

A stylized city skyline with various buildings in shades of blue and green. A large, colorful Mardi Gras bead necklace is draped across the scene. The background is filled with falling confetti in purple, green, and yellow.

L A R E V U E

MARDI GRAS ISSUE

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How to Have a Safe and Healthy Mardi Gras

By: Kaylee Giacomini

On January 6th, the first parade of Mardi Gras season rolled after a year with lulled Krewes due to the COVID-19 pandemic. This year's Mardi Gras has been highly anticipated by both locals and tourists alike, but it is important to remember that the pandemic is not over. The state of Louisiana has exponentially *more cases* of COVID than we ever have at any point. Our hospitals are overwhelmed with COVID patients, *most of whom* are not vaccinated. And all the while, the CDC decided to cut the mandatory isolation period for COVID positive individuals *in half*.

In order to combat the pandemic last year, no parades were allowed to roll, and on the unseasonably cold day of Mardi Gras 2021 police lined Bourbon Street to prevent people from congregating. The mayor has made it clear that this year, Mardi Gras is happening to a near-usual extent. Many of us students in public health are wondering how safe it may be to partake in the "usual" Mardi Gras festivities, and if we do participate - to what extent? In short, I cannot tell you what exactly is right, but I can offer some light in a rather bleak seeming situation.

There is speculation that the Omicron variant may diminish as quickly as it is spreading. This trend has been seen in major cities such as *New York* and *Boston* that had a spike in cases around late December. Should New Orleans follow suit, we can expect to see case count begin to rapidly fall in early February. Existing vaccines also have a high efficacy against hospitalization and severe illness from the Omicron variant,

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especially for those with the booster shot.

As with other holidays and mass congregations that we have seen, Mardi Gras will probably cause a spike in cases after the festivities. It is important to remain cautious and be safe if you do choose to participate.

1. The most important thing that you can do is get vaccinated, and get the booster shot if you have not yet. The booster is also required by Tulane.
2. Wear a mask when in public spaces, a KN95 or N95 offers the most protection. Double up on all other masks.
3. Avoid large gatherings. If you do go to parades, try to find a less crowded spot to watch.
4. As per CDC guidelines, avoid crowded indoor places. Instead, gather outside or in well-ventilated areas.
5. If you find yourself in crowds during Carnival season, get regular COVID tests. You can now order [4 free ones](#) through USPS. When in doubt, quarantine.



The Satirical Krewe da Flu

Practicum Pointers: Landing a Job Made Easy

By: Kaylee Giacomini

Finding a practicum can be a daunting experience. If you're anything like I was exactly one year ago when I started the search process, you probably just wrapped up your first semester and are under the strict conviction that you're slightly over your head. Let me be the first to assure you that you can do this and will lock in a summer practicum, so long as you follow some basic tips.

1. Start the process early

By early, I mean right now. For the next few weeks, dedicate some hours to polishing your resume, writing a killer cover letter draft, and cleaning up your LinkedIn and Handshake profiles.

2. Keep Track

So you have the perfect resume, now what? Before you dive into the world of submitting application after application, create a way to track them. I personally made an Excel spreadsheet making note of the application link, the company name, the position title, the pay, the application deadline, and my application status. As I applied and heard back from places I consistently updated the spreadsheet.

3. Start Applying

In most cases applying will take a few months. Apply to many because even those you least expect can be approved for the health policy practicum. My peers & I had incredibly diverse practicum experiences ranging from hospital finance to NGO communications. Don't sell yourself short and apply to things that you will actually enjoy doing for a few months.

4. Keep in touch with Career Services & your Faculty Advisor

As you apply, be sure to polish up your interview skills using career services and keep your advisor in the loop with what you're planning. Ultimately, they are the ones who either approve or deny your proposed practicum so be clear and honest with what you are doing.

5. Have recommenders lined up

I was lucky in that absolutely none of the practicums I applied to required a letter of recommendation. This is rare, in reality you will probably need at least one letter of recommendation so have a few people in mind who could write one for you. A boss, a professor, and a mentor who could sing your praises are always good to have on hand.

6. Be open to new opportunities

Another rarity that happened for me: I did not actually apply for my practicum. I applied for two other positions within the organization that I ultimately worked for, was denied from both of them, and was then offered an interview within another division that loved my resume. Be open, and remain in the mindset that everything will work out.

