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Our Public Health History in Florida: Interviews with the Department Chairs

Robert J. McDermott, PhD

Whereas the Dean of the College of Public Health sets the agenda and establishes the culture for the institution, it is the constellation of Department Chairpersons that operationalizes the plans that carry out the institutional mission. Two years after its founding in 1984, the University of South Florida College of Public Health formed four departments (Community and Family Health, Environmental and Occupational Health, Epidemiology and Biostatistics, and Health Policy and Management) and added a fifth department (Global Health) in 2004. Dr. Jeannine Coreil is the third person to Chair the Department of Community and Family Health. She joined the faculty at USF in 1987. Dr. Thomas E. Bernard is the fifth person to head the Department of Environmental and Occupational Health. He began his faculty career at USF in 1989. Dr. Heather G. Stockwell is the third person to lead the Department of Epidemiology and Biostatistics. She came to USF in 1985. After leaving in 1992, she returned as Chair in 2002. Dr. Barbara L. Orban is the fourth person to lead the Department of Health Policy and Management. She joined the USF COPH faculty in 1996. Dr. Boo H. Kwa joined the USF COPH faculty in 1986 as a member of the Department of Environmental and Occupational Health. He became the founding Chair of the Department of Global Health in 2004. This set of interviews with the Chairs of the University of South Florida College of Public Health's five academic departments was conducted between March 23, 2005 and May 18, 2005.

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RJM: *All of the departments in the University of South Florida College of Public Health are pretty eclectic – representing both diversity of content areas and faculty backgrounds – don't these factors make leading and managing a particularly arduous task? For instance, Dr. Coreil, the Department of Community and Family Health is tasked with providing professional preparation in health education, maternal and child health, behavioral health, and socio-health; there is further demand for professional preparation in aging studies, social marketing, and other areas. What do you see as the special challenges for this "slice" of public health in the next ten years in providing quality education for the public health workforce and for creation of new public health knowledge?*

JC: Like most schools of public health, USF's College of Public Health is organized into academic departments that cluster together related areas of training and research. The grouping of disciplines within departments tends to follow a common pattern at a broad level reflecting the core areas of knowledge and practice in epidemiology, biostatistics, health services administration, environmental health sciences and behavioral sciences/health education. The particular configuration of departments, disciplines and programs is more variable, and is shaped by the school's history, mission, geographic location, student body and depth of assets in particular areas at different

points in time. Focus areas with Departments usually parallel the areas of concentration

available to MPH students. Thus, the Department of Community and Family Health offers MPH concentrations in maternal and child health, public health education, behavioral health, and socio-health sciences. Health



Dr. Jeannine Coreil

education and MCH are the oldest and largest programs, reflecting the disciplinary backgrounds of its founding faculty. The more recently developed concentrations in behavioral health (public mental health and substance abuse) and socio-health sciences build on the Department's strength in social and behavioral sciences. The Department's focus areas combine the long-standing public health concern for the health and well-being of vulnerable populations, in this case women and children, with the application of knowledge and skills for changing human behavior and society to improve the health of populations.

RJM: *As another example, the Department of Epidemiology and Biostatistics is charged with providing professional preparation in various specialty areas of epidemiology as well as in*

biostatistics, itself a multi-specialty area. As the Chair of the Department, Dr. Stockwell, what special challenges do you see for your unit's "slice" of public health in the next decade?

HGS: You've described the specialty areas of the Department as eclectic. It is true that we are a joint Department of Epidemiology and Biostatistics, and as epidemiologists and biostatisticians we study many different diseases in our population. Whereas the Department does indeed have great diversity in research interests, it is unified by its common perspective towards disease and its control. Its strength comes from



Dr. Heather G. Stockwell

specific and firm scientific underpinnings that focus on the development and application of epidemiologic and biostatistical tools and processes for examining health related issues and their application to current and future public health issues. This

directly speaks to the creation of new public health knowledge, as the education we provide to our students allows them to apply their skills to new situations, to advance scientific understanding, and to serve the public.

