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Research Annual Report
Howdy and welcome to our annual update on the Texas A&M School of Public Health. I am honored to have joined the school in February as its third Dean. In many ways, our school is moving from adolescence into adulthood. With a strong foundation of educational programs and research, we are now poised to rapidly expand to address the most pressing health problems in Texas, the U.S. and the world.

On the educational side, we will soon be welcoming our first class of freshmen into the new bachelor’s degree in public health. Along with our new and continuing graduate students, we will have over 100 undergraduate students pursuing bachelor’s degrees this fall. Our newly launched public health minor is proving to be highly sought after and will help infuse a “public health mindset” into students in engineering, agriculture, veterinary medicine, business, architecture and other fields. Also, this fall we are launching the inaugural Executive Master of Health Administration Degree at the Texas Medical Center in Houston. This program will provide advanced training to working professionals. This past May, I had the pleasure of presiding over the largest graduating class in the history of the school - a record that is sure to be eclipsed in the coming years.

In research, we have dozens of exciting new projects with huge potential effects on the public’s health. Results from texting while driving studies have been used to shape the debate around public policy. Standing desks are rapidly becoming more commonplace in schools and worksites. Cutting-edge programs to address obesity, diabetes, asthma and chronic pain are being developed. A truly new innovation involves a partnership with AgriLife Extension to develop public health extension agents that can reach all 254 counties in Texas.

This is an exciting time to be in the School of Public Health. We are hiring dynamic faculty to join our team and have an amazing group of students in our programs in College Station, McAllen, Austin and Houston. Our vision is to fully mature into a school that makes a dramatic difference to lead Texas, the nation and the world in public health. I hope you enjoy reading about all of our exciting initiatives, and if you’re ever in College Station, feel free to drop by and say “Howdy.”

Aloha,

Jay E. Maddock, Ph.D., Dean School of Public Health
In his office at the Texas A&M School of Public Health, Dean Jay Maddock has a small horse-shaped figure that was given to him by a woman who created thousands of miles of walking trails on Jeju, an island off the southern coast of Korea. Maddock proudly keeps this figure as a symbol of the positive impact just one person can have.

The potential to have such a major impact on people’s lives is what prompted Maddock, who holds a Ph.D. in psychology, to pursue a career in public health. “Public health can make a real difference in people’s lives,” he says. Maddock is passionate about all aspects of public health, but the area he is particularly passionate about is exercise. He has been interested in promoting exercise ever since he was in graduate school and noticed he was putting on weight as a result of a sedentary academic lifestyle.

“We have engineered physical activity out of our daily lives and made it very easy to do very little,” he says. “We really need to rethink our environment.” Maddock, who was recently elected president of the American Academy of Health Behavior, has spent the past 15 years working on how we can put physical activity back into our daily lives. While he was director of public health at the University of Hawaii, he co-authored the state Physical Activity and Nutrition Plan and was involved in implementing a variety of initiatives that helped the state become recognized as the healthiest in the country.

Among these were initiatives to offer more recess and physical education in the schools, develop safer and more walkable communities, and increase access to fruits and vegetables.

One simple idea Maddock says can work is “walking school buses,” where parents walk their children to school and pick up more parents and children along the way.

“Twenty to 30 years ago, every kid walked and biked to school. Today none of them do,” Maddock says. “Children only need one hour of exercise a day. If they walk 15 minutes each way to school, that’s half of it.” Another idea is “complete streets,” where every new street that is built has to accommodate cyclists, pedestrians and motor vehicles.

Maddock says even seemingly minor things such as zoning codes can have a major impact on public health. He is an advocate of communities that have housing and retail together, which are commonly referred to as “walkable communities.”

Maddock notes that walkable communities are not just good for public health, but also good economic policy.

“Getting people out of their cars and on foot is great for the economy,” he says. Maddock says the key to developing walkable communities is working with community leaders, developers and local planning boards.

“Walkable communities look different everywhere, but the ideas and principles behind them are the same,” he says.

Maddock says developing community coalitions is also a key to improving public health, since social factors tend to influence a lot of our behaviors. While he was in Hawaii, he helped build a coalition in Kauai that was recently named one of the best coalitions in America for increasing physical activity and improving nutrition.

Maddock wants to use his new position as dean to help bring similar programs to Texas, which currently ranks 31st among the 50 states when it comes to public health.

“After 15 years in Hawaii, I felt I had pretty much done what I could do there,” he says. “I was looking for a new challenge. I want to make Texas a better place for everyone.”

If history is any guide, he is likely to succeed.

See Dean Maddock’s interview with PBS station KAMU using the QR code or URL below. https://youtu.be/zmL9s_nCiPY
New Research Finds Laws Restricting Texting While Driving Saves Lives

Alva O. Ferdinand, Dr.P.H., J.D., is spreading the word about her groundbreaking research on texting-while-driving bans as they relate to roadway safety. Ferdinand, an assistant professor at the Texas A&M School of Public Health, led a team of researchers who found that states with laws restricting texting while driving reduce crash-related hospitalizations and save lives.

Ferdinand has served as an expert witness in legislative hearings, and her research has been featured on the National Public Radio (NPR), the Public Broadcasting Service (PBS), the Washington Post, the Houston Chronicle, and the Texas Tribune, among others. AcademyHealth, the world’s premier organization for health services and health policy researchers, recognized the value and impact of this cutting-edge research and awarded Ferdinand the Outstanding Dissertation Award for this seminal work last year.

Ferdinand used a panel study design that examined the effects of different types of texting bans on motor vehicular fatalities. She and her co-researchers used the Fatality Analysis Reporting System—a nationwide census providing the National Highway Traffic Safety Administration, Congress, and the public with data regarding fatal injuries suffered in motor vehicle crashes. A difference-in-differences empirical approach was used to examine the incidence of fatal crashes between 2000 through 2010 in 48 U.S. states with and without texting bans. Age cohorts were constructed to examine the impact of these bans on age-specific traffic fatalities.

Results indicated that primarily enforced texting bans (i.e., a police officer can stop a driver...
for texting while driving without having another reason) were significantly associated with a 3 percent reduction in traffic fatalities among all age groups. This equates to an average of 19 deaths prevented per year in states with such bans. Further, primarily enforced texting laws that banned only young drivers were the most effective at reducing deaths among the 15-21 year old cohort. Secondarily enforced texting restrictions (i.e., a police officer can only cite a driver for texting after stopping them for some other violation, such as speeding, driving while intoxicated, etc.) were not associated with traffic fatality reductions in any of their analyses.

“Our results indicate that states that have not enacted any primarily enforced texting bans are missing out on opportunities to prevent avoidable roadway deaths,” Ferdinand said.

Ferdinand and her research team also examined crash-related hospitalizations before and after the enactment of state texting bans. Nineteen states were included in the study, and hospital discharge data between 2003 and 2010 were analyzed. Some states had passed bans on texting while driving while other states, including Texas, had no such bans.

The study found that on average, there was a 7 percent reduction in crash-related hospitalizations in states that have enacted texting-while-driving bans. Hospitalizations were reduced the most – 9 percent – among 22-64 year olds and those aged 65 and older.

“Our research indicates that adults in states with a primary texting ban stand to benefit the most in terms of potentially avoiding crash-related hospitalizations,” Ferdinand said. “Given that the texting driver may cause a crash, but may not be the one most seriously injured, restricting texting bans to young drivers only is perhaps not the best approach to preventing crash-related hospitalizations.”

According to the Centers for Disease Control and Prevention (CDC), more than 2.5 million adult drivers and passengers in the United States sought medical attention following involvement in a motor vehicle crash in 2012. Additionally, the CDC says the costs of productivity losses and medical care due to injuries sustained in motor vehicle crashes in a one-year period are more than $80 billion. The National Highway Traffic Safety Administration has estimated that more than 400,000 individuals have been injured in crashes involving a distracted driver. In efforts to combat distracted driving, many states have enacted texting-while-driving bans, but very little is known about their effectiveness in improving roadway outcomes.

Previous research has shown that improvements in state unemployment rates and per capita incomes, as well as lower gasoline prices, are associated with increased crash risk.

“Because we are seeing improvements in the economy and gasoline prices are about one dollar cheaper than they were this time last year, states should be considering steps to implement policies such as texting bans that will help to offset these trends,” said Michael Morrisey, Ph.D., a study co-author and head of the Department of Health Policy and Management at the Texas A&M School of Public Health.

Ferdinand and her colleagues plan to continue their examination of the impact of texting while driving laws on other roadway outcomes. “Given that distracted driving can also result in emergency room visits only, property damage, and sustained injury over time, my co-investigators and I plan to further develop this body of literature.”

Ferdinand’s work continues to receive attention from the media, fellow researchers, and policymakers alike. “It has been a pleasure to share our research findings with those attempting to understand and address the widespread problem of distracted driving. We plan to further develop this stream of research that sheds light on how the implementation of laws affect real-world outcomes.”

Dr. Ferdinand providing testimony on her texting and driving research during the 84th Texas Legislative Session.
Joe Sharkey, Ph.D., M.P.H, has spent nearly a decade trying to improve the lives of children and families living along the U.S.–Mexico border.

Now, Sharkey plans to take his work to a new level with the help of a five-year, $4.9 million grant from the U.S. Department of Agriculture (USDA).

Sharkey will lead a team from Texas, New Mexico and Arizona who plan to implement a family-centered approach to reducing the incidence of childhood obesity along the border through research, education and extension. Levels of childhood obesity in this area are reaching “epidemic proportions,” according to studies conducted by the United States–México Border Health Commission.

“The burden of obesity disproportionately affects marginalized populations, such as children of Mexican heritage who reside in impoverished communities along the U.S–Mexico border,” said Sharkey, who is professor of health promotion and community health sciences in the Texas A&M School of Public Health and founding director of the Program for Research and Outreach-Engagement on Nutrition and Health Disparities.

The program will focus on areas with the least amount of resources, such as the more than 2,300 colonias scattered along the Texas–Mexico border from El Paso to Brownsville. Colonias are unregulated neighborhoods that have sprung up in former agricultural areas that have exhausted their usefulness for growing crops. Families living in these areas have limited access to affordable, healthy foods.
and physical activity opportunities. Public health officials trying to improve the quality of life in these areas face numerous barriers such as language, level of education, poverty, inaccessibility, and trust of outsiders. The program will focus on Hidalgo County (Texas), Luna and Otero counties (New Mexico), and Santa Cruz County (Arizona).

