



PHSA PRESS

The official newsletter of the Public Health Student Association

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SCHOOL OF PUBLIC HEALTH
UNIVERSITY of NORTH TEXAS HEALTH SCIENCE CENTER at Fort Worth

Welcome New SPH Students!

On January 4, 2007 UNTHSC School of Public Health welcomed a new group of incoming students. As officers of the Public Health Student Association, we would like to take this time to again welcome you to the Health Science Center and we hope that you obtain all of your academic goals while here. Your peers, the faculty and the staff here at the School of Public Health are not only your strongest asset, but also your greatest supporters on this quest.

To the returning students, we hope that you had a restful break and enjoyed your time with family and friends. Continue to strive for excellence on your journey to become a public health professional. Stay steadfast in your efforts and know that the community needs you. Have a great semester and Happy New Year!

- contributed by
PHSA Officers

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Special points of interest:

- Meet Dr. Scott Ransom
- An SPH student's perspective on Haiti
- Community Service
- The next PHSA meeting



Meet Dr. Scott Ransom

Things are pulsating with life at University of North Texas Health Science Center. Perhaps it has something to do with the recent appointment of the new president, Dr. Scott Ransom. I think that it does. Dr. Ransom has wasted no time in trying to implement constructive changes at the Health Science Center. He has been very busy at work, and most often, he is the first to arrive and the last to leave campus. Sometimes change can be difficult for some. Others, however, have welcomed him and the new changes he has already executed with arms wide open. Dr. Ransom teems with dynamism. The man oozes inspiration, character and leadership. Yes, I said, "oozes." This 44-year old hails from the University of Michigan in Ann Arbor with a degree from the University of Health Sciences in Kansas City as an osteopathic physician (D.O.) specializing in obstetrics and gynecology. Moreover, he holds a master of public health degree from Harvard University and a master of business administration degree from the University of Michigan-Ann Arbor. As remarkable as his credentials are, Dr. Ransom has more than proven himself in various chief administrative roles throughout his career in health care. Simply put, he is the real deal. During our visit together, I quickly realized he has the ability to make you want to follow him and his vision. On his new appointment as president of the University of North Texas Health Science Center, Dr. Ransom spoke with PHSA about his new tenure and the future of the Health Science Center as he sees it.

The Public Health Student Association (PHSA):

Let's start by talking about your inspiration for wanting to become a physician. Did something happen when you were young that made you want to become a doctor?

Dr. Scott Ransom (SR): I wanted to be a physician for almost as long I can remember. I grew up in a very small town. Dr. Dona was our doctor—he was the town prize, and he was one of the few highly educated people I had ever been exposed to. He was the one person who I saw as having a huge contribution to the health, welfare, and overall wellbeing of the town. So, that is what led me, at least initially, to become a physician. My family was generally healthy, but we saw him on a fairly regular basis for earaches and other things. And the opportunity to really help people was something that just inspired me.

PHSA: *I noticed that you also have an MPH. Could you talk a little bit about your interest in wanting to receive this degree?*

SR: When I was in residency, I had the opportunity to be the administrative chief resident, and during that process, I got to attend many interesting meetings with CEOs and chiefs of departments and other areas that really inspired me to think about administrative medicine. Then, I entered private practice and went into more of a significant administrative role at Detroit Medical Center and Wayne State Medical School. I realized that the business of medicine was going to run medicine, so I got a master of business administration at the University of Michigan. Fortunately, I had the opportunity to go through various administrative roles including: the clinical director of clinical resource management and information systems, then vice president



Dr. Scott Ransom, continued

for medical affairs, then chief quality officer, and then senior vice president at a large \$1.8 billion seven hospital health system in Detroit. And in the midst of all those administrative roles I had the opportunity to be the director of community health for our department at Wayne State Medical School where I did a lot of work in teenage programs, drugs abuse, and issues involving pregnant mothers—it was really fascinating. I was also building an interest in both clinical and health service research. I decided that if I was going to do research and be a public health servant, I should just get an MPH, so I went to Harvard. They had a program that was an MPH in Clinical Effectiveness, which is kind of a blend of clinical epidemiology along with quality. It is really about how you develop more effective programs with enough tools to be a good researcher in the area of health services. I wanted to get some additional research skills, and I thought that would be a very nice complement to my training. I also wanted to try and figure out what it is about public health and community health that we can grab hold of and move forward with. This background led to my role at the University of Michigan as the Executive Director of the Program for Health Improvement and Leadership Development as well as a Professor in Obstetrics and Gynecology in the Medical School as well as Health Management and Policy in the School of Public Health.

