

PublicHealth

Quarterly

SUMMER 2007



One

Dean Burke
Reflects on His
First Year



Four

U.S. Public
Health Work
Force Shortage



Twenty

Art Sale Benefits
GSPH Scholarship
Fund

A large graphic featuring a woman's face with a world map overlaid on it. The map is colored in shades of orange, yellow, and green, and is positioned over the woman's eyes and nose. The woman has green eyes and is looking directly at the viewer.

*Global Health Student
Association Raising
Community's Awareness*

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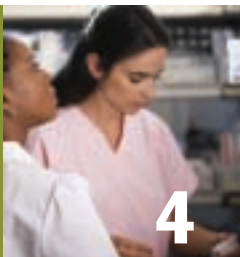
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PublicHealth

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A Message from the Dean Donald S. Burke, MD

“An advantage of simultaneously holding the Center for Vaccine Research position and the global health position along with the GSPH deanship is that I have license to genuinely understand and productively work across all the health sciences and indeed the entire University.”

It's been a good year. As my first academic year draws to a close, I thought the GSPH community might be interested to read about my own activities. The recent GSPH report *Public Health: 2006 Year in Review* provides a snapshot of the school at large—finances, enrollment, and activities—but here I offer my own view, that of a fledgling dean.

I am delighted to report (and in truth, pleasantly surprised) that I am still in the “honeymoon phase” of my GSPH deanship. No mortal or irreversible crises have arisen, and my bosses—the senior vice chancellor for health sciences, the chancellor, and the provost, have been consistently accessible and supportive. While there may as yet be a few unpleasant surprises—ghastly skeletons in unopened closets—so far so good.

Knowing of my experience both in academia and in the military, a colleague recently asked me to compare Pitt to Walter Reed. “Pitt is only marginally less hierarchical than the military,” I replied, “but it *is* much more disorganized.” I of course said this in jest and with genuine affection for our University. Pitt, like all major research universities, is a loose confederation of disciplinary silos, hot-beds of academic creativity, barely held together by seemingly arbitrary sets of rules, in a perpetual state of frenzy. Within the broader university, GSPH is a vibrant and intellectually polyglot organization with 160 full-time faculty, seven departments, 550 graduate students, and an operating budget of \$100 million per year. Our faculty includes specialists from anthropology to zoology, including biochemists, economists, and psychologists; leadership of this faculty is a joy and a challenge. I find the usual “herding cats” imagery too bland; a better metaphor might be “herding cats—and dogs and zebrafish and earthworms and butterflies.”

Leading the School

The year started well with our re-accreditation review by the Council on Education for Public Health (CEPH). An outstanding self-study report was prepared under the leadership of our “Maggies”—Maggie Potter and Maggie McDonald—and the subsequent site visit and written critiques were quite favorable; all re-accrediting criteria were met. We expect to hear favorably back from CEPH any day now with a full re-accreditation, likely for seven more years. Another major change this year is that GSPH, along with most schools of public health, began to receive student applications through a new online

“SOPHAS” (Schools of Public Health Application Service) system. While there were some expected glitches, the system seems to work well overall.

GSPH is undergoing some overdue face-lifts. A cozy grass parklet with tasteful gardens and wrought iron benches has been installed at the corner of Fifth and DeSoto; the archaic plastic-letter directory boards in the front lobbies have been replaced by colorful flat panel digital screens that cycle GSPH news and announcements; and the GSPH website is being completely redesigned.

After a lapse of more than two years during the transition of deans, I have moved to re-energize our Board of Visitors. I am delighted that Lee B. Foster II has agreed to chair the board. Lee is a leading Pittsburgher, a Pitt Trustee, and has been a good friend of GSPH for many years. Lee and I are in the process of contacting an exceptional slate of candidates for our board and we plan to hold our next meeting in the fall. We desire a board that will be actively involved in the affairs of the school.

GSPH's academic departments remain on steady course. One important change is that Dr. Ronald D. Stall has been appointed to be chairman of the Department of Behavioral and

▼ Lee Foster II, Chair, GSPH Board of Visitors



^ Dean Burke with 2007 Convocation Speaker Helene Gayle, MD, MPH, president and CEO of CARE USA

Community Health Sciences. He succeeds Dr. Robert Goodman, who has accepted a position as dean of the School of Health, Physical Education, and Recreation at Indiana University-Bloomington. A search is still underway for a director of the Epidemiology Data Center. The search process for a new human genetics chair has been modified to give more consideration to how genetics should be organized across the entire University.

In the Dean's Office itself, we've had a few important leadership changes. Given my multiple responsibilities, I created an executive associate position that has been capably filled by Joanne Russell. Joanne is an RN with a Master of Public Policy and Management degree, long experience in the health sciences at Pitt, and leadership background in international health activities. She's been terrific. Two other key positions, the director of external affairs and a public relations position with the News Bureau, are about to be filled. We should be hitting on all cylinders soon. Convocation this year was a special event. Our invited speaker, CARE President Dr. Helene Gayle, was inspirational with a passionate speech on global public health.

Renovations and Strategic Plans

The first major renovation of Parran and Crabtree Halls in 40 years was launched this year, with GSPH Associate Dean for Research Steve Wisniewski in

charge. The University announced a \$40 million commitment for this effort, and STV Architects has been contracted to draw up plans. While \$40 million may sound like a lot of money, the building infrastructure (heating, air conditioning, plumbing, asbestos removal, etc.) is in such dire straits that most of the \$40 million will be needed just to bring the building up to modern code. Very little common space remains at GSPH: over the years the cafeteria, library, and other common areas were cannibalized to meet research space needs. From visits to other leading schools of public health (Hopkins, Harvard, Michigan, North Carolina), Steve observed that each of these leading competitor schools has had major new space additions in the very recent past. Exactly how we can increase the amount of usable space at GSPH with the funds available remains to be determined.