The King Cake & Its Origins

By: Andrew Kamali

The iconic purple, green, and yellow frosted ring of cinnamon pastry that we know as king cake has a long and storied past. It is not only delicious, but a symbol of both Mardi Gras and the city of New Orleans. The king cake - or some variation of it - is commonplace in many celebrations around the world, particularly in countries with a large Catholic population.

King cake is a sweet brioche formed into the shape of a ring. It has its origins in the Catholic celebration Epiphany, which marks the day in which the Magi (the three kings) first visited Christ and to commemorate the baptism of Christ by John the Baptist. The Epiphany is one the oldest holidays in Christianity and is held on the 6th day of January. The pastry has its iconic ring shape because it is meant to mimic a crown, such as those worn by the three kings. Further, the royal colors used in decorating the king cake each have a significant meaning; purple represents justice, green for faith, and gold stands for power.

The king cake originated in Spain and France in the early part of the middle ages, and at that time it was

embedded with a bean or small trinket to represent baby Christ. The individual who received the slice of cake with the bean in it would become the King for the day. The bean was replaced by today's plastic baby which became popularized by McKenzie's, a commercial bakery in the 1950's. They originally made of porcelain, but the baby became plastic due to cost and ease of manufacturing. Today when you happen to be the lucky one to receive the plastic baby, it is your responsibility to host the next celebration and provide the king cake.

The king cake is believed to have been brought to New Orleans in the mid to late 19th Century from France, but this is debated because the Spanish may have actually brought it during their control of New Orleans. This tale may be more credible as today's modern king cake most resembles the aesthetic of the Spanish style *Rosca de reyes*.

The King Cake, even with its disputed origins regarding its introduction to New Orleans, is a long-standing tradition of the Big Easy and Carnival season.

Best King Cakes in New Orleans: Bucket List

Tulane SPHTM alumna, Lauren Bryant, made it a mission of hers to find the best king cakes in New Orleans. Today, she works as a Senior Analyst for a healthcare consulting firm, Prometheus Federal Services. In no particular order, here is her "King Cake Bucket List".

- Bywater Bakery
 - Cake Café
 - Manny Randazzo's
 - King Cake Hub
 - Caluda's
 - Antoine's
 - Rouse's - Chocolate Cream
 - Robért's fresh market
 - Drunken Quing Cakes
 - Hi - Do
 - Haydel's
 - Bittersweet Confections
 - Tartine
 - Zuppardo's
 - Dong Phuong
 - Breads on Oak
 - Pythian Market
 - Willa Jean
 - Piety & Desire Chocolate
 - Laurel St. Bakery
 - Mister Gregory's
 - The Station
 - Tout LA at Old No. 77
 - Puccino's
 - Simone's Marker
 - Swiss Confectionary
 - Bakery Bar
 - Whole Foods
- *Originally published in V211
- 2022 Additions:
- Coffee Science
 - Brennan's



Faculty Spotlight: Dr. Margaret Van Bree

By: Rowan Poehler

When did you attend Tulane

I was at Tulane from 1990 to 1998. I was recruited to Tulane halftime as an executive at the hospital and halftime on the faculty and I was doctoral student. My teaching responsibilities when I arrived were really introductory health systems classes, I did admissions, and a number of other administrative duties for the department. I taught a quality management class in the executive MHA program. I did some international work. So, that was just half my job and the other half was to be an executive at the hospital.



Can you explain your new role within the department? What should students expect from you?

My title is Adjunct Clinical Professor and Special Advisor to the Chair. So, what that means is that I'm on campus about once per month for about 3 or 4 days and my role is to provide professional guidance to MHA students and to assist the Chair in any way he finds meaningful. I am going to be participating in search committees, but I'm really there to be a resource to the department in any way that will really enhance the student experience.

With this new role, you are visiting New Orleans once a month. What are your favorite things to do during these visits?

So far it has been reconnecting with people that I knew when I lived in New Orleans. I moved away in 1999, so to reconnect with former colleagues and friends has been the nicest part. But also, it's been very fun for me to meet the current students.

Now that you are retired, how are you spending your free time?

