

Spring  
2017

# public health ROUNDS

Tufts University School of Medicine  
Public Health and Professional Degree Programs

## A Qualitative Analysis of Opioid Management in Orthopaedics

by Mary Pevear, MPH '17

Power tools are needed to remove damaged cartilage and bone to make room for a metal implant. Postoperative narcotics are needed so the patient can cope with a painful recovery.

Total knee arthroplasty can greatly improve a patient's quality of life. But the recovery is indeed painful — which helps explain why orthopaedic surgeons prescribe more opioids than surgeons in any other specialty.

There are often disturbing consequences. Opioid abuse and dependency following orthopaedic procedures has increased 152% over the past ten years — part of the growing national epidemic that the Centers for Disease and Prevention (CDC) considers one of America's five most serious health challenges. More than 1,500 people died from opioid overdoses in Massachusetts last year. Legal prescriptions are the largest source of misused opioids and overprescribing is a major contributor to the epidemic. Recent legislation in Massachusetts designed to monitor and regulate narcotic prescriptions has not slowed the accelerating pace of opioid-related deaths.

I found a significant disconnect from how the opioid problem is discussed by public health officials and how it is discussed—or not discussed at all—in orthopaedics. I observed this while working as an orthopaedic clinical researcher at Tufts Medical Center.

In stunning contrast to the attention the epidemic is receiving within the public at large, articles pertaining to opioid abuse were lacking within orthopaedic literature. And no universal guidelines for orthopaedic prescribers were practiced. “Everyone is different, everyone has their own philosophy,” explained one surgeon interviewed for my MPH Applied Learning Experience (ALE). For my ALE I conducted qualitative, semi-structured interviews with 11 surgeons from three Great-

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er Boston hospitals.

All agreed that individual patient factors and needs challenge protocols. “The patient population drives how the protocols are,” said one surgeon. “I don't think there's a reasonable one-size-fits-all protocol solution.”

Common themes were identified to delve into prescriber perspectives of the opioid crisis—specifically relative to the dissemination, awareness and adoption of opioid prescriber guidelines. With the help of my preceptor, Dr. Eric Smith, a total joint surgeon at Boston Medical Center, and two key stakeholders (an American Orthopaedic Association Board member and a representative from the American Academy of Orthopaedic Surgeons Communications' team), four themes were established a priori as interview prompts—awareness and utilization of guidelines, policy response, education and training, and barriers to safe prescribing.

Conversations were recorded, transcribed, and analyzed. These conversations revealed surgeons coping with systemic pressures, an emphasis on patient satisfaction, the subjectivity of pain, outdated education, a lack of alternative pain-management options, patient factors, and the role of primary-care providers. Protocols varied significantly among institutions and prescribers.

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## Director's Message - Associate Director of the MPH Program



Paul Hattis, MD, JD, MPH

Greetings!

As the Associate Director of the MPH Program, I work closely with Dr. Anthony Schlaff, Director of the Public Health Program, on issues related to curriculum development. This includes the core curriculum, concentration areas and required coursework, as well as elective course offerings.

One of the things that I have observed since joining the faculty in 2002 has been the evolution of the demographics of the MPH student body in two important but related ways. First, many students embark on their master's degrees at younger ages, and therefore often have less life experience compared to the cohort enrolled in the MPH program back when I started 15 years ago. Second, many come for their MPH degree a year or two after college; or, as we have grown our BA/MPH with Tufts University's School of Arts & Sciences, students matriculate into our graduate program immediately after they've obtained their bachelor's degree.

Increasingly, our students are full-time; and although they are able to complete their MPH degrees over a shorter time period; many complete our program with little job experience. For some of our graduates, their only public health field experience comes from their required, culminating Applied Learning Experience. This leads to my observation that these less experienced students could gain substantive knowledge from coursework that has a 'field experience' component.

A field-based experiential course would help less experienced students gain additional real life insights on how 'public health' work is done. They could better understand the dynamics of decision-making by organizations and their staff and leaders, as well as come to appreciate how the ployout of real life events—some predictable and some not—can shape what happens in actuality.