Another long-range effort launched this year is our strategic planning process. Mindful of Thomas Parran's wisdom that "No school of public health can [be] great unless it is integrated with a great university and a great medical center" I first met with the University leadership and deans of other schools to solicit perceptions of GSPH and to hear suggestions about our future. Most comments were complimentary, emphasizing our exceptionally strong research capabilities. We then held a kick-off meeting with the general faculty, to which we invited Dr. Harrison Spencer, executive director of the Association of Schools of Public Health. The GSPH deans and chairs then considered our strengths and weakness and laid out a planning template for the departments. We plan to complete the departmental phase and then the synthesis phase and final report by next fall. A few of the key issues we expect the plan to address are:

- how should we strengthen our relationships with the Allegheny County and Pennsylvania Health Departments?

- how can we maintain stable funding in the face of a declining NIH budget?
- how can we improve our MPH and practice-oriented training programs while maintaining a strong research focus?
- how can we expand to a global orientation?

Balancing Three Jobs

When I became GSPH dean, I also accepted two other major responsibilities at Pitt—director of the Center for Vaccine Research and associate vice chancellor for global health. This was admittedly a calculated gamble on my part, but because there is substantial overlap between these positions with my own prior expertise, I judged that taking all three jobs was feasible. An advantage of simultaneously holding the Center for Vaccine Research position and the global health position along with the GSPH deanship is that I have license to genuinely understand and productively work across all the health sciences and indeed the entire University. Of course, this three job strategy has a price—I am very busy. But enjoying it.

The 40,000 square foot Center for Vaccine Research that I direct is located on the 8th and 9th floors of the new Biomedical Science Tower 3 on Fifth Avenue. This is an excellent modern laboratory facility, one key component of which is a new NIH-funded “Regional Biocontainment



^ Bioscience Tower 3, location of the Center for Vaccine Research

Laboratory,” a 20,000 square foot high containment facility. When construction of this state-of-the-art facility is completed and it is fully commissioned later this year, we plan to conduct critical research studies on vaccines against pandemic influenza, SARS, tuberculosis, dengue, and other epidemic threats. Faculty from GSPH as well as the School of Medicine will occupy and conduct research in the center. To help me manage this complex operation, I was fortunate to enlist Professor Ron Montelaro from the Department of Molecular Genetics and Biochemistry as my associate director. Ron has shouldered a large measure of the work in launching the center. We have filled key staff positions and are now recruiting new faculty, who can have their primary academic appointments in any department or school in the University.

My other job, associate vice chancellor for global health, also has dimensions that affect not only GSPH, but other University elements. Planning for a University-wide global health program requires coordination not only with the other schools of the health sciences, but with other schools and centers across the entire University (e.g., School of Engineering, University Center for International Studies, and others). I have been systematically building these relationships and laying plans and will launch a structured program later this year.

My Personal Life

My wife Jane and I thoroughly enjoy Pittsburgh. We moved into a beautiful home in Squirrel Hill, less than two miles from GSPH. After a decade of commuting 41.3 miles each way up and down I95 each day from D.C. to Baltimore and back, this is bliss. I walk/jog home along Lower Panther Hollow Trail through Schenley Park a couple of times each week, schedule permitting. I have pursued my hobby of historical sleuthing: I have found plausible evidence that I am a direct descendent of a Pennsylvania militiaman who participated in the battle for Fort Duquense in 1758, and I have enjoyed reading about Thomas Parran’s role in the 1946 founding of the World Health Organization in his personal papers in the Pitt Archives. Jane has continued to telecommute with her job in D.C. Together we regularly sample the incredibly rich tapestry of concerts, lectures, and museums available here in Pittsburgh. And having our daughter, son-in-law, and granddaughter here is wonderful.

Conclusion

Yes, it has been a very good year.

Donald S. Burke

Donald S. Burke, MD
Dean, Graduate School of Public Health
University of Pittsburgh

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At strategic planning kickoff meeting: (L-R) Ms. Margaret A. Potter, associate dean of public health practice, GSPH; Dr. Harrison C. Spencer, president, ASPH; Ms. Sheila W. Rathke, assistant provost for strategic and program development, University of Pittsburgh; Dean Donald S. Burke, GSPH; and Dr. Arthur S. Levine, senior vice chancellor for health sciences, University of Pittsburgh





U.S. Public Health Work Force Shortage in Need of Attention

The public health field has experienced a boom in recent years, thanks to influxes of federal funding and a heightened awareness of its role in emergency preparedness. Despite the new attention, however, some say policy-makers missed the boat when it came to using the funds to address a fundamental concern: work force shortages.

According to recent reports, including the American Public Health Association's "The Public Health Workforce Shortage: Left Unchecked, Will We Be Protected?", if public health work force issues are not adequately addressed, the nation will be ill-prepared to face pending threats and health care challenges, ranging from pandemic influenza to natural disasters to the aging of the baby boomer generation.

A 2003 survey conducted by the Association of State and Territorial Health Officials (ASTHO) found that the average age of a public health worker is about 47, public health retirement rates may be as high as 45 percent in the coming years, and current vacancy rates are up to 20 percent in some states. The number of public health workers declined from 220 workers per 100,000 Americans in 1980 to 158 workers per 100,000 Americans in 2000. Key disciplines

within public health that face more acute employment problems include public health nurses, epidemiologists, laboratory technicians, and environmental health workers.

