MAKING A WORLD OF DIFFERENCE IN MEMPHIS

THE UNIVERSITY OF MEMPHIS
School of Public Health

Fall 2014
Memphis lays claim to a long and rich entrepreneurial spirit in business and philanthropy that can help drive solutions to one of our greatest challenges – the health of our community. At the School of Public Health, our research enterprise seeks to propel discoveries in how best to deliver health and wellbeing to our families and neighborhoods. Our community offers high quality medical care but innovations are also needed that can create significant headway into the creation of health. In addition to seeking medical cures, we must also recognize that a child’s life expectancy is predicted more by zip code than genetic code. To achieve good health for all, social innovations that help connect individuals, neighborhoods, healthcare, social service organizations, employers and government sectors to build collective coordinated action can accelerate change. We strive to help Memphis become a community of solutions!

Recognizing the large body of evidence showing inseparable links between health, poverty, and community development can lead to breakthroughs. Creating holistic solutions that simultaneously address integral factors of insufficient education, inadequate housing, crime, and food insecurity have the greatest opportunity for success. Transformational change is possible and as considered by Thomas Cousins, co-founder of Purpose Built Communities, “America’s greatest untapped resource is the human capital trapped in neighborhoods of concentrated poverty.” Connecting with national movements and aligning local efforts to design a coordinated community system that addresses “root causes” and social determinants of health will help us arrive at meaningful, equitable, and lasting improvements.

Schools of public health around the country are helping steer new ways to structure, deliver and conceive of health solutions that unlock the potential of our poverty neighborhoods. Indeed, the University of Memphis School of Public Health was created with these purposes in mind as we educate future health leaders. We seek to convene community sectors, provide and create evidence-based solutions, establish shared data and measurement of progress, and advance health policy. As the newest member of the campus academic community, the School has the distinct advantage of being backed by the University’s rich history and strong academic reputation, while being innovative and entrepreneurial.

I hope you will join me in the further development of the School of Public Health, and partnering in our goal of social innovation that drives communities of solution.
By The Numbers

Number of MASTER’S PROGRAMS: 2 (MHA + MPH)

Number of MPH PRACTICUM LOCATIONS: 26

Number of MHA INTERNSHIP LOCATIONS: 8

Number of PhD PROGRAMS: 3

1. Social and Behavioral Sciences
2. Epidemiology
3. Health Systems and Policy

Enrollment & Graduation Figures:

MASTER OF PUBLIC HEALTH:
Current Students – 75
Graduates – 76

MASTER OF HEALTH ADMINISTRATION:
Current Students – 37
Graduates – 283

Ph.D. IN EPIDEMIOLOGY:
Current Students – 17

Ph.D. IN SOCIAL AND BEHAVIORAL SCIENCES:
Current Students – 11

Ph.D. IN HEALTH SYSTEMS AND POLICY:
Current Students – 2

Other facts & figures:

58/$15.2 million
Faculty members have been awarded 58 research grants or contracts totaling $15.2 million dollars in annual direct costs.

18 projects were newly awarded in 2013 for a total of $4,049,517

It is important for the University of Memphis to realize funded research of $100 million in order to achieve the highest research classification awarded by the Carnegie Foundation for the Advancement of Teaching – Research University/Very High Research Activity. This designation is consistent with our goal of being recognized as one of America’s great metropolitan research universities. We have the faculty talent in place to make this happen and we are making new investments in improving our research infrastructure to better support their work. Not only is realizing this goal consistent with our core mission, it will have significant impact on Memphis in general and result in improved long-term state funding levels for the University.

Funding sources: Auburn University, Baptist Cancer Center, Baptist Foundation, Blue Cross Blue Shield of Tennessee, Church Health Center, East Tennessee State University, FedEx Institute of Technology, Memphis Research Consortium , National Institutes of Health (NIH), Robert Wood Johnson Foundation, Shelby County, Tennessee Department of Health, Tulane University, University of Kentucky Research Foundation, US Department of Defense, US Department of Transportation, US Food and Drug Administration, Washington University in St. Louis, and YMCA of Memphis & the Mid-South.

Accreditation Timeline

In candidacy as of Oct 2012
• Self-study year is 2013-14 Academic Year
• Preliminary self-study submitted July 1, 2014
• CEPH site visit is December 1-3, 2014
• Accreditation decision in June 2015
Physical Activity, Obesity, and Chronic Disease Prevention in Children

FitKids

The School of Public Health is working with several community partners to respond to the childhood obesity epidemic. This national problem is especially serious in Tennessee which recently received a grade of “F” on the national “Report Card: State Efforts to Control Childhood Obesity.” Through funding from the FedEx Institute of Technology, we developed an “eHealth” tool to help parents understand their children’s risk of obesity, provide recommendations for healthy living, and share information with, and encourage intervention by, the child’s healthcare provider.

Through a new three-year grant from the Blue Cross Blue Shield (BCBS) Tennessee Health Foundation, we are now conducting a community demonstration of FitKids. Drs. Ken Ward, Lisa Klesges, Gerhild Ullmann, and Satish Kedia from the School of Public Health, Dr. Ramin Homayouni, director of the Center for Translational Informatics, and Mr. Michael Schmidt from the Department of Art, are working with several community partners, including The YMCA of Memphis and the Mid-South, Church Health Center, Memphis Public Library and Information Center, and the Pink Palace Family of Museums.

FitKids, found at www.memphisfitkids.org, is a web-based application that provides parents with useful, tailored information to help make healthy changes in their family. FitKids allows parents to quickly assess their child’s weight status, take a brief assessment of family diet and physical activity habits, and receive personalized recommendations on how to make lifestyle changes to reduce risk and support healthy behaviors. Recommendations are based on best-practice approaches from clinical practice guidelines and consensus panel recommendations.

