At Tufts University, the Public Health and Professional Degree Programs are housed within the School of Medicine (TUSM). The medical and public health students often work in close proximity with one another, from sharing the same library to living in the same dormitory. The public health students know about the medical education programs, so it may seem surprising that some current medical students are not aware that TUSM has a public health program. It is not because the medical students are ignorant, but rather, because they are often uninformed. Unfortunately, this is reflective of a nationwide and detrimental divide between medicine and public health.

The divide between clinical medicine and public health affects patients and communities because physicians think of health as individually and biologically determined, whereas public health experts see health as inclusive of social and environmental determinants. Medicine is focused on diagnosing and treating existing medical issues, while public health often focuses on prevention. The medical view is not incorrect, but is not sufficient on its own. Anthony Schlaff, MD, MPH, Director of the TUSM’s Public Health Program (Master of Public Health and Doctor of Public Health Programs), explains that physicians are often unequipped to help those whose medical problems are not necessarily biological, and who might benefit more from getting a different job or moving to a safer living environment. Physicians are also not always aware of less visible facets of public health that do not have to do with care, such as laws that raise taxes on tobacco or regulations that slow global warming. These issues need political support, and physicians could help gain that support just by saying that their patients need these public health protections.

Physicians and public health experts are discovering the negative impact that a separation between the two fields can have, and they have been working together to bridge the gap. According to Dr. Schlaff, there has been a rise in integrated health centers that combine the individualistic and holistic views on health. Dr. Schlaff gives the example of a man who goes to the doctor and is diagnosed with diabetes. Instead of suggesting to the patient that he join a gym, the doctor gives him educational material about diabetes and directs him towards community based programs (i.e. walking clubs, healthy cooking classes) that are offered in the same building. With the clinical services and the community health programs integrated in one setting, patients can receive more comprehensive treatment.

There has also been an improvement in physicians getting involved with several areas of prevention. Rather than solely treating existing obesity or tobacco use, many physicians regularly talk to their patients about eating healthy, exercising, and abstaining from tobacco before problems arise. However, there remain ways in which physicians could help improve their patient's health by adopting a public health mindset. Although many physicians talk about the dangers of an unhealthy diet or smoking cigarettes, they do not always see

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Bringing Healthcare Management Experience to the Doctor of the Future

“The 21st Century healthcare professional must be trained not only as an outstanding clinician, but also as an expert manager and entrepreneurial thinker to help better the lives of patients and their families.” This is what is written on the back of the business card I hand out to students applying to Tufts Medical School on their interview day.

Today, if students entering medical school do not understand one of the largest over-haul taking place in the healthcare universe, they will be at a far greater disadvantage when they begin to practice than us old timers were when we first did. I would not have said this 20 years ago, which is when luminaries from Public Health at Tufts got together with like-minded luminaries from Brandeis and Northeastern Universities to start one of the few combined MD/MBA programs in the country. At that time, only three or four such MD/MBA programs existed. Today there are over 60 such programs nationwide. What has changed? Well for one thing technology, for another an accelerating pace of molecular, genomics and drug discovery, and last but not least, the passage of the Affordable Care Act (ACA).

In this digital age, an empowered consumer is now asking for a more personalized and better-customized solution to their healthcare problems. One size fits all medicine is on the way out, and an education in healthcare management has now become highly prized to better face these challenges that are not only impacting the healthcare industry, but the insurance industry, hospitals and the practice of medicine itself.

While standards varied greatly between insurance companies, the ACA is now requiring minimum standards for all policies. No pre-existing condition restrictions are allowed, and consumers will now be penalized if they don’t purchase insurance coverage. Accountable Care Organizations (ACO) and “medical homes” are becoming familiar terms and increasingly, healthcare organized as a team effort is becoming more of a necessity to deliver care and knowledge centered around patient needs.

Hospitals and providers are now penalized for delivering subpar care. Indeed Medicare will no longer reimburse for hospital re-admissions and high infections will be penalized by a 1% reduction in Medicare reimbursement. The emphasis is shifting to focus on keeping the patient healthy, as opposed to getting reimbursed for treating their illness. And if none of that has any effect, the swelling of the insured ranks by some 30 - 40 million new consumers will in and by itself stress the system in ways it has not experienced before and cannot be easily predicted e.g. shortage of primary care providers, hospitals will experience $155 billion in cuts over 10 years, specialist reimbursements will continue to decrease. Under-stating and coping with all these changes will not be for the faint of heart. Now, more than ever, a healthy education in healthcare management, healthcare policy, budgets, and finance is going to be far less of a luxury than it used to be and more of a precious commodity to acquire in preparing the future doctor to enter this new healthcare universe.

