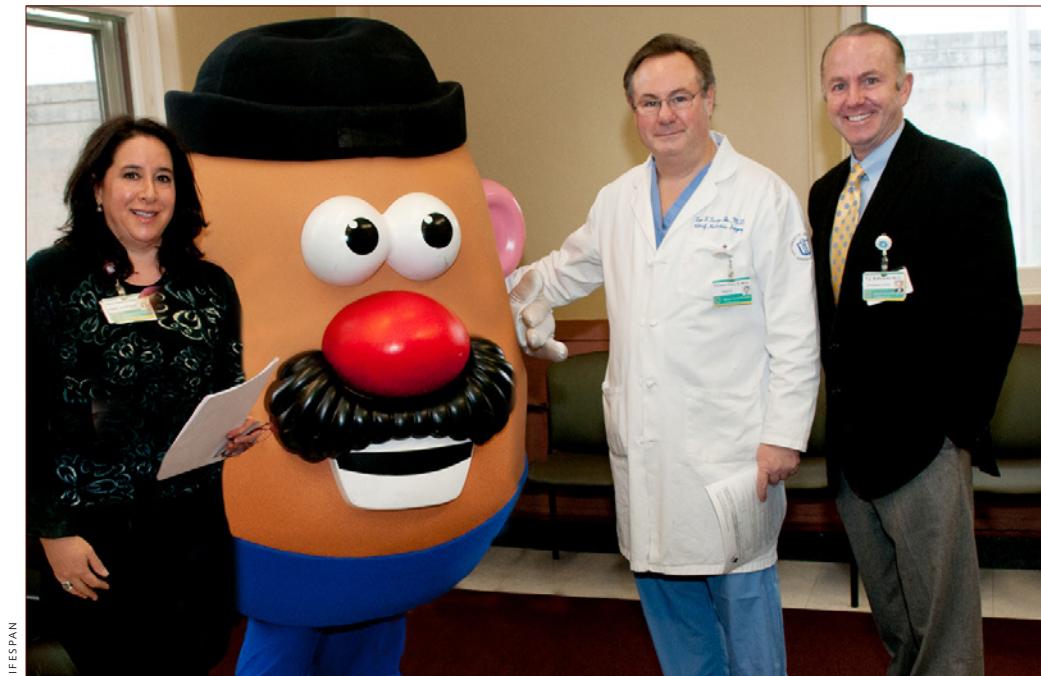


Dental Center at RIH Giving Kids a Smile for 80 Years

PROVIDENCE – On February 8, the Samuels Sinclair Dental Center at Rhode Island Hospital celebrated the 11th annual “Give Kids a Smile Day” (GKAS) with underserved and underinsured children throughout Rhode Island receiving dental care in clinics and private dental offices statewide.

As the centerpiece to National Children’s Dental Health Month, and sponsored by the Rhode Island Dental Association and the American Dental Association, GKAS was designed to provide dental care to low-income children who would not otherwise have access to care, while also raising awareness of the importance of dental coverage for children’s health.



Mr. Potato Head, a group of superheroes, and hospital representatives and other volunteers visited children on a special day at the Samuels Sinclair Dental Center at Rhode Island Hospital. From left are: Shirley Spater Freedman, DMD, MPH, director of the center; Thomas Tracy, MD, interim chief medical officer of Rhode Island Hospital; and Timothy J. Babineau, MD, president and CEO of Lifespan and president of Rhode Island Hospital.

“Nationwide, tooth decay affects more than 25 percent of children between two and five years old and 50 percent of children between 12 and 15 years old, according to the U.S. Centers for Disease Control and Prevention,” said Shirley Spater Freedman, DMD, director of the center. “Yet, in Rhode Island, only one percent of the Medicaid budget is allocated for dental services. For many children at our annual Give Kids a Smile event, this will be their first visit to the dentist.”

Children received dental screenings, oral examinations, radiographs, cleanings,



VIDEO Shirley Spater Freedman, DMD

fillings and educational materials.

The Samuels Sinclair Dental Center has been providing dental services to underprivileged children and individuals with special needs for over 80 years. ♦



Brown's School of Public Health to open July 1

Terri Fox Wetle named inaugural dean

PROVIDENCE – In a meeting by teleconference Wednesday, February 13, 2013, the Corporation of Brown University approved creation of a School of Public Health at Brown beginning July 1. The Corporation's action, which follows unanimous faculty approval in

November, promises to accelerate the rapid growth in research and teaching already underway in what is currently the University's Program in Public Health in the Division of Biology and Medicine.

Brown will now seek to join the ranks of 49 schools in the United States that

have been accredited by the Council on Education for Public Health. The two-year process will begin in June when CEPH votes on Brown's request to be considered for accreditation, said Terrie Fox Wetle, Brown's associate dean of medicine for public health, who will become the school's inaugural dean.