“Obesity is a very complex issue in these areas,” Sharkey said. “It can be hard to be physically active when it is 100 degrees outside, there are dogs running loose and there are gangs. Parents may be keeping their kids inside the house because it is safer. You can’t just take a program from somewhere else and drop it in there.” As a result, the team will focus on addressing environmental context and culture of the areas.

Sharkey and other members of the research team plan to develop and test a promotor-driven model called Salud Para Usted y Su Familia (Health for You and Your Family). Promotoras are members of the community who are trusted by residents, serve as a cultural bridge, and have special training in outreach and health education. Sharkey said he was encouraged to start the program by promotoras themselves.

“We have been doing research along the border for years,” Sharkey said. “They wanted to know how we can change things.”

Working with these promotoras, Sharkey and his team plan to develop a program to improve individual and family behavior in three key areas: nutrition, physical activity and “screen time.”

“Positive behavior changes in children are not sustainable if the family system and home environment remains unchanged,” Sharkey said. He wants to develop a program that will enable residents to maintain their cultural traditions, but do so in a healthier way. For example, this might involve using olive oil in tortillas instead of lard.

The new program builds on variety of other programs Sharkey has developed in South Texas since 2007. His first project along the border involved driving every road in Hidalgo County to map its food resources. More recently, he has done several studies looking at hunger rates among children and the elderly who live in the colonias.

Sharkey said improving the health of families living along the U.S.–Mexico border is important because these communities are typical of many new immigrant communities springing up throughout the country, including in states such as North Carolina, Tennessee, Kentucky, Iowa, Colorado, Oregon and Oklahoma.

“If you look at the demographics, populations of Mexican origin will be the largest minority group in the United States, if they are not so already,” Sharkey said. “We hope this project will help us learn how to improve the health of this population, whether it is through individual behavior or environmental changes.”

Partners on the project include New Mexico State University (Jill McDonald, Ph.D.), the Mariposa Community Health Center in Nogales, Ariz. (Susan Kunz, M.P.H.), Texas A&M AgriLife Extension Service (Sharon Robinson, Ph.D.), and Baylor University (M. Renee Umstattd Meyer, Ph.D.). The USDA awarded the grant through the Childhood Obesity Prevention Challenge Area, a program of the Agriculture and Food Research Initiative sponsored by the National Institute of Food and Agriculture.
Customized Approach is Key to Addressing Global Health Challenges

Health care professionals aim to improve quality of life and health status of their patients, but often times the same strategies don’t apply across all communities. Health care providers must continuously work to understand the needs of their community and share important health information with a culturally appropriate strategy.

This concept is particularly important to students at the Texas A&M School of Public Health, who are not only focused on their own backyards, but across the globe. While communities in China and India may face similar health issues as underserved communities in the U.S., the solutions may not be the same. By working with local health care organizations and visiting local hospitals, students have found that they must develop culturally specific communication methods to properly engage with the vastly different cultures they may come in contact with.

In Ghana, for example, as well as many other African countries, trust between health care professionals and journalists is often absent. In a continent rampant with health needs, health care professionals complain that journalists often do not accurately report the information they are given. Conversely, journalists say health professionals rarely will provide interviews at all. So what’s the answer?

“With the recent Ebola outbreak in Africa, the tremendous need for dissemination of accurate health information to the public has
been highlighted,” said Bernard Appiah, Dr.P.H., instructional assistant professor at the Texas A&M School of Public Health. “Communication holds the key to building trust and understanding between health professionals and journalists in Africa.”

Appiah grew up in Ghana and learned the importance of building trust between communication sources as a child. He would accompany his late father, who was a “town crier,” responsible for traveling throughout their village and orally disseminating information from their village chief.

Appiah believes communication holds the key to building trust between health professionals and African journalists.

Inspired by lessons learned from his father, Appiah formed the Center for Science and Health Communication in 2008 in Ghana. Through the years Appiah and his staff have collaborated with health and media institutions in Ghana to train health professionals and journalists in effective communication strategies and culturally appropriate communication techniques.

The mission of the center is to build trust between the two disciplines to increase the public’s understanding of the major public health issues facing their communities. The success of the center has led to recent opportunities for the training of health researchers and journalists to branch out into areas of Uganda and Kenya.

With the help of the center and proper media training, health professionals who previously refused to provide interviews to journalists have now become much more accessible. The center has worked diligently to educate journalists about the health science issues and public health concerns that they may be impacted by. In addition, the center has created an online expert database to help reporters get in touch with media-trained researchers. By creating a network of media and industry contacts, the center has created an atmosphere of trust.

“I can now grant interviews to journalists, especially those who I have met in trainings sponsored by the center, because there is now a mutual trust,” said Eric Sefa, M.D., medical superintendent of Accra Children’s Hospital in Ghana.

The center also emphasizes the importance of culturally appropriate communication to promote health in Ghana.

For example, storytelling and theater productions are effective communication tactics in Africa. Appiah wrote a weekly drama series produced on Ghana television known as “Let’s Talk About Drugs,” which became very popular. The drama brought about discussions in the general public about the appropriate use of medications.

Appiah’s research exposes public health students to effective communication tools they can use when working in underserved and culturally diverse areas. From large, diverse urban areas to rural communities in South Texas where people struggle to overcome gaps in education, language barriers, and various cultural traditions, universal communication strategies are essential to improving their quality of care.
The Texas heat was no excuse according to Esther Rose who walked regularly in the mall with her friends before the stores opened to minimize this common exercise barrier. Even towards the end of her life when a fall necessitated the use of a walker, Ms. Rose worked out regularly with a personal trainer until a few months before she died at age 93. Little did Esther Rose know her life choices would inspire over 30 years of research by one of today’s leading international researchers on healthy aging and community-based prevention and wellness programs, Regents and Distinguished Professor Marcia G. Ory, Ph.D., of the Texas A&M School of Public Health. As Esther Rose’s youngest daughter, Ory considers her mom one of her greatest role models.

“Mom’s positive choices as she grew older spurred my interest in studying the factors that influence the adoption and maintenance of healthy lifestyles. I observed many concrete examples where behavior change research could be translated into practice,” Ory said.

For example, accompanying her mother to doctor’s appointments spurred Ory’s research in primary care and how individuals communicate with their doctors. When Esther Rose was told by her doctor to stop driving at age 85 and she had no other way to get around, Ory recognized the context in which people live is key to behavior change leading to further research in community-based interventions.

Ory’s work has revolutionized the care of seniors through applied prevention research beginning at the National Institute on Aging where she directed the Social Science Research on Aging program, to her current position as distinguished...
professor and associate dean of research at the Texas A&M School of Public Health.

Her most recent effort was serving as co-editor of the latest Research Topic in the international journal *Frontiers in Public Health*. She recently presented key findings from the publication on improving the lives of older adults through evidenced-based programming with co-editor Matthew Lee Smith, Ph.D., of the University of Georgia College of Public Health, at the National Council on Aging Chronic Disease Self-Management Education and Falls Prevention Resource Center Meeting, designated a White House Conference on Aging event.

The volume of approximately 35 peer-reviewed articles and 25 commentaries reflects clearly that in the not-too-distant past, what it meant to grow older in our society has rapidly begun to change. “Healthy Aging” is no longer a misnomer, with recent statistics indicating over 300,000 seniors throughout the U.S. engaging in health promotion and disease prevention programs sponsored by the Administration for Community Living since 2010.

“With demographers warning us about the ‘gray tsunami’ – the increasing numbers of older adults – approaching our global doorstep, it is our hope that researchers, practitioners and policy makers will use this information to better work together to understand how to help the rapidly increasing number of older adults achieve optimal health and well-being,” Ory said.

In addition to making substantial contributions to identifying factors associated with healthy aging as well as implementing and disseminating evidence-based programs for improving the health and functioning of older adults, Ory continues to work collaboratively with a variety of community, state and national partners to advance the science of public health translational research. She has authored or co-authored 10 edited books, 40 book chapters, served as guest editor for 20 journal issues and published over 350 articles. Additionally, she generates more than $1 million annually in expenditures for research and service. She is also known for her excellence in mentoring the next generation of scholars and practitioners.

It is no wonder Ory received last year the Lifetime Achievement Award from the Aging and Public Health Section of the American Public Health Association (APHA).

“Her record speaks for itself, and we feel that her amazing accomplishments exemplify what this award represents,” states Lene Levy-Storms, Ph.D., M.P.H, past-chair of the Aging and Public Health Section.

Though Lifetime Achievement Awards often indicate one is in the sunset of their career, Ory is far from that. After all she is quick to point out that “I am my mother’s daughter.”

Ory serves as director of the school’s Program on Healthy Aging and co-director of the Health Technology and Patient Empowerment initiative, an area of growing interest in the development of novel technologies for patient screening, diagnosis and intervention. As chair of the Texas Falls Prevention Coalition, she is leading research efforts to identify those at highest risk of falls and examine the effectiveness of different evidence-based programs for fall prevention.

While promoting healthy aging among seniors is her current passion, she has a life-course perspective, recognizing the importance of a life-long intervention approach that considers environmental and technological solutions that make it easier for people of all ages to engage in healthy lifestyles.

“My mom’s example of a positive, healthy lifestyle continues to propel me to research how others might throughout their entire lifespan be encouraged to do the same.”

Marcia G. Ory, Ph.D., M.P.H.
According to the United Nations, water poses one of the greatest sustainability challenges of the 21st Century. In fact, by the year 2025, two-thirds of the world’s population will face a severe water shortage. Additionally, the World Health Organization says the presence of pathogens and toxins in water cause more than two million deaths annually, mostly children under the age of five years old. A Texas A&M researcher is looking to naturally occurring iron to solve the world’s water problem.

“Water scarcity and pollution threaten our ability to grow strong and stable economies, meet basic human needs, and protect healthy ecosystems, while also posing severe human health problems,” said Virender K. Sharma, Ph.D., M.Tech, M.Sc., professor and environmental chemist at the Texas A&M School of Public Health.