Our experience and longevity in providing a combined MD/MBA education at Tufts counts. We are now one of the largest MD/MBA programs in the country (we have 50 enrolled students in all 4 years), and only one of two that offers this combined degree in just four years, not five or six like other schools! In addition, we have added a MS-Biomedical Sciences/MBA program and most of these students typically go on to medical school. I think we can safely say that students enrolled in our programs will become 21st century healthcare professionals that would have been trained not only as outstanding clinicians, but also as expert managers and entrepreneurial thinkers to help better the lives of patients and their families.

Joe Jabre, M.D.
April 15, 2013 is a day that Bostonians will never forget. Two pressure-cooker bombs, placed near the Boston Marathon finish line, killed three spectators and sent at least 264 injured runners and spectators to area hospitals. Tufts Medical Center was one of 27 hospitals that treated the injured and contributed to the overall success of emergency preparedness in Boston.

At the Tufts University School of Medicine, MD/MBA ’17 students Maria Arshanskiy, Courtney Scanlon, Dan Rodkey, and Rohan Jotwani took a special interest in Tufts Medical Center’s (MC) emergency preparedness. The students were part of the Physicians Executive Field Experience course, a MBA course designed to provide an introduction to the real and complex problems of management and system changes in the healthcare industry. Under the guidance of preceptors Dr. Deeb Salem, Physician-in-Chief, and Dr. Robert Osgood, Emergency Management Director, both of Tufts MC, the students analyzed how Tufts MC prepared for the crisis, handled the aftermath of the bombs, and dealt with the financial impact.

The students uncovered that one of the key factors in Tufts MC’s success was its level of communication and collaborative effort between the staff. Tufts MC was the only hospital that had to evacuate its entire emergency department that day, and they were able to do so in only seven minutes. As the evacuation was happening, those requiring surgery were promptly prepped and triaged. The Tufts MC staff truly stepped up to the plate, as certified nurses and physicians who held administrative positions performed clinical care for patients, and off-duty surgeons and physicians rushed in to help.

Tufts MC was able to treat patients efficiently and effectively due to Dr. Osgood’s dedication to planning for emergencies. He has worked with staff to develop a Hospital Incident Command System (HICS), an emergency response team with strict classification guidelines for incidences and an emergency response plans. His extensive work on emergency preparedness is a marker of overall preparedness in Boston. The Boston Healthcare Preparedness Coalition (14 medical centers), the Massachusetts Department of Public Health, and City of Boston first responder agencies (i.e. Boston EMS and Boston Police) works constantly to improve emergency protocols and provide training simulations and drills.

Although Tufts MC displayed exceptional communication and provided excellent patient care, the students note that future emergency planning should include an increased focus on outpatient planning to avoid financial setbacks. Throughout the entire week, Tufts MC suffered financially. During the Friday lockdown following the bombing, the hospital lost $776,051. The loss of the revenue from the many outpatient appointments and procedures that were cancelled was never recovered. Courtney Scanlon calls this financial impact the greatest take-away from the project: “We couldn’t believe shutting down the outpatient clinics for one day would cause such a setback in revenue loss. It showed us how important it is to plan for MCI’s (mass-casualty incident) and develop best practices to try and recover these losses. We believe a lot of hospitals can learn from Tuft MC’s Emergency Planning Department. They have developed a successful system that takes into account all of the important issues including clinical care as well as financial recovery.”

The 2013 Boston Marathon will always be remembered as a day of loss, chaos, and terror. It will also be remembered as a day that proved the importance and advantageousness of hospital emergency preparedness. Every patient who entered a hospital that day experienced positive outcomes, and no more lives were lost. The hospital successes showed that medical personnel from all of the medical centers in Boston are truly, Boston Strong.
A National “Get Covered Guide” About Health Insurance

Summi Gassel, MS - Health Communication ’15

When Lucy Berrington, MS – Health Communication ’13 moved to the U.S. from Britain in 1997, she was baffled by the U.S. health care system. She questioned its inefficiencies and complexities, calling its preference of ideology over outcomes counter-intuitive. When it came time for Berrington to choose her Applied Learning Experience, she decided to work on the Affordable Care Act (ACA).

Berrington teamed up with Enroll America, a nonprofit organization dedicated to helping Americans understand and enroll in health coverage. Analyzing existing literature about health insurance, she discovered that the glossaries that were supposed to explain it were written at reading levels far beyond 12th grade — sometimes as high as 30th grade. The average reading level in the U.S. is 8th grade, lower among Medicaid recipients. Alongside Enroll America’s Outreach Director, Jessica Kendall, Berrington began developing a new glossary to explain the ACA to Americans who were not fluent readers.