The APHA report recommends solutions that target students of public health as well as those already working in the field.

- Passage of the federal *Public Health Preparedness Workforce Development Act*, which was introduced in 2005. The bill would create a scholarship program for students who commit to

How can you help?

- **Contribute to scholarships, making public health education a more attractive option to prospective students (see www.publichealth.pitt.edu/scholarships)**
- **Write to your congressperson encouraging improved federal funding, development, and scholarship programs (see www.house.gov/writerep)**
- **Volunteer at events coordinated through your nearest health department, to increase general awareness of the importance of public health**

The number of public health workers declined from 220 workers per 100,000 Americans in 1980 to 158 workers per 100,000 Americans in 2000.

...serving at public health agency after graduation. Also, those who spend three years at an agency would qualify for a loan repayment program.

- Adequate federal funding for health professions grants managed by the U.S. Health Resources and Services Administration. The grants, which have recently been targeted for funding reductions, have proven effective in recruiting professionals to work in under-served regions and in recruiting under-represented minorities to the field.
- Increased core financial public health support. Federal funding has increased for newer issues such as bioterrorism preparedness and response, but has in many cases supplanted funding for *general* public health.
- Enhance the workforce through leadership development activities. Because many public health professionals were not trained in schools of public health, leadership development is needed to encourage individuals with experience in the field to stay in or to enter public health positions in the public sector.

Making the public as well as policy-makers more aware of the importance of a robust public health system will be the cornerstone of any successful drive to improve funding, development, and scholarship programs. Building an effective public health work force can be an expensive endeavor for a local government, so if officials don't understand its importance, they may question the need for such a large commitment.

Experts have varying opinions regarding how dire the shortage will be, but they all agree that the shortage is imminent and that, based on what is known about demographics and shifts in employment, the field is in for a particularly tight time. ■

public health

Genetic

Counseling



“Genomics is going to have a profound impact on the public health practice of the future. Through genomics, we can understand the genetic basis for health problems and how the environment, microbes, and lifestyle issues interact with health outcomes in a much more robust, real-time way than we ever imagined would be possible a decade ago.”

— 2002 Interview with Dr. Julie Gerberding, Director, Centers for Disease Control and Prevention

Integrating genetics into public health practice is a priority of the Department of Human Genetics at GSPH. GSPH is the only school of public health to house a human genetics department and is one of only two that support a genetic counselor training program. The school's genetic counseling program was established in 1971; it is the second oldest and second largest in the nation, providing education and training to the public and to healthcare professionals. The program also advocates for policies that consider the ethical, legal, social, and economic implications of genomic discoveries and genetic testing.

According to Genetic Counseling Program Co-directors Robin E. Grubs, PhD, and Elizabeth Gettig, MS, the potential of genetic counseling to improve health care, particularly for common chronic and infectious diseases, provides a motivating and dynamic research environment. “We are rapidly learning about the way genes contribute to certain types of cancers, psychiatric conditions, and heart disease. Health professionals will increasingly need to incorporate this new information into their care and treatment practice,” says Gettig. The incorporation of family history into ongoing research projects lays the foundation to assess *individual* risk, allowing more accurate and earlier diagnoses and individualized prevention plans.

Genetic counselors help people understand and adapt to the medical, psychological, and familial implications of genetic contributions to disease. This process integrates:

- Interpretation of family and medical histories to assess the chance of disease occurrence or recurrence;
- Education about inheritance, testing, management, prevention, resources, and research; and
- Counseling to promote informed choices and adaptation to the risk or condition.

The role of the genetic counselor is to decode the testing process for families and individuals, with special consideration given to issues of confidentiality, potential insurance discrimination, and adjustment to living with a genetic disease or predisposition. Genetic counselors also help people deal with misinformation, hype, and commercialization surrounding genetic testing.

Community Service Opportunity

This past December, the students and faculty from GSPH's genetic counseling program participated in a free Jewish genetic disease screening program at Hillel Jewish University Center in Oakland. The event was sponsored by the Victor Center for Jewish Genetic Diseases of Albert Einstein Medical Center. “We're so pleased to have screened 187 students, the most we've ever handled in one day,” says Adele Schneider, MD, who is director of genetics at Einstein and spearheaded this program. This is the only program of its kind in the country to offer free Jewish genetic disease screening on a college campus.

The program ran smoothly with the able assistance of students and faculty from GSPH. Students were screened for nine Jewish genetic diseases including

Genetic Counseling Continued...

Tay Sachs disease, Canavan disease, Gaucher disease, and Familial Dyautonomia. They were tested to find out if they carried genes for any of these diseases. A carrier is a healthy person who is not at risk of developing the disease, but has a chance to pass the gene on to his or her offspring. If two carriers of the same disorder have a child together, there is a 25 percent chance of having an affected child. These diseases are

devastating and many are fatal in childhood.

The screening involved taking a family history, meeting with a genetic counselor, and having blood drawn. Students received results in four to six weeks. If an individual is found to be a carrier, they were contacted by a genetic counselor and offered genetic counseling services.

The aim of the program is to screen people early in their life, before they choose a life partner and think about starting a family.

Genetic testing is common during pregnancy, but may mean getting news with difficult consequences. And sadly, people often don't discover their carrier status until after the birth of an affected child. ■

The program was offered at the University of Pennsylvania and Tufts University in Boston, as well as the University of Pittsburgh.

