PUBLIC HEALTH SYMPOSIUM

Wednesday, November 12, 2008
1:30pm - 8:30pm
Pyle Center
702 Langdon Street
Madison, Wisconsin
SYMPOSIUM AGENDA

1:30 pm  Welcome & Introductions (Room 121)
         Patrick Remington, MD, MPH
         Program Director, MPH Program
         UW School of Medicine and Public Health

1:40 pm  Student Presentations (Block 1)
         Moderated by Patrick Remington, MD, MPH

1:40 pm  Applicability of the National Animal Identification System
         (NAIS) in Control and Eradication of Bovine Tuberculosis
         Elizabeth Meek

2:00 pm  Raw Milk Associated Enteric Diseases
         Andrea Pontel

2:20 pm  Promoting Partnerships and Public Health in Wisconsin
         Afterschool
         Tahroma Alligood

2:40 pm  Community Environmental Health Assessment– Ecuador
         Marie Bastin

3:00 pm  Preceptor/Student Networking (AT&T Lounge)

4:00 pm  Student Presentations (Block 2) (Room 121)
         Moderated by Susan Skochelak, MD, MPH
         Senior Dean of Academic Affairs
         UW School of Medicine and Public Health

4:10 pm  Safety for Special Kids Project
         Nasuh Malas

4:30 pm  Towards Sustainability
         Sally Schlehlein
Notes:

4:50pm  Developing a School-Based Wellness Program in Milwaukee
        Carrie Hinterthuer

5:10pm  Water, Hygiene and Child Illness in the Kuku region of Southern Kenya
        Amy Rakestraw

5:30pm  Buffet Dinner (Alumni Lounge)
        Preceptor and Student Networking (AT&T Lounge)

7:00pm  Student Presentations (Block 3) (Room 121)
        Moderated by Christopher W. Olsen, DVM, PhD
        Associate Dean of Academic Affairs
        UW School of Veterinary Medicine

7:10pm  Community Environmental Health Assessment—Tabuga and Camrones, Ecuador
        Raisa Koltun

7:30pm  Unleashing the Evidence: Effective Medical Interventions in Pregnancy with the Potential to Reduce Wisconsin’s Black/White Infant Mortality Disparity
        Kristin Lyerly

7:50pm  Community Health Needs Assessment of a Hmong Community in Madison
        Jimmy Wu

8:10pm  Closing Remarks
        Patrick Remington, MD, MPH
Public Health in Practice


The Master of Public Health Program, established in 2005, provides multidisciplinary graduate education and training in public health concepts and methods to health professionals and students through a focus in service learning. Close connections with the community, through the Wisconsin Division of Public Health, the City of Milwaukee Health Department, and other health care and not-for-profit agencies, enable students to apply their skills in a real world setting. The MPH program’s vision is to develop a workforce that is competent to advance the well-being of the citizens of Wisconsin and beyond.

The Master of Public Health Program is a unique educational experience that focuses on public health applications. The MPH degree is supported by a strong core of departmental faculty as well as a program faculty spanning a broad array of departments including Family Medicine, Biostatistics and Medical Informatics, Nutritional Sciences, Nursing, Pharmacy, Veterinary Medicine, Social Work and several other departments across the Medical School and the University of Wisconsin–Madison campus.

Special Thanks to...

Mentors
Anne Bradford Harris
Lori DiPrete Brown
James Conway
Barbara Duerst
Christopher Olsen
Susan Riesch
James Vergeront
John F. Wiemers

Preceptors
Paul Finegan
Murray Katcher
Rachel Klos
Joe Miesel
Christopher Olsen
Nan Peterson
Katherine Semrau
Susan Webb-Lukomski
Whitney Witt
Kathryn Wolf
Paul Zettel

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Richard Brown
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Tim Corden
Byron Crouse
Lori DiPrete-Brown
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Mike Fleming
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Karen Holden
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Jim Vergeront
Mark Wegner
Whitney Witt
Bobbi Wolfe
Claire Wendla
Susan Zahner
Community Environmental Health Assessment—Tabuga and Camrones, Ecuador

**Raisa Koltun**

**Preceptor:** Joe Meisel, PhD, President Ceiba Foundation for Tropical Conservation  
**Mentor:** Lori Diprete-Brown, MSPH, Assistant Director, Center for Global Health

Safe and healthy environments, especially safe sources of drinking water, promote healthy populations. Ideally, good water quality would be guaranteed by municipalities; short of this, communities and even individual households can take steps to ensure a safer water supply and improve health. Local water quality problems and environmental hazards, as well as feasible methods for improvement, need to be identified and presented to the community. This study examined residents’ self-reported health status and perceptions of links between this status, water quality and behavioral practices. Then coliform and *e.coli* counts in local water sources were compared to patterns of water use, sanitation practices, and self-reported health status.