I recently completed a three-year term as a Commissioner on the newly established Massachusetts Health Policy Commission (HPC) where I worked closely with other Commissioners and the HPC staff. I realized this agency could be an ideal setting for students to gain a field experience—especially for those with strong health policy interests. Beyond the substance of the policy issues, as a Commissioner I was able to see how a new governmental agency develops its strategic aims, hires staff and begins the challenging work of organizing and carrying out a variety of activities aimed at advancing a more affordable and higher quality health care system in our state. This work occurs in the context of a very volatile national and state health policy and political environment.

The 'field course' I envisaged had a more limited classroom component, and most importantly, a significant agency-based experience where students would attend HPC board and committee meetings, as well as interact with HPC staff. They might also talk to people who work for or are advocates for various health care system stakeholders, such as trade groups representing hospitals, insurers or consumer advocates. The goal would be as much to learn about *how* a government agency does complicated policy work in a 'political' environment as to learn the substance of the health policy issues that are being worked on—often in a cutting edge way. So with that vision, I reached out to a very capable member of the HPC staff who has a MPH and a law degree to partner with me to create the field course we are offering for the first time this spring.

I am happy to report, the approach is contagious. In learning about this initial effort, others are beginning to plan other 'field course' offerings. Dr. Carolyn Rubin, Assistant Professor of Public Health and Community Medicine, is working on the design of a field course in Chinatown where students will have the opportunity to learn about the role that community agencies play to improve the health of the neighborhood.

Stay tuned for future developments. I thought it would be useful to bring this idea to readers of Public Health Rounds-- especially our alumni who may be interested in sharing ideas for development of a field course tied to their place of employment.

Wishing you all well.

Paul Hattis, M.D., J.D., M.P.H.  
Associate Director, MPH Program

# Remembering Timothy Edgar, PhD: Health Communication Scholar



Timothy Edgar, PhD

by Aviva Must, PhD

Timothy Edgar, PhD, Professor of Public Health and Community Medicine, died in January after surgery related to a car accident. He was traveling in India for work with Unite for Sight – an organization supporting eye clinics in remote settings worldwide. In the wake of his untimely death, Dr.

Edgar will be remembered

at Tufts for his breadth of scholarship, talents as a mentor/educator, and his enduring dedication to the developing discipline of Health Communication. Lisa Paradis, MPH '09 and President-Elect for the Public Health and Professional Degree Programs (PHPD) Alumni Association, says, “Tim’s magic was in how he could make you—during even the briefest of conversations—the most interesting person in the world.... You could see his brain working as you talked to him, always connecting ideas and people.”

Tim joined the School of Medicine faculty in 2016 after having a secondary faculty appointment with us for 14 years. Before coming to Tufts full-time, he was on the Emerson College faculty and served as Director of their Masters of Arts in Health Communication, a program that was offered in collaboration with the Tufts MS in Health Communication. James Hyde, Associate Professor Emeritus, recalls how much he enjoyed the partnership...and the partner, “Tim was meticulous and rigorous in his approach to everything he did. No detail was too small. No fact too unimportant to be checked and double-checked. Yet, he was not a pedant, often willing to think ‘outside the box’ in ways that had never occurred to others.” Susan Gallagher, Director of the Tufts MS in Health Communication Program and long-time friend will miss his wry sense of humor, love of the arts (fine and culinary), and all things baseball.

Professor Edgar’s devotion to his students and alumni was unparalleled. Sara Suter, MPH '16, says, “Tim had a warm presence that made you feel supported, important, and heard.... his passion for health communication radiated from him.” Ryan Kelly, a current student in our MS in Health Communication program, experienced Professor Edgar in the classroom and as a mentor. “As I worked with Professor Edgar on the development of the MS in Global Health Communication

program, I was able to witness his tenacious work ethic and commitment to quality. He treated his research with the same dedication he showed for his students... He has inspired me to work just as hard in my future career, to have a finer attention to detail, and to take pride in anything I set out to accomplish, no matter how big or small.”