According to Sharma, supercharged iron, or ferrate, may hold the solution to the world’s impending water crisis. Sharma is investigating the use of this environmentally friendly chemical compound as a water-treatment disinfectant to ensure public health protection through availability of water that is clean and suitable for communities.

“It is vitally important that a readily abundant and cost-effective solution be developed,” Sharma said. “Naturally occurring iron can be easily converted to ferrate, which can be used in both air and water purification as a disinfectant to aid in the removal of toxins without leaving behind harmful by-products.”

Ferrate has been found to be particularly useful in the reuse and recycling of water. This emerging water-treatment technology could address the challenge of eliminating potentially carcinogenic disinfectant by-products (DBPs) currently left behind with traditional water treatment chemicals, such as free chlorine, chloramines and ozone.

“When combined with solar energy through sunlight, ferrates provide a green and innovative sustainable treatment strategy to remove a variety of contaminants from the public’s water,” Sharma said. Currently, Sharma is conducting a National Science Foundation study on the oxidative elimination of cyanotoxins – potent toxic compounds that can be absorbed by water and pose a serious environmental hazard – by ferrates.

“Microcystins, which are toxic to plants, animals and humans, are the most widespread cyanotoxins globally and ferrate efficiently treats microcystins without producing toxic by-products,” Sharma said. In another study for the National Sciences and Engineering Research Council of Canada, Sharma...
explored clean technologies capable of water refining and nutrient/energy recovery. This study found the development of a low cost oxidation and coagulation treatment with no start-up time and quick process for the treatment of pollutants and prevention of adverse environmental impacts.

As our troops serve our nation all around the world, it is important to provide a way for them to obtain pure drinking water. Providing a reliable source of purified drinking water for our U.S. military as they serve our nation in the field is the focus of a research grant awarded to Dr. Sharma.

The Battelle Memorial Institute awarded a sub-contract to the Texas A&M School of Public Health to ultimately develop a portable water treatment device using naturally occurring iron in the environment. According to Sharma, this iron is easily converted to an environmentally friendly chemical compound called ferrate that can be used as a water treatment disinfectant to purify water.

“In a matter of minutes polluted water contaminated with pesticides and other toxins can be purified using ferrate without possibly leaving harmful by-products currently left behind with traditional water treatment chemicals, such as free chlorine, choramines and ozone,” Sharma said.

A research group led by Sharma conducted laboratory studies to demonstrate the efficacy of ferrate to remove a wide range of contaminants. Results of the research will contribute to the development of the device.

Sharma, an environmental chemist, was recently named interim department head of the Environmental and Occupational Health Department at the Texas A&M School of Public Health.

(Sharma is continually invited to present his research at conferences and institutions worldwide. His novel water purification process was recently highlighted in the high impact journal Accounts of Chemical Research.

“Access to clean and sustainable water is essential to ensuring a community remains strong and continues to develop,” Sharma said. “We rely on clean water to survive; however, with changing climate patterns and continuous pollution, it becomes all the more important to develop cost-effective ways to protect our water sources and safely remove harmful contaminants.”

Sharma and his graduate students were interviewed by a TV crew concerning their research. This can be viewed using the QR code or URL below.
https://youtu.be/nE51rGRENmQ
Delivering health care services in rural America is different from providing care in urban and suburban parts of the country. Even though 17 percent of Americans live in rural or remote parts of the U.S., only 9 percent of physicians practice in rural areas. The shortages are similar for dentists, pharmacists, nurse practitioners and emergency medical services.

To put it in straightforward terms, if you have a health emergency but are more than 30 minutes from the nearest hospital, you have a 46 percent mortality rate compared to 21 percent if you live less than 30 minutes from a hospital.

The closing of rural clinics and hospitals, an increasingly older population, higher poverty levels and less infrastructure support are just a few of the challenges addressed in the recently published *Rural Healthy People 2020* by the Southwest Rural Health Research Center at the Texas A&M School of Public Health.

“Each chapter of *Rural Healthy People 2020* provides an overview of current challenges and examples of successful community-wide efforts,” said Jane Bolin, Ph.D., J.D., B.S.N., senior editor of *Rural Healthy People 2020* and director of the Southwest Rural Health Research Center. “Our research team focused on advances made in the previous decade and continuing challenges in addressing the needs of rural populations, providing an exhaustive literature review update and valuable models for practice.”

This highly requested update to the 2010 version of the publication is a one-of-a-kind national resource providing federal and state health policy planners with valuable information, and rural leaders and health care providers with critical tools, for responding to the needs of the rural communities they serve.

“Today with approximately 59 million people in the U.S. living in rural areas, understanding the health needs facing rural Americans is critical,” Bolin said. “The health of rural America is more important than ever to the overall health of the U.S. As a land-grant institution, Texas A&M is committed to addressing the needs of rural Americans.”

*Rural Healthy People 2020* serves as a companion document to Healthy People 2020, a consensus statement of national priorities and benchmarks measuring the nation’s health. To identify from Healthy People 2020 the priorities most important for rural America, more than 1,200 rural stakeholders nationwide were surveyed. Once rural priorities were identified, researchers at the Southwest Rural Health Research Center provided the most current findings in policy and research, and identified promising models for practice, in the two-volume *Rural Healthy People 2020*.

Access to health care continues to be the most frequently identified rural health priority, according to Bolin. Within this priority, emergency services,
primary care and insurance generated the most concern.

“Relying heavily on volunteer emergency staff, rural populations in need of immediate care are more likely to die or have higher morbidity and mortality associated with delay in accessing emergency care,” Bolin said.

Nutrition and weight status in rural areas climbed from the number 10 priority over a decade ago to number two overall, becoming the second most important priority for the current decade.

Continuing as top-ranking health concerns are the challenges rural populations face in preventing and managing both diabetes and mental health and mental disorders. Currently, more than 85 percent of mental health professional shortage areas are in rural areas.

Substance abuse completes the top five ranked rural health priorities, with variations in both type and rates of substance abuse across regions of the U.S. For example, nonmedical prescription opioid use is particularly problematic in Appalachian Kentucky, Virginia and West Virginia.

Rounding out the top 10 rural health priorities were heart disease and stroke, physical activity and health, older adults, maternal infant and child health and tobacco use. Other topics like cancer, oral health, immunizations, public health infrastructure, family planning and injury and violence prevention are also included.

In “Rural Healthy People 2020: New Decade, Same Challenges,” an article published recently in The Journal of Rural Health, Bolin provided documentation that rural America is becoming more diverse and that the health status of rural minorities is not only worse than rural whites, but rural minorities are also poorer than their urban counterparts. Some rural regions, such as the U.S.-Mexico border and rural Appalachia, face third-world living conditions leading to significantly higher rates of preventable vector borne diseases and preventable or avoidable chronic diseases.

Nationally two-thirds of rural counties have poverty rates at or above the national average. In Florida, poverty in rural counties is now at a historically high level of 20.3 percent.

Rural residents also face substantial disadvantages in terms of employment opportunities. Risk of on-the-job injury remains consistently higher for rural workers, including higher mortality and morbidity due to traumatic injuries associated with agriculture, mining, forestry and fishing.

Closings of hospitals in rural areas is compounding rural health challenges, which is largely due to cutbacks in Medicare reimbursements, reduced funding and imminent deadlines for instituting electronic medical records. At the same time, relative to urban America, rural mortality and longevity rates are falling behind, particularly for females.

“With the publication of Rural Healthy People 2020, it is our hope to continue to provide support for rural leaders, health care providers and legislators on the important challenges to providing health care services in rural America,” Bolin said. “We want to continue to build and add to the collective understanding of rural health conditions and knowledge of the unique challenges facing those who provide health services in rural America.”

To receive a hardcopy version of Rural Healthy People 2020 or to download the free pdf, please visit sph.tamhsc.edu/srhrc/
Combating Adolescent Smoking in Texas: Tobacco Cessation Program Harnesses Participant Interaction to Teach Teens to Quit
Each day in the United States, more than 3,200 people younger than 18 years old smoke their first cigarette with little thought to the long-term health impacts. If smoking persists at the current rate among this age group, 5.6 million of today’s Americans are projected to die prematurely from a smoking-related illness.

Brian Colwell, Ph.D., professor at the Texas A&M School of Public Health, is passionate about helping young people quit using tobacco. He and research partners at the University of Houston and the University of Texas have developed an intervention used in virtually every Texas county over the past decade targeting tobacco cessation among adolescents.

Colwell and his partners Drs. Dennis Smith and Stacey Stevens-Manser developed the Texas Youth Tobacco Awareness Program (TYTAP) based on the need for resources to support adolescents in their attempts to quit smoking that were based on teens’ life situations, level of cognitive maturity, and motivations for initiation, maintenance and cessation of tobacco use. Originally designed as a voluntary program, the curriculum was modified to accommodate a Texas law passed in 1997 that required youth caught in possession of tobacco products to complete a mandatory tobacco awareness program.

“The program uses a cognitive-behavioral approach and incorporates motivational techniques designed to encourage youth to reconsider their current tobacco use behaviors,” Colwell said. “It is designed so that ‘preaching’ by a program facilitator is nearly impossible, with a variety of activities that require participant input rather than simple lectures from an instructor.”

The focus is on understanding their own motivations for using tobacco, the cues that tell them to use tobacco in their environment, how to manage moods in situations where they might normally use tobacco and ways to quit.

“So many young people think they are going to live forever and know little of the health consequences of tobacco use,” said Eric Wallace, coordinator of intervention programs for Amarillo College. “Having taught Dr. Colwell’s program for 10 years to hundreds of adolescents, I have seen first-hand the benefits of the program.”

The Texas Department of State Health Services (DSHS) does as well, having awarded Colwell yearly contracts since 2003. The program has been successfully conducted throughout the state not only in public schools, but also by local and regional councils on substance abuse and by mental health/counseling professionals. Self-reports from youth who have completed the program indicate that approximately 40 percent indicate they quit using tobacco at three months post-intervention and 30 percent at six months.

“Most are not addicted yet, and getting information to them that they would not otherwise have before they are addicted is critical,” Wallace said.