New BCCHS Chair

Dr. Ronald Stall Named Chair of BCCHS

GSPH congratulates Dr. Ronald D. Stall on his appointment as the chair of the Department of Behavioral and Community Health Sciences. He succeeds Dr. Robert Goodman, who has accepted a position as dean of the School of Health, Physical Education, and Recreation at Indiana University-Bloomington. Stall assumed his new duties July 1.

Stall is an internationally recognized scholar and pioneer in the field of identifying HIV/AIDS risk behavior. He has established several key areas for HIV prevention through his recognition of the issue of relapse in HIV risk behaviors, the influence of substance abuse on sexual risk behavior, AIDS risk behaviors among older Americans, and the syndemics of drug use, depression, violence, and childhood sexual abuse, among other topics.

Stall joined the GSPH faculty in 2005, during which time he assumed the directorship of GSPH's Multidisciplinary Master of Public Health (MMPH) program, served as a professor in the Department of Behavioral and Community Health Sciences, and was appointed an assistant dean of GSPH.

During the past two years, Stall focused on revitalizing the MMPH program as

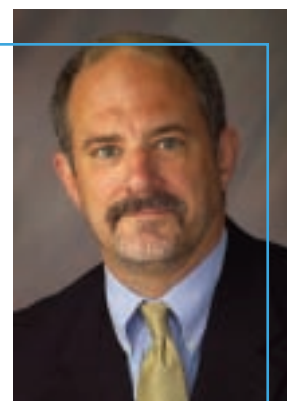
well as re-establishing his NIH research portfolio. During his time at GSPH, he has already received funding for two NIH grants totaling nearly \$2 million. The first of these grants will study HIV sero-sorting among gay men in San Francisco and the second will describe the long term health effects of methamphetamine use within the MACS cohort. Also during the past two years, Stall worked with GSPH faculty members Tony Silvestre and Nina Markovic to establish a Graduate Certificate in Lesbian, Gay, Bisexual, and Transgender Health. The program will start classes in the Fall 2007 term and is the first in the world to focus on research and programs designed specifically for LGBT health. It has already attracted substantial interest and support among U.S. public health scientists and programmatic staff.

Stall joined GSPH from the CDC, where he served as chief of the Prevention Research Branch of the Division of HIV/AIDS Prevention with the National Center for HIV, STD, and TB Prevention from 2000 to 2005. From 1987 to 2000, Stall was a faculty member in the Department of Epidemiology & Biostatistics at the University of California, San Francisco (UCSF). While at UCSF, he was a founding member of UCSF's Center for AIDS

Prevention Studies (CAPS).

He is the author or co-author of more than 120 articles and book chapters on

AIDS-related issues. In addition to his many other publications, during the past year Stall co-edited a book on health disparities among American gay men with Drs. Richard Wolitski (CDC) and Ron Valdiserri (Veterans' Administration) that will be published by Oxford University Press in Fall 2007. Dr. Stall is the 1999 recipient of the Chuck Frutchet Board of Directors Award from STOP AIDS/San Francisco, is listed as one of the most highly cited behavioral science researchers in the world on the ISI Most Highly Cited website, received the 2005 CDC/ATSDR Honor Award for Public Health Epidemiology and Laboratory Research, and was inducted into Delta Omega (the national public health honor society) in 2006. ■



^ Ronald Stall, PhD

Pennsylvania Medicaid Policy Center

A new center was recently established within GSPH's Department of Health Policy & Management. The Pennsylvania Medicaid Policy Center (PMPC) is working to increase the understanding of Pennsylvania's medical assistance program and its role in the Commonwealth's healthcare system, as well as promoting the development of policy solutions and long-term strategies that serve the program's constituents.

www.PAMedicaid.pitt.edu, the PMPC website, serves as a clearinghouse for Pennsylvania Medicaid information, including publications and research, statewide and county data, and relevant links.

PMPC Reports Available on Website

The first of many reports published by the center is entitled "*Faces of the Pennsylvania Medicaid Program*." The report puts a "face" to the population served by Medicaid in Pennsylvania. It describes the characteristics of the individuals who are eligible for the program, provides data on the number of people who were covered in 2006, and examines the distribution of individuals and costs across the broad eligibility categories. An electronic version of the report is available at the center's website.



Upcoming reports will cover a wide range of issues, including: the importance of Medicaid for certain categories of providers in the Commonwealth; the distribution of births funded by medical assistance across the counties; initiatives by other states to modify the behaviors of Medicaid recipients in order to promote healthy behaviors; approaches for reallocating resources in the long-term care sector towards home and community-based services and away from nursing homes; and the fiscal implications of medical assistance for the state budget.

Facts About Medicaid in 2006

There were 1,833,769 Medicaid recipients in Pennsylvania in the average month. The total cost of the program last year was \$16.6 billion. Children represent the largest proportion of those enrolled in Pennsylvania's program, with approximately one-third of children covered. However, a look on a county-by-county basis provides a more nuanced picture, with the proportion of children covered in the different counties ranging from 12.3 to 63 percent in 2006. Although children and their families represent 61 percent of all Medicaid recipients, they account for just 24 percent of total expenditures. It is the elderly (over 65 years old) who account for the largest share of Medicaid costs, just over a third.