In addition, FitKids utilizes Geographic Information Systems (GIS) technology to provide parents with information, maps, and incentives to use resources in their neighborhood to promote physical activity, healthy eating, and healthy weight. Parents can use FitKids anonymously, or register to track progress over time, regularly receive health advice electronically, and share this information with their child’s healthcare provider. Also shared with the healthcare provider is a summary of the findings and suggestions on how to deliver a brief intervention that would enhance the family’s motivation to make lifestyle changes.

Parents will be able to access FitKids through their personal computer, and future plans are to develop a mobile “app.” In addition we will place computers in facilities operated by our community partners (all YMCA branches, Pink Palace, Church Health Center, and Memphis Public Library facilities) to ensure wide access to this tool across all socioeconomic strata.

An immediate need to maximize our reach in the community is to expand the scope of the FitKids
demonstration project. Specifically, the project would benefit from donor support to purchase and maintain interactive kiosks (e.g., www.advancedkiosks.com/freestanding-kiosk.php) in community locations to support access to FitKids across Memphis’ wide socioeconomic strata. Our current funding has a very limited budget for equipment, and so we plan to rely primarily on personal computers placed strategically in community locations. The project logo and sponsor information can be placed on the kiosk to increase our visibility and reach within the community.

A donation of $50,000 over a five year period would allow us to purchase and maintain ten kiosks, placed strategically in high traffic community locations that attract parents and children from low to middle socioeconomic status backgrounds. These include branches of the Memphis Public Library and pediatric/family medicine practices.

REACH
Dr. Marian Levy, associate professor of social and behavioral sciences and assistant dean of students and public health practice, has long been involved in chronic disease prevention efforts in the Memphis community. She is currently collaborating with the YMCA on their Racial and Ethnic Approaches to Community Health (REACH) initiative, funded by CDC. The goal of REACH is to improve health and eliminate disparities related to chronic diseases in African American and Hispanic communities. The project is based in seven zip code locations in Shelby County. Dr. Levy also serves on the Editorial Board of the Journal of Academy of Nutrition and Dietetics (formerly known as the Journal of the American Dietetic Association), was recently named a Fellow of the Academy of Nutrition and Dietetics, and is a member of the Governing Council of the American Public Health Association.

Reducing Osteoporosis Risk
In a child health-related doctoral dissertation project, Andy Collins is working with Dr. Ken Ward on a study examining lifestyle factors during childhood that increase the risk of osteoporosis later in life. Maximizing bone growth, or accrual, during childhood and adolescence is important to prevent future osteoporosis, a progressive bone disease characterized by decreased bone density and increased risk of fracture. Ms. Collins is examining how various forms of sports participation, non-sports activity, and diet influence bone accrual over a two year period among a cohort of more than 300 children recruited from the Memphis area.

HIV and AIDS Prevention
Dr. Latrice Pichon, assistant professor of social and behavioral sciences, engages with faith-based organizations in Memphis to respond to high rates of HIV in the African American community. She is also an adjunct faculty member at the Center for AIDS Prevention Studies at the University of California, San Francisco, where she has been supported by funding from the National Institute of Mental Health to explore the process by which predominantly African American churches address HIV prevention.
Using an in-depth case study design and qualitative methods, Dr. Pichon is working with three Memphis churches selected based on their range and diversity of HIV prevention programming and geographical placement in zip codes highly affected by HIV/AIDS. Each case included field notes of worship services and other church sponsored activities, including those related to HIV prevention. Individual in-depth interviews were conducted with faith leaders (e.g., Pastor/First Lady) for each church, as well as community stakeholders representing various public health sectors exploring their interconnections with these churches. None of the churches had a formalized HIV program or ministry. However, each had integrated HIV prevention messages through sermons and other ‘in-reach’ activities (e.g., youth lockin/overnight social event.)

Siri Digney, an SBS doctoral student, is conducting her dissertation research with Dr. Pichon, and is exploring an important problem among HIV-positive women: failure to receive regular Papanicolaou tests (better known as Pap smears). Pap smears are an essential part of women’s preventive healthcare and reduce cervical cancer mortality by nearly 90%. Each year, over 12,000 new cases of cervical cancer are diagnosed in the United States and more than 4,000 women die of the disease. Women living with HIV are five times more likely to develop cervical cancer than other women, and often fail to receive Pap smears. Ms. Digney is working to better understand cervical cancer screening practices among HIV-positive women to inform public health interventions that would further promote screening practices. Her research involves interviewing a large number of HIV-positive women in Memphis about their experiences with annual Pap test screening, an abnormal Pap test result and/or follow-up after an abnormal Pap test result.

Improving Nutritional Quality in Individuals Managing Chronic Diseases

Proper nutrition is key to effectively managing many chronic diseases. As part of this same effort to improve the church’s capacity to provide services to individuals living with HIV/AIDS, on-going work is investigating the nutritional needs of Memphis’s large HIV/AIDs population. This work is funded by the federal Health Resources and Services Administration through their “Part A” program of the Ryan White HIV/AIDS Treatment Extension Act of 2009, which provides assistance to Eligible Metropolitan Areas, such as Memphis, most severely affected by the HIV/AIDS epidemic.

A recent comprehensive needs assessment, conducted by Dr. Pichon and her team, found an unmet need for medical nutrition therapy among many Part A clients. Medical nutrition therapy services consist of nutrition counseling by registered dietitians. Over the past five years, approximately 20% of participants have reported nutrition services as an important unmet need. On-going work is evaluating nutrition/consumption of fresh fruits and vegetables and possible associations with other co-morbidities/health disparities, and examining ways to meet this need.

Reducing Diabetes Risk in Latino Families

Salsa, Sabor y Salud, translated from Spanish to ‘Food, Fun, and Fitness,’ is a culturally relevant behavioral intervention program designed to reduce obesity and diabetes risk in Latino families. In 2013, the School partnered with the YMCA of Memphis & the Mid-South to implement this program, with initial funding from the Tennessee Department of Health. Developed by the National Latino Children’s Institute, this program infuses Latino cultural values (simpatía, personalismo, familismo) into behavioral
Empowering Memphis Teachers to Integrate Physical Activity into the Classroom

Numerous studies have shown that physical activity improves academic performance and classroom management. Through recent funding from the Tennessee Department of Health’s Project Diabetes, Drs. Gerhild Ullmann and Ken Ward are working with colleagues in the College of Education, Health and Human Sciences and several community partners, including Shelby County Schools, to get young people more active. FitWizard seeks to help Memphis area teachers integrate physical activity into the curriculum and increase the level of physical activity throughout the day in schools K-12. Ultimately, this will help to reduce obesity, increase academic performance and improve health in children and adolescents.