Recently, Colwell’s focus turned to tobacco cessation programs for college students working in collaboration with researchers at M.D. Anderson Cancer Center on the National Cancer Institute funded, “Enhanced Smoking Cessation for University Students (SUCCESS).”

According to Colwell, working with college students has some similarities with the youth work, but there are major differences as well. The environment in which college students live is very different than home, with different stressors and environmental cues to use substances. Additionally, tobacco is a legal product for them. This makes addressing the issue much different.

“We always try to leave folks – regardless of their age – with the thought that quitting today is easier than it will be tomorrow, so every day you delay makes it just a bit more difficult,” Colwell said. “But in the end, everybody can quit if they want to do so.”
Using Population Big Data to Map the “Social” Genome

In today’s society digital information provides the framework for every aspect of our daily lives, from medical records, school records, housing records to economic history. With the advent of computerized data as a way to facilitate the storing and accessing of information, we have not only created a footprint for what we do, but a virtual genetic code for who we are as individuals and as a society.

In an article in the Institute of Electrical and Electronics Engineers (IEEE) Computer Society’s flagship publication, Computer, Hye-Chung Kum, Ph.D., associate professor with the Texas A&M School of Public Health and member of the Center for Remote Health Technologies and Systems (CRHTS), argues that this data, or our social genome, could be used in new ways to help better understand the concerns of a population and how to best meet their health and societal needs. Based on this article, Kum has been invited as a keynote speaker to present the first international workshop on “Population Informatics for Big Data” at the ACM SIGKDD conference in Sydney, Australia in August. This conference is the premier data mining conference in computer science worldwide.

“Social Genome: Putting Big Data to Work for Population Informatics,” details a vision for the development of social genome projects that would develop new ways to access and repurpose large digital data sets, commonly termed “big data.” According to Kum, the project entails the creation of several region-based facilities that provide researchers with the ability to develop, integrate, manage and apply social and health data in a safe and securely monitored environment.

“Collectively these digital traces—across a group, town, county, state or nation—form a population’s social genome,” Kum said. “If properly integrated, analyzed and
interpreted, social genome data could offer crucial insights into how best to serve our greatest societal priorities: health care, economics, education and employment."

Many government agencies, such as the National Institutes of Health and the Agency for Healthcare Research and Quality, have become increasingly interested in population informatics, which is the use of existing digital information for a new purpose. They have invested significant research efforts to improve cost, quality and access to health care and continue to lead efforts to turn raw data into useful measures for research and quality.

Public health research relies heavily on obtaining these large data sets and identifying unifying trends across a population. Information systems in the health sector have undergone significant changes making it possible to collect, store and process huge amounts of digital records. However, often times accessing big data has been difficult due to concerns associated with privacy, means of access, data integrations and data management limiting the amount of data researchers can use.

According to Kum, there must be a shift in our understanding of protection and accountability of sensitive data. Through the use of secure computer software, the building of a safe environment, and increased governance and monitoring of how the data is collected and used, these projects would facilitate the growth of population informatics as a revolutionary public health research tool.

As the first step in building and using the social genome safely, Kum published an article in the Journal of the American Medical Informatics Association on “Privacy Preserving Interactive Record Linkage (PPIRL)” for safe data integration. Kum emphasizes that it is critical to understand the distinction between identity disclosure (e.g., who the person is) and sensitive attribute disclosure (e.g., does this person have cancer). She maintains that identity disclosure has little potential for harm on its own though the sensitive attribute disclosure is what results in harm.

“Privacy preserving data integration is key to any data intensive population research,” Kum said.

“If we define the privacy goal of privacy preserving record linkage as a guarantee against attribute disclosure, we can develop systems that allow both privacy protection and high quality record linkage.”

Human-based third-party linkage centers have been the accepted norm internationally to date. However, Kum believes a more flexible computerized third-party linkage platform, Secure Decoupled Linkage (SDLink), should be considered based on three core privacy principles. First, SDLink separates the identifying data from the sensitive data using encryption. Second, through chaffing (adding fake data) and changing the label of the data set, SDLink prevents attribute inference that can occur through group disclosure. For example, if someone you know is on the cancer registry (group disclosure), they must have cancer. However, this attribute disclosure can be eliminated if you knew that the list was fake data (people who did not have cancer are also on the list) or if you did not know this was a cancer registry. Finally, identity disclosure is minimized by recoding of variables (e.g., gender is recoded as being different, same, or missing rather than male or female). As a result, only the information that is essential for record linkage is revealed.

“Never before in history have we had more data to use for population research,” Kum said. “But to use big data appropriately, we must understand the 4V’s – lots of (volume), complex (variety), data that are continuously generated (velocity), and also have much uncertainty (veracity).”

Kum believes variety and veracity are the two main challenges for big data in health services research, and the key is “to understand the minimum information required for accurate linkage and then to design protocols to reveal, in a secure manner, only that information.”

“Never before in history have we had more data to use for population research.”
Hye-Chung Kum, Ph.D.
With one in three adults considered obese and approximately another 40 percent overweight, accommodating heavier employees has simply become a fact of life in the workplace, from large-scale factories to corporate cubicles.

Injuries from overexertion or fatigue are a significant cause of worker disability, with U.S. employers spending in excess of $200 billion annually on obesity-related health conditions. Existing endurance prediction models provide ergonomists work guidelines to protect workers from injury by measuring the maximum amount of work an individual can perform at different levels of exertion. These models consider many factors, but not obesity.

Ranjana Mehta, Ph.D., assistant professor at the Texas A&M School of Public Health, was recently awarded a research grant from the National Institute for Occupational Safety and Health, a section of the U.S. Centers for Disease Control and Prevention, to develop a revised force-endurance model to accommodate for the changing capacity of the overweight and obese workforce. Researchers at both the Texas A&M School of Public Health and the State University of New York at Buffalo will conduct the two-year research project.

“Findings from a Liberty Mutual Research Institute study indicate that obesity is associated with a 25 percent higher risk of work-related injury.”

Ranjana Mehta, Ph.D.
“Findings from a Liberty Mutual Research Institute study indicate that obesity is associated with a 25 percent higher risk of work-related injury, independent of all other relevant factors, such as age, work hours, and occupational hazards,” Mehta said. “Americans spend a significant part of our lives in the workplace and this presents an increased injury risk for the majority of the workforce that are overweight and obese.”

Mehta’s research involves neuroimaging of brain activity during exercise and when individuals are under stress.

**Mehta awarded Huffines Institute Faculty Research Award**

Dr. Mehta is the recipient of the Faculty Research Award from the Sydney and J.L. Huffines Institute for Sports Medicine and Human Performance. As a recipient of the award, Mehta will serve for the next year on the Huffines Institute Executive Board.

Mehta’s research project, “Physical functioning under stress: Imaging of the aging brain in obese individuals” will examine how obesity impacts the functioning of the aging brain during physical activity, particularly under stress.

An estimated 71 million Americans over the age of 65 will be obese in 2030, which has serious implications on the structures and functions of both the aging musculoskeletal and central nervous systems that have been linked to physical and cognitive impairments. This project will investigate neural changes that occur with obesity and the normal aging process under stressful conditions, and will aid in understanding the best interventions to apply to improve brain and subsequent physical and mental health for a growing number of elderly Americans.

Mehta is the director of the NeuroErgonomics Lab and co-director of the Ergonomics Center in the Department of Environmental and Occupational Health at the Texas A&M School of Public Health.

Researchers will develop a revised force-endurance model to accommodate for the changing capacity of the overweight and obese workforce.

Researchers will collect data from individuals in Texas and New York with varying body types – average, overweight and obese. The proposed work will focus on examining individuals’ endurance times at different levels of physical work across three tasks that target commonly injured muscles of the upper body and trunk. The data collected from a diverse, widespread population will be more applicable to the general population and will assist the researchers in developing an accurate revised force-endurance model to reduce workplace injury for all workers in the future.
Creating the strategy for a master-planned biomedical industrial park in Kenya is the first international project of the Center for Health Organization Transformation (CHOT) at the Texas A&M School of Public Health.

The U.S. National Science Foundation (NSF) funded CHOT will work with Ustawi Biomedical Research Innovation and Industrial Centers of Africa (UBRICA) on the project termed UBRICA ONE, which will be located on 4,000 acres in the Great Rift Valley of Kenya. The biomedical industrial park will include hospitals, research facilities, residential areas, recreational areas and industry.

The CHOT research team will work with UBRICA to create a strategy for the biomedical industrial park as a sustainable human development enterprise that meets the needs of Kenyans and the environment in which they live. Initial research will be conducted on international development models of health specific to Kenya as well as conducting a stakeholder analysis in order to develop a strategic plan for UBRICA.

“We are pleased to add UBRICA as one of our industry partners, and to work with them on translating their vision for this enterprise into evidence-based strategy and design,” said Bita Kash, Ph.D., M.B.A., director of CHOT and associate professor at the Texas A&M School of Public Health.

The research team will consist of faculty and students from not only the Texas A&M School of Public Health but also from other institutions and stakeholders in Kenya and the U.S.
Dr. Kash has been named editor of the *Journal of Healthcare Management* (JHM), the peer-reviewed research journal of the American College of Healthcare Executives (ACHE). Kash has been a longtime member and Fellow of ACHE and has previously published in the journal and served on the editorial board. According to Deborah Bowen, FACHE, CAE, president and CEO of ACHE, Kash is “poised to carry on JHM’s legacy of publishing high-quality, relevant and timely health care management research that our readers can apply in their organizations.”

Kash conducts research to support the implementation of evidence-based transformational strategies within health care organizations. Kash’s research model relies on the knowledge and experience of health care leaders and practitioners to guide academic research. This cooperative model ensures that the research is both meaningful and applicable to the health care industry and provides immediate decision support. In her most recent research published in the high impact journal *Milbank Quarterly*, Kash with CHOT researchers from Texas A&M and the American Society of Anesthesiologists conducted a first-of-its-kind, large-scale systematic literature review of the role of the evolving Perioperative Surgical Home (PSH) model of care in reducing surgical care while improving clinical outcomes. The PSH is a physician-led team-based model of coordinated care where the patient’s entire surgical experience—preoperative, intraoperative, post-operative and post-discharge—is fully coordinated and treated as one continuum of care. The PSH model emphasizes the cost-efficient use of resources as well as physician leadership, multi-specialty team, and shared decision-making. In defining best practices, this research will eventually set the standards of care for organizations seeking to obtain PSH status. Since publication, the research paper has been featured in *Becker’s Hospital Review*, eMedEvents, *American Journal of Managed Care*, and *Science Daily*.

