



2008 Spring MIRT NEWS

Multidisciplinary International Research Training (MIRT) Program

Striving to Eliminate Health Disparities

Tel: (206) 543-7559 e-mail: mirt@u.washington.edu www.depts.washington.edu/mirt

“Go to the people. Live with them. Learn from them. Love them. Start with what they know. Build with what they have. And when the best leaders leave, when the work is done, the people will say, ‘we have done these ourselves’.”
—Lao Tzu

MIRT Alumni & Faculty Presented Findings in Boston

MIRT '07 alumni & faculty presented 8 posters reporting the results of their MIRT research at the American Association for Advancement of Science (AAAS) meeting held in Boston, MA, February 14-18, 2008. (Please see page 10)

Inside this Spring issue:

- ◆ Meet MIRT 2008 Fellows
- ◆ Faculty Profile
- ◆ Butajira Rural Health Project
- ◆ Alumni Update
- ◆ Science Corner
- ◆ Photo Quiz

Meet MIRT 2008 Fellows

The MIRT Program has accepted 9 outstanding students this year. We are proud to introduce our MIRT 2008 Fellows. We hope you'll enjoy meeting them! (Please see page 3)

Alumni Update

“During the early months of 2007 I received an admissions letter from the Johns Hopkins Bloomberg School of Public Health in which they told me to ‘come on over’ and learn to **protect health and save lives** ‘Millions at a Time’...” (Please see page 9)

L to R: Saji Perera, Linda Paniagua, Nathan Bernal, Cherell Dancy, Dr. Annette Fitzpatrick, Semert Nicodimos, Dale Terasaki, Krissett Loya, and Mary Parada



MEET MIRT 2008 FELLOWS



Marisa Ip
Undergraduate, City College of NY
MIRT site: **THAILAND**

My name is Marisa Ip. I attend the Sophie Davis School of Biomedical Education at the City College of New York. It is a 7-year B.S./M.D. program. I am currently in my fourth year and am studying immunology and pathology. I was born and raised in Queens, New York. I enjoy baking, gardening, and eating sushi with my friends.

I am honored to be a 2008 UW MIRT fellow. My interest in population-based health research was sparked in my sophomore year. The class I took really opened my eyes. For the class, I studied the health status of my neighborhood in the context of socioeconomic variables. I have since approached the concept of health differently. Health is not just an individual being “sick”, or “well”. Health is inclusive, and has great social consequences for the community at large. The MIRT fellowship is a wonderful opportunity for me to learn more about health disparities and how disparities affect a community. I look forward to meeting with other fellows, and working with them on a research project overseas in Thailand. My expectation is to learn firsthand about healthcare issues in my host country – their challenges and successes. I will return from my fellowship with a fresh perspective and better understanding of health in a global context, and in so doing, expand my horizons!



Antoinette Dawson
Undergraduate, Tougaloo College
MIRT site: **THAILAND**

“I will return from my fellowship with a fresh perspective and better understanding of health in a global context, and in so doing, expand my horizons!”— Marisa Ip



Kailey Nelson
Undergraduate, Whitworth U
MIRT site: **THAILAND**

My name is Kailey Nelson and I'm finishing up the last semester of undergraduate degree at Whitworth University in Spokane, Washington. I am a biology major with minors in Psychology and German. Next fall I will be attending the University of Washington to pursue an M.S. in Epidemiology and eventually do public health research. I am originally from Puyallup, Washington and in my free time I enjoy playing sports and have been on the swim team at Whitworth the past four years.

One of my main goals for MIRT program is to learn more about public health research in developing countries and current issues in this field. I am very excited to be spending the summer in Thailand learning about the culture and meeting new people. I am looking forward to this experience!

My name is Anoinette Dawson. I am a junior majoring Biology in Tougaloo College. For the last five years, I have actively been participating in research at the University of Mississippi Medical Center under the mentorship of Dr. Barbara Alexander. I was first introduced to research through the Base Pair Program, which is a program designed to actively involve high school students in research. Through this program, my interest in research has flourished into an obsession. My passion for research led me to the University of Washington MIRT Program. Because of this program, I will be given an opportunity not only to do what I love doing, but I will be given an opportunity to do it in another country where I will be exposed to other cultures and ways of life. My expectations for 2008 UW MIRT fellowship are that my knowledge and awareness of overseas endeavors increase. Furthermore, I hope to learn more about how research is conducted in other countries. I am looking forward to this wonderful experience and I know it will make me a better student and future researcher. More importantly, it will make me a better and more diverse person!

MEET MIRT 2008 FELLOWS



Jaimée Marsh
Undergraduate, UW
MIRT site: **ETHIOPIA**

Jaimée is a senior majoring in social welfare with minors in public health and geography. Currently, her career interests include health education, youth program development, and international social work

Jaimée aspires to earn dual master degrees in social welfare and public health with a focus on management and planning, and ultimately pursue a Ph.D. She is grateful to the MIRT Program for the opportunity to refine her research skills in preparation for graduate school, and to develop relationships with new friends and social service organizations in Ethiopia in hopes of one day returning to Africa to begin a career promoting global health.