FitWizard will offer an online continuing education course, and quick links to available resources and information about nutrition, physical activity and how to reduce sedentary time in schools. The free online course for K-12 teachers and teacher education students covers the benefits of exercise, strategies that facilitate physical activity in the classroom, and provides resources for specific grades (K-5, 6-8, and 9-12). The successful completion of the course will be rewarded with a certificate and a gift card. FitWizard features a searchable collection of activities that can be integrated into the curricula. FitWizard will also provide the opportunity for teachers to submit innovative lesson plans that integrate physical activity in subjects other than physical education. Submissions will automatically be entered for a chance to win one of the weekly prizes. In addition, FitWizard resources inform about academic performance, classroom management, child health and development, and physical activity programs for recess, before and after school.

Currently, investigators are in the first year of the project, the development phase. In the second year, FitWizard will be implemented in the Greater Memphis Area, followed by statewide dissemination in the third year. In the long run, the program will help to improve students’ academic performance and reduce obesity and diabetes in Tennessee. A donation of $100,000 over a three year period would allow the project to maintain the website, and have faculty and graduate assistants work together to provide program support that allows K-12 teachers to learn strategies that facilitate physical activity in the classroom, and provide resources. For more information about the online course please check out the website at www.fitwizard.org.

skill adoption, modeling, goal-setting, exercise and play in a supportive group environment.

In the program, Latino families met weekly as a group in the evening or on Saturday morning in a convenient community location to take steps to become healthier. Interactive discussion and engaging activities cover the following topics: healthy beverage choices, increasing fruits and vegetables, portion sizes, recipe modification, grocery shopping, food labeling, reducing screen time, managing stress, and increasing daily vigorous activity. The weekly discussion also incorporated setting achievable and measurable goals, and identifying obstacles and strategies for success. Children had separate sessions and prepare healthy snacks to share with their families. Afterwards, families engaged in a fun 30-minute physical activity, such as active games, traditional Latin dancing, zumba, or aerobics. Families were also provided with free YMCA memberships.

Outcomes included body mass index (BMI), blood pressure, and glucose in addition to behavioral measures related to food intake and physical activity. Of the 63 families who participated in the initial program, 78% completed. While most participants maintained or showed reductions in BMI, the mothers who completed the program had significant reductions and maintained their reductions in BMI at the four-week follow-up. Adults showed significant decreases in diastolic blood pressure, particularly in women. Fruit and vegetable intake increased for adults and children, and reached levels of significance for women. There were also significant decreases in fast food intake among both parents and children. Both adults and children consumed less sugar sweetened beverages, and this was significant for adults. Children’s daily physical activity increased significantly. This culturally-tailored, evidence-based approach holds promise for reducing diabetes risk in Latino families.
Breastfeeding Coalition

Because the School of Public Health is a strong advocate of breastfeeding, faculty and students have played leadership roles in promoting breastfeeding among underserved women in Shelby County. In 1998, breastfeeding rates were 3% among underserved mothers delivering at the Shelby County safety net hospital. In 2003, the Shelby County Breastfeeding Coalition (SCBC) was officially formed and now consists of a large group of many private and public sector members working toward increasing breastfeeding rates by broad-based community involvement.

Julie Ware, MD, MPH, IBCLC, FAAP, FABM serves as Chair of the Shelby County Breastfeeding Coalition and is Tennessee’s Co-Chapter Breastfeeding Coordinator for the American Academy of Pediatrics. Ginger Carney, MPH, RD, IBCLC is co-chair of the Shelby County Breastfeeding Coalition. Both are recent graduates of our MPH Program and, along with Dr. Marian Levy of the School of Public Health, were part of the original Coalition leadership.

Education is a top priority for the SCBC, which is involved with education of physician practices, residency trainees, and health care students. Aside from exhibiting at local health events, it also works to educate staff from community agencies as well as lay community members and assists birth hospitals in improving maternity care practices to support breastfeeding. The group’s annual Breastfeeding Update includes nationally recognized speakers who, in addition to educating the community and physicians, help catalyze the group’s work through community partner events involving key stakeholders.

SCBC has completed a third billboard/bus stop media campaign based on qualitative research with its target community least likely to breastfeed, incorporating their input to the campaign design. After completing a comprehensive asset mapping of Shelby County breastfeeding resources, it is in the process of mass distribution among providers and families. Several SCBC members serve on the new Tennessee Breastfeeding Hotline Advisory Board. The hotline staff provides 24/7 guidance to families and providers who call in to 1-855-4BF-MOMS (1-855-423-6667).

Likely the most important aspect of the Coalition is its “seat at the table” with various health-related groups in the county. The group collaborates with the Early Success Coalition Steering Committee, the Let’s CHANGE partnership to fight obesity, the Infant Mortality Reduction Initiative, and partner with The Urban Child Institute and more. Through this participation, SCBC is bringing the importance of breastfeeding as a public health initiative (as noted by the American Academy of Pediatrics), to the forefront to address the many health problems faced in our community. Since the SCBC began, breastfeeding initiation rates in the Shelby County African American population have risen from 26.9% in 2004 to 55.9% in 2012. The group still has much more work to do to reach the Healthy People 2020 goals for 81.9% breastfeeding initiation, and it is continuing to work tirelessly to that end.

Breastfeeding Facts

Breastfeeding has been shown to reduce the risk of breast, ovarian, and endometrial cancer in a mother’s later life and may reduce the risk of osteoporosis.