In addition to this, I am doing some consulting. I am on a number of boards in the Rhode Island area. I am on the board of a university, so that is somewhat time consuming. I am on the board of a really progressive organization that is tackling homelessness in Rhode Island and I am on a social board. That keeps me busy. I've also been enjoying aspects of Rhode Island that I never got to do when I was working all the time. It is an incredibly beautiful community and I live just a block from the beach, and so [I've] just been spending time enjoying nature. I've also started a book club.

What are your favorite New Orleans memories from that time?

I lived on St. Charles Avenue on the parade route. One of my favorite memories is hosting a crawfish boil on the Friday night before Mardi Gras for Hermes parade. All the students from the department would come to the house, have a picnic, and watch the parade. I always told people I was one of the most popular people at Tulane—mainly because I had two bathrooms.

As an accomplished woman in health administration, do you have any advice to the women in the department as they are starting their careers?

First of all, I have just really been incredibly impressed with the students that I have met, in terms of their commitment to healthcare and their willingness to want to change and make a difference. So, I would say keep being mission focused and doing the things that you think are going to really be important, because we really need folks who are good leaders, ethical leaders, compassionate leaders to be in healthcare right now. Especially for women, the field has come a long way but there is still a long way to go. I am incredibly encouraged by the women I have met [here] that they are going to make substantial contributions to the field.

Celebrating Carnival Around the World

By: Alison Hurwitz

Mardi Gras is the culmination of the festive period Carnival. While New Orleans is world-famous for its Mardi Gras celebrations, many other cities around the world have internationally recognized Carnival celebrations. Below is a list of some of the places around the globe that celebrate the season in unique and exciting ways.

Rio de Janeiro, Brazil

Since 1723, Rio has been putting on a mind-blowing Carnival celebration, uniting millions of Brazilians and tourists alike during the five days leading up to Ash Wednesday. It's considered the biggest carnival in the world, with two million people taking to the streets each day to celebrate. Carnival in Rio is characterized by elaborate, beautiful costumes and masks, samba dancing, and enormous floats.



Goa, India

Carnival is the most famous festival in Goa, and has been celebrated there since the 18th century. The Carnival is held for three days and three nights, when the legendary King Momo takes over and fills the streets with music, lights, and color. Huge parades take over the streets with bands, dances, floats, and grand balls in the evenings. King Momo is considered the king of Carnival in many countries, and his appearance signifies the beginning of festival activities. In Goa, King Momo is usually a local resident.



Venice, Italy

The Carnival of Venice is world-famous for its elaborate masks. The history of Carnival in Venice is very interesting, because the celebration was outlawed in 1797 under the rule of the Holy Roman Emperor Francis II, who banned both the festival and the use of masks. The celebration of Carnival was only reintroduced into Venetian culture in 1979, and today attracts millions of people every year. A central event of the Carnival of Venice is the contest for la maschera più bella, or "the most beautiful mask."



Nice, France

Mardi Gras in Nice is known for the Flower Parade, or the Bataille de Fleurs. The celebration originated in the 19th century, when Nice was the carnation-growing capital of the world. During the parades, floats covered with fresh flowers move down the streets, accompanied by marching bands, dancers, acrobats, and other performers.

Sydney, Australia

In 1978, police descended on a Mardi Gras street festival in Sydney celebrating gay rights. Mardi Gras has since been a defining moment in the nation's gay rights history. Thus began the tradition of the Sydney Gay and Lesbian Mardi Gras parade, a "colorful explosion of self-expression, celebration and protest." The festival serves as a celebration of the progress made so far and a reminder of the work still to be done in Australia.

Reduction of Surprise Billing in Healthcare

By: Joey Ballan

I am sure many of us public health students have been exposed to negative stories about our healthcare system here in the U.S. These conversations often begin with a patient going to the emergency room and end with receiving a larger-than-expected bill in the mail. Whether the patient's care was in the Emergency Department or planned, they wound up with thousands of dollars in medical debt. That person is not alone. The Kaiser Family Foundation [*estimates*](#) that nearly 10 million hospital visits lead to an out-of-network (OON) claim billed between emergency services, post-emergency stabilization services, and non-emergency services provided at in-network facilities. Furthermore, 1 in 5 ER visits and up to 16% of in-network hospitalizations involve bills from OON providers.

It is difficult to imagine the immense amount of money owed from summing up all 10 million of these specific OON claims. Still, the infamous story of Austin, TX high school teacher [*Drew Calver*](#), who suffered from a heart attack and a \$108K bill from an OON hospital in 2018 after his insurer paid the hospital \$55K, says it all. While this is an extreme case worth hundreds of thousands of dollars, many more common instances are worth tens of thousands.

