College of Public Health News

June 24, 2016

Georgia Southern University

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Georgia Southern Examines Rural Hospital Closures

June 24, 2016

Critical access hospitals provide several essential services to local communities. Along with the functions associated with providing necessary medical care, they also offer employment opportunities and other economic benefits to the communities they serve. Since 2010, the number of rural hospitals closures has steadily increased. The common-good approach to ethical decision-making provides a framework that aids in evaluation of the effects that hospital closures have on rural residents and communities.

This analysis includes results of a systematic overview of peer-reviewed literature to address the following research questions: 1) How have state policies and the adoption of Medicaid expansion influenced the viability of rural hospitals? 2) What are the ethical implications of Medicaid expansion and state policy reform/adoption pertaining to viability of rural hospitals? and 3) What are the ethical implications of critical access hospitals closures on rural communities in Georgia? Information related to these questions is presented, along with tactics to addressing these in an ethical manner.

This descriptive analysis shows that the largest number of state-specific closures have occurred in states with a federal exchange and which chose not to expand Medicaid. Characteristics of the state of Georgia and the counties with recent closures show that these counties typically have smaller populations with a high minority presence, lower education and income levels, and higher numbers of medically uninsured.

The common-good approach to ethical decision-making is suitable for evaluating the ethical implications of policy-level decisions impacting the closure of critical access hospitals serving the rural communities of Georgia.

“Georgia’s rural hospital closures: The common-good approach to ethical decision-making,” was published in the Journal of the Georgia Public Health Association.

Dr. William A. Mase, Assistant Professor of Health Policy and Management at the Jiann-Ping Hsu College of Public Health Georgia Southern University (JPHCOPH) was the faculty mentor and co-author. JPHCOPH DrPH students, Ms. Randi G. Bastian, Mr. Marcus Garner, Mr. John S. Barron, and Mr. Emmanuel A. Akowuah took the lead on this research.
Georgia Southern shows dangerous disconnect between doctors and parents of overweight children

June 24, 2016

Pediatric obesity prevalence remains at historically high levels. The objective of this study was to examine secular trends in the percentages of overweight/obese children who received notification from a health-care professional (HCP) about their unhealthy weight.

Researchers analyzed data of 25,570 (including 8639 overweight/obese) children aged 2–18 years collected from seven cross-sectional biennial surveys (National Health and Nutrition Examination Survey, 1999–2014), in which adolescents (16 years and older) and caregivers, mostly biological mothers, of children (2–15 years) were asked ‘Has a doctor or other health professional ever told you that you (or your child) were overweight?’

Approximately 90% of overweight/obese children visited HCPs at least once in the past 12 months, but only 22.12% (s.e. =1.92) in 1999 to 34.43% (2.35) in 2014 of the overweight/obese children were notified by HCPs about unhealthy weight. The biennial increase in odds of receipt of notification of unhealthy weight was 1.08 (95% confidence interval=(1.04–1.12)). Greater likelihood for receipt of notification was associated with being obese (odds ratio=5.03 (4.29–5.89) vs overweight); black (1.24 (1.06–1.46)) or Hispanic race/ethnicity (1.72 (1.45–2.04) vs white); female sex (1.22 (1.07–1.11) vs boys); and child’s insurance status (1.31 (1.08–1.59) vs uninsured). There were increasing odds of being notified with increasing age: 1.00 (reference), 2.24 (2.06–2.62), 3.22 (2.50–4.13) and 4.87 (3.76–6.32) for children 2–5, 6–11, 12–16 and 16+ year old, respectively. The frequency of medical contact was linearly associated with an increased likelihood of being notified.

Notification of child’s unhealthy weight by HCPs increased significantly between 1999 and 2014, but the opportunity of clinical intervention remained substantially under-utilized.


Dr. Andrew Hansen, Assistant Professor of Community Health Behavior and Education at the Jiann-Ping Hsu College of Public Health Georgia Southern University and Dr. Jian Zhang, Associate Professor of Epidemiology at JPHCOPH lead the research team. Ms. Ashley Hill and Ms. Suzi Turner, JPHCOPH alumni, were co-authors.
Cuppes Award Presented to Jiann-Ping Hsu/Karl E. Peace Professor

June 24, 2016

Professor of Biostatistics and Epidemiology L. Adrienne Cuppes presented the 2016 L. Adrienne Cuppes Award for Excellence in Teaching, Research, and Service in Biostatistics on April 7.

The award was given to Mark van der Laan, Jiann-Ping Hsu/Karl E. Peace Professor in Biostatistics and Statistics at the University of California, Berkeley.

The award includes a $1,000 honorarium and all expenses to attend the award ceremony and deliver a lecture at the School of Public Health.

Van der Laan gave a lecture on targeted learning with applications to precision medicine, challenging his colleagues to do better than the George Box adage, “all models are wrong, but some are useful.”

After completing a doctorate in mathematics from the Utrecht University in the Netherlands in 1993, van der Laan joined the Department of Biostatistics at the University of California, Berkeley. Van der Laan is well-known for his work in loss-based super learning in semiparametric models, and the related targeted maximum likelihood estimation approach that his group developed. He is the recipient of numerous awards, including the 2004 Mortimer Spiegelman Award and the 2005 COPSS Presidential Award.

What caught the attention of the Cuppes Award selection committee was his nomination letter by a former student, praising his selfless dedication to mentoring the next generation of biostatisticians. “Simply put, Mark’s mentoring is unmatched,” the student wrote. “He has the highest expectations for students and pushes them beyond their self-perceived limits.”

The annual Cuppes Award recognizes a biostatistician whose academic achievements reflect the contributions to biostatistics exemplified by L. Adrienne Cuppes, the award’s first recipient.

Cuppes came to SPH in 1981 and went on to serve as the founding chair of the Department of Biostatistics and co-executive director of the Graduate Program in Biostatistics. During her time at SPH, she has advanced the field of biostatistics through extensive publications in major journals and book chapters on collaborative and methodological research, development and effective teaching of a wide range of biostatistics courses, and mentorship of numerous graduate students and faculty.

Pictured: Mark van der Laan and L. Adrienne Cuppes