PHSA: *Now, let's talk about your tenure here at UNTHSC at Fort Worth. I am interested to know how you define leadership. Do you distinguish it from management? If so, then how?*

SR: There is a huge difference between leadership and management, in my opinion. Leadership is really taking a group, an organization, whatever it is—even a football team—to some great vision, somewhere better, perhaps different from where it is now. I see my role as a leader by refining the vision, refining the mission and in taking those steps, and inspiring people, inspiring the staff, the executives, and the faculty on how to actually get to that new vision. Being a manager is a lot of the administrative processes to support the vision. Frequently you will have effective leaders. Sometimes you will have effective administrators and managers. Rarely, do you have both, but there are certainly some people that have qualities of being both an effective administrator and leader. In this organization, we know we have some very good administrators (managers); we also have some people who are leaders (formal or informal). It is my job to try to figure out how to blend both of those together, and to take some of the qualities of individuals and try to help coach people to become good managers and good leaders, if they are not yet, and to try to take advantage of some of those amazing skill sets and figure out how to bring the team forward. You are never going to be top ten in anything, if you don't have strong leadership at all levels of the organization and strong administrative and managerial processes.

PHSA: *What is your leadership style? Or, do you believe that leadership style is situational?*



Dr. Scott Ransom, continued

SR: I have several. In many ways, you have to figure out the circumstances the organization is in and try and pick and choose what leadership style or leadership technique you may need to engage in. My favorite leadership style is collaborative, and enthusiastic—one that really engages and pulls people together. It turns out that where we are right now requires visionary leadership or showing a better, brighter future and to model behavior required to get there. We are changing a lot of things in the organization. Moving the troops forward and trying to inspire change sometimes takes role modeling. One of the activities we are engaged in right now is the development of five strategic thinking councils: 1) administration, 2) clinical affairs, 3) research, 4) academic affairs, and 5) community engagement. I have selected 12 individuals plus myself from all different perspectives to sit in on each group. The twofold purpose is to first figure out how and where to go for each those various components. Take research for example. We're deciding what the various things are that we need to do to become a top-ten enterprise in the various areas of research. This group is composed of faculty, administrators, research assistants and administrative support people, so that there is perspective from all different directions. The part that I am really encouraging and trying to serve as a role model on is to really help show positive change, showing execution is important. It is actually fairly interesting to see how individuals in the organization are responding. Some are inspired; others

are very anxious, but execution is key. We are moving forward, and I think that is leadership.

PHSA: *Dr. Ransom, how do you envision TCOM, the Graduate School of Biomedical Science, the School of Health Professions, & the School of Public Health working together to prevent disease and promote health throughout the communities in which we serve?*

SR: I am a huge advocate of collaborative and interdisciplinary work. Actually, one of the initiatives we are currently spearheading is a new concept, the Health Institutes of Texas. This comprises three different components. The first is the Texas Center for Health Outcomes, which identifies disease problems in the community. The second component is the Texas Center for Translational Research, which translates research from basic to clinical to social to health services research—to fill in the gaps. The third component is the Texas Center for Primary and Rural Care, which takes those research findings and develops contemporary models of care so that physicians and providers can use this knowledge to actually implement new practices across Texas and across the country, as well as training for providers.

This will truly revolutionize the Health Science Center. It truly blends together the best of TCOM, the Graduate School of Biomedical Science, the School of Health Professions, and the School of Public Health. I think that most of us go into



Dr. Scott Ransom, continued

yet right now, for the most part across the country, everything is in silos. To actually take identifying problems to solving problems, to implementing solutions—that has never been done this way, ever in any place in the country as far as I am aware of. This is really two steps past where the roadmap initiative at the National Institutes of Health has funded the last three years. We are targeting seven specific areas with the Health Institutes of Texas: infant mortality, cardiovascular disease, obesity, diabetes, musculoskeletal disease, ethnically disproportionate illness, and aging and Alzheimer's. We will be able to identify problems, to solve problems, and to implement solutions to problems. This is an approach that brings people together to solve

real problems.