These types of bills are commonly referred to as "surprise bills" as they are unexpected by the patient. They are also called "balance bills", as the provider bills the patient for the difference between their OON charge schedule and collection from the insurer. Surprise bills mainly originate in two ways. Calver's case was in emergency care. Balance billing for emergency visits happens when patients are in critical condition and do not have time to seek in-network facilities or are transported via ambulance. The other situation occurs when a patient unknowingly receives medical services from an OON physician at an in-network facility. This usually happens for planned procedures and involves an OON anesthesiologist, assistant surgeon, radiologist, pathologist, etc. The patient, of course, is not aware that this will make them a balance billing target as they scheduled their procedure at a hospital that their health plan covers.

Surprise billing practices highlight a market failure as ER doctors and hospitalists are disincentivized to join insurance networks. This is because joining more networks intuitively impedes their ability to bill for OON services, generating less revenue. The emergency nature of their field also limits choice for patients and eliminates fair competition. This gives them a highly lucrative alternative to contracting with health plans and consequently raises their [*bargaining power*](#) when they do contract. Both routes—remaining OON vs. joining networks—lead to higher prices that ultimately fall to patients.

Lawmakers across the political spectrum passed the No Surprises Act (NSA) in response to the magnitude and severity of surprise medical billing. After delays in coming to a deal, Congress finally [*achieved*](#) broad, bipartisan support and approved the law in late 2020. It is an interim final rule composed of two parts to address patient billing protections and establish a payment dispute process.

[*Part I*](#) of the interim final rule restricts surprise billing for patients on private health plans—employer-sponsored and individual—for emergency care, non-emergency care at in-network facilities, and air ambulance services. The rule states that patients will only be accountable for amounts valued at their health plan's in-network coinsurance rate. The cost sharing will also be based on the [*qualifying payment amount \(QPA\)*](#). OON providers that bill claims to patients (for situations covered by the NSA only) instead of the health plan will be met with a hefty fine per incident unless the patient agrees to have their NSA protections waived. Although this is one first step to combatting the unjust collection system, there leaves room for legislation to address the conflict for the amount finally owed from the payer to the providers. [*Part II*](#) does just that.

Created just a couple of months after Part I, Part II establishes an independent dispute resolution (IDR) process for payers and providers to reach payment agreements on OON claims. The IDR processes begin 30 days after no deal between the two

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Cont... Reduction of Surprise Billing in Healthcare

By: Joey Ballan

parties. It is an arbitration-style process where a certified third-party arbitrator hears both sides and comes to a final decision. That decision must declare the winner to be either the payer or provider. This allows the arbitration fees to be fully paid by the loser, creating a disincentive for providers to over-bill and insurers to over-deny claims. Part II also requires providers to publish good-faith price estimates of their services for uninsured patients, so that this population can know how much their care will cost in advance, and provides platforms where patients can appeal medical bills.

Although these two final rules seem to address urgent issues in our healthcare system, they have been met with controversy from the provider side. Several provider associations, including the AHA and AMA, have taken a public stand *against* the IDR process established in the NSA, claiming that it favors the insurance companies. Their view is that the IDR process favors the QPA amount for making a final payment decision.

As part of the process, the arbitrator assumes that the QPA is a fair reimbursement amount, and the payer or provider must advocate for why it

should be higher/lower. Providers see this as biased because the arbitrators are supposed to choose the amount closest to the QPA instead of taking aspects of care, such as treatment complexity or case-mix of the provider, into account. They see this as leading to a government-mandated reimbursement rate set at the QPA for all OON services.

In addition, provider groups say the IDR process hurts small physician practices the most as many would not be able to afford constant arbitration fees and would lose patient service revenue. Health insurance group AHIP says that private equity firms that buy medical groups will find ways to exploit the arbitration process, ultimately increasing healthcare costs.

However, supporters of the IDR process say that the QPA represents a reasonable market-based rate. They also claim that using QPAs in the IDR process would lead to more predictable outcomes and incentivize quicker payment agreements to save administrative costs for both parties.

The CBO predicts modest improvements to the healthcare cost curve over the next decade. It estimates that private premiums will *decline* by 0.5% to 1% on average over the NSA's first ten years. The effects of the NSA on premiums and national health expenditures will depend on how much of the OON payment savings get passed on to patients.