RJM: *The Department of Environmental and Occupational Health is no less eclectic and is confronted with providing professional preparation in occupational health and safety, environmental health (e.g., air, water), and toxicology and risk assessment. Dr. Bernard, what are your Department's challenges for this over the next decade in providing quality education to prepare the public health workforce and creating new public health knowledge?*

TEB: Whereas EOH appears to be eclectic, the view might also be eccentric. We share a common goal to understand what constitutes a hazard to the public where they live, work and play. At the USF College of Public Health, faculty members have placed a high value on laboratory and field research to investigate the link between chemical and physical agents and health effects. In this respect, we are not terribly

eclectic. The heavy focus on the recognition and evaluation science does not put us in front of many public health professionals and the community,



Dr. Thomas E. Bernard

leaving perhaps, an eccentricity impression. The professional preparation of students in the Department emphasizes the same core approach of anticipation, recognition, evaluation and control. In this regard, the past and future are gradual. The next ten years for the Department of Environmental and Occupational Health is the development of interventions that are cross-disciplinary. Whereas we often rely on engineering solutions to many exposure scenarios, community involvement in the general environment will follow the role of workers in occupational health protection that has evolved in the 1980s and 1990s. Our students must be honest brokers in the process. From our perspective, the creation of public health knowledge will come from two fronts. The first, in which we have made some important investments, is pulmonary disease and the movement of agents in the environment. These investments will coalesce with health outcomes research to form a center of expertise on the role of air and chemical agents in the environment. We see a need for this effort in both developed and developing countries. The second is in translational and intervention research. Out of necessity, this will be a multidisciplinary endeavor that will encompass expertise across the college. For the Department, this represents a major change of course and will put us in front of more public health professionals and the community.

RJM: *Dr. Orban, the Department of Health Policy and Management has to provide professional preparation in management of acute and long term care facilities, international health management, health policy, health economics, and health law, and other related areas. What are the challenges that you see ahead for your areas of public health in the next ten years in providing quality education to*

prepare the public health workforce and for the creation of new public health knowledge?

BLO: Health management programs have required students to master management knowledge and decision making skills with an understanding of the impact on access, quality and cost. Course topics, such as accounting and economics, have not changed. However, greater emphasis is placed on quality and performance improvement, consistent with more recent Institute of Medicine (IOM) reports. This



Dr. Barbara L. Orban

change requires greater emphasis on higher levels of knowledge and skills on using data and information technology, and assuring students know how to access and use

important information sources. A major challenge and change is how we teach students to develop decision-making skills. Students must be prepared to use and apply knowledge and skills to a rapidly changing environment. Health management graduates will be expected to solve problems that were not defined or conceptualized at the time they graduate. As such, teaching methods have shifted to emphasize applications of theory, methods and knowledge to real and hypothetical situations. Today's opportunities for health managers are much more diverse and graduates have many more choices in settings and specializations. This can be a challenge for them as there are more opportunities to choose among.

RJM: *The Department of Global Health is the newest academic department at the USF COPH, scarcely a year old. Dr. Kwa, you are the "Founding Chair" of the unit. Explain how you view the mission of the global health faculty and the role you see for the students that you are preparing at the MPH level. What specific challenges do you face in this leadership role, and what do you see evolving in global health over the next ten years or so? What "new" public health knowledge will such a Department create?*

BHK: With increased globalization in communications, travel, migration, and trade, it is increasingly difficult for health problems to be

solved in isolation from other countries. Jeffery Sachs noted: "Americans would dearly love to believe that the United States can be an island of stability and prosperity in a global sea of poverty and unrest. History, however, continues to prove otherwise." Transnational disease outbreaks such as the

avian flu, SARS, and the West Nile epidemics prove the critical need in teaching our students to have a global perspective of health. Increased needs for integration of responses to disease outbreaks and natural disasters, such as the tsunami in Asia in December 2004, emphasize the



Dr. Boo H. Kwa

inadequacies of isolated national responses in the face of potential humanitarian disasters. It is heartening that the public health community is already responding to the challenges in the coming decade. As an example, the CDC has recently formed an Office of Global Health and have partnered with the W.H.O., the World Bank, UNICEF and others (see for example <http://www.cdc.gov/ogh/partnerships.htm>) to address this need for a global health program. It is less a question of "new knowledge" per se, but more a question of having an integrated approach to solving health problems that require a multinational solution.