Jaimée is the youngest of three siblings from Spokane, WA, and enjoys traveling, sports, cooking, salsa dancing, music and documentary films.



Ilya Golovaty
Undergraduate, UW
MIRT site: **ETHIOPIA**

My name is Ilya Golovaty, I am a senior at the University of Washington majoring in Physiology and Public Health. Nearing graduation, my goal is MD/MPH, but that is highly dependent on my experiences in the next few years.

During my time as an undergraduate, I have found my niche balancing Public Health and Physiology coursework. The past few years, I have helped coordinate a colorectal cancer-screening project and interned in an ovarian cancer research lab. My passion for traveling and immersing within other cultures fuels my ambitions to work abroad. I believe the MIRT program provides ample opportunity to build on my research technique and experience a deep, hands-on contextual understanding to create the connections that instigate real change within myself and in the community. I am very excited about the experiences that await in Ethiopia!



Sonya Patel
Undergraduate, NC State U
MIRT site: **ETHIOPIA**

My name is Sonya Patel and I'm currently finishing up my junior year in Biomedical Engineering at NC State University. I'm also en route to obtaining a minor in Social Work. Both courses of study have led me to desire a career in medicine and social service, particularly on a global scale. My interest in global public health peaked when I interned in hospitals in El Salvador two summers ago. Health care and coverage in underdeveloped nations is so different than what we are used to, but I realized that there is a lot that we can do as researchers and health care practitioners to help.

I am honored to be a 2008 UW MIRT Fellow, and hope to gain a lot in terms of research and health care experience. I am even more excited to visit a continent with so much richness of food, culture, and people! The best way to help the world is to understand it first, and that's what I hope to move towards while participating in this program.

“The best way to help the world is to understand it first, and that's what I hope to move towards while participating in the MIRT program”—Sonya Patel

MEET MIRT 2008 FELLOWS



Elmera Peyman
Undergraduate, Eastern
Washington U
MIRT site: **THAILAND**

Hi, My name is Elmera Payman. I'm a Senior in Eastern Washington University majoring in Bio-chemistry.

Six Years ago, I received refugee status and came to the United States of America, where I had the opportunity to attend high school, and complete my secondary education. Currently I am a premedical student at Eastern Washington University. I'm a member of the Eastern Washington University Honors program and I am taking rigorous honors classes. I feel so privileged to be part of the MIRT Program and conduct population-based research this summer. I am confident that this fellowship will expand my knowledge about many cultures around the world, and it will aid me in becoming a more experienced and understanding physician, in the near future. I would like to thank everyone, who has made this wonderful program available to me and to all the other students like me.



Rozanna Fang
Undergraduate, UW
MIRT site: **THAILAND**

My name is Rozanna Fang, and I'm a (non-graduating) senior at the University of Washington, studying French and Public Health. As an undergraduate, I've been lucky enough to be afforded the time to explore my interests and nurture a passion for learning. I enjoy languages, acting, and international health and politics, among other things, and I love to teach and work with kids. I am so thrilled to be able to participate in this year's MIRT experience. The MIRT program really combines my desire to conduct research with my interest in public health and in working with people on an international stage. As I've spent time abroad just last year, I understand MIRT not only as an opportunity to contribute toward eliminating health disparities through research, but also as a medium to grow personally and bridge gaps through cross-cultural exchange. I see myself working with un-served and underserved populations in the future, and I hope my time in Thailand will give me a new window into this world. I honestly can't think of a better way to spend this summer, and I am looking forward to it.

My name is Larissa Jones, and I am a junior Psychology major concentrating in Biopsychology at Boston College. I am currently in the pre-medical program and hope to attend medical school a year after graduation. I also plan to pursue a Masters in Public Health either during or after receiving my MD.



Larissa Jones
Undergraduate, Boston College
MIRT site: **ETHIOPIA**

While I've always known I wanted to do something in the medical field, it's only been in the past few years at Boston College that I've developed a clear direction. Through a number of experiences, I've found that I have a passion for public health and public health issues. I've grown increasingly interested in the ways that we can mitigate health disparities in our societies and internationally. As a physician, I hope to not only be able to successfully treat patients; I hope also to contribute to the development and implementation of new measures within health care which will improve its accessibility and quality for the underserved.

I am privileged to be a fellow in this year's MIRT program and look forward to learning new research skills and gaining a greater insight into health disparities issues. I believe that what I learn during this fellowship will increase my ability to help people in the future. My love of culture and language also makes the prospect of research in a foreign country that much more exciting. What I look forward to most is the chance to truly connect with the people that I work with, because I believe the first step to providing help is to understand those you are helping.