PHSA: *That sounds amazing. My last question for you today is what books are you currently reading?*

SR: Leadership books are some of my favorite. I am a Grisham nut. I also like Robert Ludlum, he's great. I am currently reading "Strong Medicine" by George C. Halvorson that discusses America's health care crisis and presents several ideas on how to improve our health care delivery system,

- contributed by Marcus Mitias

Casino Night

There aren't too many things that are better than eating, dancing, singing, and gambling with someone else's money, and that's exactly what over 200 people did at this year's Holiday Casino Night. The Student Development staff organized this wonderful event at the historic Fort Worth Stockyards on Friday, December 8 for all of the UNTHSC Faculty, Staff, Students, and their families.

In between songs, attendees enjoyed gambling at Texas Hold 'em and Black Jack ta-



bles and many took their chances with the slot machines. At the end of the night, participants cashed in their winnings for raffle tickets. Some of the prizes that were up for grabs included gift certificates to various restaurants including Texas de Brazil, an iPod Shuffle, and even Southwest Airlines Tickets. Be sure to take advantage of the

fun programs that the Student Development Staff puts on for all of the UNTHSC students and staff.

- contributed by Nicki McGee



Kelly Ylitalo, MPH Candidate: In her own words . . .

"I can say with complete honesty that this journey to Haiti changed my life"

"The men eat first in order to gain energy to earn money, followed by the women and children."

I am in the Master's of Public Health program concentrating in Epidemiology. In the future, I am interested in obtaining a doctoral degree. I know that Epidemiology is a good fit for me. As far as a specific career goes, though, I am not quite sure yet. It is exciting that there are so many avenues and opportunities within the field of Epidemiology, and right now I am focusing on narrowing my interests and gaining public health experience.

In my free time I enjoy traveling, reading, and spending time with my husband Adam and my dog Jake.

I have a Bachelor's degree in Biology and a minor in Medical Humanities from Baylor University. I met my husband Adam at Baylor in a Bioethics class. He is a third year

medical student at TCOM and we have been married for almost a year and a half. Before entering the School of Public Health, I taught high school math for a year after graduating from Baylor. I think one of the reasons that I enjoy Epidemiology so much is that it relies heavily on mathematics. Although I am no longer teaching, I still enjoy using math daily.

My interest in public health began in Haiti when I witnessed firsthand the link between poverty and disease during the ten days I spent in a small village. Haiti is the poorest country in the Western hemisphere. The village of Ferrier is not visible on a typical map of the country. The population of approximately 300 people does not have access

to a public school, and the goal of my team was to continue construction on a half-finished building intended as a schoolhouse. In a place where the average yearly income for a family is less than \$300, parents cannot afford to send their children to the private schools where the uniforms alone are too expensive for their meager incomes. The United States guarantees the right to a public education for every child, but in Haiti such opportunity is a rare privilege. It is also one of the only ways to escape the poverty.

Most of the children in Haiti have bloated stomachs from starvation, and they bathe at the local water pump



Kelly Ylitalo, continued

in the middle of the central village street. Illness and death are a way of life. The men eat first in order to gain energy to earn money, followed by the women and children. There is no doctor in the village of Ferrier, therefore making access to any standard of healthcare nonexistent.

I can say with complete honesty that this journey to Haiti changed my life. Before departing, my family and friends questioned why I would pay for travel to Haiti instead of just sending money to benefit a local charity. I thought I was going help people. What I learned, though, was that the people of Haiti helped me more than I could ever

help them. I was exposed to poverty on an unimaginable level, and there is not a day that goes by that I do not think about my Haitian friends. My awareness of poverty and epidemic disease took on real, human faces, and those faces are the driving force behind my passion for public health and epidemiology.