“We at UBRICA feel very fortunate for CHOT to take this work of creating sound strategy for our proposed biomedical park.”

Macharia Waruingi, M.D.
UBRICA’s Chief Executive Officer
High Childhood Asthma Rates Spur Research on Prenatal Air Pollutant Exposure

Astounding childhood asthma rates in Hidalgo County – among the highest in the state – and research linking childhood asthma to prenatal exposure to air pollution has prompted a team of researchers to dig deeper into the issue with an end-goal of developing intervention strategies to combat the adverse effects of air pollution.

An increase in industrial expansion and trade has led to higher air pollution along the Texas-Mexico border.

Natalie Johnson, Ph.D., Genny Carrillo, M.D., Sc.D., and public health graduate student Jairus Pulczinski, all with the Texas A&M School of Public Health, along with Joe Zietsman, Ph.D., P.E., of the Texas A&M Transportation Institute, and Kirsten Kohler, Ph.D., of Johns Hopkins University, will conduct a pilot project in McAllen, Texas, to gather additional information on the types and levels of prenatal air pollutant exposure. A similar study is being conducted by the team in Eastern China.

The team will characterize pollutant exposure by monitoring amounts and types of traffic in the area. Using Environmental Protection Agency models, they will study dispersion of pollutants into the atmo-
sphere, giving them a better understanding of the pollutant concentrations in South Texas. With help from Rio Grande Regional Hospital OB/GYN clinics, the team will then measure personal air pollution exposures for 25 expecting women who will wear backpack monitors that will measure pollutant concentrations in various environments, including their homes, workplaces and outdoors. This information will help researchers determine the frequency with which pregnant women are exposed to pollutants, and when and where the exposure is highest. Finally, they will examine biological markers of pollutant exposure through blood, urine and hair samples. This will help the researchers determine how the pollutants physically affect those who are exposed to them on a regular basis.

“The data collected in these pilot research projects will be used to characterize air pollution exposure in South Texas and Eastern China, which will assist in determining appropriate intervention options in the future,” Johnson said.

The study is part of the Texas A&M Healthy South Texas 2025 Initiative, an unprecedented effort to reduce preventable diseases and their consequences in South Texas by 25 percent by the year 2025. The initiative’s initial focus will be on diseases of highest impact in South Texas, including diabetes, asthma and infectious diseases, with the goal of improving the wellness of South Texans for generations to come.

This research project is supported through funding from the Texas A&M Health Science Center, Texas Transportation Institute and Texas A&M National Natural Science Foundation of China (NSFC) Collaborative Program.

See Johnson and her graduate students discuss their research using the QR code or URL below. https://youtu.be/kZ1gFwY-wM

Johnson demonstrating to graduate student Jairus Pulczinski how to load the PCR machine for molecular analysis of umbilical cord blood DNA. Johnson preparing a sample to measure individual biomarkers of exposure in traffic-related air pollutants.
Brandie DePaoli Taylor, Ph.D., M.P.H., assistant professor at the Texas A&M School of Public Health, was awarded the American Sexually Transmitted Disease Association (ASTDA) Developmental Award. The ASTDA Developmental Award is designed to encourage new investigators to pursue careers in STD research.

This two-year award will provide support related to Taylor’s research proposal entitled, “Host Genetic Susceptibility to Chlamydia-Associated Reproductive Morbidity,” where she will utilize genomic sequencing to identify new and rare host genetic markers associated with infertility secondary to Chlamydia trachomatis (chlamydia) genital tract infection. Findings from this initial proposal will provide data for continued research in a larger study designed to build prediction models.

Chlamydia remains the most common bacterial STD in the United States despite aggressive efforts to reduce rates of infection. In some women chlamydia causes permanent damage to the reproductive organs leading to infertility.
“My goal is to contribute to a better understanding of chlamydia and identify genetic and biological markers that can be used to predict risk of reproductive complications following infection,” Taylor said.

“Our previous work has shown that host genetics may contribute to why some women develop infertility following chlamydia and some women do not. This award will provide research support and allow me to obtain the training and practical experiences necessary to better understand the host genetic contribution to infertility following chlamydial genital tract infection.”

**HRSA awards Grant to establish Maternal and Child Health Program**

Improving the health of mothers and children in Texas is the goal of the new maternal and child health program at the Texas A&M School of Public Health.

The Health Resources Services Administration (HRSA) has awarded a $350,000, 5-year grant to support the creation of the interdisciplinary program in maternal and child health at the school. Dr. Taylor will direct the program that will help to address the current maternal and child health public health needs of the state.

The program will expose students to foundational maternal and child health content through coursework, seminars and research. Taylor will work with co-director, Eva Shipp, Ph.D., to develop graduate-level coursework in maternal and child health. They will collaborate with the Texas Department of State Health Services, the Texas Census Research Data Center, and prenatal clinics to develop training, research and internship opportunities.

Funding will also be used to provide students scholarships for directed research with maternal and child health faculty as well as travel to maternal and child health conferences.

Host genetics can be used to identify high-risk groups of women who would benefit most from modifying current chlamydial control regimens. This may include increasing the frequency of testing for C. trachomatis so that prompt and proper treatment can be initiated. As an inflammatory response is induced shortly after chlamydial infection, it is very important that women receive prompt treatment to reduce the duration of infection to prevent long-term complications including infertility.

Taylor is the current director of the Reproductive and Child Health Program at the Texas A&M School of Public Health. Her research interests include reproductive and perinatal epidemiology and the role of the host genetics and the immune system in reproductive and pregnancy complications. ■
Predicting Parkinson’s Disease: Researcher Develops New Method for Estimating Age-Of-Onset

In today’s world of increased risk for chronic disease, high instances of obesity, and declining health, many people feel that knowledge is power and the key to living a longer and healthier life. Over the years this has given rise to a consumer interest in genetic testing to determine a person’s level of risk for various hereditary disorders, such as Huntington’s disease, different forms of cancer, and even heart disease.

Tanya P. Garcia, Ph.D., assistant professor at the Texas A&M School of Public Health, completed a new study in which researchers are working to develop a new method by which clinicians can estimate the age-of-onset for Parkinson’s disease (PD) in carriers of the PARK2 gene mutation. The results are published in this month’s *Annals of Applied Statistics*.

PD is a degenerative disorder of the central nervous system that results in a progressive loss of motor skills. Symptoms include uncontrolled movements, shaking, rigidity, and difficulty walking. Dementia is also a common occurrence for those in the advanced stages of the disease. Although it typically affects the elderly or those after age 50, there are early onset cases that are believed to be hereditary and connected to the presence of the PARK2 gene mutation.

“Identifying the predicted age-of-onset for various diseases can play a vital role in the genetic counseling process.”

Tanya P. Garcia, Ph.D.

For studies of genetic diseases based on family history, predicting age-of-onset can be challenging. First, the genetic mutation status of many family members is usually unknown since, understandably, not everyone elects to get tested. Secondly, existing methods predict age-of-onset at different ages one-by-one, rather than all together. Predicting onset at each age individually has the tendency to yield invalid estimates.

Garcia and her co-authors developed a new statistical method that quickly predicts valid ages-of-onset for different ages simultaneously. Applying their method to the Consortium on Risk for Early Onset PD (CORE-PD) study, Garcia and co-authors found that individuals with two copies of the PARK2 mutation had a higher risk for early onset of PD than individuals with only one PARK2 mutation. Such results suggest a recessive mode of inheritance for PARK2 gene mutations for early onset PD. In addition, individuals with at least one copy of the PARK2 gene mutation tended to have an increased risk for early onset of PD than the general population who is not at risk.

The findings from this study may suggest that there are other genetic and environmental causes of PD in early onset cases that are different than late onset. Although further research is needed to better understand these differences, with the help of Garcia and these new statistical methods, patients can have a better understanding of PD and more effectively prepare for the future ahead.
Over 17 million children worldwide have been orphaned from AIDS, and most of these orphans live in poor resource settings. How to care for these vulnerable children remains an urgent public health issue.

Yan Alicia Hong, Ph.D., associate professor at the Texas A&M School of Public Health, has been doing research on care arrangement of AIDS orphans for years and published her findings from rural Central China. Many children have been orphaned in this area of the world because of unhygienic commercial blood collection since 1990.

“Many orphans experience rejection, increased bullying, social ostracism and numerous health concerns, both mental and physical, as a result of the stigma surrounding the disease,” Hong said. “This makes how this at-risk population is cared for all the more important.”

The study titled, “Community-based family-style group homes for children orphaned by AIDS in rural China: An ethnographic investigation,” published in Health Policy and Planning, provides a detailed description of community-based family-style group homes. Hong and others conducted a series of investigations to better understand the characteristics and function of this relatively new model of care and the potential health outcomes for the orphans. Detailed information on these group homes was documented as well as why children in them had better outcomes than their counterparts in orphanages and kinship care.

Based on years of ethnographic research, Hong and colleagues proposed an ecological framework on the best care model for AIDS orphans in resource poor settings. The framework models a stable home environment composed of dedicated caregivers, positive communication, and a supportive, nurturing neighborhood community that would help shield children from stigma and isolation.

“What we learned from our research will help us design effective care arrangement options not only for AIDS orphans, but other vulnerable children in resource poor settings,” Hong said.

The study received funding from the National Institute of Mental Health, the National Institute of Nursing Research and the Texas A&M Health Science Center.

Additional researchers include Dr. Peilian Chi, Macau University, China; Drs. Junfeng Zhao and Guoxiang Zhao, Henan University, China; Drs. Xiaoming Li and Bonita Stanton, Wayne State University, Detroit, Michigan; and Dr. Li Li, UCLA, Los Angeles, California.
The assessment instrument will be designed to be administered by trained nurses and contain various modules for personal care services and specialized nursing care.