Tim’s work in the practice world and in academia advanced health communication, particularly within public health. His contributions to the Centers for Disease Control and Prevention in the early 2000’s are used to this day to evaluate the impact and reach of health communication campaigns. Tim’s efforts to establish the profession elevated communication in public health agencies and community-based organizations, earning him the prestigious Everett Rogers award from the American Public Health Association last November for his lifetime of contributions to health education and health promotion.

Dean of Public Health and Professional Degree Programs, Dr. Aviva Must offers, “The world of health communication lost a giant as the new year opened; many of us also lost a cherished colleague and consummate friend.”

A celebration of his life was held in Boston on March 4<sup>th</sup>. “It was a testament to his commitment to his friendships and his professional work,” says Katherine Chyka, a current MPH student. “It was incredible to see how many lives he touched in such a profound way....The common threads throughout all of the stories were passion, loyalty, and kindness.” A professional tribute will be included in the upcoming International Communication Association conference in San Diego in May.

Jennifer Towers, MS HCOM '13 and President of the PHPD Alumni Association, says, “When I look back, I can say without a doubt, I’ve never before had such an urge to gain someone’s respect. Though he had high expectations, Tim had a way of holding you up to the light so that your best parts were illuminated. I’m going to remember him by doing that for others.”

*The Public Health and Professional Degree Programs Alumni Association has established the Timothy Edgar Scholarship Fund to support the tuition of promising health communication or public health students. Professor Edgar’s students benefitted from his inspiring approach to teaching and, as alumni, his profound ongoing commitment to their developing careers.*

*If you’d like visit [giving.tufts.edu/med](http://giving.tufts.edu/med), select “Other” from the “Select an Area” dropdown menu and type “Tim Edgar Scholarship” in the “Other” box; or Send a check made out to “Tufts University” with “Tim Edgar Scholarship” in the memo line to Tufts University School of Medicine / Office of Development / 136 Harrison Ave. / Boston, MA 02111*

# Advocacy for Public Health

by Cayla Saret, MPH Candidate

Why advocate for public health issues? “It’s the only way to get anything done,” says Beth Rosenberg, MPH, ScD, Assistant Professor of Public Health and Community Medicine. In the absence of awareness and understanding by policymakers and the public, even impressive published research may have no effect.<sup>1</sup> Environmental, social, political, and personal factors contribute to public health problems. These factors also influence everything from research funding to program design. Therefore, many advocates are needed to champion interventions.

Advocates may conduct personal outreach such as visits (most often effective), send emails, write letters, or make phone calls to government officials. They may submit testimony for a legislative hearing or join a protest.<sup>2</sup> Sue Gallagher, MPH, Director, MS in Health Communication Program and Assistant Professor of Public Health and Community Medicine, suggests making a clear request for action, such as asking a Congressional member to support a specific bill. Advocates should speak with representatives of their own district and share stories about their own experiences when possible. Although evidence should inform advocacy, she says, people “are not going to remember all of the data. They’re going to remember the personal story, and that may resonate with them.”

Advocacy can shape state policy such as the 2006 Massachusetts healthcare reform law. Amy Lischko, DSc, MSPH, Associate Professor of Public Health and Community Medicine,

served as Commissioner of Health Care Finance and Policy and Director of Health Care Policy at the time. From her perspective, Governor Mitt Romney’s interest in reform emerged partly from his business experience, as well as from myriad visitors for whom “healthcare was their biggest issue.” Lischko listened to a range of advocates in her work. “I want to know why someone disagrees with certain policies,” she says. “I fundamentally think everyone is on the same page with the ultimate goals but they really disagree on how to get there.” She urges advocates to remain open-minded and to seek news from sources with differing opinions so they can best craft their messages such that policymakers will hear them.