RJM: *Each of you comes from a different segment of public health training, giving you, perhaps, unique perspectives on professional preparation as well as on public health practice itself. Dr. Stockwell, as an epidemiologist, what special "lens" do you think you bring to the translation of academic public health into practice?*

HGS: My view, as the Department Chair, is to strengthen the academic experience of departmental degree candidates and all COPH students. Both epidemiology and biostatistics provide valuable insights for how to design and conduct health studies; how to pose a good hypothesis; how to collect data; how to weed out biases and irrelevancies; and how to provide a measure of the strength and accuracy of your findings. These skills are important

academically, and they are invaluable to the practicing public health professional that must communicate not only with scientific audiences but also with the news media and the community-at-large. At the end of the day, it is our goal to see that the research and educational programs at USF improve the lives of the citizens in our communities

RJM: *Dr. Coreil, as an anthropologist what special "lens" do you think you bring to the translation of academic public health into practice?*

JC: The Department is strongly positioned to provide leadership in training and research in a number of interdisciplinary fields within public health over the next decade. It's MCH program will continue to build on a depth of expertise in child health and development, with important contributions from the Lawton and Rhea Chiles Center for Healthy Mothers and Babies. A new area of growth is the field of MCH Epidemiology, including an interdepartmental doctoral program with the Department of Epidemiology and Biostatistics, and stronger collaboration with the Department of Pediatrics in the College of Medicine. In particular, perinatal epidemiology will be prominent in this field, drawing on a depth of faculty and research programs across the Health Sciences Center. Other areas of strength include family violence and injury prevention, anchored by programs in the James and Jennifer Center for the Study of Family Violence. The department is also positioned to lead in the development of interdisciplinary programs in women's health, building on its collaborative ties with the Colleges of Arts and Sciences as well as Medicine and Nursing. Another noteworthy strength is the interface of MCH and mental health issues, including a dual degree program in behavioral health and social work with the School of Social Work, and research and training opportunities in children's mental health and maternal substance abuse through the Florida Mental Health Institute.

RJM: *Dr. Bernard, talk a little bit about your background in terms of your professional preparation and work experience. And, what special "lens" do you think you bring to the translation of academic public health into practice?*

TEB: My special lens is occupational health, and more narrowly, heat stress and musculoskeletal disorders. That lens is further tinted by work in private enterprise (Westinghouse Electric Company) and government (U.S. Bureau of Mines) as well as by a research program that has been funded by government, industry and union sources. With respect to heat stress, I have seen exposure guidelines that have been blindly applied because there was a number attached to the exposure. I have played a role in making that view more flexible, with recognized advantages to both labor and management. On the other side of that coin is the very real, and difficult, problem of musculoskeletal disorders. The exposure to job risk factors cannot be described by a simple number thus making exposure assessment infinitely more difficult. This has also led to a lack of understanding about how to effectively deal with exposures -- sometimes reflected in a denial that the work-related nature of the disorders exists. We face similar problems across the board in environmental health. There may be an inflexible application of a limit when more flexibility may prove to be beneficial to all, and there is a difficulty in building support for exposures that affect the health of the community. The interventions research will help on both of those fronts.

RJM: *Dr. Orban, tell the readers about your background, your professional preparation, and your work experience. What is your special "lens" for translating academic public health into practice?*

BLO: I received a B.S., MSPH and Ph.D. in Public Health from UCLA, all in health services with a minor from the School of Business. My mother was a public health nurse so the importance of public health was clear to me at a very early age. As an undergraduate student, my goal was to work in hospital management at the UCLA Medical Center. I achieved this goal and worked at UCLA Medical Center and later at Shands Hospital in Gainesville. At UCLA, I was responsible for quality management, accreditation and licensing of the facility. It provided a tremendous opportunity to understand all aspects of the hospital and hospital management. At the time, health department inspectors would arrive at the hospital, unannounced, and investigate complaints received or follow-up on deficiencies noted at a previous licensure inspection. The regulations

and inspections protected the safety of patients and the community. The advice and support we received from the health department was most valuable, and our relationship with the health department was extremely positive since quality was the medical center's top priority. Through 11 years of hospital management experience, I developed a very good understanding of management practice. My unique perspective in academics is one of helping students understand how theory and decision-making skills relate to practice. As such, I have enjoyed writing case studies from management and consulting experiences to assist students in understanding management practice, the related challenges, and making decisions that incorporate important issues and considerations.

