Based Childhood Immunization Intervention in a Managed Care Organization
9:00 am  Dina Steinberger - Identification and Assessment of Emerging Practices for Preventing Avoidable Hospital Readmissions in the Medicare Population
9:20 am  BREAK
9:40 am  Heidi Busse - Creating Change Through Collaboration: A Mid-Term Evaluation of a Twinning Partnership with Addis Ababa University
10:00 am Reesha Lopez - Changes in Health Care Policy: An Assessment of the Patient Protection and Affordable Care Act and its Patient Advocacy Implications
10:20 am James Yonker - Electronic Media Coverage of the 2010 County Health Rankings
10:40 am Paula Tran Inzeo - Health Impact Assessment: Laying the Foundation to Ensure Health in All Policies
11:00 am BREAK
11:15 am Julia Thorsen - Evaluating the Wisconsin Farm-to-School Program: A Focus on Washburn School District
11:35 am Raisa Koltun - Community Health Promoters as Agents for Policy and Environmental Change
11:55 am Randall Raasch - City of Milwaukee Health Department: Orientation to Organization
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Jessica Thompson

Understanding Producer Perceptions to Inform Wisconsin Farm-to-School Programs and Policies

ABSTRACT
In Wisconsin, 28% of children are overweight or obese. Programs that promote healthy lifestyles through increased physical activity and an improved diet are effective in addressing this widespread problem. Farm to School (F2S) programs, which incorporate locally-grown foods into school meals and snacks, have been identified as a promising practice to improve children’s diets through increased fruit and vegetable consumption. This study used key informant interviews with Wisconsin producers and distributors to gain a better understanding of their current or potential involvement in F2S programs. Ten Wisconsin producers and five representatives from distribution companies in Wisconsin were recruited to participate in the key informant interviews. Qualitative analysis was used to determine themes heard throughout interview responses. Ten themes emerged from the qualitative data analysis: education and awareness; health; relationships; challenge; commitment; market driven; cost; product standards; community development; and creating momentum. These themes highlight what should be addressed when creating resources, framing messages, and developing programs related to F2S, and particularly when communicating or working with Wisconsin producers. The findings from this study confirm that farmer perceptions of F2S in Wisconsin are common to those seen among producers in other states. This confirmation provides necessary confidence for developing F2S programs and policies specific to the needs of Wisconsin producers.

BIOGRAPHICAL SKETCH
Jessica Thompson plans to graduate with an MPH, Global Health Certificate, and MS in Agricultural and Applied Economics in December 2011. Prior to graduate school, Jessica evaluated USDA-funded food aid programs in the Philippines, served as a Sustainable Agriculture Peace Corps Volunteer in Ecuador, and worked on domestic hunger issues at Second Harvest Foodbank of Southern Wisconsin. Jessica is interested in the links between agriculture, health, and nutrition, and hopes to use the integrated skills gained through the combined programs to improve global food security.
Community Coalitions and Active Schools: Assessing Coalition Capacity to Advocate for Physical Activity Policies

ABSTRACT
In recent years, community coalitions have been used as a strategy to address many public health concerns from second-hand smoke to increasing immunization rates. The Wisconsin Department of Health Services’ Nutrition, Physical Activity and Obesity Unit (NPAO) has applied this popular vehicle for improving health to the state’s obesity prevention efforts. In early 2010, NPAO was awarded three obesity prevention grants from the federal American Recovery and Reinvestment Act of 2009. Under the direction of the CDC, the NPAO Program is working toward policy and environmental change by building coalition capacity and training coalitions in educational advocacy. Twenty-six county-based coalitions are receiving funding through the Active Schools Initiative to build educational advocacy capacity specifically related to the policy issue of physical activity. Staff reviewed NPAO’s 2009 Nutrition/Physical Activity Coalition Survey and conducted key-informant interviews with a sample of participating coalitions. Coalitions see value in educating policymakers about the issue of obesity prevention and the importance of physical activity, and they believe that once policymakers understand the issue they will make policy and environmental changes. Increased access to policy tools and successful examples are two key ways to motivate coalitions to use educational advocacy. Wisconsin’s nutrition and physical activity community coalitions are interested in educational advocacy but lack self-efficacy that they can effectively use such tactics. With state guidance and consistent messages, coalitions can build self-efficacy to effectively educate policymakers about policy and environmental changes in their communities and in the state.

BIOGRAPHICAL SKETCH
Karen’s 10 years of professional experience include journalism, community development, and Medicaid outreach. Since July 2010, she has worked for the Wisconsin Department of Health Services’ Nutrition, Physical Activity and Obesity Unit coordinating a policy and environmental change initiative aimed in increasing physical activity in schools and child care centers. After graduation, she plans to continue her work with the Nutrition, Physical Activity and Obesity Unit and pursue future opportunities to improve population health by addressing social determinants of health.

Matthew Rodock

The Relationship Between Psychiatric Disorders and Tobacco Quitting Behavior

ABSTRACT
Those with psychiatric disorders have been found to have higher rates of tobacco use than those without such illnesses. However, there has been some evidence that suggests, at least in the short term, quitting smoking can lead to increased psychiatric symptoms. It is important to establish whether quitting smoking has a lasting negative mental health effect. In a study conducted by the UW Center for Tobacco Research and Intervention, there were 1504 smokers who were highly motivated to quit smoking that participated in a randomized placebo-controlled comparative efficacy cessation trial. Participants completed the Composite International Diagnostic Interview at baseline, year 1, and year 3 to establish their prevalence of psychiatric disorders, and also were given a carbon monoxide assessment at these time points to test for tobacco abstinence. The project focused on examining the relationship between psychiatric disorders and smoking status 1 year and 3 years after the initial quit attempt at the beginning of the study. Although smoking status was not found to be a significant predictor of a specific mood, anxiety, or alcohol and drug abuse/dependence disorder, there were several trends which showed those who had quit smoking had two to three times lower rates of psychiatric disorder. Although further study is necessary, there is reason for optimism that quitting smoking in the long-term protects against mental illness.