Reducing surprise bills is essential as it lowers out-of-pocket costs, financial stress, and medical debt. It may also increase access to care as fewer patients will not seek care to avoid receiving a surprise bill. Some states already have surprise billing protections, but the NSA brings the issue to a federal level and will cover all states (and supplement existing laws). Despite these legislative efforts, educating patients on detecting surprise bills, navigating their health plans, and appealing claim denials is still essential. The intention is to make our healthcare system more fair, transparent, and affordable.

New Faculty in the Department, Coming Soon...

This semester, the department is hiring a number of new faculty in an initiative to expand and diversify our existing MPH, MHA, and PhD programs. Check out some of the new positions below!

- (2) Tenured or Tenure Track / Open Rank
- (1) Clinical Track / Assistant Professor
- (1) Clinical Track / Open Rank (Online)
- (1) Open Track / Open Rank – MHA Program Director
- (1) Open Track / Open Rank – Online MHA Program Director

Mardi Gras in New Orleans: Crash Course

By: Kaylee Giacomini

Mardi Gras, or Fat Tuesday is an internationally celebrated Christian holiday that takes place the day before Lent begins. Although Mardi Gras itself is only a day, Carnival season tends to last for nearly two months from the holiday Epiphany (Three Kings Day) on January 6 up until the day before Ash Wednesday and the commencement of Lent. Mardi Gras is a day of decadence as Lent begins a 40 day fast. Today, Mardi Gras is enjoyed non-denominationally with especially notorious celebrations in Rio De Janeiro, Venice, and our home city of New Orleans.

How do I celebrate Mardi Gras & Carnival season?

The first parade of Carnival season in New Orleans is the Krewe of Joan of Arc. This takes place on Three Kings Day and marks the start of Carnival season. On and after January 6, people across New Orleans celebrate by supporting the various Krewes as they put on over 50 parades across the city, indulging in King Cake, and decorating their homes in the traditional green, gold, and purple of Mardi Gras.

What are House Floats and where can I see them?

In 2021 when Mardi Gras parades were canceled due to COVID, the Krewe of House Floats came to the rescue. The Krewe decorated homes all over the city like intricate floats and left them up for Carnival season. Even though parades are rolling this year, House Floats are back! You can check out House Floats all over the city, but they are most heavily concentrated along St. Charles from the LGD to Uptown. Last year I often ran the Streetcar route to see the floats, but you can also walk, drive, bike, or take the St. Charles streetcar.

What should I wear for Mardi Gras?

The most important thing to wear this year is a protective mask. That aside, you can dress up as much or as little as you want for Mardi Gras. You'll see people going all out draped in beads and feathers, while others simply go with a purple, green, and gold T shirt. Whatever you're comfortable with is okay. If this is your first Mardi Gras and you want to dabble in dressing up, I recommend finding something with feathers like a boa, some beads, and a decorative mask or headband. Green, gold, and purple everything.

What is a Krewe and how can I support them?

A Krewe is a social organization that puts on parades and balls during Carnival season. Membership tends to be exclusive, but you may find some of our own faculty in Krewes this Mardi Gras. Parades take place all over the city from January 6 until Mardi Gras on March 1, with the highest concentration happening from February 18 onward. Get a non-crowded spot on one of the numerous routes with some friends and be ready to catch Krewe throws like beads, cups, and candy.

What should I bring to watch the parades?

Bring as few cards as possible (one debit card, ID, vaccine card, small amount of money), a plastic shopping bag to collect any throws, water (you'll be standing for a while), a granola bar, hand sanitizer, tylenol, and bandaids. Wear a protective mask, preferably an N95 or KN95. Also, wear comfortable shoes. You'll probably be walking and standing quite a bit.

****Be responsible this Carnival season and remain COVID diligent. Just because the city may be operating close to normal does not mean the pandemic is over. Have fun & be safe.***



The Current State of Abortion Rights

By: Alison Hurwitz

Over 100 abortion restrictions were passed across the US in 2021, the most restrictions in a single year since 1973. One pressing issue is the potential for the Supreme Court to overturn *Roe v. Wade*. On December 1, 2021, the Court heard arguments in *Dobbs v. Jackson Women's Health Organization*, a case on the constitutionality of Mississippi's 15-week abortion ban. Specifically, the Court heard arguments around the legality of banning abortion before viability, or between 24-26 weeks gestation [1].