Leadership of the PMPC

Judith R. Lave, PhD, Director

Dr. Lave is the director of the PMPC. At the University of Pittsburgh, she is a professor of health economics, chair of the Department of Health Policy & Management, and co-director of the Center for Research on Health Care. She received her PhD in economics from Harvard University. Her illustrious professional career has been focused on

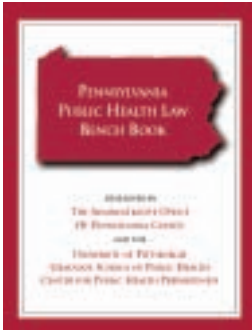
studying reimbursement policy for various healthcare providers. She is the author of more than 140 scientific publications. Dr. Lave was elected to the Institute of Medicine and the National Academy for Social Insurance and is a distinguished fellow of AcademyHealth.

*Yasmin Dada-Jones, PhD,
Executive Director*

Dr. Dada-Jones is an alumna of GSPH, having received an MSHyg in 1992 and an MPH in 1993. She was appointed executive director for the PMPC in February 2007. Previously, she served as the executive policy director for the Pennsylvania Department of Health (PADOH). In that role, she was responsible for developing evidence-based policy for the governor's policy office and for executive management in the PADOH. Her prior work experience also includes serving as chief director, social sector, in the Policy Coordination and Advisory Service of the presidency of South Africa. She provided technical policy advice to the president and deputy president of South Africa and was instrumental in developing a blueprint for the country's social policy action for the next decade.

Monica R. Costlow, JD, Policy Analyst
Ms. Costlow holds a BA in professional writing from Carnegie Mellon University with a minor in healthcare policy and management. She earned her JD from the University of Pittsburgh School of Law with an advanced certificate in health law. In 2004, she was a health science fellow with CORO and the Jewish Healthcare Foundation, focusing on patient safety. Ms. Costlow was previously employed as a legal intern for West Penn Allegheny Health System and as a compliance consultant for a multi-specialty physician practice. ■

University Center Prepares Pennsylvania Courts for Public Health Emergencies



Courts play a vital role in protecting the public's health by authorizing inspections, enjoining nuisances, and enforcing health regulations. But

in this era of bioterrorism and emerging infectious diseases, our nation's courts may be called upon to play an even more critical role in protecting the public's health in the future. Is the judiciary prepared to play this role?

In most states, public health law is a patchwork of laws and case decisions that date back to the late 19th century, predating contemporary standards of Constitutional due process. Very often, jurisdictional boundaries are unclear and the scope of liberty restrictions that can be imposed to prevent the spread of disease are unfamiliar to judges. Furthermore, the traditional deliberative nature of judicial process is by design, unhurried, yet in a public health emergency, a court's ability to quickly navigate these complex issues may literally become a matter of life and death. Therefore, it is vital that the judiciary have immediate access to key areas of public health law, such as:

- jurisdiction of public health cases;
- structure and responsibility of public health agencies;

- legal requirements for ordering medical examination, treatment, isolation, or quarantine;
- the consequences for refusal;
- requirements for property search or seizure in public health cases; and
- the limitations and implications of an emergency declaration.

The University of Pittsburgh Center for Public Health Preparedness (UPCPHP) and the Administrative Office of Pennsylvania Courts, have published a Public Health Law Bench Book to ensure that Pennsylvania judges have the information they need when called upon to consider public health issues. The bench book provides a series of "Bench Guides," with concise answers to key questions, as well as petition checklists, model orders, and a cadre of public health resources.

The UPCPHP Preparedness Law Program works to ensure that, as a nation, we are legally prepared to protect the public's health. The bench book is a key step in Pennsylvania legal preparedness, ensuring that Pennsylvania's judges have ready access to the information they need to address the public health issues that may come before their courts. The Pennsylvania Public Health Law Bench Book can be accessed at the center's website: www.prepare.pitt.edu. ■



▲ Marie A. Cassady, Regional Administrator and signatory for OSHA Region III PA Offices, and Sam Stebbins, Principal Investigator for the Center for Public Health Preparedness.

Preparedness Center Formalizes Partnership with OSHA

The University of Pittsburgh Center for Rural Health Practice (CRHP), the Center for Public Health Preparedness (UPCPHP), and the U.S. Department of Labor's Occupational Safety and Health Administration (OSHA) created a partnership in January 2007, to train rural Pennsylvania county professionals in safe and effective responses to disasters and emergencies.

This Alliance formalizes a collaboration that has already been in place for 1-1/2 years, with training completed in 15 rural Pennsylvania counties. The rural preparedness training is focused on "all-hazards" response, and helps ensure that medical professionals, first responders, emergency management agencies and local leaders will be prepared for the full range of man-made and natural disasters. The trainings are scheduled to continue through 2009 with the goal of reaching all 48 counties in the state that have significant rural populations. ■

Cross-country Bicycle Route Follows Path of Underground Railroad

The recently completed Underground Railroad Bicycle Route (UGRR) was developed to honor the bravery of freedom seekers and of those who provided assistance to the travelers. Four years in development, the 2,058 mile route follows the path that many slaves used to escape to freedom. It begins in Alabama, then winds north through river valleys and wildlife refuges to Kentucky and Ohio before reaching Lake Erie, Niagara Falls, and its end-point in Ontario, which was the final destination for many freedom seekers. Besides the lush green scenery and the many small towns the route passes through, a host of museums, historic parks,

∨ Flying down the road near Xenia, Ohio. Photo by Adventure Cycling Association/Dennis Coello



and visitor centers bring the history of this remarkable period alive.

According to Adventure Cycling Association, North America's largest bicycling organization, more people than ever are traveling by bicycle; the UGRR, with its poignant stories and vibrant historical sites, adds new depth to the experience. It appeals to history lovers, African Americans, and adventurous people looking for a great ride.