Women who breastfeed for more than twelve months during their lifetime tend to have lower risk of high blood pressure, high cholesterol, heart disease, and diabetes.

Who needs the gym? The metabolic energy needed to breastfeed a baby each day is the amount you’d use to walk seven miles.
Reducing Tobacco Use Locally and Globally

Tobacco use remains the leading cause of preventable mortality in the United States, and rates of smoking are now increasing in many parts of the developing world. Dr. Ken Ward is involved in several efforts to make cessation programs more effective and more readily available to those most in need of assistance to quit. He and Dr. Satish Kedia have completed several papers recently examining factors associated with tobacco use and interest in quitting in a very high-risk group for tobacco-related mortality—substance abusers. In another project, SBS doctoral student April Nellum is working with Dr. Ward on a study of low income pregnant women in Memphis who smoke, to better understand the challenges they face when trying to quit. Because both smoking and failure to breastfeed are very prevalent among low income pregnant women, and pose serious risks for infants, Ms. Nellum’s work is specifically examining how intent to breastfeed impacts smoking cessation decisions and success.

Dr. Ward also conducts research on waterpipe, or “hookah.” Waterpipe is a centuries-old tobacco use method that involves passing smoke through water before inhaling. Waterpipe experiences a resurgence of popularity during the 1990s, especially among teens and young adults, and its use has spread globally, including to the Memphis area where numerous “hookah bars” have begun operating in the last few years. Dr. Ward’s work has tracked the growth of waterpipe use and its determinants, addictive potential, and health risks. He and his colleagues at the Syrian Center for Tobacco Studies, where he serves as Intervention Director, recently completed the first-ever waterpipe cessation trial, showing very promising results. Dr. Ward was an invited speaker in October at the First International Conference on Waterpipe Tobacco Smoking, in Abu Dhabi, United Arab Emirates, where he conducted a training workshop and delivered keynote presentations on treatment of waterpipe addiction, and social and psychological issues in waterpipe use.

The University of Memphis has presented Kenneth Ward with the 2014 Willard R. Sparks Eminent Faculty Award. Ward is professor and director of the Division of Social and Behavioral Sciences in the School of Public Health, and is a founder and the current intervention director of the Syrian Center for Tobacco Studies. Trained as a clinical health psychologist, Dr. Ward is interested in community-, healthcare system-, and population-level approaches to reducing the burden of tobacco use, other addictive behaviors, and chronic conditions such as cardiovascular disease and osteoporosis.

The highest distinction given to a faculty member by the University, the Willard R. Sparks Eminent Faculty Award is given annually to one faculty member who has made outstanding and sustained contributions to scholarly-creative activity, teaching, and service, bringing honor and recognition to the University. The award is given by the University of Memphis Board of Visitors and includes a $20,000 cash prize and a commemorative crystal. A University committee composed of nine faculty members screens nominations and identifies three finalists. The recipient is then chosen by a selection committee composed of three members of the Board of Visitors.
Improving the Quality of Healthcare for Lung Cancer Patients

Lung cancer rates are very high in the Memphis area, disproportionately affecting low-income people, African-Americans, and both rural and inner-city inhabitants. Low lung cancer survival rates are thought to be partially due to the failure of the traditional serial model of care, in which multiple specialists independently screen, diagnose, and treat the patient through a sequence of referrals. This model can result in poor patient outcomes as a result of inconsistency, inefficiency (duplication and incompleteness), non-timeliness, and a lack of oversight. In addition, the model presents barriers to access for disadvantaged patients and limits opportunities for direct patient input.

Two members of the Division of Social and Behavioral Sciences, Drs. Satish Kedia and Ken Ward, are co-investigators along with Drs. Klesges, Gentry, and Yu, on a newly funded grant from the Patient Centered Outcomes Research Institute (PCORI). The grant, awarded to Raymond U. Osarogiagbon, MD, a medical oncologist at Baptist Cancer Center, is entitled “Building a Multidisciplinary Bridge Across the Quality Chasm in Thoracic Oncology” and will examine the effectiveness of a coordinated multidisciplinary model of treatment for thoracic oncology at a regional hospital system.

This grant will allow us to rigorously test the comparative impact of a multidisciplinary care model, in which key specialists concurrently provide early input and execute a consensus plan of care developed in collaboration with patients and their families, who will be the ultimate beneficiaries of this research project. Potential improvement in patient outcomes will result in more timely healthcare delivery, a higher rate of stage-appropriate treatment, and more direct patient involvement in decision making. Our objective is to provide high-level evidence of the comparative impact of multidisciplinary care on patient outcomes. Drs. Ward and Kedia and their students are currently conducting the study’s first aim, which involves conducting focus groups with key stakeholders, including lung cancer patients and their family caregivers, physicians from several specialties, healthcare administrators, and third party payers. We also are working to design a rigorous comparative effectiveness trial for the study, which will track and compare patients who receive multidisciplinary and serial care treatment.

Lung Cancer Facts

An estimated 224,210 new cases of lung cancer are expected in 2014, accounting for about 13% of all cancer diagnoses. The incidence rate has been declining since the mid-1980s in men, but only since the mid-2000s in women. From 2006 to 2010, lung cancer incidence rates decreased by 1.9% per year in men and by 1.2% per year in women.

The top cause is exposure to radon gas, which can become concentrated in homes that are built on soil with natural uranium deposits. Other risk factors include chronic exposure to secondhand smoke or air pollution, and on-the-job exposure to pollutants such as diesel exhaust and asbestos. Smokers are not, however, the only people who get lung cancer. About 10% of people diagnosed with the disease never smoked, says American Lung Association.