RJM: *Dr. Kwa, "global health" intrigues a lot of people these days. As the leader of this special group of public health academicians, talk about your background, your professional preparation, and your work experience. What special "lens" do you bring to the academic – practice mix in public health?*

BHK: I taught parasitology and vector-borne diseases as a faculty member of the University of Malaya in Kuala Lumpur, Malaysia for 15 years. During that period I was also associated with the Division of Malaria and Filariasis, and the Division of Medical Ecology of the Institute for Medical Research, Malaysia. I was involved in research on lymphatic filariasis, angiostrongyliasis, cysticercosis, babesiosis and other tropical parasites during a period when Malaysia was undergoing its economic transformation from a developing nation to a Newly Industrializing Country (NIC). Therefore, I had an opportunity to study the impact of rapid environmental and ecological changes on sensitive tropical rainforest habitats and how these changes in turn determine disease transmission patterns and the re-emergence of hitherto eradicated infectious diseases. These conditions are now being replicated from Brazil to Burkina Faso, from Guyana to Ghana, and from Pakistan to Paraguay, demonstrating the nature of a truly global problem.

RJM: *Each of you has been in Florida for quite a number of years now. Dr. Bernard, you've been here for about 16 years. What are the biggest changes you've seen in the delivery of public health in Florida and the performance of the public health workforce?*

TEB: My example of the biggest change is from my narrow perspective. Early in Governor Bush's tenure, the legislature disbanded the Division of Safety. This was an unfortunate loss, but USF was able to step in to garner the small business consultation program that is funded by the federal Occupational Safety and Health Administration (OSHA). This is one of the best examples of public health outreach in the Department. The program has established itself as one of the most productive in the nation. Combined with the NIOSH-funded Sunshine Education and Research Center and the OSHA Training Institute, we are in a position to have a fully integrated research, education and outreach effort that exists only in a couple of other states. This will succeed by faculty and staff initiative with a mix of state and federal funding.

RJM: *Dr. Coreil, you've been in Florida for about 18 years. What do you see as the foremost changes in the delivery of public health in Florida and the performance of the public health workforce?*

JC: Public Health programs will increasingly draw upon the knowledge and methods of the behavioral sciences to address the complex health problems facing the nation and the larger global community. The Department of Community and Family Health has unique strengths in this area, including nationally ranked programs, a depth of faculty from social science disciplines, and research initiatives that integrate behavioral science perspectives with public health and clinical practice. The doctoral program focusing in Health Education is ranked second in the nation, and USF is widely regarded as one of the top schools for training in anthropology and public health, as well as social marketing applied to public health. The Social Marketing Field School annually trains practitioners from around the country, and the Graduate Certificate in Social Marketing allows masters and doctoral students to specialize in this area. The dual degree program in applied anthropology and public health attracts outstanding students from a national pool, and allows students from both academic areas to simultaneously pursue degree programs in the other discipline. USF is also one of only a small number of schools of public health to offer graduate training in behavioral health, an area in which public health training and research has been historically weak and is sure to grow in importance over the next decade. Finally, the

area of socio-health sciences has the potential to fill an important niche as public health practice moves beyond the level of individual behavior change to incorporate social and cultural dimensions of health through macro-level interventions. This multi-level approach is compatible with identified future needs for public health training that incorporates an ecological perspective to address health disparities through culturally competent programs. An emergent subspecialty within this arena that is particularly relevant to Florida's population is the field of aging and public health, with new programs currently in development that will enhance current USF strengths in this area.

