
From: Mona Hanna-Attisha <MHanna1@hurleymc.com>
Sent: Tuesday, September 29, 2015 7:52 PM
To: Wells, Eden (DCH)
Subject: Re: Prelim GIS results2

Follow Up Flag: Follow up
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My undergrad was in env health (research in reproductive toxicology) and my mph was in health management and policy. My research team is awesome and we just enlisted a superstar public health geographer who is doing the GIS analysis.

Mona Hanna-Attisha MD MPH FAAP
Director, Pediatric Residency Program
Hurley Children's Hospital
Michigan State University

On Sep 29, 2015, at 7:48 PM, Wells, Eden (DCH) <WellsE3@michigan.gov> wrote:

Excellent! I did see that--- Did you do an MPH? You certainly have Epi experience...
Sent from my iPhone

On Sep 29, 2015, at 7:43 PM, Mona Hanna-Attisha <MHanna1@hurleymc.com> wrote:

Yes I agree. That is why we chose the same pre and post time periods to control for the natural seasonal variations.

Mona Hanna-Attisha MD MPH FAAP
Director, Pediatric Residency Program
Hurley Children's Hospital
Michigan State University

On Sep 29, 2015, at 7:41 PM, Wells, Eden (DCH) <WellsE3@michigan.gov> wrote:

Thank you- and yes-was discussing this earlier, as regardless, it may be difficult to quantify the contribution of potential sources of lead in the environment to aggregate EBL cases-
---old houses in old cities with paint and soil contaminations also have old lead service lines...

Will be interested to see if our data shows the pre and post findings as yours, as temporality important.

Eden
Sent from my iPhone

On Sep 29, 2015, at 6:50 PM, Mona Hanna-Attisha
<MHanna1@hurleymc.com> wrote:

FYI in regards to seasonality, summer is also the peak for lead in water. Lots of literature regarding this, see attached article - most notably fig 3 which predicts the percentage of EBL in summer due to lead in water.

Mona Hanna-Attisha MD MPH

Director, Pediatric Residency Program

Hurley Children's Hospital at Hurley Medical Center

Assistant Professor, Department of Pediatrics and Human Development

Michigan State University College of Human Medicine

Office: 810-262-7257

mhanna1@hurleymc.com

From: Wells, Eden (DCH) [WellsE3@michigan.gov]

Sent: Tuesday, September 29, 2015 5:58 PM

To: Mona Hanna-Attisha

Subject: Re: Prelim GIS results

Good evening, Mona,

I am looking forward to our results as well.

I certainly understand your role and the need to address the problem you identified; as physicians, our ethical and professional vows to care for and prevent harm to our patients is paramount. No need for data wars- I think we are all just trying to be sure, as you and I said earlier, that we are comparing the same data the same way- "apples to apples".