Approximately 230,000 adults are diagnosed with lung cancer in the U.S. each year, and 60,000 patients undergo surgery to treat the disease.
Adolescents with HIV Transitioning to Adult Healthcare

Once deemed terminal, HIV is now considered a chronic illness that can be managed through the use of antiretroviral therapy (ARV). Over 77,000 adolescents between the ages of 13 and 24 years are living with HIV in the United States. Adolescents accounted for nearly 26% of new HIV infections in 2010. Advancing health care and improving treatment for the management of HIV along with the increasing numbers of adolescents living with the disease requires the need for effective health care transition research. Therefore, it is critical to assess patient outcomes during and after transition to accurately understand how the process effects disease management.

SBS PhD program graduate Dr. Ronald Dallas is examining the outcomes of health care transition for young adults living with HIV and identifying potential factors that predict engagement success. The first of this type of research conducted anywhere in the country, the findings will inform the development of future intervention work aimed at transitioning youth living with HIV and may assist with the appropriate allocation of services and resources to at-risk youth in outpatient care for HIV disease management.

Evaluating Treatment Effectiveness for Homeless

A large segment of the homeless population suffers from the dual burden of substance abuse and mental health disorder. Access to a comprehensive array of medical, psychiatric, and psychosocial services has been shown to improve engagement, retention, and treatment outcomes for homeless receiving addiction treatment services. However, these co-occurring conditions and unmet basic needs (e.g., homelessness, lack of affordable housing, and unemployment) can undermine the impact of any treatment intervention.

Dr. Satish Kedia and his research assistant, Tera Tongumpun, are conducting a five-year program evaluation for a federally funded grant which provides integrated substance abuse and mental health treatment, physical health services, and other supportive services for homeless residents in rural middle Tennessee. This project targets 20 rural counties in middle Tennessee where traditionally such services have not been easily available. The purpose of this program is to improve the availability and access to treatment and recovery services for homeless individuals including veterans, chronic homeless, and those seeking recovery from co-occurring disorders.

FACTS ABOUT HIV

- HIV infection is the seventh-leading cause of death among youth and adolescents and 12,200 (25.7%) of all new HIV infections in 2010 were in youths. Nearly six out of 10 (59.5%) were unaware of their infection, a higher percentage than in any other age group.
- Pediatric HIV clinicians should instigate a well-structured plan to transition adolescent patients into adult care by age 12. The actual transition should take place between the ages of 18 and 25.
- Older children and adolescents now make up the largest percentage of HIV-infected children cared for at pediatric HIV clinics in the United States. The Centers for Disease Control and Prevention (CDC) estimates that 26% of the approximately 50,000 new HIV infections diagnosed in 2010 were among youth 13 to 24 years of age. In this age group, 57% of the infections were among young black/African Americans and 75% among young men who have sex with men.
The Dual Diagnosis of Obesity and Diabetes in the United States

In 2007-2008, obesity affected 33.8% of U.S. adults, and diabetes affected 10.7%. Without having timely and appropriate implementation of weight control, healthy eating, and physical activity, it is projected that obesity will affect 51.1% by 2030 and diabetes will affect 33.0% by 2050. Nevertheless, prior studies have been relatively scant on this twin epidemic and community-based behavioral interventions to address this public health concern. In a recent study analyzing the 2007-2008 National Health and Nutrition Examination Survey, Dr. SangNam Ahn, Assistant Professor of Health Systems Management and Policy, found approximately 8% of baby boomers and 10% of older adults had the twin diagnoses of obesity and diabetes. These conditions were significantly prevalent among African Americans and were correlated with a greater number of outpatient visits. This study was published at the American Journal of Health Promotion. Based on these findings, Dr. Ahn collaborated with the Church Health Center on a pilot study examining the impact of a tailored health promotion program among low-income patients who were both obese and diabetic. Results indicated that three interventions including health coach visit, dietitian consult, and exercise consult were effective in reducing study participants’ body mass index by 1.3% and hemoglobin A1c by 7.5% over a period of 18 months. Dr. Ahn presented these findings at the 2013 American Public Health Association annual meeting. The study’s outcomes imply that it is urgent and beneficial for health policy makers and clinicians to proactively refer patients with the twin epidemic to community-based behavioral interventions.

Integrating Public Health and Healthcare: A Fusion of Horizons

With funding from the Robert Wood Johnson Foundation and the National Coordinating Center for Public Health Systems and Services Research, Dr. Erik L. Carlton, Assistant Professor of Health Systems Management and Policy, is working to find practical ways to bring together public health and healthcare to improve population health.

The 2012 Institute of Medicine report, “Primary Care and Public Health,” outlined principles for integrating these two distinct entities. However, the report did not operationalize the conditions and strategies necessary to achieve a productive level of integration, or linkage of programs and activities. Dr. Carlton is exploring the conditions and strategies that might facilitate greater integration in Shelby County. Participants have included 17 senior hospital executives, group practice administrators, health department officials, and leaders of various health-oriented non-profit community groups.

Dr. Carlton believes that his findings have important, practical implications for healthcare and public health administrators desiring to improve population health and answer requirements of healthcare reform. Adequate funding for public health activities, as well as competition between hospital-driven healthcare systems, can be major barriers. However, there is both recognition of and strong interest in better integrating systems and services, especially in the context of health care reform and a push for population health improvement. Participants identified strategies for healthcare and public health leaders to more effectively integrate activities. These include drawing on targeted issues with shared interest, building on current and past success in collaborating, leveraging payers and business partners to support and expand collaborative activities, training and retraining the workforce with skills necessary for interdisciplinary work, using market forces and healthcare reform as key drivers for innovation, and developing and supporting a strong convening agency to be the hub of greater linkage.

Dr. Carlton’s initial findings were presented at the 2013 Academy Health Public Health Systems Research Interest Group Meeting, the 2013 Public Health Systems and Services Research Keeneland Conference, and the 2013 American Public Health Association Annual Meeting. His work was also featured at the 2014 Forum on Advances in Healthcare Management Research at the American College of Healthcare Executives Congress on Healthcare Leadership.