Faculty Profile



Nona Dolidze, MD is Chief of the Secondary Prevention of Coronary Heart Disease and Rehabilitation Medicine, Emergency Cardiology Center. Dr. Dolidze has over 56 scientific publications in international journals. She has collaborated with clinical researchers from Japan, US, and Germany. Her research interest include, secondary prevention of coronary disease, myocardial revascularization, comparative studies of different treatment protocols (Statins, β -blockers, calcium antagonists, antioxidants and other dietary supplements in clinical practice), and non-traditional CHD risk factors

Why did you choose Cardiology?

To be frank, it was the most prestigious field in Georgia.

Who was your most influential teacher?

“The books”—I love reading!

What job would you have chosen if you were not a Cardiologist?

I can not imagine any other field.

What in your life are you most proud of, and why?

I’m proud and grateful of my patients, especially the patients who have been treated since I became a doctor, because they are still alive!

What is your favorite music?

Pop music. I adore it.

What is your favorite movie?

“A Man and a Woman.”

What is something most people would be surprised to learn about you?

That I am fond of Pop music!

What is your preferred menu?

Kchachapuri (Georgian)

What are your hobbies?

Listening music and reading books.

Are you a 'morning' or 'night' person?

Morning.

Where is your favorite place to travel to?

Luxemburg.

What would you change if you were a Queen for a day?

I would raise old people’s pensions.

Which publication are you most proud of?

My very first publications.

If you could become someone else for 1 month who would that be?

No one...I’m happy with who I am.

What is your favorite word?

Fascination.

What is your least favorite word?

Pleasure.

What do you like most about the Republic of Georgia?

The Churches.

What’s your best advice to students who want to succeed?

Lost time is never found again. Use your time efficiently!

“How you spend your time is more important than how you spend your money. Money mistakes can be corrected, but time is gone forever.”—David Norris

Butajira Rural Health Project—A Rural Research Laboratory

by Marc Philpart (MIRT 2006 Fellow)

Visiting the Butajira Rural Health Project in Southwest Ethiopia was a fascinating experience. Just two hours away from Addis Ababa is home to a rural health project that is providing public health surveillance and a countless number of interventions to a large rural community. Ethiopia has a population of approximately 70 million and about 85% live in rural areas. In the Zone where Butajira is located, there are 6 rural districts and each district has 9 rural Kebeles, or neighborhoods. One hospital serves the entire Zone of 1.5 million people. The hospital is managed by the Zonal Authority and funded by the Ministry of Health (MOH). While separate from the Butajira Health Project, the two work together quite frequently delivering services to the community's residents.

The hospital has 2 medical wards; 1 psychiatric ward; 1 emergency ward; 1 gynecology ward; and 1 surgery ward—all of which provide only outpatient services. While they don't have any inpatient services now, they hope to have private rooms constructed in the near future so that they can deliver long term care. Next year they also plan to secure a dentist and complete the construction of another medical outpatient department. This hospital was unlike many others throughout the country in that they provided specialized services to the poorest of the poor. The luxury of having a gynecologist at a public hospital is rare. This hospital was extremely fortunate in that it has a gynecologist, psychiatrist, emergency surgeon, anesthesiologist, pharmacists, nurses and several general physicians who also carried out elective and emergency surgery. The MOH appoints physicians to the hospital and the Zonal Authority provides additional incentives to keep them there, generally adding \$1,000 birr (US \$100) to their meager salaries. Retention and capacity are their greatest human resource challenges. Despite their issues, they treat everything from malnutrition (for which they also do follow-up and outreach) to HIV/AIDS and Tuberculosis using the integrated Directly Observed Therapy - Short Course (DOTS).

HIV/AIDS services are provided to 6 zones. Every Wednesday nurses send blood to Addis Ababa (the capital) from people who come in for testing. Test results take about two weeks. Last year alone, they averaged 20 tests per day and 2,500 over the course of the year. Out of those, 144 people tested positive.



“Tukuls”, in Butajira, ETHIOPIA

Though many are tested voluntarily, a good number are involuntary, or rather, those who come in for treatment of a consequent symptom of being HIV positive are forced to be tested if symptomatic. Currently, their Anti-Retroviral Therapy services cater to 110 people.

In Ethiopia, malnutrition in rural areas is a severe problem. And of course, the burden of malnutrition is disproportionately shared by the rural poor. Recent statistics indicate that 14% of Ethiopians suffer from atrophy; iron and vitamin deficiency is rampant because of diets comprised of primarily cereals due to lack of options; and the rate of stunting (stunted growth) is around 51% nationally.