BIOGRAPHICAL SKETCH
Matt Rodock has a BS in Psychology from UW-Madison. He works on the rankings/methods side of the Mobilizing Action Toward Community Health (MATCH) project. His interests include: the shaping of health behaviors, mental health research, and the influence of health determinants on health outcomes. After completing his Master of Public Health, Matt plans on pursuing an MS in Population Health Sciences.
The Period of Purple Crying: A Hospital-Based Parent Education Program to Prevent Shaken Baby Syndrome

ABSTRACT

Shaken baby syndrome (SBS) and abusive head trauma (AHT) are the most common causes of mortality and morbidity due to physical child abuse in the United States. Health care professionals involved in the care of infants are in an ideal position to educate families and the public about the dangers and consequences of infant shaking. Studies provide firm evidence that a comprehensive program of hospital-based, parent education can effectively reduce the incidence of SBS/AHT. The presentation will review the problem of child abuse, specifically SBS, as well as discuss the implementation of an evidenced-based parent education program to address the problem. Evidence suggests that infant crying is the most important stimulus for SBS/AHT. The Period of Purple Crying program approaches SBS prevention by educating parents about crying patterns to be expected in normal infants based on scientific evidence about infant crying. The Period of Purple Crying program was implemented in a 61-bed children’s hospital in Madison, WI. The program was administered to parents of all infants under one year old before discharge from the hospital. Nurses and social workers were trained to provide the education using a standardized curriculum and provided with a script to use when presenting the materials to parents of infants. Each family received the 10-minute DVD and 11-page booklet about Purple Crying to take home with them. Previous studies suggest a coordinated, hospital-based, parent education program, targeting parents of all infants under one year old, can significantly reduce the incidence of SBS/AHT. The program will be expanded to clinics and other hospitals in Madison, WI, to effectively reach all infants and their families in the community.

BIOGRAPHICAL SKETCH

Julia Hertel, a dual degree MPH/MS student, completed her Bachelor of Science in Nursing from The University of Wisconsin-Madison in May of 2004. Since the completion of her undergraduate degree, Julia has worked as a nurse in the Pediatric Intensive Care Unit at the American Family Children’s Hospital. The countless preventable childhood injuries and deaths she witnessed led her to pursue graduate studies in Nursing and Public Health. Julia has a passion for pediatric health and plans to pursue a career in public health program planning.

A Health Belief Model-Based Childhood Immunization Intervention in a Managed Care Organization

ABSTRACT

Only 82.9% of Wisconsin children aged 19-35 months are fully immunized with vaccines recommended for routine use by the Advisory Committee on Immunization Practices. Childhood vaccinations are important because children represent one of society’s most vulnerable populations: vaccination not only protects children from the morbidity and mortality associated with vaccine-preventable diseases, but vaccinated children can help to protect the health of their community. This intervention aims to increase immunization rates within the BadgerCare Plus population of Physicians Plus Insurance Corporation. A data analysis was performed to determine the BadgerCare Plus children who were in need of a HealthCheck examination. HealthCheck examinations include immunizations and are often underutilized by BadgerCare Plus members. Written materials and telephonic scripts used by Physicians Plus were modified to include language from the Health Belief Model. The constructs of the Health Belief Model, when paired with patient reminders, have been shown to be highly important predictors of vaccination. The modified written materials and telephonic scripts were distributed to the parents/guardians of the children in the intervention cohort. Pre- and post-intervention data was collected and analyzed to determine if there was a statistically significant increase in immunization rates. The data analysis concluded that the Health Belief Model language was effective at raising immunization compliance and that Physicians Plus could benefit from the continued use of the Health Belief Model.

BIOGRAPHICAL SKETCH

Annie Elmer received her Bachelor of Science degree from UW-Madison in Medical Microbiology and Immunology in 2006. She went on to spend three years working in Chicago as a research technician at the University of Chicago and as a volunteer for the Chicago Area Immunization Campaign. Upon completion of her MPH in May of 2011, Annie plans to continue working in the areas of infectious disease prevention and immunization advocacy.
Identification and Assessment of Emerging Practices for Preventing Avoidable Hospital Readmissions in the Medicare Population

**ABSTRACT**

As the country prepares to implement the federal health reform law, policymakers and health care providers are seeking efficiencies. Reducing avoidable hospital readmissions has long been a health policy goal as it represents an opportunity to lower health care costs, improve quality, and increase patient satisfaction. Hospital readmission rates and post-acute care expenses vary widely from hospital to hospital. Avoidable hospital readmissions are both undesirable for patients and costly for the health care system. Some hospital readmissions while unplanned are necessary for the natural course of treatment for a specific condition. An increasing subset of hospital readmissions are being thought of as avoidable and as indicators of poor care or missed opportunities to better coordinate care. Approximately one-fifth of Medicare beneficiaries who are discharged from the hospital are readmitted within 30 days. Avoidable rehospitalizations result in billions of unnecessary expenditures to the Medicare program. Evidence shows that the patient’s success after discharge is a function of how well the entire care team communicates and engages the patient. This presentation will provide information about a practical foundation from which a hospital system can explore the directions and feasibility of initiatives aimed at reducing avoidable hospital readmissions. Four intervention models will be shared with the most robust evidence base demonstrating the impact of the strategy or intervention. Eliminating avoidable hospital readmissions is a critical step in assuring that all members of a patient’s care team work collaboratively in the best interests of the patient to promote seamless transitions throughout the health care system.