The fact that the Supreme Court has agreed to hear this case, given that Mississippi has gone so far as to ask the Supreme Court to overturn *Roe v. Wade*, signifies that the Court is willing to reconsider the legality of abortion. In 2020, the Supreme Court struck down by a 5-4 margin a Louisiana law that restricted access to abortion by limiting the number of doctors who could perform abortions [2]. However, with the replacement of Justice Ginsburg, the more conservative makeup of the Supreme Court poses a threat to abortion rights.

The law that garnered the most attention this year was the Texas abortion ban, the most restrictive abortion ban ever passed in the US. The law, known as Senate Bill 8, bans abortion as soon as cardiac activity is detected, which is around 6 weeks of pregnancy. This is often before women know they're pregnant. S.B. 8 is different from previous bans in that it incentivizes private citizens to seek out and punish abortion providers or anyone who helps abortion patients in the state access care. By circumventing the traditional judicial system, This difference is what makes it harder for federal courts to knock down.

In October of 2021, a study conducted by the Guttmacher Institute found that 11 states and the District of Columbia experienced an influx of patients traveling from Texas for the purpose of receiving an abortion [3]. One unintended consequence of this trend is the domino effect of residents in nearby states being displaced from local abortion services. The most recent decision in the case came on January 17, when the U.S. Court of Appeals for the 5th Circuit denied abortion providers' request to return the case to a lower court and instead directed the case to the Texas Supreme Court for further interpretation [4].

Should the Supreme Court overturn *Roe in Dobbs v. Jackson*, legal access to abortion could effectively disappear in many parts of the South and Midwest. If *Roe* were overturned, abortion would likely become illegal in 26 states, and nearly 60% of women of child-bearing age would see their nearest abortion clinic close [5]. If this were the case, individuals seeking abortions in Louisiana would face the longest journey to a clinic; an average of 666 miles to receive abortion services, or an increase of 1,720% [6].

Because anti-abortion legislation aims to make abortion less accessible by limiting financial and logistic access, the population disproportionately affected by these laws are poorer individuals seeking abortions. A 2014 study found that individuals who get abortions are disproportionately low-income, young, and racial/ethnic minorities [7]. On average, abortions at 10 weeks cost \$500 and at 20 weeks cost \$1,195 [8]. An average of 666 miles to an abortion clinic means upwards of 1300 miles both ways, which would require several nights away from home, gas and travel costs, as well as lost wages from taking days off of work.

Furthermore, coverage for abortions is severely limited. Because abortion services are not considered "essential" under the ACA, private insurance companies and plans on the individual marketplace are not required to provide coverage for abortions [9]. The Hyde Amendment, which "blocks federal funds from being used to pay for abortion outside of the exceptions for rape, incest, or if the pregnancy is determined to endanger the woman's life," restricts abortion funding under Medicaid, Medicare, IHS, and CHIP [7]. States can choose to pay for abortions under Medicaid so long as the funding comes out of state revenue instead of federal funds. As of 2019, 16 states used state funds to cover abortions for individuals covered by Medicaid [7].

It is clear that the abortion landscape in the US is shifting, and will continue to shift in the coming months as the Supreme Court makes momentous decisions regarding *Roe*. As policy experts and healthcare administrators, it is as important as ever to remain focused on promoting laws and policies that support equitable access to abortions.

[1] <https://www.nytimes.com/2021/05/17/us/politics/supreme-court-roe-wade.html> [2] <https://www.nytimes.com/2020/06/29/us/supreme-court-abortion-louisiana.html> [3] <https://www.guttmacher.org/article/2021/11/new-evidence-texas-residents-have-obtained-abortions-least-12-states-do-not-border> [4] https://www.washingtonpost.com/politics/courts_law/texas-abortion-law/2022/01/17/d18b848a-7256-11ec-b202-b9b92330d4fa_story.html [5] <https://states.guttmacher.org> [6] <https://states.guttmacher.org/#louisiana> [7] <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5678377/> [8] <https://www.kff.org/womens-health-policy/issue-brief/the-hyde-amendment-and-coverage-for-abortion-services/> [9] <https://www.healthcare.gov/glossary/essential-health-benefits/>

Policy in Other SPHTM Programs

By: Shelby Olin

Within the School of Public Health and Tropical Medicine there are so many different programs that shine light and teach about the many angles of public health. Health policy can play a strong role in these other programs and be greatly impacted by other public health disciplines.