RJM: *Dr. Stockwell, many people may not realize it but you were one of the first "hires" on the USF COPH faculty in 1985. You left in 1992 and then came back a decade later. What were the most significant changes that you saw upon returning that didn't exist when you departed in 1992?*

HGS: When I first came to USF, the college was a fledgling institution. It went through some early growth spurts, and quickly required more space, finally resulting in building the facility where it now resides. In those days everything was being created and done for the first time. The Department faculty for the first several years consisted of only one epidemiologist and one biostatistician. The COPH was not yet of sufficient size to form departments. In time, as faculty were recruited and research programs developed, departments were formed. What excited me about returning to the COPH after ten years was to see both the continuity of programs and processes, and an evolution of new educational and research initiatives. I was excited by the talent around me in the Department and throughout the COPH. The COPH has developed distance learning academic programs; the Chiles Center has been created to serve the needs of mothers and babies in Florida and is working together with our Department to build a strong research focus in maternal and child health epidemiology. We have established close relationships with colleagues at the Moffitt Cancer Center and Research Institute. The Department has a very dynamic cadre of epidemiologists and biostatisticians, doing exciting public health research in Florida and around the world.

RJM: *Dr. Stockwell, when you left USF you worked in Washington DC at the Department of Energy. What insights did you gain there that you brought with you back to USF?*

HGS: At DOE, epidemiologic research health programs were highly complex, charged with multiple local interests and confounded by scientific uncertainties. To be successful, we had to make our programs and processes more transparent, inclusive, and collaborative. Whereas the scientific issues we face here are different, the ideals of functioning with transparency, inclusiveness, and collaboration are value I bring to our programs too. It is my expectation that these principles will continue to form our standards of practice as well as conforming to the highest ethical values.

RJM: *Dr. Orban, you have been in Florida longer than just about anyone at the USF College of Public Health -- first at the University of Florida, and for most of the past decade, at USF. What are the biggest changes you've seen in the delivery of public health in Florida and the performance of the public health workforce?*

BLO: I moved from California to Florida more than 20 years ago, as a trailing spouse who agreed to stay only three years. However, I did not expect to stay that long after seeing the size of Florida roaches. Despite this, Florida is a very exciting and unique place for public health with the high percent elderly and diverse population. Both the University of Florida and USF have provided tremendous and rewarding professional opportunities. The Florida Department of Health is a remarkable resource for communities, faculty members, and students. A major change over the years is the increased ease and access to comprehensive and extensive Florida public health information through the DOH web site. We routinely use it for student readings and assignments. It is a great way for students to understand public health at state and local levels. This resource was not available 20 years ago when I taught my first course at the University of Florida. In addition, we have observed many health departments moving away from providing general primary care services to focus on core public health services. This type of change is usually stressful, as with any agency or organization that sheds a service that is performed well. In addition, most local health department have addressed the issue of privatization. Whereas some have privatized

certain services, the benefits and limitations of privatization are still under study. One thing is clear. The private sector does not always provide services at a higher quality and/or at a lower cost.

RJM: *Dr. Orban, what are the most difficult aspects of preparing individuals for health policy development, advocacy, and analysis? What is going to challenge health policymakers most in the next decade in this country?*

BLO: Health policy presents great challenges and opportunities. Preparing today's young health professionals to participate in health policy advocacy and development presents a number of threshold challenges. As noted by Dr. Ann Abbott, our faculty health policy expert, many studies have documented the growth of a basic distrust in government and most of our students share this distrust. Along with the distrust comes a tendency toward apathy. Further study of how decisions are made at the federal and state capitals confirms the influence of powerful interest groups with large sums of money at their disposal to influence votes. Students quickly learn that policies and laws are sometimes made that are contrary to what evidence shows would lead to improvements in the nation's health. Our graduates understand the policy process and how to analyze and influence policy. Windows of opportunity do emerge to advance policy, and the process entails tremendous negotiation and the need for compromise. As an example, a key Florida Public Health Association issue from this past legislative session was the primary seat belt law. In other states, primary seat belt laws have reduced traffic fatalities by increasing seat belt use. Florida has a very high traffic fatality rate and the law would reduce this rate. Recently, a young driver in Tampa died after being thrown from his car. Aggressive driving caused the crash; the failure to use a seat belt caused the death. The legislature had concerns that a primary seat belt law could result in traffic stops and profiling. A primary seat belt law was ultimately passed for persons 18 and under after being attached to another bill that was certain to pass. This demonstrated that providing evidence from other states that shows positive outcomes can be insufficient to move good public policy forward by itself, unless accompanied by political know-how and connections. Health policy has many exciting arenas and graduates have opportunities to advance important

solutions for communities. Health expenditures continue to rise. Health disparities are evident. Ethical dilemmas from right-to-life to right-to-death are apparent. Medicaid is becoming too expensive for most states. Policy graduates can work in areas or with populations of greatest concern to them, based on age, demographics, value systems, or political beliefs. The challenge is for advocates of public health policy to engage in the building of a politics and of political groups to support policies that further the nation's health.

