What is the Texas Public Health Training Center?

The Texas Public Health Training Center (TPHTC) is one of 37 Public Health Training Centers across the nation established as collaborations between accredited schools of public health, governmental and public health agencies and related organizations. The TPHTC is a collaboration of the following three schools: The University of Texas Health Science Center at Houston School of Public Health, The University of North Texas Health Science Center School of Public Health and Texas A&M University Health Science Center School of Rural Public Health. The mission of the TPHTC is to improve the state's public health system by strengthening the technical, scientific, managerial and leadership competencies and capabilities of the current and future public health workforce.

The Governmental Public Health Practice Award

The Governmental Public Health Practice Award seeks to further the mission of the TPHTC by giving students the opportunity to have applied experience in the public health system. The TPHTC Governmental Public Health Practice Award is the first internship program of its kind. This 200 hour, paid ($2400 stipend) internship will provide interns with the experience necessary to excel in governmental public health departments following graduation. The goals of this program are:

- To prepare students to take advantage of career opportunities in health departments through applied opportunities
- To expose students to career opportunities in governmental public health
- To orient interns to the practice, policies and skills necessary to thrive in the public sector
- To assist governmental public health in recruiting qualified candidates

Interns have direct experience in various divisions of county and regional health departments. Each intern is supervised and mentored by an experienced public health professional. Students also have the opportunity to interact with other professionals in the field. Since the internship satisfies the practicum requirement, each intern is responsible for completing a final project that has been approved by their supervisor and the TPHTC.

Nine interns were selected through a competitive application process for the Summer 2011 semester. They represented three campuses of The University of Texas School of Public Health and the Texas A&M University Health Science Center School of Rural Public Health. Students representing five different divisions or programs worked throughout the state for various governmental public health organizations. Each page below represents the experience of a different student ~ they are as broad and varied as the field of public health itself!
Practicum Topics

Serving Size: 1 Practicum per Student
Servings per e-Magazine: 9

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Biostatistics

- Trends in Communicable Disease (not included)  
  Tarrant County Department of Health  
  Gaurav Poudyal

Environmental & Occupational Health Sciences

- Telehealth  
  Brazos Valley Council of Governments  
  Thanh-Uyen “Michelle” Nguyen

General MPH

- Lead Poisoning  
  San Antonio Metropolitan Health District – Environmental Health Nursing Program  
  Nora Defee

- Childhood Obesity  
  Denton County Health Department  
  Arianne Rhea

Health Promotion & Behavioral Sciences

- Co-Sleeping  
  Harris County Systems of Hope  
  Andrea Stevens

Management, Policy & Community Health

- Prenatal Care  
  Department of State Health Services – Family Health Services Program  
  Marlisa Allen

- Safe Sleep  
  Department of State Health Services  
  Paula Lyrse

- Operations Management  
  Department of State Health Services  
  Saurabh Pawaskar

- Food Safety  
  Harris County Public Health and Environmental Services  
  Elise Russo
Implementing the Brazos Valley Telehealth Network

By: Thanh-Uyen Nguyen

The Brazos Valley Telehealth Network (BVTN) Program was implemented to provide rural patients, especially HIV+ and incarcerated patients, with doctors located in the Bryan/College Station area through the use of telecommunications equipment. This program was conceived because HIV+ residents in the Brazos Valley utilize a large percentage of federal funds on transportation getting to and from the doctor’s office. My role in this project consisted mainly of document creator and organizer. Goal matrices, implementation plans, and user guides are a sample of the documentations I created during my practicum. My role as an organizer comprised of scheduling equipment installation and training, the scheduling of meetings among various program stakeholders, and organization of program materials. As the program has yet to be implemented, unfortunately, there are no findings to report.

Public Health Significance

The BVTN Program most embodies the link service of the Essential Services of Public Health. Telehealth in general connects people to health services when they would not otherwise be able to access healthcare. The Brazos Valley can be geographically isolated in certain areas forcing residents to travel for many miles to receive healthcare, especially specialty care such as HIV healthcare. Therefore, with this telehealth program, such patients will be able to access quality healthcare more easily.

The BTVN also mobilized the community, medical stakeholders to bring the healthcare they could provide to the rural and incarcerated persons living in remote areas in the Brazos Valley. As this program is the first of its kind in the Brazos Valley, it will also develop the policies and plans for any future expansion of telehealth in this area.