**BIOGRAPHICAL SKETCH**

As a non-traditional MPH student, Dina Steinberger is completing her degree on a part-time basis in addition to working full time at the UW Hospital and Clinics Organ Procurement Organization where she has been employed since 2001. At the OPO she oversees the quality improvement plan and regulatory preparedness for the organization. She most enjoys applying various quality improvement methodologies and tools to achieve higher levels of organizational performance. Ms Steinberger is a certified physician assistant and completed the physician assistant studies program at Augsburg College in Minneapolis, MN. She received her BA in biology with honors from the College of St. Catherine in St. Paul, MN.

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**What About Safety? Assessing the Dodge County Tractor and Machinery Safety Course with Past Students**

**ABSTRACT**

Agricultural work in the United States ranks second for occupations with the highest incidence rates of injuries. In 2009, Wisconsin had 20 farm-related fatalities; of these deaths, four involved children ages 0-19 and 13 involved the operation of tractors and machinery. Wisconsin law (WIS. Act 455) states that any youth under age 16 who operates a tractor or equipment on state roads and any youth ages 14-15 who performs hazardous work for a farmer other than their parent/legal guardian, must successfully complete an approved Tractor and Machinery Safety course. The Dodge County Extension Office offers a Tractor and Machinery Safety course for youth in Dodge and surrounding counties. Youth participants 12-16 years of age receive information and training on the safe operation of tractors and machinery commonly encountered on farms. In order to receive certification, youth must pass a final written test and a driving test. The purpose of this quality improvement project was to determine the Dodge County Tractor and Machinery Safety Course's ability to engage and impact students' views on tractor and machinery safety. Research was conducted in two parts: Past students were asked to complete a written survey about the course and their current involvement with tractors and farm machinery. A focus group session was then completed with a small group of students to improve future courses. Through this study, needed changes will be made to the Dodge County Tractor and Machinery Safety Course and findings will be disseminated to others providing similar courses.

**BIOGRAPHICAL SKETCH**

Lauren Walsh graduated from the University of Wisconsin-Madison in 2009 with a BS in Dairy Science and plans to graduate in August 2011 with a Master of Public Health degree. Her public health interests include health care issues for rural residents, prevention of chronic disease and injuries, and women’s health issues. Lauren will be staying in Madison for the next four years to attend medical school at the University of Wisconsin-Madison, School of Medicine and Public Health through the Wisconsin Academy for Rural Medicine (WARM) Program. In the future, she would like to return to a rural area in Wisconsin as a primary care physician, have a farm, encourage rural youth to enter the health field, and assist farm families in staying safe and healthy.
Kevin Thao

The Prevalence for Type 2 Diabetes Mellitus in Hmong Clinic Patients in Wisconsin

ABSTRACT
The Wisconsin Hmong population may have a high prevalence for diabetes despite being one of the most recent immigrant groups to Wisconsin who came from an area of the world with low rates of diabetes. This study investigates the prevalence of diabetes in the Hmong subpopulation of the University of Wisconsin Department of Family Medicine ambulatory care patient population. This study utilized data from the UW Family Medicine/Public Health Information Network data exchange pilot study. The project involved the merging of electronic medical record data from UW Family Medicine clinics with public health databases. Hmong clinic patients were identified when they self reported Hmong as their main language. The proportion of Hmong patients identified as having diabetes was compared with the prevalence of diabetes in non-Hispanic White patients. Stepwise multivariate logistic regression controlled for the differences in age, sex, BMI, and health insurance between the two study populations. Although the statistical analysis of the data is yet to be finalized, the preliminary results of the study show significant differences in the period prevalence of diabetes in the Hmong clinic patient population compared to the non-Hispanic White population. Despite having a lower average age and lower average BMI, Hmong patients have a significantly higher prevalence of diabetes.

BIOGRAPHICAL SKETCH
Kevin Kooombov Thao graduated with his MD from the UW School of Medicine and Public Health in 2010. In addition to being a student in the MPH program, he is currently also a Primary Care Research Fellow in the UW Department of Family Medicine. His research interests stem from his community involvement activities during medical school. From an early point in medical school Kevin was actively involved in health promotion projects in the Madison and Wausau Hmong communities. He has worked in areas of health literacy, community health research, and community coalition building. After completing the MPH, Kevin plans to enter the UW Family Practice Residency Training Program in June 2011. His MPH training will be utilized to augment patient care and continued chronic disease research in the Wisconsin Hmong community.