Door-to-door surveys of each household, as well as focus groups and in-depth interviews with key members of the communities were conducted in the summer of 2008. Water samples were collected to examine coliform and *e.coli* counts in water sources within communities. GIS mapping and subsequent spatial and temporal analysis was used to identify potential patterns related to water quality. Results will be used to develop educational programs and resources for prevention of illness through recommended water-use and sanitation behaviors.

**Raisa Koltun** graduated with a Pharm.D. degree in 2006 and is currently a second year MPH student. She has a strong interest in infectious diseases and applied epidemiology. Specifically, she is currently interested in learning more about communicable disease risk in intravenous drug users and the availability of needle-exchange programs or other harm-reduction methods. She is searching for post-graduate opportunities in this area, locally or internationally.

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**The Certificate in Global Health** is a collaborative offering from the schools of Medicine and Public Health, Nursing, Pharmacy, Veterinary Medicine, and the Division of International Studies. The certificate curriculum focuses on global health topics and health issues that transcend national boundaries, emphasizing health and disease in developing countries. Through a nine-credit program of course work and a global health field experience, students will be prepared to address health disparities in a context of cultural diversity. Certificate recipients may serve populations internationally or work among the increasingly diverse population of Wisconsin and the United States.

Through core courses and electives, students may focus their studies on health promotion, detection and treatment of disease, prevention and management outbreaks, health policy, environmental health or other interdisciplinary topics. Available as a Graduate Certificate to professional students in the health sciences, to graduate students in health-related fields, and as a Capstone Certificate to individuals with a minimum of a BA or BS in a health-related field, the Certificate in Global Health program is designed to assist traditional and non-traditional students with interests in global health. The program is based in the Department of Population Sciences of the UW School of Medicine and Public Health and is administered by the Center for Global Health at the University of Wisconsin-Madison.
Applicability of the National Animal Identification System (NAIS) in Control and Eradication of Bovine Tuberculosis

Elizabeth Meek

Preceptor: Christopher W. Olsen, DVM, PhD, Associate Dean for Academic Affairs, Professor of Public Health, School of Veterinary Medicine
Mentor: John F. Wiemers, DVM, MS, USDA, APHIS, Veterinary Services, National Animal Identification Staff

The National Animal Identification System (NAIS) is a modern, streamlined information system that helps producers and animal health officials respond quickly and effectively to animal disease events in the United States. NAIS’s use of radio frequency identification (RFID) ear tags in livestock results in an Animal Identification Number (AIN), which can trace the animal throughout its life. Bovine Tuberculosis (TB) is a chronic disease seldom apparent until it has reached an advanced stage in cattle. The Bovine Tuberculosis Eradication Program has significantly limited the disease’s impact in the United States however; four states are currently not TB free. Disease surveillance in the U.S. results in more than 1 million animals being tested each year for bovine TB. The use of RFID in disease surveillance and eradication of TB has reduced transmission of the disease, duration of testing, and minimizes animal losses and economic impact.

After receiving her MPH, Dr. Elizabeth Meek will continue working with the United States Department of Agriculture, Veterinary Services, pursuing her interests in epidemiology and foreign animal disease surveillance.