The final project was a 19 page booklet that is now available on Enroll America’s website, and has been distributed to their outreach partner organizations. The booklet covers a broad spectrum of topics, including the basics of the ACA, navigating the marketplace, and resources for finding information about specific, personal situations. It also defines terms such as “deductible,” “co-pay” and “guaranteed coverage,” in language that is easy to understand.

Berrington has since taken a break from health insurance, but she is still active in the health arena. She recently joined Student Health 101, a Westborough-based company, where she edits their online monthly health magazine for college students. She is also involved with legislative advocacy, working to expand state services to Massachusetts residents who have autism.

To learn more about the ACA and to look at Berrington’s work, visit: http://www.enrollamerica.org/resources/toolkits/outreach/get-covered-guide/

Bridging The Gap

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prevention as part of their job description and may not provide proper preventive approaches for other medical conditions. Public health also relies on doctors reporting illnesses, which is something that is not always done correctly. Consequently, the value of the data that public health officials use to make decisions can be greatly weakened.

One of the most influential ways to continue closing the gap between medicine and public health is to integrate public health education into medical degree programs. In fact, if it were up to Dr. Schlaff, every medical student would earn a MPH. “It would not even have to be an actual MPH degree,” he says. “But they would get the same education as those who are getting the MPH.” Fortunately, Dr. Schlaff’s sentiments are echoed across the country. In 2010, the Association of American Medical Colleges and the Centers for Disease Control and Prevention participated in a conference where they committed to strengthening collaborations between medical and public health education.

With the rise in integrated health centers that combine the “individualistic and holistic views on health” and MPH programs combined with MD, nursing, physician assistant, and other health care training, the integration of medicine and public health is moving forward. A lot of work remains to be done. To learn how the Tufts Public Health Program is doing their part via their combined public health programs go to publichealth.tufts.edu.
A Training Course on Traumatic Brain Injury for Case Managers

Laura Dunn, MPH ’14

When I set out to conduct my MPH Applied Learning Experience, my primary goal was to do something that would benefit the population or organization that I was working with. My greatest fear was that I would do a project that would not actually do anything to improve public health. With a career goal to work with veteran/military populations, I reached out to several organizations in the Boston area and was fortunate enough to be connected with Sarah Schufreider, the trauma specialist at the New England Center for Homeless Veterans (NECHV).

The NECHV is a multi-dimension provider that assists veterans with such things as finding employment and gaining access to medical care and drug and alcohol cessation programs. One service that they were lacking, according to the trauma specialist, was a process for screening veterans for traumatic brain injury (TBI) and helping them get treatment. Part of the issue was that case managers at the NECHV were not receiving adequate training regarding TBI and did not know about many of the resources that are available to veterans with TBI. With the high prevalence of TBI in the homeless population, and the increasing number of veterans returning from modern conflicts with injuries to the head and neck, it is imperative that case managers receive better training to ensure that veterans get the care that they so desperately need to help them rehabilitate and live independently.

Working with the trauma specialist, I created a training program for case managers that focused on screening for TBI and how to make referrals for treatment when a TBI was suspected. Using what I learned in the MPH Program - Health Communication Concentration, I created a theory-driven course for adult learners that provided them with not just knowledge, but the skills needed to screen for TBI and make referrals. This was a difficult process because before I could create the training program I had to learn about the condition. I conducted several interviews with experts in the field, researched the topic, and surveyed the case managers to find out their baseline knowledge in order to create a training that was interesting and meaningful, but not too difficult to comprehend. It was a challenge to take all that I had learned and then reduce it down to a manageable lecture length. After presenting the training, my hope was that the case managers learned a lot about TBI, but also felt as though they had the skills they needed to implement the screenings.

A month after the training, I followed up with the trauma specialist who shared with me the great news that several veterans had already been referred by their case managers to treatment programs. In addition, one arm of the case management system at the NECHV that deals with the most at-risk veterans, implemented the screening tool that I had developed as a part of every intake with new veterans. That means that all of the veterans at high risk for having suffered a TBI were immediately being screened and given the opportunity to get treatment.

As this was only a one semester project, I did not have the opportunity to see change over a long period of time, but it is my hope that the case managers continue to learn more about TBI, screen for it in all of the veterans that they work with, and understand the importance of treating a problem that could be preventing the veterans from rehabilitating. While the project was challenging project, I feel that in doing it, I ultimately helped a group of people in great need of support to gain access to essential treatment.