Heidi Busse

Creating Change Through Collaboration: A Mid-Term Evaluation of a Twinning Partnership with Addis Ababa University

ABSTRACT
Current morbidity and mortality due to trauma and injury are high in Ethiopia. Doctors, nurses, and other medical staff often have limited or no formal training on how to handle emergency care. Many people die unnecessarily, either on the scene, during transport, or at the hospital because of lack of facilities and critical skills to quickly assess the condition of the victim and apply basic lifesaving and stabilizing procedures before further treatment will be available. This presentation describes the development of a twinning partnership between Addis Ababa University (AAU), the University of Wisconsin-Madison (UW), and People 2 People (P2P) to strengthen emergency medical services at Tikur Anbessa Specialized Hospital (TASH) in Addis Ababa, Ethiopia, and presents results from a mid-term program evaluation which assessed program impact and informed future work. The purpose of this partnership was to support the development of human and resource capacity at TASH and retain future medical professionals in order to create an effective system for delivering emergency medical care and education. The partnership aimed to develop a specialty model of Emergency Medicine at TASH to influence systems-level change in medical training, research, and infrastructure to ensure 1) delivery of quality services to patients, 2) sustainable program efforts with shared responsibility by all partners, and 3) the development of local leadership capacity. With many complex factors affecting the burden on Ethiopia’s emergency medical system, innovative and interdisciplinary collaborations are needed to train medical workers, strengthen infrastructure, and inform policies to coordinate efforts along the entire continuum of patient care to improve system efficiencies.

BIOGRAPHICAL SKETCH
Heidi Busse received her Bachelor’s degree in Environmental Science from Lawrence University and a certificate in Earth Systems Science from Columbia University. Prior to starting the MPH program, she worked in food systems and agricultural development with the Peace Corps–Lesotho, Heifer International, the Wisconsin Department of Agriculture, and Slow Food-USA. During the MPH program, she served as a project assistant on the Ethiopia Emergency Medicine Twinning Partnership. Recognizing that health is shaped by the ways a society produces, consumes, processes, and distributes food, she hopes to use her MPH degree to work with communities and policy makers to bridge the disciplines of agriculture, medicine, and urban planning to create healthy communities.
Changes in Health Care Policy: An Assessment of the Patient Protection and Affordable Care Act and Its Patient Advocacy Implications

ABSTRACT
Double digit premium increases; denial of coverage for pre-existing conditions; and nearly 46 million uninsured Americans. These are some of the reasons why healthcare reform was needed. On March 23, 2010, President Obama signed The Patient Protection and Affordable Care Act (PPACA) into law. The passing of the bill ensures that more than 94% of Americans have access to quality, affordable health insurance. Patient advocates provide knowledge, resources, and support to assist healthcare consumers, patients, and their families with navigating the healthcare landscape. The goal of this assessment was to identify resources in the Affordable Care Act that could enhance and/or advance patient advocacy efforts. A generalized approach was used to develop a patient-centric user guide by conducting an in-depth analysis of the Affordable Care Act, as well as collaborating with staff at The Center for Patient Partnerships. Some of the biggest problems encountered were weeding through resources and verifying the accuracy of the interpretation of the bill and how it would directly affect healthcare consumers. Despite the challenges faced with developing the user guide, this resource will allow patient advocates at The Center for Patient Partnerships to assist patients with any clarifying questions they may have about healthcare reform and how it will affect them.

BIOGRAPHICAL SKETCH
Reesha received her BA in English and Psychobiology from Ripon College. In May 2011, she will complete her Master of Public Health degree, along with her Certificate in Consumer Health Advocacy. After the MPH Program, Reesha is moving to Portland, OR, where she will begin the Graduate Program in Biomedical Informatics at Oregon Health and Science University (OHSU). Reesha’s primary interests are in clinical informatics, including EHR implementation and adoption, and consumer e-health. Her career goal is to assist health care organizations to use information technology to improve patient care and services, applying the combined skills and knowledge gained at UW’s MPH program and OHSU’s Biomedical Informatics Program.

Assessing the Nutrition Environment of Wisconsin Communities (ANewC) Study: Strategy Selection for a Grocery Store Intervention

ABSTRACT
This presentation describes an intervention to improve the food environment in grocery stores in the ANewC study. Grocery store owners and managers as well as their patrons are targeted; thus formative assessment (FA) includes (a) key informant interviews with a purposive sample of patrons and owners of grocery stores throughout Wisconsin; (b) Food Outlet Patron Survey (N = 279) and Grocery Store Owner/Manager In-depth Interview (N=6) in the intervention site, Waupaca; and (c) a review of the literature on grocery store based strategies to promote healthy eating. This presentation focuses on the latter. The variety of approaches and results, as well as the relative novelty of this field of study, make it complicated to choose one strategy for an intervention. The evidence base will be used to inform the decision making process for strategy selection of the ANewC grocery store intervention. A review of the public health, marketing, and nutrition literature of grocery store community-based interventions promoting healthy eating will describe the feasibility and effectiveness of various interventions and demonstration projects. In order to provide an overall structure to the review, themes were identified. Through a synthesis of the formative assessment and the literature review, an effective and feasible intervention design will be developed. The organization and content of the literature review will be used to inform development of materials by the Wisconsin Department of Health Services for distribution to coalitions organized around healthy eating.

BIOGRAPHICAL SKETCH
Anne Escaron holds a PhD in Nutritional Sciences from UW-Madison. Her general research interest is in assessments of and modifications to the community food environment with the overall goal of reducing the burden of chronic diseases. Escaron is particularly interested in the food environment of low-income mothers and their households. She will continue to work on these efforts after leaving the MPH program.
BIOGRAPHICAL SKETCH
Sara is a Wisconsin Population Health Fellow placed with the Nutrition, Physical Activity and Obesity Program at the Wisconsin Department of Health Services through June 2011. She completed her MS in Population Health Sciences at UW-Madison in 2009. During her fellowship, she managed the ANEWC project. She will further her public health communication skills post-fellowship with training in science writing and new media. She also plans to stay involved with the ANEWC project: her first task will be to draft toolkits based on ANEWC’s formative research and pilot intervention.