In rural areas people live in “Tukuls”, traditional thatch-roofed round homes made of grass, straw, mud and dung. In their assessment, Butajira Health Project reports indicate that often as many as 12-14 people (birthrate=5.9) live in these homes with domesticated farm animals. Beds are made of straw and grass. A stack of stones with kindling may mark the area designated as the fire place. These huts are dark and drab. With constant maintenance and upkeep these homes may last 3-5 years. The trend is changing slowly and homes are being made in rectangular designs with corrugated iron roofs and windows, somewhat resembling older homes of the American west. Once a new home is built, the older more traditional home is usually kept for the farm animals.

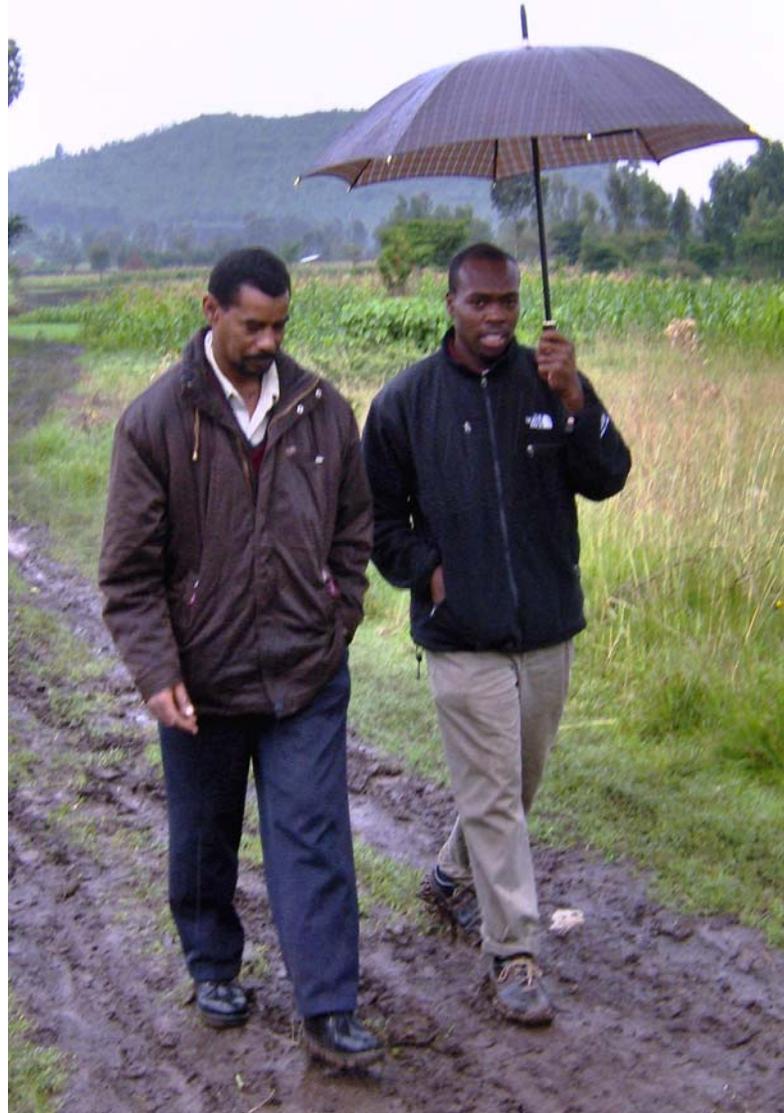
Butajira... (cont'd)

The Butajira Rural Health Project (BRHP) conducts annual epidemiology surveillance. Over the past 25 years they have conducted surveys every four years of this rural population. The dynamic cohort data they've maintained is unparalleled anywhere else in the nation and has provided a great deal of information to researchers, the Ministry of Health, local government and the local hospital. This information has guided policy and outlined resource needs in the community. Researchers often design interventions which are later implemented in the community. One study on asthma resulted in the donation of thousands of inhalers to the hospital. The BRHP is essentially a rural laboratory.

The great thing about it is the community participation. In fact, the health workers who conduct the surveys live in the community. On days when they conduct assessments they cover 20-30 homes; each home is marked with a unique ID number painted on the front door. It takes about 8 weeks to conduct the field work and another four weeks are used for data cleaning. All in all the surveillance is a three month process. Throughout this period, interviewers are invited into homes and treated as neighboring guests. There are 7 supervisors who manage the program. One supervises the collection of mortality and morbidity data and the other six are demographic supervisors, one of which is urban. Weekly training and logistics meetings are held for fieldworkers, supervisors and data collectors to continually keep the work and skills of the team up to date.

I know this is a long message but I was particularly moved by my experience here and wanted to provide you with a description of what I saw and learned. The people here are amazing. Living with very little, in very tragic circumstances they remain hospitable, cordial and proud. I've always felt that the poor are the salt of the earth and places like Butajira reinforce those notions. Many of the problems and issues I've described are so complex that it is hard to understand what the root causes or solutions are. One starting point that I can suggest is for people to start to care and think about the experiences of others in the world. It's often hard to do this because we are separated by distance and consumed by our own problems in the US, but poverty of this nature is criminal given the opulence that exists in other parts of the world.