Water, Hygiene and Child Illness in the Kuku region of Southern Kenya

Amy Rakestraw

Preceptor: Katherine Semrau, DrPH, Center for International Health and Development, Boston University
Mentors: James Conway, MD, Associate Professor of Pediatrics, Department of Pediatrics, Division of Infectious Diseases, University of Wisconsin–School of Medicine and Public Health and James Vergeront, MD, Director, AIDS/HIV Program, Bureau of Communicable Diseases and Preparedness, Division of Public Health, Wisconsin Department of Health and Family Services

Water access, sanitation, hygiene, and child health are frequently studied global health issues for which interrelationships are still being identified. This study was designed to analyze baseline data on these topics for the Kuku Group Ranch region of Southern Kenya, and to make recommendations for improvements to the community. In Kuku Group Ranch, 191 households were randomly selected through systematic, stratified sampling. The questionnaire was divided into five sections: childhood illness, water source and collection, water treatment and storage, hand hygiene, and waste management. After gathering the data, we evaluated the results and came across some alarming findings. For example, we found that 64% of children in the surveyed households had incomplete immunizations, and breastfeeding was inappropriately supplemented for 97% of children. Fewer than half of households used mosquito nets. One in five children had diarrheal illness within the past 30 days. There were no completely safe water sources in the region by WHO standards, and 79% of households only had access to one source. Only 66% had knowledge of home water treatment methods, with over 86% of these utilizing boiling as the primary method. 83% voiced knowledge of hand hygiene while only 4% reported adequate hand hygiene. Overall waste disposal was determined as safe in only 27% of households. The survey yielded preliminary data that raise concerns about possible correlations between high childhood illness prevalence, unsafe water sources, inadequate hygiene behaviors, and unsafe waste management practices. Further focused research is required to establish concrete relationships. Recommendations focused on each individual area included the promotion of vaccination, education on hand hygiene, safe waste disposal methods, and home water treatment techniques.

Amy Rakestraw is a pediatric physical therapist who has specialized in neurological impairment caused by infectious diseases, care of high-risk neonates and infants, and evaluation of internationally adopted children. She also focuses on incorporating training in pediatrics for physical therapy students and current physical therapists into her practice. She is adding public and global health training with goals of program development in global health for chronic pediatric conditions and injuries, and training physical therapy students internationally.
Unleashing the Evidence: Effective Medical Interventions in Pregnancy with the Potential to Reduce Wisconsin’s Black/White Infant Mortality Disparity

Kristin Lyerly

Preceptor/Mentor: Murray L. Katcher, MD, PhD, Chief Medical Officer, Community Health Promotion and State Maternal and Child Health Director, Wisconsin Division of Public Health

During the past two decades, Wisconsin’s Black infant mortality rate worsened, from being among the best in the nation to become the worst in the nation, and the disparity between infants born to African American mothers and those born to White mothers has widened to the degree that African American infants are more than three times more likely to die before their first birthday than White infants. As we begin to understand the circumstances behind this trend, we are making strides toward reducing the disparities and solving the problem. The Wisconsin Healthy Birth Outcomes program is a multifaceted statewide initiative to eliminate racial and ethnic disparities in birth outcomes. One component of the program, the Evidence-Based Practices Workgroup, has been charged with researching the literature behind interventions in pregnancy with the primary goal of decreasing the infant mortality rate by impacting upon the largest contributor to poor birth outcomes in the African American population: prematurity and low birth weight. Our Workgroup, comprised of experts throughout Southern Wisconsin, has addressed both medical and non-medical interventions in recognition of the complexity of the problem and the multidimensional approach required to solve it. Although many non-medical underlying determinants contribute to poor birth outcomes, medical interventions offer a potentially powerful and simple tool to reduce the incidence of prematurity and low birth weight. By augmenting routine prenatal care with focused interventions such as 17-alpha-hydroxyprogesterone for women at risk of delivering prematurely, screening for bacterial vaginosis, and improved chronic disease management, we intend to optimize prenatal care with the hope of reducing poor birth outcomes as a result. Armed with the knowledge gained from the Evidence-Based Workgroup, the next step involves implementation through creation of materials for clinical use, education of providers and patients, and measurement of the effect of our efforts.

Kristin Lyerly’s interests in public health primarily involve maternal and child health issues including disparities in birth outcomes, reproductive health, and family planning. After Kristin receives her MPH, she intends to pursue a residency in obstetrics and gynecology. Ultimately, her goal is to blend her interests in both medicine and public health to best serve women, children, and families on both an individual and community level.

