Profile: University of Minnesota School of Public Health Around the World in 10 Minutes

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What does the phrase “global health” mean to you? Does it mean doing HIV/AIDS education in Mysore? Working to improve air quality in Manila? Or marrying eastern and western health practices for the Hmong in Minneapolis? If you answered “all of the above,” you’re right. Global health is all this and more.

At the University of Minnesota School of Public Health, we ascribe to the philosophy whereby public health challenges are exchanged equally between developed and developing countries, and together we share the responsibility for finding solutions to these challenges.

Think about it: SARS (severe acute respiratory syndrome) makes its way from a rustic village in China to cosmopolitan Toronto, closing the city to tourism for weeks. At the same time, U.S.-based corporations are skirting our environmental laws by setting up factories in developing countries, to the detriment of the health of their populations. Monkeypox enters our lexicon by way of the Gambia, West Africa, while young people in India and former Soviet bloc countries are bombarded with advertising by U.S.-based tobacco companies. It is a strange and often vicious circle.

Here in Minnesota, Somalis and Latinos have in recent years joined Southeast Asian and Russian immigrants to weave a rich tapestry of cultures. As rich as it is, the public health challenges facing immigrant populations attempting to maintain their cultural integrity while trying to navigate an often rigid and confusing American public health system are not to be dismissed.

University of Minnesota School of Public Health faculty members are conducting research on hot global health issues here and abroad. Let’s take a quick round-the-world tour of their important work.

Ian Greaves is back from a steamy summer in Manila, where he worked with colleagues at the University of the Philippines to investigate exposures of public utility drivers to vehicle-related air pollution and to set up future research projects on childhood asthma. In collaboration with Jean Forster, Greaves is designing a study to assess the effectiveness of new anti-tobacco legislation in the Philippines.

He does this when he’s not in India, working with Minnesota physicians and nurses, Indian health officials, and industry leaders to establish an HIV/AIDS prevention and treatment program for the cities of Bangalore, Mysore and Mangalore. Greaves is involved with the nascent Center for Global Health at the University of Minnesota, along with colleagues from the SPH, the Medical School and the School of Nursing.

Harry Lando is involved in a program to incorporate tobacco prevention and cessation content into the medical school curriculum at the University of the Philippines. Lando also is the principal investigator on a project to promote tobacco cessation in India and Indonesia, two countries particularly hard hit by the tobacco epidemic. As president of the Society for Research on Nicotine and Tobacco, he organized a conference on glob-
al initiatives in tobacco research—a conference former Surgeon General C. Everett Koop praised as “historic.”

There was hardly a major newspaper that didn’t carry a quote from Michael Osterholm during the SARS outbreak. Osterholm serves as an advisor to U.S. Secretary of Health and Human Services Tommy Thompson and CDC Director Julie Gerberding and played an integral role in the United States’ response to the outbreak. Near daily dispatches on the Web site for the Center for Infectious Disease Research and Policy (www.cidrap.umn.edu), which Osterholm directs, helped the public health community stay abreast of breaking developments during the SARS outbreak.

Cheryl Perry, director of the School of Public Health’s Center for Youth Health Promotion, is widely recognized for her community- and school-based intervention programs around tobacco and alcohol use. Recently, she took her well-tested theories to India, where relentless marketing and wide availability of these products have contributed to an emerging public health crisis.

Gurumurthy Ramachandran is collaborating with Robert Town and Bruce Alexander on a study in India on indoor air pollution and its health effects and economic consequences. According to Ramachandran, women and children are most exposed to indoor air pollution from burning fuels such as kerosene or wood in poorly ventilated homes.

Jim Neaton is working with investigators in South Africa, from the National Institutes of Health and the U.S. Department of Defense to develop screening and treatment protocols for those afflicted with HIV in South Africa, where infection rates are among the highest in the world. He recently returned from Pretoria, where he helped organize a data management center to coordinate large treatment trials.

Bruce Alexander, Lando and Bill Toscano are working with colleagues from the School of Nursing and the National Centers for Disease Control (NCDC) in the Republic of Georgia to train public health practitioners in modern public health surveillance and intervention. They hope to establish a surveillance and informatics system of adolescent health in the Republic of Georgia that will be used to mitigate chronic disease.