“If you want others to be happy, practice compassion. If you want to be happy, practice compassion.” —The 14th Dalai Lama



Marc Philpart with research staff in Butajira Rural Health Project

“Many of the problems and issues are so complex that it is hard to understand what the root causes or solutions are. One starting point that I can suggest is for people to start to care and think about the experiences of others in the world. It's often hard to do this because we are separated by distance and consumed by our own problems in the US, but poverty of this nature is criminal given the opulence that exists in other parts of the world.”

Since his completing fellowship with the MIRT Program, Marc Philpart graduated from the UW with Masters Degrees in Public Health and Public Administration. Marc is currently working as a Research Associate with Program for Appropriate Technology in Health (PATH).



Lorena Chavez (MIRT '01)
MPH Candidate 2008
Johns Hopkins Bloomberg
School of Public Health

Where to start?

As many of you know, one of my main short-term goals after graduating from the UW was to enroll in an MPH program. In preparation for this new adventure, I had the opportunity to work with inspiring community leaders at Consejo Counseling & Referral Service in South Seattle, UW's Educational Opportunity Center, Fred Hutchinson Cancer Research Center and at the Office of Multicultural Affairs in the UW School of Medicine. Through all of these experiences, I realized that in order to make a significant impact in my community I would need additional training and my goal of getting into a Master's program was further reinforced.

During the early months of 2007 I received an admissions letter from the Johns Hopkins Bloomberg School of Public Health in which they told me to "come on over" and learn **to protect health and save lives "Millions at a Time"** (this is their slogan). So, after careful consideration, I decided to leave a wonderful group of colleagues at OMCA and re-acquaint myself with statistics, epidemiology, and life as a student! Sometime in mid-April I began to wrap things up in Seattle and on June 20th, 2007 I made the big move to Baltimore, Maryland.

Although I had been to the East coast many times, Baltimore is unlike any other East coast city I had previously visited and learning about Baltimore's people and their culture has been very interesting. While going back to school was scary at the beginning, I am finally adjusting to the student life in Baltimore and 1:00AM bedtimes.

The MPH program at JHU is an 11-month intensive program comprised of five, 8-week terms. The typical student takes about 17-20 credits per term which roughly translates to 6-8 classes. So, by the time I get done in May 2008, I will have taken 30+ classes!

On top of my scholarly pursuits, I am also working as a Research Assistant for Dr. Daniel Webster, who is one of the leading researchers in the field of intimate partner violence, firearm injury epidemiology and firearm policy. We are currently working on a Danger Assessment intervention with female victim-survivors of domestic violence. In addition to work and school, I applied and was selected as one of three international project leaders. In January 2008, we took a group of 6 MPH students to Nicaragua to work on some community health projects that addressed dengue fever eradication and suicide prevention. We are called the Nicaragua Community Partnership and if you are interested in finding out more about it, please follow this link and you can read about last year's students & their trip: http://www.jhsph.edu/publichealthnews/articles/2007/nicaragua_tour.html/index.html

In terms of my living situation, I have a 1-bedroom apartment in a very cute part of town by the name of "Mount Vernon" and I live by myself. It is safe and has several little restaurants from which to choose and most are student-budget friendly. I live in the Stafford Building, a historic landmark (now owned by Johns Hopkins) and it is right across the street from a beautiful Presbyterian cathedral and right behind the famous Washington Monument

Because this area is so picturesque, we are often hosts to any and all City festivals and a multitude of weddings. So, after one month of living here I walked past 5-8 blushing brides, one book fair, 4 movies-in-the-park, a fashion show, and an event called ArtFest.

However, Baltimore is notorious for having a very high crime rate and the "climate" of a place really does change from one block to another so one must exercise caution at all times. Another thing I am not too wild about is the astounding number of people who smoke in Baltimore. This city has very poor air quality, especially during Baltimore's hot, sticky summer days! Luckily, as of January 2008, Baltimore's public places went smoke-free and this will surely help to reduce our exposure to second hand smoke.

As I enter the last three months of my MPH program, it is hard to believe that at this time last year I still did not know where I would do my MPH training. Even though I have not yet taken that last biostatistics exam, I have started to look for a job and will hopefully find one that takes me back to Seattle or abroad. **So, in summary, this past year has been quite the rollercoaster ride and it is definitely one I will always cherish.**

MIRT ALUMNI REFLECTIONS

MIRT '07 alumni and MIRT faculty mentor Dr. Annette Fitzpatrick traveled to Boston to present their research findings at the 2008 annual American Association for the Advancement of Science (AAAS) conference. MIRT alumni updates and reflections are presented below.