Raw Milk Associated Enteric Diseases

Andrea Pontel

Preceptor: Rachel Klos, DVM, MPH, Epidemiologist, Wisconsin Division of Public Health
Mentor: Chris Olsen, DVM, PhD, Associate Dean for Academic Affairs, School of Veterinary Medicine

Unpasteurized (raw) milk has long been accepted as a significant risk factor for serious foodborne illness. Although many cases of foodborne illness are mild and often not reported, children, the elderly and immune compromised persons are at an increased risk for serious illness. The sale of raw milk is illegal in Wisconsin, but in recent years there has been a growing raw milk movement due to several factors, including the belief that raw milk is more nutritious than pasteurized milk, consumers’ perception that grass-fed cattle and those milked in an uncontaminated parlor cannot transmit serious enteric pathogens in their milk, and the organic and “buy-local” food movements. Thus, it remains important to document consumption of raw milk and raw milk products among human cases of salmonellosis, campylobacteriosis, cryptosporidiosis, and E. coli 0157 infection in order to add to the body of evidence which links raw milk consumption with enteric disease. Surveillance case reports for the aforementioned diseases submitted to the Wisconsin Division of Public Health from 2005-2007 were reviewed to determine which case individuals had reported consumption of raw milk. In addition to raw milk exposures, surveillance data were also assessed to determine which of these individuals lived or worked on a farm and what animal exposures were reported specifically domestic pets, livestock, reptilian, and poultry exposures were documented. The surveillance data were also used to describe the population in Wisconsin with these reportable diseases in terms of age, sex, and geographical distribution. The results of the epidemiological analysis could be incorporated into educational information for public health officials, the medical community and the general public, relaying the risks associated with raw milk consumption as well as a review of the perceived benefits.

Andrea Pontel’s interests in public health include infectious diseases and emerging zoonotic diseases. She decided to earn her MPH because she believes strongly in the “One Health” initiative and thinks that veterinarians have a responsibility to human health as well. This winter she will begin working for the USDA, APHIS, Veterinary Services as a port veterinarian.
Promoting Partnerships and Public Health in Wisconsin Afterschool

Tahroma Alligood

**Preceptor:** Kathryn Wolf, M.S., C.P.P, Director, Wisconsin Clearinghouse for Prevention Resources  
**Mentor:** Barbara Duerst, M.S., Associate Director, Master of Public Health Program, UW School of Medicine and Public Health

Quality afterschool programs have long been acknowledged to improve academic achievement among youth while providing a safe, supervised environment. In addition to academic and social benefits, new research supports a strong link between quality afterschool programs and improved health outcomes. Efforts to incorporate the promotion of healthy behaviors and reduction of risky behaviors into afterschool programs are gaining momentum nationwide. The Wisconsin Clearinghouse, the Marshfield Clinic, and the Wisconsin Afterschool Network are working together to improve the health of Wisconsin youth enrolled in afterschool programs by promoting partnerships among afterschool coalitions, schools, communities, and public health agencies while encouraging the adoption of effective afterschool initiatives. Identifying and mapping current Wisconsin afterschool programs is an important step toward measuring the supply of afterschool and any areas of unmet demand in the state. Ideally, afterschool coalitions will be better able to identify underserved areas and more effectively partner to implement successful evidence-based programs, practices, and policies targeting top health priorities affecting children and adolescents in Wisconsin while promoting positive youth development and academic achievement.

Tahroma Alligood’s interest in problem solving and medicine led her to earn a B.S. in industrial engineering with emphases in biomedical engineering and management. Though she enjoyed her career as a process engineer and business analyst, Tahroma determined that her deepest interests lay in community improvement through health, social, and environmental initiatives. In 2006, after finishing coursework for a M.S. degree in land resources management, she and her husband moved to Germany. When she had an opportunity to join the Master of Public Health program, Tahroma jumped at the chance to return to Wisconsin to resume her studies. She hopes to work to improve health system policies and processes, as well as in health promotion and prevention—particularly in areas of substance abuse and mental health.

Community Health Needs Assessment of a Hmong Community in Madison

Jimmy Wu

**Preceptor:** Susan Webb-Lukomski, Public Health Nurse, Public Health–Madison and Dane County  
**Mentor:** Susan Riesch, Professor, UW School of Nursing