"We've all heard the story of slaves who escaped to freedom," says Dennis Coello, a veteran photographer and writer who recently rode and photographed the route for Adventure Cycling, "but here's a chance to feel that story—and to experience a continent along the way." Adventure Cycling and GSPH's Center for Minority Health (CMH) partnered in the development of the UGRR after seeing its potential to strengthen cross-cultural ties and promote lifelong health through cycling—a form of physical activity available to people of all ages and

socioeconomic backgrounds. According to the Centers for Disease Control, African Americans are disproportionately affected by heart disease, diabetes, cancer, stroke, and obesity. Bicycling is a fun, healthy activity that can help offset these potentially deadly health conditions.

"Today, we must promote physical activity within the cultural context of African American history, including the struggle to freedom from bondage," says CMH director Dr. Stephen Thomas. "We are realizing the contributions we can make together toward the elimination of racial and ethnic health disparities by creating innovative healthy lifestyle options that are scientifically sound and culturally relevant."

The Underground Railroad Bicycle Route was created with financial support from Recreational Equipment Inc., Bikes Belong, and members of Adventure Cycling.

Group Completes Six-Week UGRR Tour

On April 14, 2007, a group of riders set out to complete the entire 2,100-mile



∧ Map by Adventure Cycling Association.

route. Consisting of 18 men and women of varying races, the average age of the group was 60 and the oldest rider was 77. The riders were from across the country and included a man from Japan.

The tour was a self-contained tour, meaning that the riders traveled while loaded down with all of their own gear, including tents, clothes, and cooking fuel. The cyclists averaged between 35 and 50 miles each day (but reached 70 miles on some days), with a day-long rest every seven days.

Along the way, the group experienced the kindness of strangers. They often slept in gymnasiums or churches; one rider appreciated a lift to a service shop to fix a broken spoke; and discussions about race relations illuminated the changed attitudes of people in the South.

Two members of the GSPH family participated in some legs of the trip. Dr. Stephen Thomas, CMH director, and Mario Browne (MPH '05), CMH project director, joined the trip at various times during the six-week tour.

The group of riders and the trail completion garnered much media attention. To view relevant articles, visit the CMH website at www.cmh.pitt.edu/news.asp. ■

National Minority Health Month Activities

Improving the health status of racial and ethnic minorities who experience premature illness and death from cancer, diabetes, heart disease, and a number of other



diseases is a major concern in today's public health and medical care environment. GSPH's Center for Minority Health (CMH) is a leader in the national effort to eliminate these disparities. On April 14, in observation of National Minority Health Month, CMH and its Health Disparities Working Groups held a full day of events to promote healthy behaviors among minority populations. The events took place at the Kingsley Association in East Liberty.

The day's events focused on seven major health priority areas identified by the Department of Health and Human Services: cancer screening and management, infant mortality, cardiovascular disease, diabetes, HIV/AIDS, immunization, and mental health. The goal was to draw attention to *preventable causes* of premature illness and death among ethnic and racial minority populations, according to Stephen Thomas, PhD, Philip Hallen Professor of Community Health and Social Justice at GSPH and director of CMH.

The day began at 9:30 a.m. with a special community discussion, "Racism and Health," presented by three of the nation's leading scholars in medicine and public health: Camara Jones, MD, MPH, PhD, a research director on social determinants of health at the Centers for Diseases Control and Prevention; Adewale Troutman, MD, MPH, MA, director of the Louisville, Ky., Metro Health Department; and Rodney G. Hood, MD, past president of the National Medical Association and president and CEO of the Multicultural Health Disparities Institute in San Diego.

A variety of activities followed the discussion. The annual "Community Walk for Healthy Families and Babies" took place in the streets surrounding the Kingsley Association. Drama was used as a teaching tool about health conditions that we suffer from as a community. Useful information and resource materials on health topics were distributed and health and wellness screenings were provided. Also, a series of films about

the impact of HIV/AIDS was shown. “The range of activities we offered at the event attracted people of every age group,” Dr. Thomas said. “Inviting entire families to participate allows us to communicate important health-related messages to a large number of people who need the information not only to change personal lifestyle behaviors, but also to improve the health of the entire family.” ■

Hosanna House

Hosanna House is a multipurpose community center located in Wilkesburg. It serves over 27,000 people a year with a focus on the health and welfare of youth, families, and individuals in the community. Hosanna House provides a variety of services and programs such as early childhood education, youth recreation, tutoring and mentoring, youth and adult technology, men’s services, workforce development, health and dental care, and permanent supportive housing. All of the services provided have been initiated as a response to the needs of the community.

GSPH’s Department of Behavioral and Community Health Sciences (BCHS) has been conducting activities and developing a partnership with Hosanna House for the past few years. In January 2007, the partnership was formalized with a ribbon-cutting ceremony and open house.

The partnership will promote a spectrum of community education, participatory

research and service projects, and internships. Components will include the following:

1. **Permanent classroom presence**—Regular instruction of selected BCHS courses at Hosanna House to have an educational presence in a community setting. Select BCHS faculty members will instruct masters and doctoral students in regular courses at Hosanna House.
2. **Community lounge at Hosanna House**—Community members may meet with students, particularly those completing an internship and other community projects.
3. **Community meeting space at GSPH**—A room where Hosanna House representatives and community members can work on collaborative projects, relax while preparing presentations, and be introduced to public health and the academic experience.