Linda Paniagua, MIRT 2007 Thailand Fellow

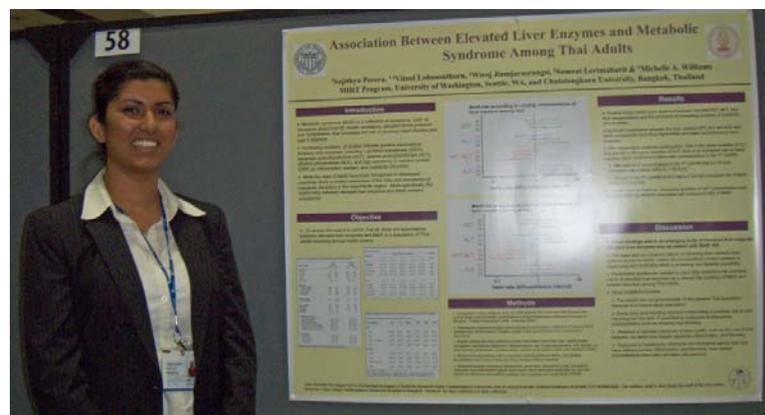
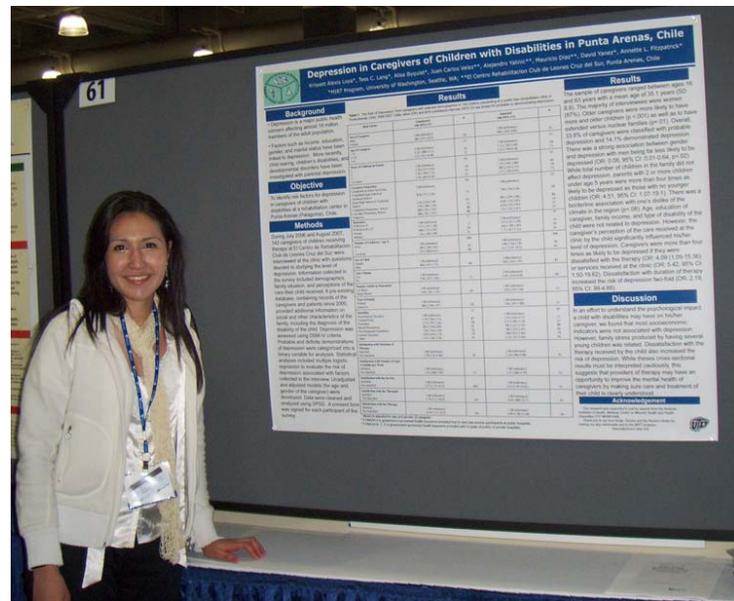
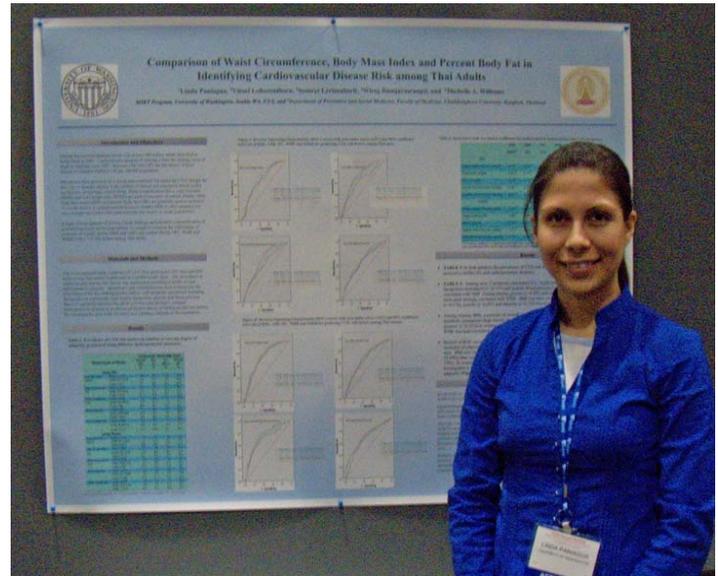
“The conference was an excellent opportunity to share our summer research projects with all MIRT peers and be exposed to what other college students are doing as part of their academic journey. I truly enjoyed spending time with all the MIRT fellows and hearing what their plans for the future were. As the oldest one in the pack, I was very glad to share with them my experience as a first year medical student. I am hoping to keep in touch since I have established beautiful relationships with many of the MIRT fellows.”

Krissett Loya, MIRT 2007 Chile fellow

“I have never been to Boston, so having gone to present my scientific research made my trip all the worthwhile. It was long overdue since all the MIRT fellows saw each other, and from the looks and sounds of it, everyone thankfully was doing great! My presentation went incredible! I had two judges that showed extreme interest in my research and I had several enthusiastic attendees with a lot of questions to ask. We made sure to travel as much of Boston as we could, and by doing that experienced incredible Italian food, extreme cold weather, and as usual, some memorable moments. As we all traveled back to our own homes with our own lives, it seemed that the connection and experience that we had as MIRT fellows will be a connection that we will share for the rest of our lives.”