Logan Smith

Focus: Dual Degree MSW/MPH

Career Goals: Direct practice work with adults & adolescents struggling with addiction



Emma Powers

Focus: MPH in Health Education & Communications

Career Goals: working in a community engagement and communications role for a health-based non-profit organization.



Grace Vistica

Focus: MPH in International Health & Sustainable Development (IHSD)

Career Goals: Research focused NGO or USAID work

Have you seen health policy topics show up in your classes for your program?

LS: Yes, especially around social welfare and policies that contribute to people's quality of life. Even in social work, policy drives a lot of what we can and cannot do for clients

EP: Yes, especially surrounding conversations about health education. Since education is heavily impacted by funding and policy, we can see how policy can either expand and limit peoples access to health education - take comprehensive sexual education as an example.

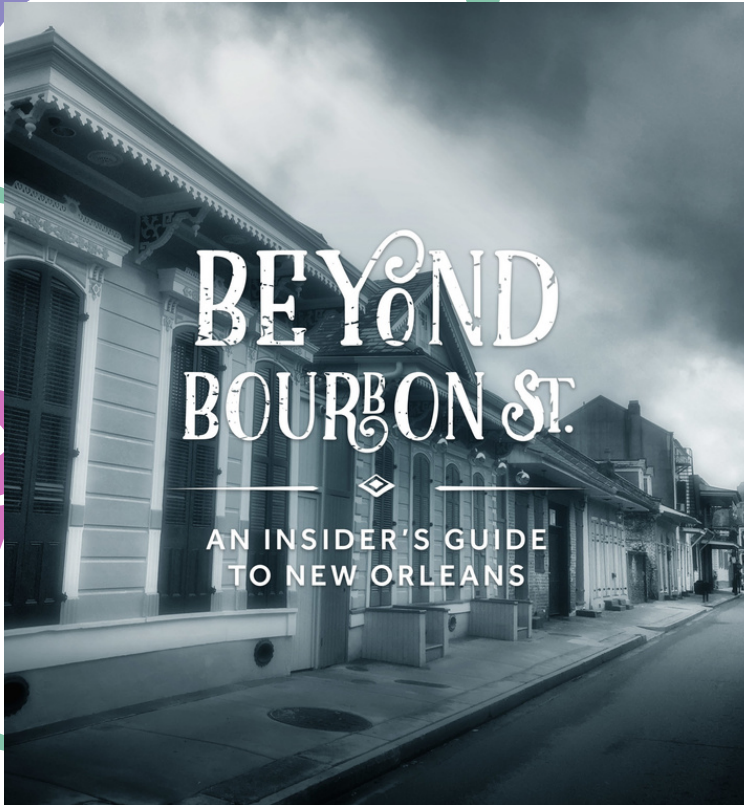
GV: Health policy comes up a lot in IHSD classes usually in regards to international policies and how stakeholders can provide context to different interventions using current policy within a country. .

How do you think information from your MPH program can relate to or affect health policy?

LS: I think information that is discovered through experiments and case studies have the power to drive change in policy since it shows evidence for the policy. Specifically, in community health, findings and needs for the community can influence health policy.

EP: Generally, policy is written in a way that is targeted at policy makers, making the language inaccessible to the general public. I see my role as a communications professional in the dissemination of policy to the public in a way all can understand. Health policies affect all people, so it needs to be communicated in a way in which all can form opinions and advocate for the policies they feel are important. There needs to be more voices involved in the policy process - communication and education are modes to amplify the voices typically left out.

GV: IHSD is all about collaboration with international partners. It's important to be aware of different health policies around the world as they shape what work we as health professionals are able to do.



Podcast of the Month

By: Kobe Walker

Beyond Bourbon Street

Host: Mark Bologna

Beyond Bourbon St. is a podcast that gives an insider's perspective to New Orleans and all the city has to offer. The podcast started in 2015 and has covered a wide range of topics such as the Language of New Orleans, Dillard University, and hurricane prep. The most recent episode is titled "Carnival and Mardi Gras 2022" and covers the changes for this year's carnival season, parade routes, and the Arthur Hardy's Mardi Gras Guide. Beyond Bourbon St. is a great resource for those new to New Orleans and visitors.