Special events/duties during your practicum

• Working with community stakeholders to bring telehealth to the Brazos Valley
• Honing documentation creation skills
• Working with field expert Dr. Alexander Vo

“Telehealth allows for real-time, interactive video-conferencing between a healthcare provider and the patient over any distance.”
Lead Poisoning Prevention

Childhood Lead Poisoning Prevention Program

By: Nora Defee

The mission of the San Antonio Childhood Lead Poisoning Prevention Program (SACLPPP) is to eliminate lead poisoning in children residing in the San Antonio and Bexar County areas.

To achieve optimum results the program works in three different areas, education, case management of reported cases and resource referrals as pertinent.

As a part of the practicum, I had the opportunity to go out to the community during lead screening tests to assist with children’s education.

I also assisted in conducting phone interviews (English and Spanish) with the parents / caregivers of Medicaid lead poisoned reported cases between 2006 and 2010 to try to identify the reasons for non-compliance to initial lead screening and/or follow-ups. Results were reported in a final written report.

In addition, I had the opportunity to prepare a poster to disseminate information on lead poisoning risks and prevention during pregnancy.

Public Health Significance

The practicum dealt mainly with the Public Health essential service to inform, educate, and empower people about health issues particularly related to lead poisoning in children.

In this specific area the program provides educational materials and educational sessions to parents / caregivers, to children and to health care providers.

During the phone interviews, parents were informed as well about the importance of having their young children tested on time and continue with follow-ups if necessary.

They were also informed about the risks associated with Elevated Blood Lead Levels (EBLL) in children 6 years old and younger due to the greater neurotoxicity observed in this age group.

Practicum Duties

- Contact parents/caregivers of lead poisoned children enrolled in Medicaid
- Participate in children’s education during lead screening
- Prepare an educational poster to disseminate information about lead poisoning during pregnancy

“It is rewarding to know that you are making an impact on the lives of the people that you are able to reach during interventions.”

Educational session at the Miller’s Pond Community Center – Summer 2011.

Summer 2011 • Nora Defee • San Antonio Environmental Health and Wellness Center • Lead Poisoning Prevention
Tackling Childhood Obesity

The challenges facing Denton County Health Department officials, patients, and parents.

Arianne Rhea - UT HSC SPH, Dallas Regional Campus

Obesity among children has not always been a pressing public health issue. In 30 years, the proportion of children falling into the realm of “obese” has nearly tripled; in 1980, a mere 6.5% could be considered obese, whereas 19.6% fell into that category in 2008 (ages 6-11) (http://www.cdc.gov/healthyyouth/obesity/).

During my practicum, I focused on how childhood obesity affects Denton County by developing possible intervention and prevention strategies for the local health department. In addition, I created and implemented a parent survey to gather the opinions of mothers and fathers who bring their children to DCHD for regular health checkups. Quantifying these opinions, and comparing them with medical record data, I was able to develop a comprehensive report on childhood obesity as it currently stands at the Denton County Health Department.

A Day in the Life of a Denton County Health Official

- Planning and implementing Community Coalitions to confront local health issues
- Broad-spectrum prevention: Diabetes, Breastfeeding, Car Seat, Healthy Cooking, and Tobacco Cessation education

Public Health Significance

In general, the health department in Denton County is structured to support the ten essential functions of public health; however, specifically in my practicum, the focus rested on diagnosing the effect of rising childhood obesity in the community, informing, educating, and empowering people about the issue, and mobilizing community partnerships to address county-wide concerns and solutions. For example, when giving the parent survey and examining recent medical records, I was diagnosing the prevalent beliefs and actual status of patients. When creating fact sheets, tri-folds, and intervention proposals, I was informing, educating, and empowering. Finally, when presenting my findings to the Healthy Communities Coalition in an all-encompassing review, I was mobilizing community leaders who have the power to slow the spread of adolescent obesity among local children.

Texas currently has the 7th highest proportion of obese children out of all 50 states in the USA. http://healthyamericans.org/reports/obesity2010/
Co-sleeping Becoming a Growing Problem in Child Deaths

By: Andria Stevens

This summer, I worked as a coordinator for the Houston/ Harris County Child Fatality Review team. One of the most important aspects of my job was to gather cases from different agencies for the team to review each month.