One group that visited Governor Romney to support reform was the Greater Boston Interfaith Organization (GBIO), a social justice organization primarily composed of religious congregations of churches, synagogues, and mosques. Paul Hattis, MD, JD, MPH, Associate Professor of Public Health and Community Medicine and Sr. Associate Director for the MPH Program, is a member of GBIO’s Strategy and Healthcare teams. “We’re very relationship focused,” he explains. The organization may collaborate with officials and other groups on one project even while they have conflicting goals in another arena. “Sometimes we say ‘No, we don’t agree,’” says Hattis, “But we don’t believe that’s the end of the relationship.” GBIO was instrumental in collecting signatures for a ballot initiative that spurred the Governor and legislature to pass healthcare reform, as well as in lobbying for administrative rules that affected the way that subsidized insurance was

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## A Qualitative Analysis of Opioid Management in Orthopaedics

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Prescribing narcotics involves complex decision-making, surgeons said. External pressures to meet patient expectations influence prescriber practices. “If I don’t prescribe, someone else will,” said one surgeon. “That’s the bottom line. Patients can choose to go to another doctor for their surgery, and that’s a lot of pressure.” “In medical school, they taught us that if a patient is in pain, don’t be afraid to prescribe more pain meds,” said one orthopaedic surgeon.

Even amid a national opioid-abuse epidemic, surgeons remain accountable for treating postoperative pain, creating a complex problem for orthopaedic prescribers. Major systemic changes are needed, including changing patients’ perceptions to better deal with normal postoperative pain. Education in this area is fundamental, but lacking, according to surgeons interviewed, “I learned my practices from myself through my own clinical experiences,” said one surgeon. “The mandatory continuing medical education (CME) trainings are useless because it’s the same material every two years.”

Recommendations developed from ALE findings will be presented to the American Academy of Orthopaedic Surgeons (AAOS). The overall purpose of my project was to engage key stakeholders in the orthopaedic community and spark discussion of an important topic. These surgeons revealed a deep investment in reforming narcotic protocols, an important first step toward broadening conversations involving organizations such as the AAOS. Further exploration into solutions at the institutional, state and federal levels is also needed.

Not until I began my ALE at Boston Medical Center did I really grasp the societal impact of this disease. BMC’s proximity to several homeless shelters sharpened this awareness. On my walk to work, I encountered addicts on the sidewalks. Inside the shelter were addicts at all stages of recovery and relapse. The work being done at BMC to address this problem is inspiring and heartwarming. It is among the reasons I chose to recruit a preceptor affiliated with BMC. It is fitting that the institution recently received a gift of \$25 million to launch the BMC Grayken Center for Addiction Medicine.

# Alumni Spotlight: At the Intersection of Human and Animal Health



Marieke Rosenbaum, DVM'14,  
MPH'14, MS'14

by Cayla Saret, MPH  
Candidate

“There’s so much overlap between humans and animals in many different contexts,” says Marieke Rosenbaum, DVM ’14, MPH ’14, MS ’14, Director, DVM/MPH Pathway, Research Assistant Professor of Infectious Disease and Global Health at Tufts Cummings School of Veterinary Medicine. She completed the Cummings School and Medical School’s combined

degree track in veterinary medicine and public health and now serves as its director.

“I always wanted to be a veterinary medical doctor,” says Rosenbaum; family members recall her saying so since before she can remember. Her father was a landscaper who would sometimes bring home baby animals. “If they cut down a tree, and there was a nest,” she recalls, “or sometimes [they would] find possums in the trash...he’d take them home, and we used to raise them and release them.” She attributes her passion for wildlife to these encounters. Her interest in public health developed as she worked in wildlife rehabilitation and conservation and learned about the interrelatedness of human and animal wellbeing.

## Advocacy for Public Health

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priced for eligible low-income individuals. Hattis notes that it has been more impactful and personally satisfying to advocate on behalf of this “racially, religiously, socioeconomically diverse” organization than to do so as an academic. Similarly, Lischko says that a member of a larger group wields more influence than an independent individual.

Advocacy “isn’t just about legislators,” says Gallagher. “It’s also about heads of agencies at the state or federal level, foundations, and professional organizations.” It may involve bringing together people who support a change in their neighborhood, school, or workplace.<sup>3</sup> For example, says Hattis, “students and faculty within universities, or coworkers at a job,” can advocate for a transformation. “That’s vitally important,” he says, “Especially when you feel unempowered with respect to some hierarchy.”