Despite the growing Hmong-American population, there continues to be a dearth of literature on the state of chronic disease-related health issues in the Hmong community. The purpose of the project is to assess the basic health needs of the entire Hmong population living in the Bayview community of Madison, and use the data to organize public health interventions that would best address these needs. Using the wording from CDC’s BRFSS and Youth Risk Behavior Survey, separate surveys were designed for different age groups. These surveys were then orally piloted by Hmong interviewers with one household each. After appropriate changes were made to the interview process and surveys, the remaining 145 eligible Hmong individuals were surveyed. The data will be descriptively analyzed and used for further intervention design. Data from Hmong adults (N=53), teenagers (N=19), and children (N=28) were collected. 58% of Hmong adults, 20% of Hmong teenagers, and 35% of Hmong children are either overweight (25<BMI<29.9) or obese (BMI>30). The children group possessed the largest percentage (27%) of obese individuals. On average, teenagers engage in at least 60 minutes of moderate to vigorous activity (CDC guideline) for 3.5 days. Teenagers also watch about 2.38 hours of TV and drink 2.57 servings (one 12 ounce can) of soda, eat 3.14 times per week with their family, and consume fast-food 1.28 times during the week, all of which exceed the CDC guidelines. The health needs assessment provides us with useful population-specific information about the Madison Hmong community’s perceived health needs. The data shows that obesity and its subsequent chronic disease consequences are becoming an issue. The assessment shows that the Hmong youth are already beginning to develop unhealthy habits, which will only exacerbate the already problematic issue of obesity within the adult population. While the community recognizes both physical activity and diet as important, the data demonstrates that the population prefers to learn about ways to address their nutrition. This dataset offers us ideas for how to help reduce the prevalence of obesity in the Hmong population within the Bayview community.

As an aspiring MD/MPH, Jimmy Wu hopes to utilize his dual training to enhance his ability to address the incredible health disparities that exist within “undeserved” communities. He has a particular interest in program design and evaluation that aims to attack a problem from a different angle. Jimmy plans to integrate public health perspectives into his practice and efforts to improve the health of the overall population. He is currently applying for family practice residency programs.
Developing a School-Based Wellness Program in Milwaukee

Carrie Hinterthuer

**Preceptors:** Paul Zettel, Health Education Teacher, Riverside University High School; and Whitney Witt, Asst. Professor, UW School of Medicine and Public Health

The purpose of this field experience was to gain hands-on experience of how to develop a school-based youth health outreach and education program from the ground up. At Riverside University High School in Milwaukee, coordination of a small-scale nutrition and fitness program resulted in the realization that there was a greater health need of the students than what the school was currently providing. The implementation of a comprehensive wellness program that addressed all areas of health was determined to be a goal for the school. A wellness team comprised of faculty, staff, students, and community members was established to oversee the development and success of the proposed wellness program. Finally, data was gathered and a grant proposal was written to fund this program.

Before starting the MPH program, Carrie Hinterthuer worked at a school-based wellness center in San Francisco. This experience piqued her interest in public health and youth health needs, which eventually lead her to school at the University of Wisconsin– Madison. After graduation, Carrie hopes to find a position in the Madison area where she is able to focus on youth health outreach, education, and program planning.

Community Environmental Health Assessment– Ecuador

Marie Bastin

**Preceptor:** Joe Meisel and Catherine Woodward, President & Vice President of Ceiba Foundation

**Mentor:** Lori Diprete Brown, Assistant Director, Center for Global Health; and Chris Olsen, Associate Dean for Academic Affairs, School of Medicine and Public Health, and Professor of Public Health

Tabuga and Camarones are two rural communities which obtain their drinking water from a treatment facility and directly from a river, respectively. In order to examine the linkages between water quality, environmental health beliefs and practices, and household health outcomes, water testing, and comprehensive household health survey was conducted in each community. A novel household survey tool was created which incorporated socioeconomic status indicators and issues regarding water and sanitation, food security, maternal and child health, mental health, indoor air pollution, domestic animal practices, land use practices, and access to healthcare. In addition, the survey included a section on beliefs and perceptions regarding conservation, development, and ecoservices within the region. Additionally, quantitative water quality tests evaluating E. coli, and fecal coli– form were conducted in each community. The administration of household surveys revealed a wide variety of environmental health beliefs and practices, many of which could significantly affect household health outcomes. The construction of two community maps incorporating water results, environmental health hazards, and health outcomes provides an integrative framework for evaluation and future analysis. The combination of water quality testing in conjunction with the construction of a community map and administration of a household health survey is a comprehensive approach to integrative community ecohealth. Information obtained from the location of water testing, household health results, and spatial information can be used to better target development and educational initiatives. Because of the strong linkages between intact forests, conservation and positive health outcomes, a comprehensive approach to rural community ecohealth evaluations will seek to simultaneously evaluate the community health needs and strengths as well as potential for environmental health-based community improvements. These results will help inform and educate local citizens and regional leaders.