RJM: *Dr. Orban, how would you describe the role of a health policy and management unit in interacting with the public health workforce community for mutual exchange and improvement in the "academic" as well as the "practice" components of public health?*

BLO: Consistent with Florida statutes, we view public health broadly to encompass the network of public and private agencies and organizations that advance the health of Florida communities. Our faculty members are engaged in various public health practice components through research and service with local agencies and organizations. Dr. Jim Studnicki developed a community health assessment method more than a decade ago, and works with local health departments throughout the state. These efforts have culminated in the development of a large data warehouse that allows for advanced analyses. Dr. Ann Abbott is also working with the Florida Department of Health with specific interests in health planning. Recently, Dr. Etienne Pracht and I worked on the DOH funded assessment of the Florida trauma system. We analyzed outcomes, costs and potential funding sources of trauma centers. This project was funded to better understand the impact of Florida trauma centers, and the findings were used by the legislature in decisions about state funding for trauma centers. As a health economist, Dr. Pracht focuses on public policy issues and conducts analyses on topics such as preventable hospitalizations. Dr. John Large also focuses on the impact of payer type in his studies of cost and severity comparing traditional Medicare and Medicare HMO hospitalizations in Florida. Dr. Alan Sear serves on the Board of our regional American College of Healthcare Executives chapter. He is our liaison with hospital executives in the region. Likewise, his research has focused on Florida hospitals, particularly related to Medicare changes. We actively

provide service to many agencies. As examples, our faculty assisted the State Attorney General's office regarding managed care and our county's Department of Health and Social Services on the local health plan and access to care for the unfunded.

RJM: *I wonder if each of you could speak to your particular research interest and the importance of it in the future of public health. Let's begin with Dr. Kwa.*

BHK: As research interests are increasingly diverted towards "glamour" topics such as cancer, heart disease, HIV/AIDS and so on, the old stubborn parasitic diseases are still with us. I was reminded of this point by my friend Steve Hoffman, one of the world's foremost scientists in the development of a malaria vaccine, who was here to give a lecture in March of this year -- that the most promising drug currently available to treat severe life-threatening malaria is 2000 years old! This is artemisinin, called Qinghaosu by the Chinese, and first reported in a Chinese medical text in 168 BC! This is a humbling realization. Most parasitic diseases are, therefore, among the great neglected diseases of the world, mainly because they are the diseases of poor countries where there is not a viable market for the big pharmaceutical companies. Thus, there is very little investment for research and development for parasitic infections compared to what you see for cancer drugs for instance. My research is in parasite surveillance in poor countries in Central America and we currently have such a study in Honduras that we are conducting in conjunction with, and with the support of the U.S. Department of Defense. Although such an old-fashioned "study of worms" is sometimes sneered at, we are constantly reminded that obscure diseases from geographically exotic regions do occasionally spread rapidly to new areas. Who could have predicted that a virus infection first described in the West Nile district of Uganda in 1937, and that until the 1960s was only limited generally to the Eastern Mediterranean area, could make its first landfall in 1999 in the U.S., and then spread rapidly right across the continental U.S. within three years? I am of course talking about the West Nile virus epidemic.

RJM: *Dr. Coreil, you are also involved in research abroad, including some tropical diseases. Tell people a little about these fascinating interests.*

JC: My research program illustrates the cross-disciplinary focus of the Department of Community and Family Health. I hold joint appointments in the Department of Global Health in the College of Public Health and the Department of Anthropology in the College of Arts and Sciences. My professional work aims to provide leadership in the integration of social and behavioral sciences with public health research and practice. Because I was trained as a medical anthropologist, my research has focused on maternal and child health, women's health and cultural factors in infectious diseases. Much of my work has been conducted in Haiti on health problems that affect many developing countries, including diarrhea-related diseases in children, maternal mortality, and tropical and infectious diseases. For the past decade my work has focused on illness support groups in the U.S. and Haiti, and community-based interventions to control lymphatic filariasis and tuberculosis. I have studied cultural models of illness and recovery in breast cancer support groups in the U.S., and indigenization of support groups for women with lymphatic filariasis in Haiti. Currently, my research is supported by an NIH grant from the Fogarty International Center, and applies the methodology of cultural epidemiology to understand how social stigma impacts patient behavior and community response to tuberculosis in Haitian populations residing in Florida and Haiti.