Rosenbaum was drawn to Tufts because of its strong program in public health, conservation, and wildlife medicine, which she says stood out when compared with typical DVM programs. While in the combined program, she learned about the importance of practicing evidence-based veterinary medicine and critically reviewing public health publications. “I’ve always been a hands-on learner,” she says. “I wanted to get experience in the lab so I could better understand and evaluate data”. She paused her DVM/MPH after her second year and completed a Master of Science in Comparative Biomedical Sciences. Laboratory work allowed her to observe the techniques underlying tests she would order as a veterinarian.

After her third year, she took time away again, this time to conduct research in Peru as a Fogarty International Clinical Research Scholar, a fellowship from the National Institutes of Health. She studied infectious diseases such as tuberculosis that might be transmitted between humans and illegally traded non-human primates. In collaboration with local researchers, she also studied leptospirosis, a bacterial disease, in the jungle. “The rice paddies are heavily irrigated and the rice farmers may spend six hours in the water every day,” she explains. Evidence suggests that in these conditions, the disease circulates among humans and animals, including pigs, cows, goats, and wild rodents.

After graduation, Rosenbaum worked in a small animal practice, navigating public health issues such as regulation of rabies vaccinations and educating clients about diseases that can spread between animals and humans. She had the unexpected chance to return to Tufts as a faculty member. “It was a won-

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Rosenberg says that individuals interested in advocacy should just try it. She recalls a colleague, Edith Balbach, PhD, former Director of the Community Health Program at Tufts, who wanted to ban smoking in casinos. It was only when she began her efforts that she learned that the strongest opponent to the ban was the heating ventilation and air conditioning industry, because casinos invest money in systems to filter smoke. “Start doing something, and you’ll see what you need to learn,” says Rosenberg. “That’s the only way to do it.”

1. Chapman, Simon. *Advocacy in Public Health: Roles and Challenges*. Int J Epidemiol, 2001. 30(6): pp. 1226-1232.
2. Christoffel, Katherine K. *Public Health Advocacy: Process and Product*. Am J Public Health, 2000. 90(5): pp. 722-726.
3. Avery, Bylye and Bashir, Samiya. *The Road to Advocacy – Searching for the Rainbow*. Am J Public Health, 2003. 93(8): pp. 1207-1210.

# Congratulations to Anthony Schlaff, MD, MPH and Signe Peterson Flieger, PhD, MSW



Anthony Schlaff, MD, MPH

advocacy in the field of public health and preventive medicine.”

The award is named in honor of a founding APTR member, Dr. Duncan W. Clark, presented at APTR’s Annual Luncheon on April 6th.

Anthony Schlaff, MD, MPH, Director of the Public Health Program and Professor of Public Health and Community Medicine, was presented with the Association (APTR) for Prevention Teaching and Research’s Duncan Clark Award. “This award is presented to an APTR member with a distinguished record of achievement in the areas of teaching, research and/or

Signe Peterson Flieger, PhD, MSW, was appointed the “Tufts Health Plan Professor of Health Care Policy Research” The faculty development professorship was made possible via the generous gift of Tufts Health Plan to support a faculty member at the assistant professor level whose expertise in the health care policy research. Dr. Flieger also recently launched a blog “Synthesis of Policies, Politics, and Proposals” focused on Health (<https://spf-health.com/>).

Dr. Flieger also co-authored a piece with Dr. Harris Berman, Dean of Tufts University School of Medicine, in STAT First Opinion on March 1st, When Tinkering with Health Reform, Values Matter.



Signe Peterson Flieger, PhD, MSW

## Faculty Notes

Paul Beninger, MD, MBA, Director of MD/MBA and MBS/MBA Programs and Assistant Professor of Public Health & Community Medicine (PHCM), co-authored a paper entitled “Bridging the Academic/Industry Chasm: Proposed Solutions” in *the Journal of Clinical Pharmacology* (2016) with **Marcia Boumil, Professor of PHCM** and Drs. Deeb Salem, Kenneth Getz, Henry Klapholz, Greg Kurfman, Rohan Jotwani, and **Harris Berman, Dean of Tufts University School of Medicine**.