Course Offerings:

- Mobile Health Design (online)
- Health Literacy Leadership Institute
- Digital Strategies for Health Communication

Register for credit or noncredit. For more information go to publichealth.tufts.edu/mshcomm.
The Office of Public Health and Professional Degree Programs (PHPD) welcomed five new staff to the Student Services Team. They include:

Jessica Ghannam, Assistant Director of Admissions

With the addition of new PHPD programs, the Admissions Office added a new role of Assistant Director of Admissions. The PHPD Admissions Team was very fortunate to recruit Jessica Ghannam who came to Tufts a year ago from Northeastern University where she was an Enrollment Coach. Jessica’s role as Assistant Director of Admissions is to assist with all aspects of admissions, recruitment, marketing of programs, and new student orientation activities.

Jessica noted that she really enjoys the collaborative efforts of the PHPD Student Services Office from planning events like orientation to developing new marketing and recruitment strategies. She went on to add “I’m really looking forward to the challenges ahead as we move to more comprehensive admissions tools like an advanced customer relationship management system.”

Maria Spencer, Student Services Coordinator

Maria transferred last October from the Tufts’ Office of the Vice Provost where she was a Program Coordinator. In her role as the PHPD Student Services Coordinator, Maria is responsible for coordinating the activities of the Office of PHPD Student Services e.g. admissions, registrar, career and alumni services and assisting the PHPD Dean and Associate Dean with projects. Maria expressed that “it’s been a wonderful experience getting to know faculty, staff, students and alumni. I hope to continue to meet and collaborate with the PHPD community on exciting new projects and events.”

Hannah Gesen, Admissions Counselor

Hannah came to Tufts last October shortly after graduating from the University of Richmond with a BA in International Studies and Spanish. At Richmond, Hannah was an Admissions Senior Fellow and an International Admissions Intern. She’s responsible for assisting in the implementation and execution of recruitment and admissions strategies. Hannah commented that so far her time at Tufts has been wonderful. She went on to add that “everyone has been very welcoming and helpful as I continue to learn about all of our programs. I have especially loved talking with prospective students and showing them all that PHPD has to offer. It has been a perfect first step in my career in higher education!”

Andrew Hogan, Assistant Registrar

Andrew recently came to Boston from California and while there he was a Front Line Office Administrator for the Santa Monica Pet Medical Center and Director of Operations for the Delta Lambda Phi Social Fraternity. In his role as Assistant Registrar, Andrew’s responsible for assisting in all functions of the Registrar’s Office with primary responsibilities for course management, evaluations, course registration, transcripts, verification requests, course schedules and class assignments. Andrew is thrilled to be starting his career with such an exceptional program. He went on to add that “working with students, staff, and faculty is an absolute joy.”

Brian Filon, Student/Academic Services Assistant

Brian is the newest member of the team and in his role as the Student/Academic Services Assistant he’s responsible for providing frontline support to students and faculty as well as assisting the PHPD Student Services’ staff. He recently received a MA in College Student Development from Shippensburg University in Pennsylvania. While at Shippensburg, he was a Graduate Assistant for Student Activities.

Brian really enjoys the sense of community in the Office of PHPD and the amount of interaction he has with students and faculty. He went on to express that he’s “incredibly grateful for the opportunity to work at an organization as well-known as Tufts and I genuinely look forward to coming into work every day.”

Join us in welcoming all the new PHPD Student Services Staff. If you’re in the neighborhood, please stop by and introduce yourself.
Mireille Aramati, MPH, Assistant Professor of Public Health and Community Medicine (PH&CM), a member of the Steering Committee for the United Nations Association for Greater Boston, Women’s Forum, planned and coordinated the Celebration of International Day of the Girl event. The department of PH&CM co-sponsored the film screening and reception for Girl Rising which is described as “… A ground-breaking film which tells the story of nine extraordinary girls from nine countries…Girl Rising showcases the strength of the human spirit and the power of education to change the world”.


Ylisabyth Bradshaw, DO, MS, Assistant Professor of PH&CM and Daniel Carr, MD, Professor of PH&CM, were awarded a Tufts Innovates educational grant and have begun an exploratory curricular review with the goal of proposing a public health-oriented, longitudinal medical student pain curriculum. The conceptual framework for this redesign appeared as a January 2014 editorial in the education-themed issue of Anesthesiology.