Book of the Month

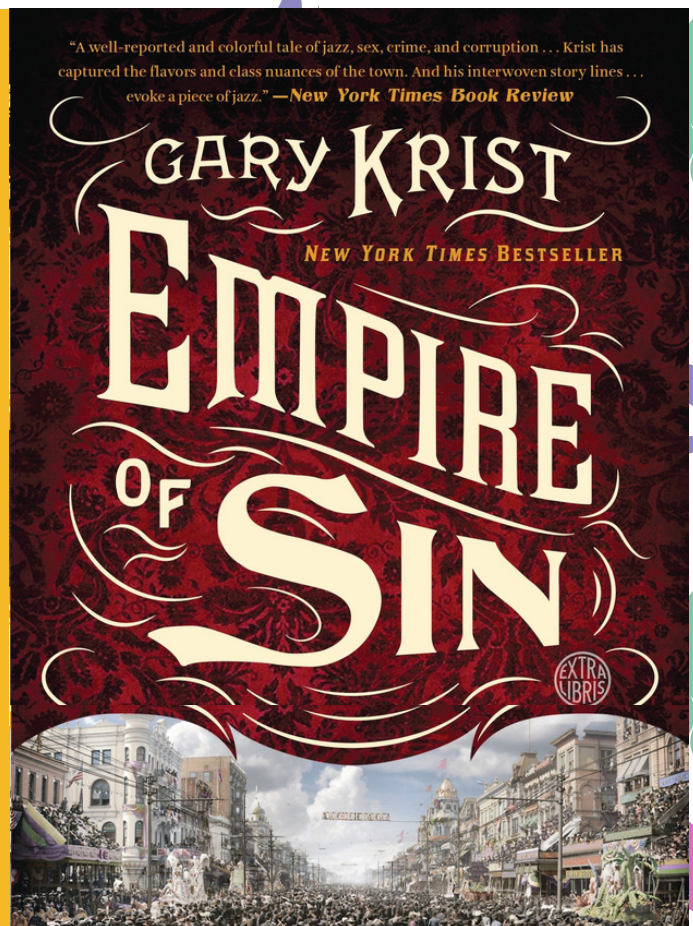
By: Andrew Kamali



Empire of Sin Author: Gary Krist



The crescent city has had a long and complex past, including one filled with internal conflict and serial killers. In this enthralling text, the early 20th century's dark history is revealed. Krist delves into New Orleans's other civil war. One where the elites pit themselves against the underworld of vice and crime. One of the individuals of focus, Thomas Anderson, fights to maintain his power over the vice district against the constant onslaught from the corrupt politicians and the city's elite. This story is filled with excerpts of moral reformers and jazzmen. This captivating read is one that presents part of the dark and complicated past of The Big Easy.



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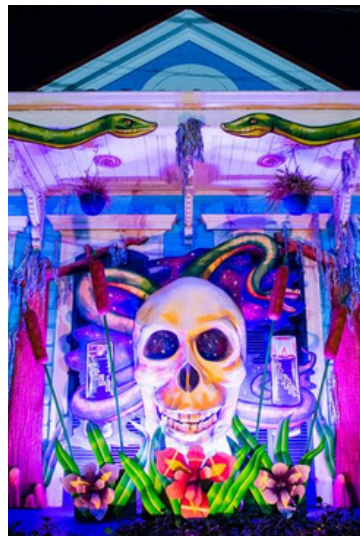
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HPM Events

- 1/24: Job Talk - Daniel Marthey
- 1/25: First day of classes
- 1/26: Job Talk - Brig Walker
- 1/28: All waitlists are dropped
- 1/28: Job Talk - Yeunkyng Kim
- 1/28: Professional Development Day
- 1/31: Job Talk - Alina Schnake-Mahl
- 2/2: Job Talk - Gala True
- 2/10: UMC site visit
- 2/14: Job Talk - Tatiane Santos
- 2/15: Cardiovascular Institute of the South site visit
- 2/17: Access Health site visit
- 2/18: Professional Development Day
- 2/22: Professional Headshots
- 2/28: Mardi Gras holiday - no school
- 3/1: Mardi Gras Holiday - no school



Your Editors

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