**Doug Brugge, PhD, MS, Professor of PHCM**, recently published an article; “Uranium from Africa – An Overview on Past and Current Mining Activities: Re-appraising Associated Risks and Chances in a Global Context” in the *Journal of African Earth Sciences*.

**Alia Bucciarelli, MS, Adjunct Assistant Professor of PHCM**, joined the biotechnology company, Biogen, on November 2016 as its first Associate Director for Scientific Communications.

**Beth Buyea, PA-C, MHS, Director of Didactic Education, Physician Assistant (PA) Program and Assistant Professor of PHCM**, is a Co-Investigator of a grant from the National Commission on Certification of Physician Assistants entitled “Health Integration into Physician Assistant Practice: Program Evaluation of a Novel Inter-professional Training Model” in collaboration with the Tufts University School of Dental Medicine.

**Daniel B. Carr, MD, MA, Program Director, Pain, Research Education & Policy and Professor of PHCM**, published a review article “Opioids for Neuropathic Pain” which reached 5<sup>th</sup> place in our top ten citations in 2015. Carr has been appointed to NIH’s Interagency Pain Research Coordinating Committee. This committee reports to the Secretary of Health and Human Services about federally-funded research on the diagnosis, treatment and prevention of pain.

**Virginia R. Chomitz, PhD, Assistant Professor of PHCM**, in collaboration with Shape Up Somerville, received a Tufts Community Research Center grant to conduct a systematic community food systems assessment to guide healthy and equitable food acquisition in Somerville, MA.

**Mei Chung, PhD, MPH, Assistant Professor of PHCM**, presented at The Development of Guiding Principles for the Inclusion of Chronic Disease Endpoints in Future Dietary Reference Intakes, A Public Workshop for the National Academies of Sciences (NAS), Engineering and Medicine in Washington, DC on January 9th. Her presentation was entitled “Overview and Comparisons of Risk of Bias and Strength of

# Faculty Notes

Evidence Assessment Tools”.

**Sue Gallagher, MPH, Director, MS - Health Communication Program and Assistant Professor of PHCM**, co-authored a research study in the *Journal of Agromedicine* entitled “News Reports and Their Role in Child Agricultural Injury Prevention.”

**Lisa Gualtieri, PhD, ScM, Director of Digital Health Communication Certificate Program and Assistant Professor of PHCM**, was recognized as a “2017 Women To Watch In Science & Technology” by *Boston Business Journal* for her work on [RecycleHealth.com](http://RecycleHealth.com).

**Linda B. Hudson, ScD MSPH, Assistant Professor of PHCM**, presented at the Annual Meeting of the Society of Behavioral Medicine (San Diego) in March 2017 on “Cultural Adaptation of the Strongwomen-Healthy Hearts Program for African American Women” within the Symposium on Women and Cardiovascular Disease: Current Approaches and Future Opportunities for Interdisciplinary Collaboration.

**Susan Koch-Weser, ScM, ScD, Assistant Professor of PHCM and Amy Lischko, MSPH, DSc, Associate Professor of PHCM**, completed a national evaluation of the senior medical patient program for the Center for Medical Services. In November, she presented the results at the Gerontological Society of America Conference in New Orleans, LA.

**Barry S. Levy, MD, MPH, Adjunct Professor of PHCM** co-authored a paper on climate change and collective violence that is being published in the 2017 Annual Review of Public Health, both online and in print.

**Alice H. Lichtenstein, D.Sc., Stanley N. Gershoff Professor of Nutrition Science and Policy and Senior Scientist & Director of the Cardiovascular Nutrition Laboratory at the HNRCA** gave Cardiology Grand Rounds at Boston University School of Medicine, “Dietary Fat and Cholesterol: Updated Dietary Guidelines” on December 14<sup>th</sup>.

**Amy Lischko, DSc, MSPH, Associate Professor of PHCM** participated in Grand Rounds at the Tufts Medical Center along with Paul Hattis, MD, JD, MPH and Signe Peterson Flieger, PhD, MSW. Dr. Lischko also participated at the Tisch Symposium on Healthcare Reform on March 8<sup>th</sup>. Her work on consumer practices with the Health Policy Commission was presented at the Academy Health National Policy Conference.