Douglas Brugge, PhD, MS, Professor of PH&CM, had 2 articles published in Community Assessment of Freeway Exposure and Health Study, “Positional Error and Time-Activity Patterns in Near-Highway Proximity Studies: An Exposure Misclassification Analysis” and “Highway Proximity Associated With Cardiovascular Disease Risk: The Influence of Individual-Level Confounders and Exposure Misclassification”.

Daniel Carr, MD, Professor of PH&CM, has been named to the Oversight Panel of the National Institute of Neurological Disorders and Stroke’s (NINDS) Interagency Pain Research Coordinating Committee, and also to its panel on Professional Education and Curricula. Dr. Carr also now chairs the Acute Pain Special Interest Group of the International Association for the Study of Pain.

Susan Gallagher, MPH, Assistant Professor of PH&CM, participated in the Advocacy Summit sponsored by the Coalition of National Association Health Education Organizations in Washington D.C. and did a round of Congressional visits to talk about the Prevention and Public Health Fund. She also participated in the Washington DC Career Day trip for current Tufts Public Health and Professional Programs’ students.

Lisa Gualtieri, PhD, Sc.M, Assistant Professor of PH&CM, gave seminars and workshops on social media, most recently for graduate students at the Human Nutrition Research Center on Aging and for dentists at the Yankee Dental Congress. She also participated in meetings at the FDA and is also working on a project on patient activism for the Robert Wood Johnson Foundation.

Barry S. Levy, MD, MPH, Adjunct Professor of PH&CM, co-authored with Victor W. Sidel, M.D. a chapter entitled “War, Terrorism, and Children’s Health” in the recently published textbook Children’s Environmental Health.

Stuart Levy, MD, Professor of Molecular Biology and Microbiology, gave the keynote lecture on “Scientific Tools for Eliminating Antibiotic Resistance” at the National Academy of Sciences.

Joann Lindenmayer, DVM, MPH, Associate Professor of Infectious Disease & Global Health, accompanied 6 veterinary medical students to CDC (Centers for Disease Control and Prevention) Day for Veterinary Medical Students in Atlanta in January 2014. Dr. Lindenmayer was selected by the American Veterinary Medical Association as the liaison to the One Health Commission and was also selected along with Michael McGuili, DVM,MPH, Adjunct Instructor for PH&CM, to receive the 2013 Roy Montgomery Award from the Evidence-Based Veterinary Medical Association to develop a continuing education course using the flipped classroom model for practicing veterinary medical clinicians.

Ewan McNicol, RPh, MS ’02, Assistant Professor of PH&CM, and International Association for the Study of Pain (IASP) colleagues recently synthesized the literature on pharmacological treatments for neuropathic pain; this work will appear as an updated international guideline to be published in 2014.

Aviva Must, PhD, Morton A. Madoff Professor and Chair of PH&CM, is serving as Section Editor on the topic of Obesity Prevention for the spring issue of the journal Current Obesity Reports.

Pamela Katz Ressler, MS ‘11, RN, Adjunct Lecturer for PH&CM, was featured in Johnson and Johnson’s February 2014 Nursing Notes in an article entitled “Logged On and Linked In: How Social Media is Reshaping Healthcare Conversations”.

Steve Scrivani, DDS, DMedSc, Professor of PH&CM, has been named Director, Division of Oral and Maxillofacial Pain, and Director of the Orofacial Pain Residency Program Clinic, Massachusetts General Hospital. He is continuing his long-term leadership of PREP’s foundational course “Neuroscience of Pain: from Society to Synapse.”

Sharan Schwartzberg, Ed.D, Professor of Occupational Therapy, was invited to give a presentation on the newly-introduced MS – Pain Research, Education and Policy Program course, “Interprofessional Team Management of Pain” accepted for platform presentation at the upcoming 2014 Annual Scientific Meeting of the American Academy of Pain Medicine.
Students in the Public Health Advocacy course that is directed by Professor Susan Gallagher attended an Advocacy Conference in Washington, D.C. Students, l-r Kimberly Dong (DrPH), Elizabeth Langevin (MS/MPH), Felix Zemel (DrPH) and Naisi Zhao (DrPH).

PHPD Career Services' development trip to Washington D.C. led by Cynthia Dantas, Director of Career Services. As part of the trip an alumni panel was held at the Association of Schools & Programs of Public Health. MPH students and alumni: rear l-r David Myers (MPH), Katherine Perch (MS-HCOM’12), Christos Tsentas (JD/MPH), Scott Finkelstein (MPH), Katherine Crossman (JD/MPH). Front l-r Leah Koeppel (MS/MPH), Chinyere Amobi (MPH), Michelle Rollet (MPH ’13)