ABSTRACT
ANEWC is a community-academic partnership project that investigates facilitators and barriers to healthy eating that people face in restaurants and food stores across Wisconsin. One component of this project is to use a social marketing planning approach to work with restaurant and food store owners to improve their customers’ nutrition environments. Some change strategies recommended for these settings by public health and behavioral economics would reduce the cost of healthy items and small portion sizes, make healthy items more attractive or a default choice, and provide customers with nutrition information at point-of-purchase. To improve the likelihood that such recommendations would be adopted in a community-level intervention, the project investigated the real and perceived barriers restaurant and store owners see to making and sustaining such changes. The project hired a firm to interview restaurant and food store owners throughout Wisconsin about these change strategies. The firm also held focus groups across the state with restaurant and store patrons, asking about restaurant ordering and food shopping habits, and any changes patrons would like to see in these settings. A community-led pilot intervention is being planned in targeted restaurants and stores in Waupaca, using the findings from this statewide formative assessment as a resource. The results of the pilot intervention, the statewide formative assessment, and other resources, will be used to develop toolkits that other community coalitions across Wisconsin and the nation can use to encourage healthy changes in their neighborhood restaurants and food stores.

Assessing the Nutrition Environment in Wisconsin Communities (ANEWC): A Statewide, Social Marketing-Based Formative Assessment with Restaurant and Food Store Owners and Patrons

Electronic Media Coverage of the 2010 County Health Rankings

ABSTRACT
The County Health Rankings is a key component of the Mobilizing Action Toward Community Health (MATCH) Project, a joint venture between the University of Wisconsin Population Health Institute and the Robert Wood Johnson Foundation. For the first time in February 2010, the MATCH Project released County Health Rankings for nearly every county within each state of the United States. This capstone project seeks to quantify and describe electronic media coverage of the 2010 County Health Rankings as part of a larger program evaluation plan for the MATCH Project. Electronic media articles published in the first three months following the 2010 County Health Rankings release (N=826) were collected and reviewed for basic information (e.g., date, article type, tone, counties and states mentioned, etc.). A subset of these articles (N=322) were reviewed in greater detail for key messages, degree of localization, quotes, model components, rankings interpretation, future plans for action, and other components. Analyses for this project followed two primary branches. The first arm quantified the amount of electronic media coverage and summarized the content of the articles themselves. The second arm of analyses tied characteristics of electronic media coverage to features of the geographic entities (counties and states) referenced within the articles, including components of the County Health Rankings model and other demographic data. Results were synthesized in a report that includes key findings and potential recommendations for future County Health Rankings releases in light of overall MATCH Project objectives.

BIOGRAPHICAL SKETCH
James Yonker completed Bachelor’s degrees in Psychology, Sociology (CAR), and Statistics from UW-Madison in 2006. After completing his undergraduate degrees, he entered the PhD program in Demography/Sociology at UW-Madison, earning a Master’s degree in 2008. He is an NIH Predoctoral Trainee and student affiliate of both the Center for Demography and Ecology and The Center for Demography of Health and Aging. After completing the MPH degree, James will resume full-time doctoral studies in Demography/Sociology and incorporate elements of public health theory and practice in his dissertation.
Health Impact Assessment: Laying the Foundation to Ensure Health in all Policies

ABSTRACT
Health Impact Assessment (HIA) is a framework intended to integrate health into planning and policy conversations where it has previously been absent (e.g., land use and transportation). The Wisconsin Bureau of Environmental and Occupational Health received funding from the Association of State and Territorial Health Officials (ASTHO), and is working to enhance the collaborative networks and capacity among state and local partners to implement HIA. Three local health departments were funded to conduct rapid HIAs focused on a proposed concentrated animal feeding operation, alcohol license density policies, and open air burning policies. In addition, continued HIA resource development and training, as well as the development of HIA indicators were conducted for the grant. Perhaps most importantly, existing partnerships have been fortified and new collaborative relationships developed, increasing the breadth and depth of partnerships, and the likelihood of health considerations in decision-making. Traditional and non-traditional public health practitioners share an excitement for the potential for HIA to become a meaningful public health tool that ensures planning decisions and policies are developed in a manner which considers projected positive and negative health impacts for all citizens.

Despite ongoing efforts and widespread interest, strategies to secure long-term sustainability of HIA have been absent. The Wisconsin Bureau of Environmental and Occupational Health received funding from ASTHO, and is working to enhance the collaborative networks and capacity among state and local partners to implement HIA. Three local health departments were funded to conduct rapid HIAs focused on a proposed concentrated animal feeding operation, alcohol license density policies, and open air burning policies. In addition, continued HIA resource development and training, as well as the development of HIA indicators were conducted for the grant. Perhaps most importantly, existing partnerships have been fortified and new collaborative relationships developed, increasing the breadth and depth of partnerships, and the likelihood of health considerations in decision-making. Traditional and non-traditional public health practitioners share an excitement for the potential for HIA to become a meaningful public health tool that ensures planning decisions and policies are developed in a manner which considers projected positive and negative health impacts for all citizens.