Dr. Carlton is working to broaden his research through survey methods and is seeking additional funding to further study his findings on a national scale.
EXECUTIVE MHA PROGRAM LAUNCHING JUNE 2015

The University of Memphis Master of Health Administration (MHA) program, one of the top-ranked programs for adult learners in the nation (Modern Healthcare, 2014), will launch an executive, cohort-based track in June 2015. Like the fulltime on-campus program, the Executive MHA can be completed in two years (six terms, including two summers) in a format that strategically blends distance learning with only seven required weekends on campus. The executive program is designed for professionals with busy careers and personal lives who want to stay in their jobs and their own communities, but also seek to further their education and move into positions of increasing managerial responsibility and leadership in healthcare. To be eligible for the Executive MHA, applicants must have five years or more of fulltime work experience following their undergraduate degrees.

The University of Memphis MHA program is one of only 82 programs in the U.S. accredited by the Commission on Accreditation of Healthcare Management Education (CAHME), and is Tennessee’s only CAHME-accredited program. The MHA program’s last site-visit by CAHME in 2011 resulted in the maximum seven year re-accreditation. The expansion of the program into an executive format will not affect the traditional on-campus MHA, which accommodates both fulltime and part-time study with courses offered in the evenings, Monday through Thursdays.

HEALTH SYSTEMS AND POLICY DOCTORAL PROGRAM APPROVED BY STATE OF TENNESSEE

On January 31, the Tennessee Higher Education Commission (THEC) gave final approval to the SPH’s third doctoral program, the PhD in Health Systems and Policy. This program will educate and train doctoral students for academic and other research careers focused on health policy and systems issues related to improving the delivery of prevention and care services and improving the health of populations. The program is designed to accommodate either fulltime or part-time study, and requires two full years of didactic course work, followed by a dissertation unique to each individual student. Fulltime doctoral students receive tuition and a monthly stipend for a minimum of three years. The program welcomed its first students in August 2014 and is taking applications now for Fall 2015.

MPH STUDENTS COORDINATE UNIVERSITY’S MIDDAY MOVES

Memphis Healthy U invites U of M faculty, staff and students to take a break from the day and get away from the office or classroom to join in a physical activity with Midday Moves. Three MPH graduate assistants, Marshall Varnum II, Tessa Kyle, and Jenna Richardson, coordinate the activities on behalf of Memphis Healthy U.

Each weekday at 12:30 p.m., there is a 15 to 20 minute span of planned physical activity held on the Alumni Mall east of the University Center. Activities are coordinated by the Memphis Healthy U committee and range from yoga to line dancing to Frisbee tosses. All activities are free and open to the public as well as the entire campus.

For more information or to watch the video, visit www.memphis.edu/memphishealthyu/middaymoves.php.
MODERN HEALTHCARE MAGAZINE RANKS U OF M MHA PROGRAM 19TH AMONG BUSINESS GRADUATE SCHOOLS FOR PHYSICIAN-EXECUTIVES!

The Modern Healthcare ranking looks at the top graduate programs in health administration for physician executives for the ranking, which is based on the availability of evening or weekend classes, the incorporation of some online study, the availability to complete the degree in two to three years, and part-time and full-time options.

The University of Memphis’ Master of Health Administration program requires a total of 53-credit hours, and offers both on-campus and executive options designed for both recent college graduates and working professionals.

“At the University of Memphis, we take pride in being as accessible as we can to adult learners who want to come back to school to earn an additional degree,” Dan Gentry, professor and director of the Division of Health Systems Management and Policy, said in a statement. “Never before have clinicians and other health care professionals needed the knowledge and skills to competently manage and lead health care organizations as a team as they do now. We will continue to assure that our on-campus MHA program is accessible to full- and part-time students, even as we prepare to implement the Executive MHA for experienced clinicians and other working professionals in June 2015.”

Dr. Lisa Klesges, dean of the School of Public Health, said, “Gaining this high level recognition for the quality and value of our MHA degree validates the great opportunity that we offer in the region as well as a national standing. We are proud of this accomplishment and the contributions of our talented faculty that support the MHA program. The program has been successful because of the hard work and commitment of our SPH administration, staff, students, alumni and community partners.”

NEW LEADERSHIP FOR THE DIVISION OF HEALTH SYSTEMS MANAGEMENT AND POLICY (HSMP)

Daniel Gentry, PhD  
(U.C. Berkeley), MHA  
(M.U.S.C.)  
Professor and Division Director

After serving as Associate Dean for Academic and Faculty Affairs since 2011, Dr. Gentry moved into a new role as Division Director for HSMP in January 2014. This allows him to focus on leading the Division, mentoring the HSMP faculty, continuous improvement of the MHA program, and the launch of the new PhD program, in addition to his own research and teaching. Dr. Gentry also just completed a year of service as Chair of the CAHME Board of Directors in June.

Mark Hendricks, MHA  
(Washington University in St. Louis)  
Instructor and MHA Program Director

Having served as a MHA Visiting Assistant Professor since fall 2010, Mr. Hendricks assumed the new role of Instructor and Program Director in 2013. An experienced health care administration practitioner, Mr. Hendricks focuses on teaching with an interdisciplinary perspective, integrating basic health administration research and today’s practice of management. He is a trustee of The LeMoyne-Owen College and advisory member of the Baptist College of Health Sciences Board.

According to the University President, Dr. David Rudd, “While all this is impressive in its own right, the national attention will likely increase a year from now when the Executive MHA option is launched in June of 2015. Dr. Dan Gentry, professor and director of Health Systems Management Policy, emphasizes that this is an innovative program that blends distance education with periodic on-campus experiential learning, professional development and career networking, while still allowing students to complete the degree in two years. Those with full-time careers will now be able to earn this prestigious degree with minimum time away from their jobs. Congratulations are in order for their national ranking, and also for the forward thinking innovation which will bring future recognition when the new Executive Track starts next year.”
FREQUENTLY ASKED QUESTIONS ON THE INSURANCE MARKETPLEACES AND THE AFFORDABLE CARE ACT

M. PAIGE POWELL, PHD, MHA

What are some common misconceptions about the Affordable Care Act?