Saji Perera, MIRT 2007 Thailand fellow

“I had so much fun at the AAAS meeting! The poster presentation was not as stressful as I had imagined. In fact, it was kind of fun to be able to talk about something that has so many good memories associated with it. If nothing else, it was wonderful to catch up with everyone. I'm still amazed at how well you did at picking such different and interesting individuals for the 2007 MIRT program. I feel as if I have made life long friends and great contacts too! We had so much fun, no thanks to the cold weather. Some highlights included going to Little Italy, the North End of Boston, and making conversation with strangers on the subway. Thanks so much for making this possible for us. Just thinking about everyone, including our family in Thailand make me nostalgic!”



Every year MIRT fellows and faculty work on diverse research projects that address the needs of the communities of each site. In the science corner we provide synopses of study findings from selected sites. In this issue we present two studies from MIRT 2007 Thailand and Chile. Please visit the MIRT website to read the complete list of abstracts.

Association Between Elevated Liver Enzymes and Metabolic Syndrome Among Thai Adults

S Perera, V Lohsoonthorn, W Jiamjarasrangsi, S Lertmaharit, & MA Williams

Metabolic syndrome (MetS), a cluster of metabolic abnormalities, is associated with an increased risk of cardiovascular disease and type 2 diabetes. We conducted a cross-sectional study of 1,391 Thai patients receiving annual health check-ups to determine the association between elevated liver marker concentrations (alanine aminotransferase [ALT], aspartate aminotransferase [AST], and alkaline phosphatase [ALK]) and various components of MetS. Overall, mean concentrations of AST, ALT and ALK increased and mean AST:ALT ratio decreased with increasing presence of metabolic abnormalities (p-value=0.059 for AST in men, all other p-values <0.001). After adjusting for confounders, men with ALT concentrations in the extreme quartiles (>40 units/l), had a 2.79-fold increased risk of MetS (95% CI 0.14-0.89), as compared with men who had values in the lowest quartile (≤ 21 units/l). The OR for extreme quartiles of ALK concentrations was 3.44 (95% CI 1.41-8.42). In women, elevated ALT concentrations were also associated with MetS risk. Those with the highest ALT concentrations (>23 units/l) had a 2.55-fold increased risk of MetS (95% CI 1.22-5.34) compared to women with concentrations (≤ 13 units/l). Positive associations of similar magnitude and directions between liver markers and MetS risk were evident when analyses were repeated after stratification based on participants' self-reported alcohol consumption status. These findings add to an emerging body of literature that suggests elevated liver enzymes may be related with MetS risk. However, prospective studies are needed to more fully determine the practical value of elevated liver enzymes as a clinical risk predictor of MetS and related disorders among Thai adults.

The Relationship of Bottle Feeding and Other Sucking Behaviors with Speech Pathology in Patagonian Preschoolers

MA Parada, C Barbosa, S Vasquez Guerrero, JC Velez, C Jackson, D Yanez, & AL Fitzpatrick

Early reports in the literature suggest that sucking behaviors, including breast-feeding, use of bottles and pacifiers, may impact development of oral muscles and quality of speech in young children. We investigated associations between use of bottles, pacifiers, and other sucking behaviors with speech pathologies in children attending three preschools in Punta Arenas (Patagonia), Chile.

Information on infant feeding and sucking behaviors, including age at starting and stopping breast- and bottle-feeding, pacifier use, and other sucking behaviors, was collected from self-administered questionnaires completed by parents. Evaluation of speech problems was conducted at the preschools with subsequent scoring by a licensed speech pathologist using age-normative standards.

A total of 128 three- to five-year olds were assessed, 46% girls and 54% boys. The children were breast fed an average of 25.2 (SD 9.6) months and used a bottle 24.4 (SD 15.2) months. Fifty-three children (41.7%) had or currently used a pacifier for an average of 11.4 (SD 17.3) months and 23 (18.3) were reported to have sucked their fingers. Delayed use of a bottle until after 9 months protected children from subsequent speech pathologies by almost 70% (OR: 0.32, 95% CI: 0.10-0.98). A three-fold increased risk of speech pathology was found with use of a pacifier for more than three years (OR: 3.50, 95% CI: 1.11-11.03) and any finger-sucking behavior (OR: 3.04, 95% CI: 1.15, 8.04).

Results suggest that extended use of sucking outside of breast-feeding may have subsequent detrimental effects on speech development in young children.

Alumni Update

Let US Know How You're Doing

Do you have an update or new photo to share with us?

We would love to hear from you!

NAME: _____

UPDATE: _____

E-mail Address: _____

NB: We have made it easier for our Alumni to send updates directly online. Please go to the MIRT Web Page: www.depts.washington.edu/mirt/ and click on the Alumni Update

Upcoming Faculty Visits

On behalf of the MIRT Program, we are pleased to announce that Professors Narin Hiransuthikul, Wiroj Jiamjarasrangsi and Somrat Lertmaharit, faculty members from Chulalongkorn University in Thailand will be visiting the University of Washington from June 17 – 22, 2008.