4. **Teleconference capability**—Ability for community members to view important lectures and guest speakers at GSPH and other related venues.
5. **Student internship experiences and other special projects**—A real world community experience that can facilitate students’ work as helping professionals. The ongoing relationship will ensure that continuity is maintained on longer-term projects, as students transition through their studies.
6. **Joint participatory research and service projects between BCHS and Hosanna House**—Several BCHS faculty have interest, expertise, and passion in Community-based Participatory Research and Practice (CBPRP). Also, as BCHS develops concentrations and certificate programs in CBPRP, Minority Health and Health Disparities, and Evaluation of Public Health Programs, student research and practice projects will be highly community defined. ■

▼ At ribbon cutting ceremony: (L-R) Dr. Robert Goodman, Professor and Chair, BCHS; Dean Donald Burke, GSPH; Mr. Leon Haynes, Executive Director, Hosanna House, Inc.; Dr. Walter Watson, Board Member, Hosanna House, Inc.



community



Widespread Vitamin D Deficiency During Pregnancy Despite Supplements

Significant racial disparities also noted

Lisa Bodnar, PhD, assistant professor in GSPH's Department of Epidemiology, is part of a group of researchers who recently reported that current recommendations of prenatal vitamin D intake are not enough to meet the demands of pregnancy. Vitamin D insufficiency is a condition linked to an increased risk for Type I diabetes, asthma, and schizophrenia, as well as musculoskeletal and health complications, particularly rickets, a disorder characterized by soft bones. Thought to have been eradicated in the United States more than 50 years ago, vitamin D insufficiency is again becoming a major health problem.

The study sample consisted of 200 Black women and 200 White women, randomly selected from more than 2,200 women enrolled in a study at the Pitt-affiliated Magee Womens Research Institute. Vitamin D levels in samples of maternal blood were tested prior to 22 weeks pregnancy and again just before delivery. Also, samples of newborn umbilical cord blood were tested for 25 hydroxyvitamin D, an indicator of vitamin D status that is wholly dependent on the vitamin D levels in the mother. Bodnar reported, "More than 80 percent of African American women and

nearly half of White women tested at delivery had vitamin D levels that were too low, even though more than 90 percent of them used prenatal vitamins during pregnancy. The numbers were also striking for their newborns—92.4 percent of African American infants and 66.1 percent of White babies were found to have insufficient vitamin D at birth."

In both groups, vitamin D concentrations were highest in summer and lowest in winter and spring. Interestingly enough, differences were smaller for African American mothers and babies, whose vitamin D deficiency remained more constant from season to season. Because vitamin D is made by the body in reaction to sunlight exposure, the deficiency is more common among darker-skinned individuals and also in the northern latitudes, where less ultraviolet radiation reaches.

Vitamin D is found naturally in fatty fish, but in few other foods. Primary dietary sources include fortified foods such as milk, some cereals, and vitamin supplements. The skin's ability for synthesis of vitamin D also remains critical. Emphasizing the need to increase the amount of vitamin D to healthier levels, Bodnar suggests

improving vitamin D through higher dosages of supplements, differing vitamin formulations, or a moderate increase in sunlight exposure.

The study, reported in the *Journal of Nutrition*, a publication of the American Society for Nutrition, was funded by the National Institutes of Health. ■

Good Gene Hunting: Researchers to Look for Genetic Influences on HDL Cholesterol

Higher levels of HDL cholesterol, or "good cholesterol", have been shown to provide protection against the risk of coronary heart disease (CHD). Generally, African or African-derived populations have higher HDL levels than whites, which may ameliorate the risk of CHD among Africans. In fact, CHD is near absent in African rural areas and very uncommon in urban centers.

The National Heart, Lung, and Blood Institute of the National Institutes of Health awarded a \$2.9 million grant to GSPH researchers to uncover the genetic basis of high-density lipoprotein (HDL) cholesterol, in African and U.S. White populations.

According to Principal Investigator M. Ilyas Kamboh, PhD, professor and acting chair of the Department of Human Genetics at GSPH, blood HDL cholesterol levels are determined both by environmental and genetic factors, with genes contributing more than 50 percent.

"The task of identifying underlying genetic factors is not easy, because there are multiple genes involved, as well as

interactions between genes and the environment. All of these have to be factored into studies to determine what contributes to variation in plasma HDL cholesterol levels between individuals and populations,” Kamboh explained.

He said that most of the past efforts to identify genes for HDL cholesterol have been focused on screening for a few selected single nucleotide polymorphisms (SNPs) per each potential candidate gene, which is not optimal. However, the recent availability of high-throughput DNA

sequencing technology has provided researchers the tools they need to build “dense” maps of markers for each gene being examined. “These maps, which we will make for each defined population in our study, will allow us to complete a much more thorough examination of the role of variation in genes that influence HDL cholesterol than we would by scanning for SNPs,” said Kamboh.

In all, the four-year study will sequence more than 40 candidate genes from individuals who have extremely high or low HDL levels in order to find significant

genetic variations. According to Kamboh, the successful completion of this study may lead to the identification of genetic variants that either decrease or increase the risk of CHD via HDL cholesterol in the general population, which could then become targets for drugs that can regulate these genes.

In addition to Kamboh, other GSPH researchers involved in the project include Yesim Demirci, MD and Candace Kammerer, PhD of the Department of Human Genetics and Clareann Bunker, PhD of the Department of Epidemiology. ■

Estrogenated Drinking Water?