*Real world
experience*

Habitat for Humanity

Since its founding in 1976, Habitat for Humanity International has built and rehabilitated more than 150,000 houses with families in need. On Saturday November 18th we, the PHSA, and some UNTHSC SPH students had the privilege to be a part of such an endeavor. Upon our arrival, we were put to work clearing and leveling the front yard. Sheets of grass were me-

ticulously placed and everyone did their best to make the house look more and more like a home for a deserving family. We also had the privilege to construct a chain link fence. None of us had ever constructed one so it was rewarding when the task was completed. Although our volunteer session was short lived, we would be excited to go back and help out some more in the near future. Hopefully there will be

greater attendance among our fellow students so that we may make more of an impact in the life of a deserving family. A very special thank you goes to all the students who had attended. We hope to have more volunteer opportunities where we will be able to utilize our talents for the benefit of others.

*- contributed by
Joseph Rodriguez*

UNTHSC



Cultural Competency

As I've journeyed through my MPH program in Community Health, I noticed the term "cultural competence" often appeared during lectures. According to one of the most widely accepted explanations of this term, cultural competence is described as "a set of congruent behaviors, attitudes, and policies that come together in a system, agency, or among professionals and enables that system, agency, or those professionals to work effectively in cross-cultural situations." Considering the influence of culture on a person's health and wellness, it is important that one acknowledges that a level of cultural competence must be established in all settings, including the workplace, classroom and in healthcare settings.

Cultural competency is not just recognizing that a person has a different religion, skin color or sexual orientation than you, but rather respecting those differences and showing flexibility in multicultural settings.* It's about acknowledging the importance of the family unit in some cultures, and the role of religion in others. It's about understanding that Martin Luther King, Jr. Day is a national holiday just as both Memorial Day and Labor Day are, and should be respected as such. It's respecting that what mainstream society sees as a mental health issue in one culture, in another, and interventions may be suggested acknowledging these differences. It's about understanding that the term "colored" should not be used to describe groups of people, but rather garments, automobiles, or other material things. It's about understanding the importance of the family unit in some cultures, and the role of religion in others. It's about understanding that Martin Luther King, Jr. Day is a national holiday just as both Memorial Day and Labor Day are, and should be respected as such. It's respecting that what mainstream society sees as a mental health issue in one culture, in another, and interventions may be suggested acknowledging these differences. It's about understanding that the term "colored" should not be used to describe groups of people, but rather garments, automobiles, or other material things. Show many of our students have vegetarian diets, so when programs are planned and food is provided, their diets are accommodated as well. Most importantly, it's about appreciating our differences, learning from them, and working best to accommodate one another in the best way possible. As I reflect back on my time here at the School of Public Health, I've grown to appreciate the diversity within our program. I remember attending the Fall 2005 Orientation for the School of Public Health and having a good look around, while thinking..."wow, we have a pretty diverse group here."



Many of the students here at UNTHSC come from "majority" schools where one race easily constitutes eighty to ninety percent of the student body. Though this trend may still be present at other institutions of higher education, it is definitely not the case at the School of Public Health. When coming from such backgrounds, we must all remember that flexibility and openness to new cultures not only adds to our competence as future healthcare professionals, but also as better human beings.

***The term multicultural in this context is used broadly and expands beyond the concept of race. For instance, two individuals of the same race may not share the same culture.**

***Note:** If you would like to learn more about the importance of cultural competency, please enroll in Advanced Topics in Race, Culture and Ethnicity led by Dr. Ximena Rojas. I promise it will be a worthwhile and enlightening experience!

- contributed by Ashley Garrett



Upcoming Events



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| February 5 | **PHSA Meeting** ,
Last day to file intent to graduate |
| February 25-27 | Texas Public Health Association
Conference (Galveston, TX) |
| March 5 | **PHSA Meeting** |
| March 12-16 | <i>Spring Break</i> |
| April 2 | **PHSA Meeting**
Last day to defend thesis, dissertation, or
professional report |
| April 2-8 | Public Health Week |
| April 6 | Research Appreciation Day |
| April 10 | Public Health Practice Poster Session |
| May 4 | Public Health Awards Banquet
Last day of classes |
| May 19 | Commencement |