Marie Bastin's interests in public health are multi-focal, which include environmental health, international health, and infectious disease, specifically zoonoses. After the completion of the MPH program, she plans to pursue a master's degree in Environmental Studies in an effort to develop a unique career in health care and research focused on Ecosystem Health and zoonotic diseases and their impact on underserved populations and their ecosystems. Her future goal is to be able to provide communities with their health care needs while preserving the integrity and biodiversity of nature.
Safety for Special Kids Project

Nasuh Malas

Preceptor: Nan Peterson, RN, MS, Advocacy and Injury Prevention Programs Coordinator (American Family Children’s Hospital), Safe Kids Coalition Coordinator, (Dane County)
Mentor: Anne Bradford Harris, MPH, PhD, RD, University Center for Excellence in Developmental Disabilities, Clinical Services Unit Program Manager LEND Co-Director

Unintentional injuries are the leading cause of death in children ages 1-15. Extensive efforts have been taken by the State of Wisconsin to reduce the morbidity and mortality due to injury in this population. Despite this success, the state has not made the same effort with children with special health care needs. This subset of children is highly susceptible to injury and therefore demands safety resources. The Kohl’s Safety Center of the American Family Children’s Hospital is currently undertaking a massive project, deemed the “Safety for Special Kids Project”. The aim of the project is to improve the safety products and services offered to children with special needs. A newly formed Special Needs Advisory Council has been created to guide this effort. We will also supplement the efforts of the Advisory Council with a needs assessment administered at the Waisman Center, a facility that offers clinical and community services to the special need population. The Safety Center is in the process of creating outreach channels, purchasing safety products, developing an injury prevention handbook and seeking funds for special needs safety products. By January 2010, we hope to serve 4,000 families with children with special needs in Wisconsin by conducting on-site home safety assessments, providing safety education, and expanding the special needs safety product line in the Safety Store. We hope to evaluate our efforts both qualitatively through interviews, with families and clinicians as well as quantitatively through a formalized survey of families and clinicians.

Nasuh Malas is a recent graduate from the Master of Public Health Program. Nasuh is currently completing his final year in medical school at the University of Wisconsin and hopes to pursue a residency in Pediatrics with a focus on developmental, social, emotional and behavioral health. Nasuh also recently got engaged to a wonderful young woman, Sarah Gad, who will be accompanying Nasuh and pursuing medical school next year. Nasuh hopes to integrate pediatrics, mental health, developmental issues and public health into a cohesive residency experience, supported by active participation in community-based programming, research, teaching and public health education.

Towards Sustainability

Sally Schlehlein

Preceptor: Paul Finegan-Divisional Vice President Global Energy Management-Abbott Laboratories
Mentor: Lori DiPrete Brown-Assistant Director-Center for Global Health-University of Wisconsin

The focus of the “Towards Sustainability” project is a progress report of the Central Pathology Lab (CPL) that was built by the Abbott Fund the charitable arm of Abbott Laboratories. The CPL is part of the Muhimbili Hospital which is the national hospital of Tanzania and located in Dar es Salaam. Progress was based on the current functioning and efficiency of the lab which was projected in a report by the outside consulting firm Axios in 2006. Methodology for gathering material was direct interview, obtaining IT data from the Muhimbili data base and use of reference materials. The ultimate goal of the project was to gather enough information to determine whether or not it will be possible for the CPL to become a fully sustainable entity. It was concluded that while the CPL is greatly enhancing the quality of care at Muhimbili that it is not meeting the projections of the 2006 report. The enhancements to the lab including state of the art equipment and reagents donated to the CPL by the Abbott Fund in actuality increase its costs and take it further from sustainability and more dependent on outside sources of funding beyond the national government. In conclusion, recommendations were made to increase efficiencies and market services to help the CPL to be a greater contributor to the overall costs of the hospital.

Sally Schlehlein is a registered nurse currently working on her MPH and certificate of Global Health. She will graduate in December of 2008. She has been interested and involved with international work since the late 1990’s, and hopes to continue after graduation.