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BIOPGRAPHICAL SKETCH
Paula Tran Inzeo

Fellowship Advisors:
Sandy Breitborde
Deputy Administrator, Division of Public Health, Department of Health Services

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Director, Bureau of Environmental and Occupational, Health Division of Public Health, Department of Health Services

Geoffrey R. Swain, MD, MPH
Medical Director, Milwaukee Health Department

ABSTRACT
A growing body of evidence indicates that food and eating environments likely contribute to the increasing epidemic of obesity and chronic diseases, over and above individual factors such as knowledge, skills, and motivation. This research has prompted an increased need to develop effective environmental and policy interventions aimed at creating population-wide improvements in eating. Population health efforts focused on the prevention of overweight and obesity raise complex ethical questions. Given its population-based focus, public health often faces dilemmas concerning the appropriate extent of its reach and whether its activities infringe on individual liberties in ethically troublesome ways. Recognizing that good ethics start with good facts, and that responsible social policy must include careful ethical reflection, the study examines the research surrounding the environmental factors that influence food choice, eating behavior, and health outcomes, and explore the ethical complications that may arise from population-wide interventions targeting these factors. Population surveillance data on the food environment, such as ANEWC, can contribute to the science on the determinants of diet and obesity and inform future policy development. The presentation discusses the ethical tension between paternalistic policies and respect for individual liberty, and examines the possibility that policies altering the food environment are not really paternalistic at all, but rather ways to protect, promote, and enhance individual autonomy. The implications of public health ethics in the development of effective interventions will be outlined. Examples of the kinds of policies that public health agencies, guided by an understanding of public health ethics, will be shared.

BIOPGRAPHICAL SKETCH
Meghan Johnson

Capstone Committee:
Sara Soka, MS
Population Health Fellow, Population Health Institute

Paul Kelleher, PhD
Assistant Professor, Department of Medical History and Bioethics

Ana Martinez-Donate, PhD
Assistant Professor, Department of Population Health Sciences

Meghan Johnson is a second year student in the MPH Program. Originally from New Jersey, Meghan received her Bachelors degree in Sociology and Public Policy from the University of Notre Dame. As an MPH student she worked with the Lafayette County Health Department on the development of their 2010 County Health Report and also worked as a field researcher for the ANWEC/WASABE study at SHOW. Her research interests include the social determinants of health, health economics, public health ethics, law, and health policy. After graduation, Meghan hopes to work in the area of community health or health policy and address the structural conditions, and social and economic determinants, that promote or inhibit the development of healthy societies.
Trends in Blood Lead Levels Among Wisconsin Children: Development of a Lead Poisoning Nomogram

ABSTRACT
Wisconsin ranks second among Midwestern states for lead poisoning (≥10 mcg/dL) in children up to age 6 years: 2.6% statewide, 6.1% in Milwaukee. Though the proportion of children with lead poisoning is greatest in 30-42 month-olds (m/o), 4 times as many 12-24 m/o are tested. Tests performed at an early age may be falsely reassuring, leading to less testing of high-risk older children. Study objectives include describing lead poisoning among 30-71 m/o Wisconsin children, determining their risk factors, and constructing a validated model to guide blood lead level testing. Data from 1996-2004 were compiled retrospectively from a comprehensive statewide surveillance database, yielding information on 23,500 children. After randomly dividing the dataset into two groups, one for model development and another for validation, repeated measures multivariate analysis was performed on the former. The proportion of 30-71 m/o children found to have lead poisoning was 1.8% statewide and 3.4% in Milwaukee. After accounting for known risk factors, children who had not had a normal blood lead level before age 30 months were more than 3 times as likely to be poisoned as those who had. Based upon each group’s unique set of risk factors, a predictive model was constructed and found to have an area under the receiver operating characteristic curve of 0.79-0.8 statewide and 0.74-0.76 for Milwaukee. Lead poisoning remains a significant concern for 30-71 month-old Wisconsin children. Using validated models, healthy 30-71 month-old children at high risk for poisoning can be identified for targeted blood lead level testing.

BIOPGRAPHICAL SKETCH
A pediatrician and National Research Service Award postdoctoral research fellow, Matt earned his MD from Oregon Health and Sciences University and completed residency training at the University of Wisconsin-Madison. During his research fellowship, he has studied childhood lead poisoning and health effects of climate change. This July, Matt will begin a Pediatric Environmental Health Fellowship at Children’s Hospital Boston and Harvard Medical School that will allow him to continue acquiring skills as a researcher while developing clinical expertise in environmental health.
Community Health Promoters as Agents for Policy and Environmental Change

ABSTRACT
Proyecto Salud is a project of CORE/El Centro and Aurora’s Walker Point Community Clinic in Milwaukee. Proyecto Salud serves a largely Latino immigrant population with a mission to address determinants of health by creating new avenues for social change and fostering a community that embraces spiritual, mental, and physical health. The primary vehicle for this work is a robust Community Health Promoter program that has been in place since 2007. The health promoter model has been used successfully throughout the world and most programs focus on individual health behaviors or health care. Our health promoter model was designed to extend beyond the traditional focus to improve community health by building leadership for health advocacy in the community. Steps in the advocacy health promoter program include:
1. Training health promoters in community organizing and advocacy techniques, as well topical areas related to health equity and justice 
2. Identifying areas of interest of each health promoter, as well as overlapping interests of the group. Identified areas of interest to date include reproductive justice, food and environmental justice, and immigration 
3. Building relationships with various stakeholders across sectors 
4. Creating action plans and strategy based on interest and “win-ability” 
5. Implementation of strategy 
The World Health Organization states: “The increased incorporation of community engagement and social participation in policy processes helps to ensure fair decision-making on health equity issues.” Proyecto Salud’s goal is just that – for the health promoters to act as agents for health equity and community empowerment and engagement.