It can be difficult for parents and caregivers of children with disabilities to navigate through state services as they seek the best care for their child.

In an effort to better evaluate the special needs of this vulnerable population, the Texas Health and Human Services Commission has awarded $1.125 million to the Texas A&M School of Public Health to develop a “one front door” assessment instrument.

Darcy McMaughan, Ph.D., assistant professor at the Texas A&M School of Public Health, will lead the effort to develop the State of Texas New Initiative to Help Children with Special Health Care Needs.
Access Reform (STAR) Kids Screening and Assessment Instrument for children and youth with intellectual and developmental disabilities and other complex health conditions. The assessment instrument is part of the new Medicare managed care program legislatively mandated in Texas.

The STAR Kids Screening and Assessment Instrument will be designed to be administered by trained nurses and contain various modules for personal care services and specialized nursing care. Certain responses will serve as triggers to advance children into various more extensive modules that identify the need for medical equipment, behavioral health services and other therapies. The assessment will improve coordination and customization of care and will account for individual and family preferences.

In an effort to better evaluate the special needs of this vulnerable population, the Texas Health and Human Services Commission has awarded $1.125 million to the Texas A&M School of Public Health to develop a “one front door” assessment instrument.

“It is our goal to simplify the process of receiving services by developing an assessment instrument that will help families receive appropriate, comprehensive, person-centered support for children with disabilities,” McMaughan said.

McMaughan will lead a team in validating and reliability testing of the assessment instrument. The team will also develop training materials to ensure nursing evaluators are proficient in administering the assessment. Eventually, McMaughan hopes to provide online training.

Other Texas A&M team members include Emily Naiser, M.P.H., and Laura Warren, M.P.H., of the Texas A&M Public Policy Research Institute; Timothy Elliott, Ph.D., and Constance Fournier, Ph.D, of the Texas A&M Department of Educational Psychology; and Szu-Hsuan (Sherry) Lin, Ph.D., of the Texas A&M School of Public Health.

“It is our goal to simplify the process of receiving services by developing an assessment instrument that will help families receive appropriate, comprehensive, person-centered support for children with disabilities.”

Darcy McMaughan, Ph.D.
Center for Community Health Development

Awarded Federal Funding in a Nationwide Effort to Reduce Teen Pregnancies
Teen pregnancy is one of the primary causes of increasing U.S. child poverty rates. Research shows many teen mothers among minority and high-risk youth remain on public assistance their entire lives, and children of teen parents are more likely to become teen parents themselves.

In an effort to develop new programming to reduce teen pregnancies, the U.S. Department of Health and Human Services Office of Adolescent Health has awarded $7.5 million to the Center for Community Health Development (CCHD) at the Texas A&M Health Science Center School of Public Health.

The five-year project is collaboration between CCHD and the Department of Health and Kinesiology (HLKN) in the College of Education and Human Development at Texas A&M University, led by principal investigator and co-director of CCHD, Kenneth McLeroy, Ph.D. Kelly Wilson, Ph.D., associate professor in HLKN and CCHD-affiliate faculty member, will serve as co-PI on the nationwide project.

The Integrating Teen Pregnancy Prevention Innovation Practices (iTIP) collaborative project will provide infrastructure, capacity building assistance and evaluation services that support the development of innovative teen pregnancy prevention (TPP) programs. The iTIP team will identify and subcontract with 27 organizations across the nation to develop evidence-based TPP programs that are aimed at reducing teen pregnancy, sexually transmitted diseases and other sexual risk behaviors.

“One of the critical issues in adolescent pregnancy prevention is addressing the needs of minority and high-risk populations,” McLeroy said. “This project is designed to address innovative strategies for reducing adolescent pregnancy in traditionally underserved populations by strengthening innovations in program design, strategies and delivery.”

The project will support programs that aim to address existing disparities and program gaps in teen pregnancy and adolescent sexual health, including age, race, ethnicity, geography and rurality. Vulnerable populations will be targeted including youth in foster care, parenting teens, and lesbian, gay, bisexual and transgender populations.

Nationally recognized leaders in TPP will be engaged with the team to provide overall project guidance and assist with project dissemination. Some organizations that will be involved include the Sexuality Information and Education Council of the U.S., both the Texas Campaign and the South Carolina Campaign to Prevent Teen Pregnancy and the Gay-Straight Alliance Network.

“This project provides the incredible opportunity to work with innovative partners across the nation to develop new projects which impact adolescent and teen pregnancy,” Wilson said. “While we recognize the progress we have made understanding evidence-based programs, we need additional resources which will impact underserved populations and look forward to the opportunity to lead these efforts.”
As national leaders continue to debate the advisability and economic impact of health care reform, the Texas A&M School of Public Health has reaffirmed its leadership in this area with the naming of internationally renowned health economist Michael A. Morrisey, Ph.D., as head of the Department of Health Policy and Management.

Morrisey joined the school September 2014 and was named the head of the Department of Health Policy and Management in July of this year. He is a pioneer in health economics and his textbook, *Health Insurance*, is the leading textbook in the field.

He joined the A&M faculty after serving for many years as director of the Lister Hill Center for Health Policy and co-director of the Center for Outcomes and Effectiveness Research and Education at the University of Alabama at Birmingham.

“The appointment of Dr. Morrisey along with the opening of the Executive MHA program and the hiring of several new faculty indicate a bright future for the department,” said Dean Jay Maddock, Ph.D. “I fully expect that under Michael’s leadership, the department will rapidly become one of the best in the nation.”

“Texas provides a unique opportunity for health policy research,” Morrisey said. “It is a large and diverse state that often takes very different approaches to solving policy questions than do others. This provides wonderful research opportunities to take a fresh look at new solutions and to see whether they are effective.”

As department head he looks forward to recruiting several new faculty members and enhancing the department’s ability to analyze state and national issues.

Morrisey is continuing his research on Medicaid and the children’s health insurance plans with a new focus on the State of Texas and on the role that physician competition plays in the delivery of care. His ongoing research interests in the Affordable Care Act focus on insurer competition and the role that narrow networks play in controlling premium growth and affect on plan enrollment.

“I am honored to be part of the Texas A&M School of Public Health,” Morrisey said. “The strength of its faculty, its synergy with other diverse colleges at the university, and its trusted position with State of Texas leadership make it an ideal time to join the outstanding team at the Texas A&M Health Science Center.”

Morrisey’s research is extensively cited and includes six books, more than 165 peer reviewed papers on health economics and health policy, and nearly 100 encyclopedia entries, commentaries, reviews and technical reports. Previously, he served as deputy editor of *Medical Care*, one of the highest impact journals in health services research, as well as a member of the editorial boards of several of the most influential journals in the field of health economics and health policy. In addition, Morrisey played a pivotal role in the creation of the International Health Economics Association and currently serves as treasurer of the American Society of Health Economists. Morrisey holds a Ph.D. in economics from the University of Washington.
Q&A: Price Transparency – Texas, majority of states receive “F” on health care price transparency laws

Texas and 44 other states have received “F” grades on their health care price transparency laws, according to a recent report created by the Health Care Incentives Improvement Institute.

The report tracked whether states had passed laws or regulations requiring health care pricing information be made public. It also examined how well current laws were being put into action, including providing state residents with access to meaningful price information through consumer-friendly websites and the use of proper databases as sources for those websites.

Below are Dr. Morrisey’s thoughts on price transparency and its impact on the health care industry following these latest findings.

Q: What is price transparency?
A: Price transparency is having relevant information on health care products and services. As a consumer, what it may mean is what I have to pay out of pocket if I have a colonoscopy, for example. If I’m insured, maybe it means I will pay $150. If I’m uninsured, what is the price the physician and/or the hospital will charge me? It’s that sense of complication that makes this both a fascinating and difficult topic.

Q: What benefits come from price transparency?
A: The idea is that if the consumer had better information about prices and quality, they would be able to make more informed decisions and purchase on value. This has the potential to really improve and reduce the cost of health services. At the moment, if you don’t have a good sense of quality across two providers, and one charges you $600 more than the other, does that just mean they are charging you more, or do they have a better product? In competitive markets, a higher price usually means a better product, but if you don’t have a sense of quality and a way to compare quality, then price alone takes on dimensions of quality as well.

Q: What are some of the issues being debated about price transparency?
A: There’s a question of who should provide the information. For example, requiring hospitals to post their list prices. Almost no one pays list price. Private insurers have negotiated different prices; and Medicaid and Medicare pay different list prices. From that perspective, if I’m a consumer, I don’t really care what the list price is. What I really care about is how much do I have to pay out of pocket? In that case, what I would like to have in a price transparency sense is the price and quality of procedures relative to each other. And the same goes for primary care physicians. They should be able to knowledgeably refer me to a specialist based on both my need and my ability to afford certain physicians. One of the fears is that easy numbers aren’t very useful. Posting hospital list prices is counterproductive. First, it scares you away because those numbers are a lot bigger than what the insurance companies have negotiated, and it’s not really what you are going to pay. Very quickly consumers could start to dismiss all of these numbers, and so there is a fear that doing this wrong could be seriously counterproductive and scare people away from the idea altogether.

Q: What are the current barriers that prevent price transparency from being instituted in health care markets today?
A: One barrier is that the product is sometimes uncertain. For example, say you go to the emergency department for chest pain. It’s not quite clear what you’re buying, so it’s hard to quote a price. Are you going there for relief of heart burn or are you having a heart attack? The field is beginning to talk about “shoppable” products. It’s difficult to shop around for pain in your chest, but it’s reasonably straightforward to shop for a colonoscopy or delivery and labor services. Both of those are relatively straightforward products. Even procedures and services that seem straightforward may not be in reality. For example, an MRI for a particular body part may not be well defined, as there are different levels of resolution a physician may want to see.

Q: What can the state governments do to encourage price transparency?
A: State websites focused on price transparency is certainly one way to go. The thing that bothers me about government run programs is that I’m not sure that the prices are up to date. Price transparency can be encouraged on the government level, but it would be nice to see insurance companies engaging in it because of competitive purposes. There is a role for state regulation here in pushing insurers to do this. You can make it a condition of being able to offer coverage in the state to provide a price and quality website to allow subscribers to compare. Even though prices are mostly negotiated at a local level, this can go a long way to encourage insurance companies to be more price transparent.
Demand for Public Health Professionals Spurs New Program Offerings at Texas A&M School of Public Health

The critical shortage of trained public health professionals in the U.S. has been well documented in recent years. This is certainly true in Texas where it is estimated that only 20 percent of the public health workforce has formal training.