There are common misconceptions on both sides. There are no “death panels.” The original law would have created payments for end-of-life counseling to discuss hospice care rather than treatment. A lot of people were worried that this would cause doctors to push people out of acute treatment and into hospice. This has been removed. However, there is the Independent Payment Advisory Board, which is a board made up of 15 unelected people who can make decisions about what Medicare covers and about Medicare payments.

The other common misconception is “If you like your insurance you can keep it.” Some companies are not going to offer insurance anymore and people will have to go to the exchanges to buy insurance. Also, many of the individual plans offered prior to the ACA did not meet the essential benefits package or other requirements, so people will not be able to keep those plans. They will have to upgrade to a more expensive and more comprehensive plan. Many people are not happy about having to pay higher premiums and higher out-of-pocket costs than they did before.

What are the premiums on the Marketplace? How are they determined?

Premiums are set in several ways. The first is what level of coverage you choose: bronze, silver, gold or platinum. Premiums can only vary by age, with the oldest paying a maximum of three times as much as the youngest, family size, region of the state you live in, and whether you use tobacco products. Before any tax credits, the average bronze plan costs about $180 a month for an individual in Tennessee. Silver plans cost about $235. Younger people may pay less than these, but the lowest cost plans should still be over $100 before tax credits are considered. Premiums are NEVER based on your health conditions or any factor related to health.

Does everyone have to purchase insurance or pay the penalty?

Most people will have to pay a penalty if they don’t purchase insurance, but there are some exceptions to the rule. For more information on these exemptions, visit www.healthcare.gov/exemptions.

What are the penalties and how are they determined?

If you choose not to purchase insurance, you will have to pay a penalty when you file taxes in 2015. The 2014 penalty is $95 per adult and $47.50 per child up to $285, or 1% of the family’s taxable income (Line 43 on Form 1040), whichever is higher.

For example, let’s say your family’s AGI was $50,000, with no taxable interest, non-taxable SS benefits, or foreign income, so your MAGI is also $50,000. Your family is made up of two adults and one child. Your family income would be 256% of poverty. This means you would pay no more than 8.22% of your income in premiums for the year as long as no one uses tobacco (Kaiser Family Foundation estimate). No matter what the total premium price is, you would pay $4,110 for the year or $342.50 a month.

Conversely, if you chose not to purchase insurance that first year, and if you had the standard deductions and exemptions, your Taxable Income would be $26,700. Your tax penalty would be $267 (the per-person fee would be $239.50, which is lower, so the tax is 1% of taxable income). This penalty amount will go up by a large amount each year for 2015 and 2016. After 2016, penalties will increase according to the cost of living.
NEW FACULTY JOIN THE SCHOOL OF PUBLIC HEALTH

Soumitra Bhuyan, a new Assistant Professor in Health Systems Management and Policy, is joining the SPH from the Doctoral Program in Health Services Research and Administration at the College of Public Health, University of Nebraska Medical Center. He earned an MPH from Western Kentucky University. His research interests include medical decision making, comparative effectiveness research, patient outcomes research, economic evaluation of healthcare, long term care, and the health care workforce. In 2013, he received the “Rising Star in Health Administration” award from the American Public Health Association, in recognition of his outstanding potential in the field of health administration and public health practice.

Dr. Brook Harmon joined the Division of Social and Behavioral Sciences as an Assistant Professor. She received her Ph.D. from the Arnold School of Public Health at the University of South Carolina and completed a post-doctoral fellowship at the University of Hawaii Cancer Center. A registered dietitian, Dr. Harmon also earned a master’s degree in Exercise Science and a certificate in Gerontology from the University of South Carolina. Her research interests include faith-based initiatives to support healthy eating behavior.

SCHOOL GRADUATES FIRST DOCTORAL STUDENTS

The School of Public Health is proud of our first students to receive doctoral degrees: Ronald H. Dallas, Jr. and Matthew Smeltzer. Both graduated this August.

Dr. Dallas received a PhD in Social and Behavioral Sciences. His dissertation was titled, “Post-Transition Outcomes from Pediatric to Adult Health Care among Young People Living with Human Immunodeficiency Virus (HIV).” Dr. Satish Kedia was his major professor. Committee members included Drs. Ken Ward, Latrice Pichon, Vikki Nolan, and Professor George Relyea.

Dr. Smeltzer received his PhD in Epidemiology. His dissertation was titled, “An Epidemiologic Evaluation of Sickle Cell Disease in the United States: Birth Prevalence, Distance as a Barrier to Care, and Potential Bias in a Clinical Trial of Hydroxyurea.” Dr. Vikki Nolan was his major professor, with committee members Drs. Jim Gurney, Xinhua Yu, and Jane Hankin.

SCHOOL’S INTERPRETER PROGRAM IS THE FIRST TO ACHIEVE NATIONAL ACCREDITATION

The Health Care Interpreter Program in the School of Public Health at the University of Memphis has achieved national distinction as the first program in the country to become accredited by the International Association of Medical Interpreters (IMIA). IMIA is the only international body that accredits medical interpreter educational programs.

Currently, the Health Care Interpreter Program at the University of Memphis is one of only two programs in the United States to have achieved accreditation. Established in Memphis as part of a Robert Wood Johnson Foundation initiative (Hablamos Juntos), the interpreter program was developed to increase the number of medical interpreters and improve access to quality healthcare to limited and/or non-English speaking patients. Since 2007 the program has trained about 150 interpreters. Our graduates work in virtually all of the major health institutions in the area, including St. Jude Children’s Research Hospital; Methodist/Le Bonheur Healthcare; the MED; Church Health Center; Christ Community Health Center; the Shelby County Health Department; West Tennessee Healthcare; and various locations in Mississippi and Arkansas.

Espíralston, MA, MAT, MA, CMI-Spanish, CHI, program director and course instructor, states, “Our program plays a major role in collaborating with hospitals and medical facilities to help provide equitable access to all their patients. We are extremely proud to have the program at the University of Memphis, School of Public Health, and to be the pioneers in the accreditation process.”