By at least one important measure – earning research funding from the National Institutes of Health – Brown's public health program would rank among the nation's top public health schools if it were a school today. Across 11 research centers, Brown's campus-based public health faculty members attracted more than \$40 million of external research funding in the 2012 fiscal year. Hospital-based public health research centers earned more than \$18 million for a total of nearly \$60 million.

That research funding has doubled during the last 10 years. In fiscal year 2002, campus-based centers earned less than \$14.7 million and hospital-based ones earned \$13.6 million. During the same period, primary appointment tenure track faculty members have increased to 36 professors from 10. Undergraduates have nearly doubled to 92 last year from 47 in 2002; master's students have increased more than eightfold to 126 from just 15; and doctoral students have more than tripled to 43 from 13.

The program started as the Department of Community Health within the medical school when it was founded in 1972.

SCOTT KINGSLY FOR BROWN UNIVERSITY



Brown's leadership team for the School of Public Health: Rear, from left, department chairs Christopher Kahler (Behavioral and Social Sciences), Stephen Buka (Epidemiology), and Constantine Gatsonis (Biostatistics). Front, Ira Wilson (Health Services, Policy and Practice) and Terrie Fox Wetle, inaugural dean of public health.

Advantages

Now the program will have additional opportunities to grow and strengthen as a school.

"We are excited for the opportunity to become an accredited school, which is a clear reflection of the level of scholarship and scale we've achieved in public health at Brown," Wetle said. "From here we'll expand our capacity to address key population health issues in a global society in alignment with Brown's philosophy and commitment to interdisciplinary excellence, social change, and public service. We'll build on both our existing strengths and new advances in population health science."

Wetle noted there are specific benefits to achieving the status of an accredited school. Some funding opportunities are only available to accredited public health schools.

"I believe that our faculty would be highly competitive for these funding opportunities, particularly from the Centers for Disease Control, where several of the calls for proposals are only open to accredited schools of public health," Wetle said. "Slightly more than 1 percent of our external funding here at Brown is from the CDC as compared to as much as 30 percent for some accredited schools."

With the same institutional stature as other schools, Brown will also be able to compete for more of the best talent.

"As we recruit the highest quality people, many public health faculty would prefer to be associated with an accredited school of public health which also has a school of medicine," Wetle said. "Just the prospect of becoming a school has been an important factor in our recent recruiting."

To date the program has been part of the Alpert Medical School, which is part of the University's Division of Biology and Medicine. As a school, it will become a distinct administrative entity, reporting directly to the University's provost.

Dr. Edward Wing, Brown's dean of medicine and biological sciences, said the two schools, which share many jointly appointed faculty members and MD/MPH students, will continue to work closely together. For example, public health is integral to the Alpert Medical School's newly announced MD/ScM program in primary care and population health. ♦

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The Rhode Island Academy of Physician Assistants can help you find a qualified PA. Visit the RIAPA Career Center to advertise and view the CVs of the best and brightest PAs. Go to www.RhodeIslandPA.org and click on Career Center to start your search. RIMS members are eligible for a 15% discount on ads. For questions and details of how to obtain the discount contact: Megan Turcotte, mturcotte@rimed.org, 401-331-3207.

Monitoring Pregnant Women with Heart Disease

PROVIDENCE—While the idea of becoming pregnant with a heart condition might seem a little scary, Margaret Miller, MD, director of the Women's Medicine Collaborative, says most women with heart disease – including conditions like arrhythmia, heart murmurs, mitral valve prolapse and high blood pressure – will have a healthy baby, especially if they receive the proper care and monitoring.

"There are still some who believe that women with heart disease or cardiac issues shouldn't get pregnant because it would be too risky. However, that's definitely not the case. Heart disease and cardiac conditions can be safely managed during pregnancy," says Miller, an obstetric medicine physician who cares for pregnant women with underlying medical conditions.

"Women with heart conditions should consider a preconception consult, which will give the woman and her physician an opportunity to optimize cardiac function, discuss risks in pregnancy, review medications and make a plan for the pregnancy, as well as labor and delivery,"

Miller says. "Many heart medications can be used safely during pregnancy, and in fact, untreated cardiac disease can pose a greater risk than most medications."

According to Miller, pregnancy is associated with significant changes in the cardiovascular system. Normal physiologic changes can cause many pregnant women to experience heart palpitations, or a fast heart rate, a common – yet harmless – cardiac "symptom."

There is a heart condition specific to pregnancy called peripartum cardiomyopathy, which occurs in the last month of pregnancy or early postpartum period. It is rare, but Miller says women who experience a significant and new onset of shortness of breath, palpitations, lightheadedness or chest pain in the end of pregnancy or postpartum should be checked by their physician as soon as possible.

While actual heart attacks during pregnancy are very rare, Miller says the rise in obesity and diabetes could lead to more cases in the future. "Most providers do not think about a heart attack in



Margaret Miller, MD

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a young woman, but women who have new onset chest pain – especially if it is associated with shortness of breath, sweating, nausea or dizziness – should receive medical treatment right away," she adds. ♦