In an effort to address this issue, the Texas A&M School of Public Health has launched several new degree programs, including the school’s first undergraduate program, a Bachelor of Science in Public Health (B.S.P.H.), a Master of Public Health (M.P.H.) in Occupational Health and Safety, an online M.P.H. degree in Epidemiology, an Executive Master of Health Administration at the Texas Medical Center in Houston, and an undergraduate minor in public health.

Bachelor of Science in Public Health (B.S.P.H.)
The undergraduate curriculum is based on a philosophy of health promotion and disease prevention to improve the quality of life of individuals, families and communities. Until now, the school has only offered graduate degree programs.

“Several state health organizations submitted letters of support for the undergraduate public health program to meet the needs they recognize in Texas,” said Antonio Rene, Ph.D., M.P.H., senior associate academic affairs dean.

With the gaps in the current workforce and the growth in public health practice in health departments, health care systems, non-governmental agencies and community-based organizations, there is a great need for baccalaureate-prepared public health graduates. The degree is now offered at the College Station campus and will be offered at the McAllen campus in 2016.

Also, undergraduate students at the College Station campus are now able to seek a minor in public health. Students will receive an introduction to the foundational and social issues of public health as well as gain an understanding of threats to public health and the role that our environment plays in both the practice and applications of public health.

M.P.H. in Occupational Safety and Health
Another new degree program the school is offering is an M.P.H. in Occupational Safety and Health at the College Station campus.

“There are several driving forces behind the need for this degree program including increasing demand by the public for a safe and healthy work environment,” says Virender Sharma, Ph.D., professor and interim department head.

Virender also adds that “the increasing need to cope with technological advances in safety equipment, threats and changing regulations, coupled with increasing public expectations is helping create the push for more highly qualified occupational health and safety personnel.”

Online M.P.H in Epidemiology
Additionally, the school now offers an online M.P.H. degree in Epidemiology to mirror the existing on-site program, while providing an option for students who need to balance career, families and education. This allows students to complete the same requirements in the same time frame as students attending the program in-person at the school’s College Station campus.

“Beyond public health agencies, demand is increasing for epidemiologists in industry and in both public and private research and health services delivery organizations,” said Eva Shipp, Ph.D., associate professor and program director for the online program.

“The program is preparing graduates to address critical health needs such as the prevention of obesity, diabetes, heart disease, cancer, drug use, injuries and violence, as well as other chronic and infectious diseases.”

Executive M.H.A. in Houston
The Executive Master of Health Administration (M.H.A.) degree offered at the Texas Medical Center in Houston is intended for working, mid-career health care professionals with at least five years experience in health services. Courses will be taught in-person one weekend a month for 24 months, supported with online content between weekends. This graduate program is an expansion of the current M.H.A. program offered at the College Station campus.

“Our Executive MHA will fulfill an identified need within Houston and the surrounding market area for master’s level education for mid-career health care professionals. There is currently no other such focused master’s program offered in Houston,” said Murray Côté, Ph.D., associate professor and director of the M.H.A. program.

Texas A&M students from a wide variety of majors will find a public health minor attractive as it assists them in broadening their understanding of patterns of public health and its role in society. Students anticipating careers in science, health professions, law, military, research, public and community affairs and civil service will all gain valuable insights from the minor and how public health benefits our communities, state and nation.
Working in the fields alongside his migrant farmer parents, Carlos Mendoza dreamed of the opportunity to attend college. His dream became a reality when he was accepted into the Gates Millennium Scholars program. This program provides deserving students who are often the first in their family to attend college the financial opportunity to do so.

Mendoza is one of three Gates Millennium Scholars currently pursuing graduate degrees at the Texas A&M School of Public Health. Each of the three students hopes to return home and impact the underserved communities from which they came.

Blanca Olivia Macareno is also a graduate student whose parents are migrant farmers. Both her father and mother emigrated from Mexico seeking a better life for themselves and their family back in Mexico. She is currently pursuing a master’s degree in health policy and management at the Texas A&M School of Public Health, and hopes to eventually either attend medical school or obtain a doctorate.

“Toward my undergraduate degree, I had a very rigorous course load in the humanities, the arts, and sciences,” Macareno said. “It was a perfect fit for me, and I am really enjoying the program and the faculty are very helpful.”

In particular, she is interested in health services research policy for rural communities and chronic disease management intervention for Latino populations, as well as health inequities for both populations. Macareno is currently a research assistant at the school working on the Medicaid 1115 waiver program that evaluates the integration of primary care and mental health, and enjoyed conducting focus groups, one in Spanish, to help determine the pros and cons of the program.

Krystal Flores was raised in La Grulla, Texas, where the rate of teen pregnancies is extremely high.

“When I was in high school, I was astonished that many of my classmates had one or more children before they graduated,” Flores said.

Throughout high school and college, Flores participated in outreach programs to educate young adults on pregnancy and sexually transmitted disease (STD) prevention in the colonias of South Texas and also worked with “Pep Talk Kingsville,” a monthly forum associated with the local Teen Pregnancy Prevention Coalition to raise awareness of teen pregnancy.

She completed her master’s degree from the Texas A&M School of Public Health at the McAllen campus and is currently pursuing a doctorate in health promotion and community health sciences at the College Station campus.

“I truly believe education is the key to prevention, and prevention is key to a healthier South Texas,” Flores said. “Once I complete my doctorate, I hope to return to La Grulla to work on reducing teen pregnancy and STD rates.”

The three students are pursuing different public health degrees, but all share the same passion – to use the public health skills and knowledge they are learning to give back to the communities they call home.

“Many individuals in the communities that need public health interventions the most do not have the opportunity or financial resources to seek a formal education,” Flores said. “I have been given a tremendous gift and I hope to one day give back to the community I love.”
Doctoral Candidate promoted by Texas A&M Corps of Cadets Commandant

Brigadier General Joe E. Ramirez, Jr., Texas A&M Commandant of the Corps of Cadets, promoted Texas A&M School of Public Health doctoral candidate Brenda Bustillos, M.S., RD, LD, to the rank of Major in the U.S. Army Medical Specialist Corps. Bustillos, who is also a Registered Dietitian, will receive her doctorate this year from the Department of Health Promotion & Community Health Sciences.

Last year her research, “Development and Implementation of a Culturally and Linguistically-centered Nutrition Education Program for Promotora Researchers to foster Community Health Education and Outreach in Texas Border Colonias” was one of 19 recognized at the APHA Delta Omega Research Poster Competition.

Following graduation, Bustillos will reassume her military duty as the Research Director for the Military-Baylor Graduate Program in Nutrition at Fort Sam Houston, Joint Base San Antonio.

MHA Students receive National Recognition for Social Media Research

Four Master of Health Administration students received national recognition for their research on the use of social media by health care organizations to engage current and potential breast cancer patients.

Their research paper entitled, “Breast Cancer and Social Media” was selected as runner-up in the graduate student category of the American Academy of Medical Administrators (AAMA) competition. Authors Candi Young, Rachel Johnson, Taylor Huffman and Tiffany Kung presented their research during the awards ceremony at the AAMA National Summit in Clearwater, Florida.

Orji awarded $10,000 International Peace Scholarship

Chinelo Orji, a graduate student at the Texas A&M School of Public Health, recently received the International Peace Scholarship from the Philanthropic Educational Organization (PEO). The organization is devoted to supporting the education of women through scholarships, grants and awards. The $10,000 International Peace Scholarship is awarded to female international students pursuing graduate degrees in the United States.

Orji is originally from Nigeria and hopes to return to her country to identify better intervention strategies for dealing with public health issues. She is pursuing a master of public health degree in epidemiology and biostatistics and serves as the vice president of the Epidemiology Student Organization.
Stewart named Fulbright Specialist

Recent graduate Trae Stewart, Ph.D. has been chosen for the Fulbright Specialist Program by the U.S. Department of State’s Bureau of Educational and Cultural Affairs and the Institute of International Education’s Council for International Exchange of Scholars.

The Fulbright Specialist Program promotes linkages between U.S. and international scholars and professionals and their counterparts at host institutions overseas. Grants are awarded to qualified U.S. faculty and professionals to engage in short-term collaborative two- to six-week projects at eligible institutions in over 140 countries worldwide.

Stewart completed his master’s degree in public health from the Environmental and Occupational Health Department at the Texas A&M School of Public Health while serving as an associate professor in the College of Education at Texas State University.

Texas A&M Graduates selected as U.S. Presidential Management Fellows

Recent Texas A&M School of Public Health graduates Cooper McClendon and Michael Apata have been selected as U.S. Presidential Management Fellows.

The Presidential Management Fellows Program is a flagship leadership development program for advanced degree candidates. Applicants undergo an arduous multistage assessment and testing process in order to be selected to the two-year training and development program at select U.S. government agencies.

McClendon and Apata were selected from 7,800 applicants and will begin the fellowship program fall 2015.

Students secure National Public Health Research Poster Presentations

Two doctoral students at the Texas A&M School of Public Health are among an elite group of 19 students nationwide selected to participate in the Delta Omega National Honorary Society in Public Health research poster presentations at the American Public Health Association (APHA) annual meeting Oct. 31 - Nov. 3 in Chicago, Illinois.

Seven out of the past eight consecutive years one or more Texas A&M School of Public Health Students have had research posters selected for this prestigious honor.

The posters selected for the APHA annual meeting include “Recruitment of Community-Dwelling Older Adults into Fall-Prevention Programs in Community Settings” by Shinduk Lee and “Thinking on Your Feet can be Productive” by Gregory Garrett.

Lee is completing a Dr.P.H. in Health Promotion and Community Health Sciences, and Garrett is completing a Ph.D. in Environmental and Occupational Health.