There are 6 main categories of Child death: natural, homicide, suicide, accident, child abuse, and undetermined. A growing trend in child death in co-sleeping. Co-sleeping is defined as any infant or small child sleeping on the same surface as any adult. Over the years, as many as 25-90% of parent have reported sleeping in the same bed as their child at one time or another. Co-sleeping is a controversial topic among pediatricians and health official.

According to the Houston Department of Health, there were 6.1 per 1,000 infant deaths in 2010. It is projected that 20% of these deaths are due to co-sleeping accidents.

Public Health Significance

The Houston/ Harris County Child Fatality Review (HHCFRT) team as an invested interest in reviewing preventable child deaths. By reviewing child death cases it is our goal to educate families and communities so our child can have healthy and safe futures.

Co-sleeping has become a significant public health problem across America. It is the 4th leading cause of preventable death in children under the age of one year old. In 2010, HHCFRT reviewed 259 child death cases; more than 50% of these cases were from natural deaths. Last year, 20 cases were resulting from co-sleeping; 80% of these cases were reviewed.

During the review process, our interdisciplinary team makes recommendations to ensure child health and safety and work to identify risk factors and barriers.

To learn more about child fatality, please visit our website at http://www.hcphes.org/dccp/Epidemiology/child_fatalit_review_team/child.htm.
Public Health Significance

According to the American Public Health Association’s 10 Essential Health Services, my project most closely relates to developing policies and plans that support individual and community health efforts. This is significant to public health because in providing access to affordable quality healthcare, women and their babies will experience better health outcomes which ultimately can lead to a decrease in the burden of illness, disability and disease.

Prenatal Care in 1st Trimester Mothers

By: Marlisa Allen, MPH

My practicum experience was conducted with the Texas Department of State Health Services (TDSHS), Region 5/6. I was given the responsibility of being a project team lead for the prenatal care and breastfeeding summer projects.

The purpose of my project was to come up with a prenatal care toolkit that rural counties can use to initiate or improve prenatal care services in their respective communities.

Public Health Significance

Tips to Prevent Problems During Pregnancy:

- Take Folic Acid to prevent birth defects
- Don’t smoke to prevent your child from a lifetime of chronic illness and disease
- Don’t drink – there is no known “safe limit” of alcohol consumption
- Know your family’s genetic history in order to identify and understand your baby’s risks

Source: http://www.cdc.gov/ncbddd/pregnancy_gateway/during.html

“There is only one pretty child in the world, and every mother has it.”
- Chinese Proverb

Source: http://www.cdc.gov/ncbddd/childdevelopment/positivemothering/infants.html

Special duties during my practicum:

- Served as the Project Team Lead for the prenatal care and breastfeeding summer projects/practicum
- Attended a UTPRC Community Advisory Group (CAG) meeting
- Conducted a population assessment by analyzing demographic data of the rural counties in Region 5/6
- Continuing work on a prenatal care and breastfeeding toolkit to improve prenatal care services in Region 5/6

To start, I performed a population assessment in each of the outlying counties in Region 5/6. I analyzed population data from the state department’s site specifically looking at race/age and race/gender in order to see the demographic make-up in each county.

To date, I am still working with TDSHS on my final product which will be a prenatal care program tool kit. This toolkit will serve as a blueprint for rural counties to follow in order to help them build capacity and bring better prenatal care services to underserved women.
Reducing the risk of Sudden Infant Death Syndrome through Safe Sleep for Babies Practices

By: Paula Lyrse

My practicum took place at DSHS, and my project included conducting research on safe sleep for babies practices in hospitals, becoming an expert on the Safe Sleep for Babies training provided by DSHS. Additionally, I presented my findings to a group of nurses at Huntsville Memorial Hospital as my final product; in an effort to facilitate DSHS’ ultimate goal of implementing hospital policies on safe sleep practices.

During my presentation I was able to provide some information that the nurses were not aware of. What I learned through my research is the importance of nurses in the dissemination of information to parents, because parents model the actions of the nurses. While nurses are aware of safe sleep practices, I also found that many weren’t aware that the AAP states that side sleeping is not safe for babies, and back sleeping is solely recommended.

“Babies that sleep on their tummies have 5 times the risk of unexpected death.”