RJM: *Dr. Stockwell, what is your particular research interest and how do you see its importance for the future of public health.*

HGS: My research interest is in the health of women, particularly cancer in women. We are only now beginning to understand that the etiology, treatment, prevention and outcome of many diseases may vary from men to women. Women and minorities have long been underrepresented in research. There have been recent initiatives to correct this problem but more still remains to be done; it is critical that our research provide answers not only for one segment of society, but also for all its members.

RJM: *Dr. Orban, you have mentioned some of your research interests already, and they do encompass diverse areas. Could you elaborate a little more for the readers of the Florida Public Health Review?*

BLO: My research focuses on issues of cost and outcome studies, typically related to hospitals, emergency departments or pre-hospital care systems. In addition to the trauma center study, I recently conducted a study on the impact of the change in the motorcycle helmet law, assessing rider outcomes and trauma center costs in Hillsborough and Pasco counties among those who used or did not use a helmet. Another recent study quantified the level of uncompensated emergency physician care provided in Florida. High levels of uncompensated care contribute to overcrowded emergency departments, which can adversely impact quality. Another study submitted for publication assessed emergency department ancillary charges and costs, to quantify the differences between emergency department charges and the same service as provided through the hospital outpatient department. The study contributes to explaining why emergency departments are expensive. Whereas many people may not consider cost at the forefront of public health concerns, the reality is cost impacts access and quality. Studies that measure relationships among cost, quality and access have the potential to impact public policy.

RJM: *Dr. Bernard, you would probably describe yourself at least somewhat as a “bench scientist” but you are also a “people person.” How do these areas come together and fit into the future of public health?*

TEB: My research in heat stress has been largely laboratory based. Along with Dr. Candi Ashley from the USF College of Education, we have systematically formulated a method to account for protective clothing in heat stress assessments. The next stage of our program, in association with Dr. Skai Schwartz and Dr. Yougui Wu from the Department of Epidemiology and Biostatistics, is to improve the state of the art in real time physiological monitoring and better discriminate when a person has reached excessive levels of heat strain, which are very insidious. We plan to move this research in the next few years into an epidemiological study of heat stress exposures. Our current investigations have demonstrated increased risk for acute injury and musculoskeletal disorders as well as heat disorders. These are new insights that require further investigation. This will benefit employers in the state, emergency response teams, and those who work in Florida’s warm

climes. It, of course, is equally applicable everywhere in the United States and around the world. We finished a major epidemiological study into workplace factors that contribute to musculoskeletal disorders. This was a joint union and management study to which Dr. Schwartz made important contributions. It also was a very broad-based collaborative effect with the occupational nursing program in the College of Nursing and the Occupational Medicine program along with Industrial Hygiene. The collaboration also involved another university. The follow-up work on this project will begin this summer. As mentioned above, the impact of this work is several years out, although we make use of the study in training and outreach.

RJM: *I would like to ask you Dr. Kwa to what extent a Department of Global Health can have an impact on the public health workforce at the local level in Florida?*

BHK: Among the states in the contiguous U.S., Florida’s geographical position in the Caribbean Basin and its proximity to Latin America, as well as its sub-tropical climate, makes it uniquely vulnerable to imported diseases currently occurring in the region. For example, the vector mosquitoes *Aedes aegypti* and *Aedes albopictus* that are carriers of dengue and yellow fever, are already present in Florida, as are vectors of malaria. In addition, these diseases were responsible for large epidemics in Florida in the 1800s. The climatic conditions have not changed, nor has our proximity to endemic countries. Instead, increased travel and trade of goods, some of which (e.g. automobile tires) can harbor the mosquitoes, make the occurrence of new outbreaks even more likely. Therefore, the public health workforce at the local level in Florida would have to be educated about these concerns so as to be knowledgeable about preventive measures and to be prepared for control of outbreaks after they occur. Our contributions to training the Florida public health workforce would thus be very important.