This opportunity was created by Delta Omega to encourage and recognize the public health leaders of tomorrow.
Alexander awarded Founder’s Award from Texas Organization of Rural and Community Hospitals

James Alexander, Ph.D., associate professor at the Texas A&M School of Public Health, received the Founder’s Award from the Texas Organization of Rural and Community Hospitals (TORCH) during their annual awards luncheon in Dallas.

“This award recognizes an individual for a career that is dedicated to the improvement and enhancement of rural hospitals, evidenced by the number of students who credit James with inspiring them to become a rural hospital CEO or work in a rural health setting,” said Dave Pearson, President and CEO of TORCH.

Alexander has served as a faculty member at the Texas A&M School of Public Health since 2001. Prior to coming to the school, he was influential in founding TORCH and has extensive experience as a health care facility executive. His knowledge and experience have influenced not only many of the careers of graduates of the school, but the way rural health care services are delivered across the state.

Dean Jay Maddock appointed to Department of State Health Services Committee

Dean Jay Maddock, Ph.D., has been selected to serve as a member of the Texas Department of State Health Services (DSHS) Public Health Funding and Policy Committee established by Senate Bill 969 in the 82nd Texas Legislative Session.

“We are privileged to have the benefit of Dr. Maddock’s expertise and experience in advising the department on public health funding and policy issues in Texas,” said Kirk Cole, Interim DSHS Commissioner.

The committee will make recommendations on various issues relating to local health entities, such as local health units, local health departments and public health districts. The recommendations will relate to funding and communications between the entities and DSHS, as well as more general public health policy issues facing the state.

Maddock recently participated in the White House Public Health & Climate Change Summit, which brought together senior White House officials with leaders from across the nation to discuss ways the public health community could best provide information and tools needed to prevent health-related climate impacts.

Carrillo receives Funding from Border Environment Cooperation Commission

Genny Carrillo-Zuniga, M.D., Sc.D., associate professor at the Texas A&M School of Public Health McAllen Campus, was awarded funding by the Border Environment Cooperation Commission (BECC) to develop an environmental health information program between border communities in both Mexico and the U.S.

Carrillo will be working in collaboration with El Colegio de la Frontera Norte, A.C. in Mexico on a project titled “Planning Model for an Environmental and Health Texas/Mexico Border Information Exchange Program.” She will work with local, state and national agencies to identify local environmental health hazard indicators that can have an impact in the bi-national communities, and work to bring together different local and state agencies in the border communities to openly communicate, collaborate, and exchange information related to an information exchange system that would be viable for both Mexico and the U.S.

Carrillo’s research interests include asthma, environmental health, border health risk assessment and management, and healthy homes and children.
The Texas House Committee on Public Health

Brian Nyquist ’14 served as a policy analyst in the office of Representative Myra Crownover, chair of the Texas House Committee on Public Health, during the 84th Legislative Session. Nyquist served as a public health resource and policy expert responsible for developing an understanding of bills referred to the committee, assessing the bill’s impact on public health in Texas, conducting legislative research, preparing briefing documents, making recommendations for bills to be considered by the committee, and tracking legislative activities.

“The House Committee on Public Health is one of the busiest committees within the Texas House of Representatives,” Nyquist said. “The ability to take part in the enactment of public health law in Texas and witness the inner workings of the legislative process was an amazing experience.”

Wendy Moreno ‘09 recently returned from deployment in Kabul, Afghanistan where she served as the Senior Military Medical Logistics Advisor to the Afghan National Police. She worked directly with Afghan partners to provide training and mentorship in building a sustainable medical logistics system to support 131 medical treatment facilities providing care for 200,000 Afghan police members and their families. She was awarded a Bronze Star for her service in Afghanistan.

Moreno is a Major in the U.S. Air Force Medical Service Corps, currently serving as a Medical Inspector at the Air Force Inspection Agency at Kirkland Air Force Base in New Mexico. She is board certified by the American College of Healthcare Executives.
At the intersection of military service and public health, you will find the remarkable husband-and-wife team of Odis and Pauletta Blueitt. Both were members of the Corps of Cadets at Texas A&M who enjoyed over 25 years in service to country through roles in public health.

To reflect their passion for both, the couple recently established an endowed scholarship at the Texas A&M School of Public Health. The Pauletta D. Blueitt ’81, Col, USAF, Ret. & Odis R. Blueitt ’82, COL, USA, Ret. Endowed Scholarship for Public Health is to be awarded to students pursuing the new Bachelor of Science in Public Health (B.S.P.H.) with a preference for members of the Corps.

“With this endowment, we wanted to simultaneously honor the Corps’ core values and our passion for public health,” the couple said.

A retired Air Force Colonel after 28-1/2 years of service as a Health Care Administrator, Pauletta has the distinction of being in the 4th freshman class that enrolled women into what had traditionally been an all-male Aggie Corps of Cadets. Little did she know that her example would pave the way for many more female Aggies to join the Corps.

While serving as Chief of Program Analysis and Evaluation at the TRICARE Northeastern Office of the Lead Agent in Washington, D.C., Paulettta was appointed Director of the Emergency Operations Center, which was created in response to the 9/11 attack on the Pentagon and was awarded a Defense Meritorious Service Medal for her exemplary leadership in this capacity. Her final assignment was at Randolph Air Force Base, Texas, as the Deputy Command Surgeon and Command Administrator at Headquarter Air Education and Training Command where she was responsible for the education and training of all Air Force medical personnel in all career fields, provided oversight for
medical readiness tasking, and served as the senior Medical Service Corps advisor, mentor, and career manager for 175 health care executives.

Pauletta received her Master of Health Administration degree from Washington University School of Medicine in St. Louis, Missouri, in 1989. She is a Life Fellow in the American College of Healthcare Executives.

“I think there were about 60 women cadets when I was in the Corps,” Pauletta said. “It is wonderful to see such a tremendous increase in the number of women cadets today.”

“Military leadership is not defined merely by courage and strength – it is also defined by compassion for humanity. Soldiers are known for leadership through their service, and for the service they provide through exemplary leadership,” Ramirez said. “Moments of tragedy bring these moments to the public’s eye, but in reality these moments are constant in every soldier’s life. We in the Department of Public Health Studies hope to instill these same values in our B.S.P.H. students.”

Currently, Odis is Chief of Program Operations for the Defense Health Agency, which administers the TRICARE benefit, a program that provides health care for 9.5 million beneficiaries worldwide, including military service members and their families. He is board-certified in health care management and just like his wife, is a Fellow in the American College of Healthcare Executives.

“It is our hope by establishing this endowed scholarship in public health, that others will follow suit and help support the next generation of military public health leaders.”

Odis and Pauletta Blueitt

The Corps is where she met her husband Odis who following graduation from Texas A&M was commissioned into the United States Army as a Health Care Administrator. Odis earned his Master of Business Administration from Southern Illinois University at Edwardsville in 1989 and a Master of Arts in Public Management from Midwestern State University in 1997. A highly decorated Medical Service Corps Officer, he served 30 years in the U.S. Army Reserve, retiring in 2012.

While serving as Brigade Commander, Odis provided exemplary leadership in the aftermath of the tragic shooting that occurred at Ft. Hood, Texas, in November 2009. As one of his units prepared for deployment at the processing center, his soldier, Captain John Paul Gaffney, lost his life protecting others. After the incident, Odis deployed a team of mental health professionals to offer counseling to the soldiers and their families. He ensured Gaffney was awarded the Soldier’s Medal in recognition of his valor and service and spent two years working tirelessly to establish the Captain John Paul Gaffney Reserve Center in honor of Captain Gaffney’s supreme sacrifice and his legacy.

His leadership in the face of such tragedy does not surprise Gilbert Ramirez, Dr.P.H., head of the Department of Public Health Studies at the Texas A&M School of Public Health, who also began his public health career in the military.

“It is our hope by establishing this endowed scholarship in public health, that others will follow suit and help support the next generation of military public health leaders,” Odis and Pauletta said.
The Texas Organization of Rural & Community Hospitals (TORCH) has established an endowed scholarship at the Texas A&M School of Public Health in honor of its Founding President and CEO, John F. Boff.

Boff lead TORCH for 16 years and served on the founding External Advisory Board of the Texas A&M School of Public Health until his death in 2006.

“Rural hospitals are experiencing unprecedented changes and require dynamic leaders to keep pace with the new consumer-driven health care marketplace,” said David Pearson, TORCH President and CEO. “TORCH is proud of the many fine individuals who are demonstrating administrative and professional excellence in our rural hospitals. We are pleased to establish the John F. Boff Endowed Scholarship and look forward to seeing the benefits of this scholarship reflected in the next generation of rural hospital CEOs.”

“The generosity of TORCH and its member hospitals, along with the Boff family, in establishing this scholarship is a tremendous gift to the school, and one that will continue to benefit deserving young health care professionals for years to come,” said Dean Jay Maddock, Ph.D.

Founded in 1990, TORCH’s mission is to improve the health of rural populations and address the special issues, needs and concerns affecting rural and community hospitals. The organization provides advocacy, educational and operational programs and services to approximately 175 rural and community hospitals serving more than three million people across Texas. ■
Stay Involved and Connected

Though the sun has set on your years at Texas A&M, we can do more together by staying connected.

Get Connected!

Post a job or internship opportunity: Our students and your fellow alumni would make great colleagues.

Mentor a student: Share valuable knowledge with those just beginning their careers.

Update your contact information: In order to keep you up-to-date on exciting opportunities, we need to know how to reach you.

Attend events: Stay connected by joining us for the alumni tailgate, networking events in various cities, APHA, and professional conferences.

E-mail items for the Alumni Electronic Newsletter: Promotions, awards, marriages and new additions—we love to brag about our alumni.

Nominate a fellow alumni for the Outstanding Alumni Award: Help us honor a deserving fellow alumni.

Join LinkedIn, Facebook, Twitter: Connect with friends and colleagues and stay abreast of the latest happenings with each other and the school.

Give back: Volunteer for a speaker series and support school scholarships/programs.

For additional information on these and other opportunities, email rlmitchell@sph.tamhsc.edu.

Take a Virtual Tour of the school using the QR code or URL below.

http://tinyurl.com/sph-campustour
The annual SPH Tailgate is a great way to reconnect with alumni, faculty, staff and students.