Public Health Significance

SIDS is the leading cause of death of infants aged 1-12 months, and is the third leading cause of infant mortality in the U.S. 2 By placing babies in a safe sleep position, their risk of SIDS can be reduced. Conducting trainings for nurses on safe sleep practices increase the potential for all parents to be informed. One of the public health essentials that relates to this practicum is to inform, educate, and empower. The goal of the safe sleep trainings is to educate mothers and other care takers of infants on safe sleep practices and its importance for the risk reduction of SIDS. The long term goal of DSHS is to develop polices and plans for hospitals; which is another public health essential. During my presentation with the nurses, I learned that they didn’t have any polices or plans in place relating to safe sleep. However, they were very eager to begin the process of implementing change at their hospital. They were also very interested in ways to implement some of my recommendations.

1. http://aappolicy.aappublications.org/cgi/content/full/pediatrics;116/5/1245
3. www.dfps.state.tx.us/itsuptoyou/pdfs/English_Safe_Sleep.pdf
Public Health Significance

DSHS is a State agency which provides healthcare services to the communities in Texas in various forms. The Cleveland county clinic provides immunization and preventive services to the people of Cleveland and Liberty County.

It educates and informs the communities about various health related problems and empower them with tools and programs to be implemented in the community. It partners with various organizations and businesses to help implement these programs.

My toolkit on suicide prevention suggested various evidence based programs that can be implemented in the communities to prevent suicides by improving awareness, identifying at-risk individuals and helping them strengthen their ties with the community.

My practicum was with DSHS Houston, Texas 6/5 region. We were a group of 3 interns situated in three different cities in Texas and working with 4 different county clinics. I worked with the Cleveland County clinic.

I interviewed the staff of Cleveland county clinic about the DOTS TB program and based on their information prepared a document of work flow of the DOTS program in the clinic.

We also discussed about the various population based services provided by the clinic. We ranked the performance of the clinic in providing individual services to find areas for improvement.

I found suicide prevention in adolescents as a service that can be improved in my clinic. I prepared a toolkit on adolescent suicide prevention after consulting with my preceptor and clinic staff.

An American dies by suicide every 15 minutes, and more than 34,500 die by suicide every year.

-SPAN USA
Creating a Behavior Based Food Safety Management System

By: Elise Russo

This summer I had the pleasure of working with the Office of Health Education and Promotion at Harris County Public Health and Environmental Services (HCPHES) on a restaurant food safety project. We partnered with HCPHES Environmental Public Health Division and the University of Houston to research and plan an eventual intervention to help improve the food safety culture of restaurants identified as “high risk” for foodborne illness outbreak potential by the county. HCPHES and I approached the project from a behavioral standpoint, meaning that we determined through the creation of a PRECEDE planning model that food safety culture is largely dependent upon human behaviors, and thus, it is those behaviors that need to change in order for food safety culture to improve overall. The project is still in its formative stages, but the next step is to determine the best food safety practices by using an online focus group method to assess responses from “food safety experts,” which are to be picked from a list of high-performing/low-risk Harris County restaurants. Once best practices are determined, an intervention for the high-risk restaurants will be designed.

Public Health Significance

Though HCPHES carries out all of the essential functions of public health in varying capacities every day, this project specifically focused on mobilizing community partnerships, researching to improve health issues, and developing plans to support community health efforts. We began by mobilizing our community partners, namely the University of Houston’s restaurant management program, which was already beginning work on a food safety project. HCPHES managed to align with the University of Houston to create a common goal statement and begin work to benefit both organizations and the community itself. Then, we began researching food safety culture and possible methods of changing it for those restaurants having difficulty maintaining a proper food safety management system. Though we are still in the research phase of the project, we will eventually move to creating an intervention plan to assist in altering the food safety behaviors of employees of restaurant’s considered “high risk” for foodborne illness outbreaks. In this way, our intervention will eventually reach the community at-large by preventing foodborne illness outbreaks.

“Our goal is to ensure that high-risk food establishments have a culture that will promote, support, and sustain good food safety practices and behaviors.”—HCPHES Food Safety Culture Project Goal

For more information regarding the Governmental Public Health Practice Award, visit:

http://www.sph.uth.tmc.edu/research/centers/tphtc/

or send an email to:

tphtc@uth.tmc.edu

For information regarding additional practicum opportunities, visit

The University of Texas School of Public Health,
Office of Public Health Practice:

http://www.sph.uth.tmc.edu/academics/practicum/
Thank you to our 2011 partners:

Together we are making a difference in a student’s education and impacting the future of public health practice.