BILOGICAL SKETCH
Raisa Koltun is currently finishing a two-year fellowship in Population Health. Her interest is in using innovative methods, such as community organizing and advocacy, to influence health policy and ultimately the health of communities. By building capacity in the community to influence social change through these methods health outcomes will improve in a more sustainable way. Currently Raisa is working on grassroots projects related to civic engagement and leadership development in Milwaukee. Raisa is passionate about issues of social and environmental justice and is an active member of the Milwaukee Latino Health Coalition, Wisconsin Public Health Association, and the Cleaner Valley Coalition.

Hepatitis C Cluster Investigation in the Northern Region of Wisconsin

ABSTRACT
An increase in new hepatitis C virus (HCV) infections have been reported to the Wisconsin Division of Public Health (DPH) in 2009 and 2010 in persons aged less than 30 years in six Northern Counties. From 2004 through 2008, health departments in these six counties, in aggregate, received a mean of eight new case reports of HCV infection annually occurring among persons aged less than 30 years. By comparison, 22 new cases among young adults were reported in these six counties during 2009 and provisionally 26 new cases were reported during 2010. Many young adults with recent HCV infections are at risk because of the use of injection drugs. To investigate the factors associated with the recent increase in HCV among young adults in this area, DPH partnered with the Centers for Disease Control and Prevention, the local health departments in the six counties, the Northern Regional Office, and the AIDS Resource Center of Wisconsin to conduct in-person or phone interviews with cases about their HCV risk factors including drug use. Chart reviews and blood specimens for further phylogenetic testing were collected. Through this investigation, DPH will understand the characteristics of those involved in the cluster, learn about the factors that are associated with the recent increase in HCV among young adults in this area, and advance the understanding of drug using behaviors and social networks in the Northern Region.

BILOGICAL SKETCH
Marisa Stanley received her MPH in Epidemiology and minor in Public Health Policy in May 2009 and her BS in Microbiology from the University of Minnesota. During her graduate studies, she worked at the Minnesota Department of Health in the Immunization, Tuberculosis and International Health Section. As a Wisconsin Population Health Fellow, Marisa’s training site is the Bureau of Communicable Diseases of the Wisconsin Division of Public Health where she is leading the initiative for the passage and implementation of expedited partner therapy legislation in Wisconsin, authoring a request for proposals to secure a contractor for an oral health education feasibility study, and developing various policy documents on health care reform for the State of Wisconsin. Marisa is also working with the Great Lakes Inter-Tribal Epidemiology Center in Lac du Flambeau, WI, where she spent this past summer as the interim project manager/epidemiologist for Communities Putting Prevention to Work grant working towards tobacco policy, systems, and environmental changes with five Wisconsin Tribes and the Wisconsin Native American Tobacco Network Coalition. Marisa is still working with this grant as the policy coordinator and assisting with evaluation.
Enterococcal Isolates in Blood Cultures: Contamination or Blood Stream Infection?

ABSTRACT

Enterococci are Gram-positive facultative anaerobes that are commensal organisms in the gastrointestinal (GI) tract of humans as E. faecalis and E. faecium. These organisms are clinically important when they manifest in bacteremia, bacterial endocarditis and various other infections. The Centers for Disease Control (CDC) and National Healthcare Safety Network (NHSN) currently follow cases of Enterococcal blood stream infections; however, controversy has arisen about the validity of Enterococci bloodstream infections versus contamination in the absence of GI tract interruption. With ever increasing pressure for cost control in healthcare, providers are forced to balance the cost of care with expected results. The Medicare program has started to look into “pay for performance” reimbursement to ensure cost effective care. The expense of extra tests and the possibility of an Infectious Disease consult for all positive results needs to be balanced with the costs of unnecessary antibiotic dosing. The cost for extra blood cultures to confirm all presumed positive results is complicated by the added cost of contaminated blood cultures. Whether the costs are to be absorbed by the patient/insurer or the healthcare institution, the overall result will lead to increased costs for healthcare. The above delays also lead to problems with antibiotics. Providers will have to balance the delay in treatment with the possible inappropriate dosing of antibiotics. The delay in treatment can lead to decreases in patient outcomes, while the inappropriate dosing of antibiotics can lead to increases in prevalence of antibiotic resistant organisms, especially in Enterococcal species which already have a high level of endemic antibiotic resistance. This debate leads to a need for updated institutional protocols for bloodstream infections, along with an updated definition of bloodstream infection by the CDC and NHSN.

BIOGRAPHICAL SKETCH

Michael Strerath grew up in the city and suburbs of Milwaukee. He is married to Debra, who works as a nurse practitioner at the UW Hospitals. They have three adult children: Bryan, Katelyn, and Emily. Randy completed his undergraduate studies at the University of Wisconsin-Madison and a veterinary medical degree at the University of Minnesota. He has spent his entire professional career in private veterinary practice and has owned his own practice for the past 23 years. He currently manages a staff of 15 including two associate veterinarians. Randy’s interests in public health are centered in global health. After completing his MPH and Global Health Certificate he is seeking direction for an encore career using his acquired knowledge and skills in East Africa.