While the United States and France were engaged in a war of words over the war in Iraq, Moïse Desvarieux and 12 colleagues from the French Institute of Tropical Medicine and Epidemiology at the Université de Paris, the Institut Pasteur and the Université de Montpellier were engaged in a partnership that brought French faculty to Minnesota to team-teach a course in global infectious disease. Students in the course were eligible to return with the faculty to Paris to conduct research that eventually will take them to field assignments in Africa, India and the Middle East. This initiative is part of the INTREPIDE program (International Training and Research Program in Infectious Disease Epidemiology) established by Desvarieux and French colleague Jean-Pierre Coulaud.

John Kralewski is leading an effort to build a mentoring relationship with the University of Puerto Rico Medical School to assist in health services research to improve clinical practice. This fall, the program’s first student entered the SPH’s doctoral program in Health Services Research and Policy. Also in Puerto Rico, faculty researchers Donna
McAlpine, Bryan Dowd, Krawlewski, Lynn Blewett and Town are involved in a $1.2 million research project focused on health insurance coverage and health disparities.

Noted health economist Roger Feldman is advising the Bahamian government as it considers the introduction of national health insurance. Feldman has assisted the government in several critical issues involved in undertaking reform of this magnitude, among them designing a system of national health spending accounts and identifying the data needed to quantify the sources and uses of health care funds.

And finally, back in Minnesota, Blewett and Kathleen Thiede Call have developed unmatched expertise on the state’s immigrant populations and their health needs. They are using their research to address the health disparities faced by these populations.

**Thinking Locally, Acting Globally: SPH Students Apply Classroom Smarts to International Field Experiences**

University of Minnesota School of Public Health students realize the importance of understanding public health from a global perspective. Many have taken the opportunity to do international field experiences on the way toward earning their degrees.

**Lindsay Plaisted**

**Five months in Guatemala**

Lindsay Plaisted, a graduate of the maternal and child health program, applied her public health skills in San Lucas Toliman, Guatemala. She worked with Soy La Vida, a nutrition outreach program for severely malnourished mothers and children. She also teamed up with local health promoters and a nurse to start a prenatal vitamin distribution program.

Plaisted completed her field experience six months ago, but her work continues to improve the lives of Guatemalans: The vitamin distribution program she helped start is expanding to serve additional communities, and will celebrate its one-year anniversary this fall.

“Working in Guatemala taught me how to respectfully intervene in a community that I was not initially a part of,” says Plaisted. “The experience really added to my public health education.”

**Taimur Malik**

**Two months at the United Nations**

As a physician in Pakistan, Taimur Malik learned how discrimination against women leads to their poor health. He decided to do something about it. He knew his first step would be enrolling at a top public health school. His second step would be interning at the United Nations, where he could learn about international health policy.

Determination, real world experience, and a stellar academic career as a SPH public health administration student helped Malik to become one of 450 interns—out of 1.5 million annual applicants—to serve at the United Nations Headquarters in New York. Working within the Economic and Social Council (ECOSOC), he prepared analytical summaries of U.N. sessions on behalf of the Division for the Advancement of Women.
Malik still revels in how he learned, first-hand, how international policy is implemented throughout the world. “Being a part of the U.N. really was my dream come true,” he says. “The discussions I saw there will improve not only my understanding of public policy but the lives of millions of people. What an amazing opportunity.”

Denise Feda
Three months in Cameroon

Environmental and occupational health student Denise Feda became part of a groundbreaking international study on HIV medications when she signed on for her field experience in Douala, Cameroon. The study is the first to analyze use of antiretroviral HIV medications in Cameroon.

Feda was charged with the great task of collecting patient data from multiple hospitals, clinics and physicians. Her efforts paid off: By the end of her field experienced she had created a database of more than 2,500 patient visits. Researchers in France are analyzing the data to inform Cameroonian physicians on how they can improve antiretroviral drug therapies.

In Cameroon, Feda says she learned how public health can be both a driving force for enriching the well-being of populations and a rewarding opportunity to explain how this work benefits individuals. “As I was collecting data on all of these patients and looking at their medical files, I was also looking at them,” she explains. “They were part of my study and numbers on my computer, but they were also people I could talk to.”