**Richard E. Murphy, PA-C, MBA, Director of PA Program and Associate Professor of PHCM**, participated on a state-

wide taskforce of physician assistant educators to develop a common curriculum for physician assistant students on dealing with the opioid crisis in the US. The curriculum was developed with the support of the Massachusetts Commissioner of Public Health, Monica Bharel, MD, MPH, and was subsequently presented at a national forum at the Physician Assistant Education Association Annual Meeting in Minneapolis, MN in October 2016.

**Aviva Must, PhD, Dean, Public Health and Professional Degree Programs and Morton A. Madoff Professor and Chair of PHCM** is the section editor for Obesity Prevention for *Current Obesity Reports*. The spring 2017 issue will include Professor Timothy Edgar’s review, “Social Marketing as a Framework for Youth Physical Activity Initiatives: A 10-year Retrospective on the Legacy of CDC’s VERB Campaign”. Ryan Kelly, an MPH student, and Marian Huhman, PhD are co-authors.

**Robin Reed, MD, Assistant Professor of PHCM**, participated on a panel entitled “Cross Science Technology and Society – Topic – Collaboration” at Massachusetts Institute of Technology on October 27, 2016.

**Margie Skeer, ScD, MPH, MSW, Assistant Professor of PHCM**, co-authored “Sociodemographic Characteristics Associated with Frequency and Duration of Eating Family Meals: A Cross-Sectional Analysis.” in *SpringerPlus*, 2016;5:2062-2068. She also co-authored a paper entitled “Qualitative Comparison of Barriers to Antiretroviral Medication Adherence Among Perinatally and Behaviorally HIV-infected Youth” in *Qualitative Health Research*. She will be teaching ‘FIX: Addiction and the Opioid Epidemic’ for the MD/MPH and DVM/MPH Tracks during the spring 2017 semester where students will learn about all aspects of substance use and addiction.

**Thomas J. Stopka, PhD, MHS, Assistant Professor of PHCM**, co-authored the paper entitled “Nonprescription Naloxone and Syringe Sales in the Midst of Opioid Overdose and Hepatitis C Virus Epidemics: Massachusetts, 2015.” in the *Journal of the American Pharmacists Association*, Feb. 2017.

**Alice Tang, PhD, ScM, Associate Professor of PHCM**, conducted an individual participant data meta-analysis (IPD-MA) to explore the potential for determining a standardized mid-upper arm circumference cutoff to identify pregnant women at risk of malnutrition with **Mei Chung, PhD, MPH, Assistant Professor of PHCM, Christine Wanke, MD, Associate Chair and Professor of PHCM**, and DrPH candidate Kimberly Dong. The study was conducted in collaboration with FHI360/FANTA III and researchers who contributed their datasets from various countries.

## Public Health Rounds

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[publichealth.tufts.edu](http://publichealth.tufts.edu)

## Alumni Spotlight: At the Intersection of Human and Animal Health

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derful opportunity to re-engage with academia," she says.

One of her current projects, the CLUC Study (Chickens Living in Urban Coops), grew out of the Applied Learning Experience project of Daniel Mordarski, DVM/MPH '17. It will examine exposure to lead in city dwellers who consume eggs from chickens in their backyards. Chicken ownership is increasing with growing interest in local, sustainable food. "They are very easy to keep," says Rosenbaum. "and you get delicious, fresh eggs." However, chickens may take in lead when they forage in lead-contaminated dirt or eat contaminated food, and it accumulates in their eggs and body tissue. Rosenbaum and her colleagues will assess lead levels and the associated public health risk to owners and consumers. She hopes to encourage veterinarians to measure blood lead levels when providing routine veterinary care for urban chickens.

For students considering a similar multidisciplinary path, Rosenbaum notes that having an MPH leads to more options than a clinical degree alone. She encourages students to keep an open mind in a culture that often prescribes restrictive career paths, saying, "There are multiple routes to get to a common goal." She supports her advisees through the challenges of balancing veterinary and public health coursework. "Getting the tools of an MPH education," she says, such as theory, policy, and analysis, "just opens the door for more opportunities."

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