The need for professionally qualified and certified interpreters in health care is recognized by the Joint Commission, the AMA and other major medical institutions. Title VI of the federal Civil Rights Act requires that hospitals provide interpreter services to patients with limited English proficiency. The Centers for Medicare and Medicaid (CMS) mandates that all of its beneficiaries have access to interpreters. “Effective communication is the cornerstone of patient safety, and providing qualified interpreters is key to enhancing access to health care for all,” notes Dr. Marian Levy, Assistant Dean of the School of Public Health. “We are delighted to house the Interpreter Program in the School of Public Health and proud of its national accreditation.”

The Health Care Interpreter Program is geared to bilingual individuals. The curriculum encompasses basic principles of medical interpreting such as legal requirements, the roles of the interpreter, modes of interpreting, protocols for managing the session, standards of practice, code of ethics, culture, word-building structure, medical terminology, basic anatomy and the US healthcare system. The training is held on three consecutive weekends and consists of forty hours of classroom instruction. A subsequent ten-hour Practicum shadowing takes place at St. Jude Children’s Research Hospital, Methodist University Hospital, and Le Bonheur Children’s Medical Center. The next class begins in November 2014. For more information, contact Mrs. Ralston at espiralston@gmail.com or call her at 901-218-4691.
Melanie Keller, MHA '03
Prior to becoming president of Meritan, Inc., I was on my way to the top by serving in executive and senior management positions that created and administered agency policy while setting long-range goals for Meritan’s home health and developmental disabilities areas. My dedication to the field of home health care has brought national recognition for its aid to individuals and families with assisted living and transitional living services and for its programs that help individuals with development and intellectual disabilities cope with daily medical challenges. Now as president of Meritan, the second-largest non-profit in Memphis, I credit much of my success to the education I received while working toward my Master of Health Administration degree at the University of Memphis’ School of Public Health, as well as my undergraduate degree in nursing from U of M. The School of Public Health gave me knowledge and the foundation to go into the health services world and carve out a niche for myself so that I could help to improve the lives of others. Every day I use something in my profession that I learned when I was a student at the University of Memphis.

Janice Ballard, MPH '13
Being someone who is driven by a strong sense of personal mission, it was imperative that my education equip me to fulfill that duty. This is exactly what the MPH program has done for me. From the first day of my first class, Foundations of Public Health, I knew I was in the right place. Every course thereafter has been of significant value to the fulfillment of my life’s work. The training I have received from the MPH program has bolstered my competence to carry out my mission to be a catalyst for change through consistent service to promote health and well being in communities around the world.

The program has adequately prepared me to function as a global health consultant for Heart to Heart International. In this role, I was instrumental in developing a community health worker training program in rural Haiti, where I conducted my MPH practicum. On the local level, I use the skills gained in the public health program to coordinate the Healthy Shelby Initiative managed by Common Table Health Alliance. The MPH program has equipped me to make a world of difference, both locally and globally.

Virginia Carney, MPH ’11
My first attraction to the MPH degree was the work that I was involved with at the time in the promotion of community health. I had thought about returning to graduate school for several years but just could not find an area that really appealed to me after being in clinical dietetics for many years. As a friend and colleague, Dr. Marian Levy suggested this curriculum to me, and shortly after I realized it would be perfect for where I wanted to go with my professional career. The program and professors were very accommodating to my full-time work schedule and I was able to keep up a slow but steady pace on the path to completion. As I began my graduate work, I was informed of a challenging position at St. Jude Children’s Research Hospital, and the position just so happened to require a master’s degree in a health-related field. Fortunately, I was offered the position based on completion of the program within a certain timeframe. If it had not been for progressing in the master’s program, I would not have had the wonderful opportunity to come this far in my career; a door was opened for me to a position that would not have been possible without my degree. I am now Director of Clinical Nutrition Services at St. Jude and thankful for the path to which my degree at the University of Memphis has taken me. I continue to be active in promoting maternal and child health through various volunteer organizations in the community.
The University of Memphis has traditionally been considered a “state-supported” university but is more accurately thought of as a “state-assisted” university. Over the past five years, state appropriations have decreased by more than 30 percent to account for a mere 28 percent of the university’s total budget. Philanthropy is, therefore, crucial to the sustainment and further advancement of the University and the School of Public Health.

INVESTING TODAY FOR A HEALTHIER TOMORROW

The establishment of the School of Public Health builds on the University of Memphis’ foundation of community service. The SPH prepares the future public health workforce, conducts population health research, and finds solutions to public health issues in our community and the nation at large. Today, there are 131 masters and doctoral students enrolled in the school’s five graduate degree programs: Master of Health Administration, Master of Public Health, and PhD’s in Epidemiology, Health Systems and Policy, and Social and Behavioral Sciences. The majority of our students are from the Memphis area and the skills they develop directly benefit our community.

Given the SPH’s location in an urban metropolitan setting, we are particularly focused on conducting relevant research regarding asthma, obesity, infant mortality, HIV/AIDS and other chronic diseases that threaten our city’s overall health. With our extensive network of local and regional public health partners, SPH students have access to an impressive range of practice opportunities, and we have formal affiliation agreements with 26 local community agencies. For example, through projects and theses, students in our Masters of Public Health program have addressed topics such as infant mortality, childhood obesity in African-American and Latino communities, HIV, emergency preparedness, the spread of infectious disease, food insecurity, breastfeeding, and advocacy for vulnerable populations (low-income, refugees, and veterans).

Experiential learning opportunities for our students are critical and are made possible in part through graduate assistantships. Our students say that graduate assistantships not only offer them the financial support they need, but also provide relevant work experience, expand their professional network, and facilitate the expansion of public health work in our community.

I appreciate the commitment of our donors and friends to enhance and facilitate our students’ educational and service opportunities. Your gift helps improve the quality and impact of our research, and promises to show immediate benefits in the form of improved community well-being. Contact me to learn how to invest today for a healthier tomorrow.

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