City of Milwaukee Health Department: Orientation to Organization

ABSTRACT

The City of Milwaukee Health Department is a complex organization employing over 250 professional and support staff and encompassing a wide range of public health services. Although individual staff members are highly qualified and trained to deliver very specific services, the Health Department is at times called upon to act as a single functioning unit to meet the immediate and urgent public health needs of the entire city (e.g., its 2009 Pandemic Influenza response). The purpose of this project was to develop an orientation program for current and new staff as well as the many fellows and students who work with them to increase knowledge of the workings of the entire health department and to provide a mechanism for cross-training of staff to areas outside of their specific expertise. To become familiar with the health department, interviews were conducted with the managerial staff of every division, department and program. Visits were made to the various health department locations, observing a variety of programs and clinics in operation. Information gathered from these encounters was developed into a general orientation power-point with narration. The orientation presentation, as well as plans for a series of subsequent orientation modules specific to various departments, was reviewed with key management staff and corrections were made accordingly. One detailed departmental orientation module, Communicable Diseases, was developed with the assistance of its director and the medical director. This detailed presentation is to serve as a template for future orientation modules, perhaps as projects for future students, to act as a training mechanism for the entire health department.

BIOGRAPHICAL SKETCH

Randall Raasch grew up in the city and suburbs of Milwaukee. He is married to Debra, who works as a nurse practitioner at the UW Hospitals. They have three adult children: Bryan, Katelyn, and Emily. Randy completed his undergraduate studies at the University of Wisconsin-Madison and a veterinary medical degree at the University of Minnesota. He has spent his entire professional career in private veterinary practice and has owned his own practice for the past 23 years. He currently manages a staff of 15 including two associate veterinarians. Randy’s interests in public health are centered in global health. After completing his MPH and Global Health Certificate he is seeking direction for an encore career using his acquired knowledge and skills in East Africa.
Data Validation for Healthcare-Associated Infections in Wisconsin Hospitals

ABSTRACT
Healthcare-associated infections (HAIs) cause significant morbidity and mortality annually in the US, and cause an unnecessary cost burden on healthcare facilities and individuals. Reducing the numbers of HAIs occurring within the health sector has become a priority identified by all levels of the government, and funding has been offered through the American Recovery and Reinvestment Act (ARRA) to organizations striving to improve the healthcare infrastructure. The Wisconsin Division of Public Health (DPH) received ARRA funding to create the HAI Prevention Project, which enables cooperation with other key advising organizations to support Wisconsin hospitals in HAI surveillance and prevention. Tracking and reporting HAI data is conducted using the National Healthcare Safety Network (NHSN) surveillance database run by the Centers for Disease Control and Prevention (CDC). The goal of this project is to validate the data reported into NHSN for hospitals that are enrolled in the central line-associated bloodstream infection (CLABSI) collaborative, supported by the Wisconsin Division of Public Health (DPH) ARRA funding. The surveillance protocol issues were identified and addressed. Overall, the protocol for determining CLABSI HAI is well understood in the collaborative hospitals, and the CLABSI rates reported in NHSN are considered comparable.

BIOGRAPHICAL SKETCH
Elizabeth George is a second-year MPH student graduating in May 2011. She received her bachelor’s degree in Biology/Pre-Medicine from Augustana College (Rock Island, IL) in 2009. She is also currently pursuing a Certificate in Global Health. In the fall of 2011 she will start medical school, and hopes to incorporate her interests of population health and infectious diseases into a medical career both locally and internationally.

Increased Hospitalizations and Deaths Associated with Clostridium difficile Infection Among Older Adults In Wisconsin, 1993-2009

ABSTRACT
Clostridium difficile is a major cause of healthcare-associated diarrhea. Data on the burden of hospitalizations and deaths associated with C. difficile infection (CDI) are limited. An analysis dataset of hospital discharge data was obtained from the Wisconsin Hospital Association (WHA) and analyzed for the period 1993-2009. This dataset included any hospitalization of a Wisconsin resident for which the ICD9 code 008.45 (C. difficile) was entered in the principle or other diagnosis code field. Deaths were identified based on coded discharge status. Overall, during 1993-2009, 44,996 hospitalized cases of C. difficile infection were reported. Incidence rates of CDI hospitalization were relatively stable in Wisconsin during 1996-2000, with a mean annual rate of 34.4 hospitalizations per 100,000 population. During 2001-04, CDI rates increased an average of 15% annually. During 2005-09, rates stabilized again; the mean annual rate of CDI during this period was 74.8 hospitalizations per 100,000 population. Trends in CDI mortality were similar to trends in CDI incidence. During 1993-2009, the mean CDI mortality rate was 3.1 deaths per 100,000 population. CDI mortality increased more than twofold from a mean rate during 1996-2000 of 2.2 deaths per 100,000 population to a mean rate of 4.7 deaths per 100,000 population during 2005-2009. The case fatality rate among patients hospitalized with CDI was 6.4% (2,858 deaths among 45,016 patients). Patients aged >65 years accounted for 64% of all C. difficile infections, and 81% of CDI-related deaths during 1993-2009. Hospitalizations and deaths associated with Clostridium difficile infection have increased in Wisconsin since 2001. Mortality is especially high among patients aged 65 years or older. Measures to reduce the severity of and mortality from C. difficile are urgently needed.

BIOGRAPHICAL SKETCH
Justin Kohl came to UW Madison after two years of service with the US Peace Corps in Guatemala. His prior experience includes a Bachelor’s degree in Biology from UW Oshkosh, biopharmaceutical laboratory analyses at a contract research organization, community and group organization, sustainable development, and rural health education. Justin’s primary interests throughout the Master of Public Health program were epidemiology and infectious diseases. He served as a member of the SOS Team at the Wisconsin Division of Public Health, investigating enteric infectious disease outbreaks. Justin plans to graduate from the MPH program in Spring 2011 and continue to serve the health of the people of Wisconsin here in Madison.