RJM: *Then tell me, Dr. Kwa, what are the biggest public health challenges we face at a “global” level? How will you prepare your unit to respond to them?*

BHK: The biggest challenges are the impacts caused by globalization. Although the term “globalization” is sometimes overused, I will use a couple of examples to illustrate my point. A

person can be infected with dengue virus from a mosquito bite in Bangkok and arrive in Miami within 24 hours by jet, long before the first symptom of disease. This person may unknowingly be a source of infection to others in Florida long before a diagnosis is made, because the same mosquitoes that carry the disease in Thailand are breeding in Florida. Another example is “airport malaria.” Mosquitoes “hitch rides” on jet planes all the time, and sometimes they are malaria-carrying mosquitoes. Between 1969 and 1999 alone, 12 countries reported a total of 87 cases of malaria in people living near an airport. These countries included France, Belgium, and Great Britain that do not normally have indigenous malaria transmission. In one case, in Switzerland in 1990, it took 31 days before a correct diagnosis was made, mainly due to its rarity there, and therefore, clinicians and public health officials were not familiar with its identification. My goal is to ensure that our Global Health students are well educated on these transnational diseases when they graduate and enter the public health workforce, and to have the skills to design and implement preventive measures.

RJM: *Has anyone given thought to what you would like your place in public health in Florida to be?*

HGS: I’m not really seeking any legacy, but I do have some things that I’d like to accomplish. My goals are mostly related to building a strong academic department that contributes to the college and the community as I believe that providing a good research and educational experience is not only good for our students, it is good for USF, and it is good for the community.

BHK: I love teaching and I am continually inspired by the fresh and inquisitive minds of our Global Health students. As a simple “good ol’ kampong boy” from Malaysia, if I can just make a small contribution towards improving public health education in Florida by bringing a global perspective for looking at emerging diseases, I would be very happy.

TEB: Like all the other faculty members in the Department of Environmental and Occupational Health, our place in Florida is in the hearts and minds of our students and others whom we may touch through research and outreach. Moreover, our legacy will be the contributions of the professionals we train and

how they improve the health and well being of Florida residents. We will continue to contribute to the scientific basis of exposure assessment and health outcomes. Left unmentioned in the above responses to your questions are the names of the faculty and staff past and present who have made the Department of Environmental and Occupational Health a pleasure to work in and an asset to the State of Florida. I would like to mention the current faculty and beg forgiveness from the staff and past faculty for not calling them all out. Dr. Stuart Brooks, who recruited me, is leading the occupational and environmental medicine program along with physicians from the College of Medicine (one of whom is Dr. James McCluskey). Dr. Yehia Hammad, who joined the industrial hygiene faculty at the same time as me, has directed the program to national prominence. Dr. Eugene Szonntag, Dr. Pete Rentos, Dr. Phil Roets and Dr. Steve Mlynarek all contribute to the occupational health and safety program. Dr. Ira Richards and Dr. Ray Harbison provide the training in the toxicology and risk assessment; and I would like to remember Dr. Arun Kularni who retired recently. Dr. Noreen Poor, Dr. Amy Stuart and Dr. Bill Johnson have taken command of the environmental health activities. I am proud to count Dr. Jay Wolfson and Dr. Mike Reid as faculty members in the Department, while many of their duties are with the college centers that they direct. Thank you for the opportunity to talk about the Department.

BLO: It is a moving target. We shift our research focus as new public health opportunities and threats emerge. My current personal interest regards Florida’s high traffic fatality rates. Over the next few years, I hope to work toward reducing high rates such that Florida will discontinue having half the communities on the top ten list of high traffic fatality rates. Traffic fatalities are a major cause of death among younger persons. In general, I believe communities need better information to understand how to lower these rates.

RJM: *Thanks everyone. This conversation has revealed much that I did not know about you as individuals and about your academic units. It is clear too that there is much more interdisciplinary work being carried out than many people believe. Finally, I think that your remarks shed light on you and your programs – perhaps revealing why academic public health is a great career choice.*