Prof. Hiransuthikul is a professor of Epidemiology and chair of the Department of Preventive and Social Medicine in the Faculty of Medicine, Chulalongkorn University. Prof. Hiransuthikul is a widely recognized expert in HIV/AIDS and infection disease epidemiology. He has been the Secretariat of the Thai AIDS Society (TAS) since 2005. Prof. Hiransuthikul has published several articles in domestic and international journals and contributed to a number of books and book chapters.

Prof. Jiamjarasrangsi is a professor of Epidemiology in the Department of Preventive and Social Medicine and Assistant Dean for Health Promotion Affairs in the Faculty of Medicine, Chulalongkorn University. Prof. Jiamjarasrangsi is also Director of Research Unit within Chulalongkorn University for Epidemiologic Study on Health of Adult Population. Prof. Jiamjarasrangsi has published several articles in domestic and international journals.

Prof. Lertmaharit is a professor of Biostatistics in the Department of Preventive and Social Medicine and Associate Dean for Administration and Academic Services, College of Public Health Science, Chulalongkorn University. Prof. Lertmaharit has published several articles in domestic and international journals.

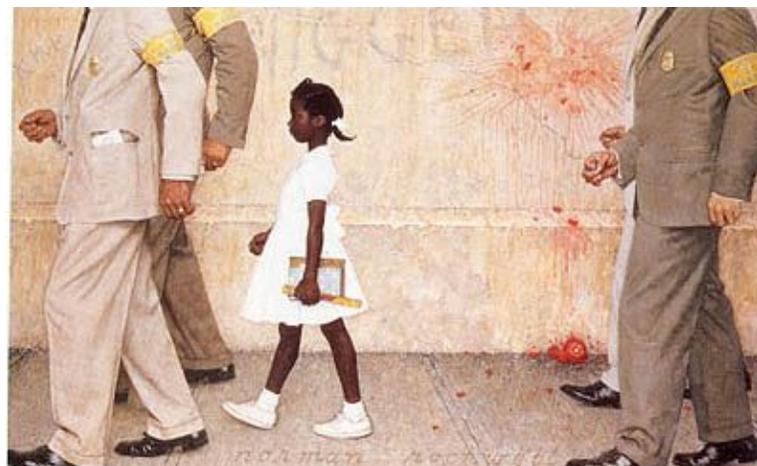
Response to Fall MIRT Photo Quiz

MIRT Alumni, Dr. Rosalia Mendoza, Katrice Shannon, and Dodie Arnold provided the correct responses for the MIRT photo quiz. Dodie won the prize by responding first.

The artist is: Norman Rockwell

The title of the painting is : *"The Problem We All Live With"*

Story: This piece of art appeared in *"Look magazine"* in 1964, ten years after the Brown decision and during the height of the Civil Rights Movement. The artist, Norman Rockwell, was inspired by Ruby Bridges, the sole African-American child to attend a New Orleans elementary school after court-ordered desegregation in 1960. To read more please visit the following web site: www.adl.org/education/brown_2004





Striving to Eliminate Health Disparities

University of Washington
MIRT Program, Box 357236
1959 Pacific St. NE
Seattle, WA 98195
Phone: (206) 543-7559
Fax: (206) 543-8525
E-Mail:

MIRT is a national program designed to encourage students to pursue careers in biomedical and behavioral research. This program provides support for undergraduates and graduate students to receive research training in an international setting. MIRT is funded by the National Center on Minority Health and Health Disparities (NCMHD) of the National Institutes for Health. The UW MIRT Program has been developed in collaboration with Dillard University, Xavier University, and Western Washington University. The program focuses on population-based health research in developing countries and builds on established linkages with academic institutions in Zimbabwe, Ethiopia, Vietnam, Thailand, Republic of Georgia, Australia, Peru, Mexico, Ecuador, Chile, Brazil, and Argentina.

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PHOTO QUIZ



She was one of the world's most important computer pioneers. She dedicated her career to developing what we consider as an everyday "must-have".

She was known as a person of vision. While she was surrounded by people who would resist change by saying "but that's how we have always done it". She would persist, dedicating herself to demonstrating to others that different approaches were feasible. For example, she kept a clock that ran counter clockwise in her office. *How is that for thinking outside the box!*

Her creativity, perseverance, and unconventional style led to great achievements. A true pioneer, she helped to pave the way for modern computing. She also helped open doors for professional women everywhere. Her motto, "Dare and Do" are words to live by.

Courtesy: Heroism in Action

Who is this gifted pioneer ? What are the titles of her first two computer programs she helped implement? A special prize will be awarded to the first person providing the correct responses. Send your responses to mirt@u.washington.edu **** Cheers!