A recent study by the University of Pittsburgh Cancer Institute’s (UPCI) Center for Environmental Oncology suggests that fish caught in Pittsburgh rivers contain substances that mimic the actions of estrogen. Since fish can concentrate chemicals from their habitat within their bodies, these results show that feminizing chemicals may be making their way into the region’s waterways. The study also demonstrated that chemicals extracted from the local fish can cause growth of estrogen-sensitive breast cancer cells cultured in the laboratory. Extracts from fish caught in areas heavily polluted by industrial and municipal waste resulted in the greatest amount of cell growth.

“The goals of this project are to use fish as environmental sensors of chemicals in

the water and the aquatic food chain and to determine the origins of these chemical contaminants,” said **Conrad D. Volz**, principal investigator and assistant professor of environmental and occupational health at GSPH.

There are hundreds of chemicals in the environment that may produce estrogenic activity. These chemicals usually come from industrial pollution, farm animals, farm chemicals, and municipal water treatment plants. Most surprising in the study was that the estrogenic substances are present in such easily detected levels in local fish.

The study examined white bass and channel catfish caught in the Allegheny, Monongahela, and Ohio Rivers. These fish are among those commonly caught as a food source by local anglers. Says Volz, “We decided to look at piscivorous fish, those that eat other fish, for this project because we know that they bioaccumulate contaminants from water and their prey, which may include toxic metals, farm and industrial runoff, and wastes from aging municipal sewer systems.” Patricia Eagon, co-principal investigator and Pitt professor of medicine, found that extracts from the fish acted like estrogen by binding to estrogen receptors—the proteins within cells that render the cells sensitive to estrogen. Of six bass extracts tested for estrogenic activity,

four displayed a strong or moderate ability to bind with the estrogen receptors. Of 21 catfish extracts tested, nine displayed a similar ability to bind with the estrogen receptors. The researchers also examined whether the fish extracts could result in growth of breast cancer cells cultured in the laboratory and they found that two bass extracts produced strong-to-moderate cell growth, as did five catfish extracts.

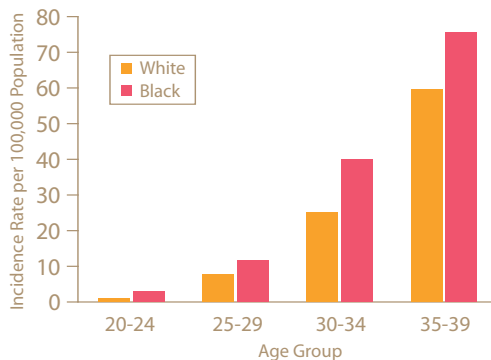
According to Volz, the next step in the research is to identify the estrogenic chemicals and their sources in the local water and fish. The findings have significant public health implications, since we drink water from the rivers where the fish were caught. Additionally, the consumption of river-caught fish, especially by semi-subsistence anglers, may increase the risk for endocrine-mediated cancerous and developmental problems.

The work is part of a Community Based Participatory Research project with several partners, including Venture Outdoors and Clean Water Action, as well as individual anglers who caught the fish. The members of the research team include scientists from the University of Pittsburgh School of Medicine, the University of Pittsburgh Cancer Institute’s Center for Environmental Oncology, GSPH, and the VA Medical Center. ■



Personal Care Products May Increase Breast Cancer Risk

Fig. 1: Breast Cancer Incidence
For women under 40 years old, Black women have more breast cancer compared with White women



Excluding cancers of the skin, breast cancer is the most common cancer among women, accounting for nearly one out of every three cancer diagnoses in women in the U.S. and about 40,000 deaths each year. Statistics about breast cancer in the African American population include the following:

- African American women under 40 have higher breast cancer rates than White women of the same age
- Black women of *all* ages have higher mortality rates than White women
- Young African American women are diagnosed with later stage breast cancer
- The earlier a woman starts her menstrual cycle, the higher her risk of breast cancer; African American girls generally start puberty earlier than White girls.

According to Devra L. Davis, PhD, MPH, professor of epidemiology at GSPH and director of the University of Pittsburgh Cancer Institute's (UPCI) Center for Environmental Oncology, "the good news is that rates of invasive breast cancer are on the decline overall. However, Black women, particularly younger Black women, have not shared in this trend. We need to find out very quickly why this is and take immediate steps to rectify the problem."

Environmental Risk Factors

Although there are many potential factors

that could contribute to the difference in breast cancer incidence among African American women and White women, environmental factors are strong candidates, says Davis. Scientific studies that look at risk suggest that the longer lifetime exposure to estrogen, the greater the chance that breast cancer can develop. The earlier in life that a girl begins to menstruate and the later in life that a woman enters menopause, the more hormones she is exposed to and the greater the odds are that she may develop breast cancer.

Hormones are not bad for a woman unless she has more than her body needs. When it comes to breast cancer, excess estrogen and progesterone exposure can increase one's risk of the disease. These hormones can cause tumors to grow larger and faster. Although the body makes estrogen naturally, chemicals that act like estrogen (called hormone-mimicking compounds, or endocrine disrupting compounds, EDCs) can be found elsewhere.

The use of low dose birth control pills and patches *does not* appear to be linked with breast cancer risk. In contrast, the Women's Health Initiative at GSPH has shown that hormone replacement therapy does increase breast cancer risk and the longer a woman uses hormones to treat the symptoms of menopause the greater the risk. On the other hand, short-term use of hormones after menopause does not appear to increase breast cancer risk. Products that many families use for daily

hygiene, household chores and killing pests can contain chemicals that act like estrogen. Herbal remedies can also behave this way. Estrogen-like "hormone mimics" can get in the way of our body's ability to tell organs and glands what to do.

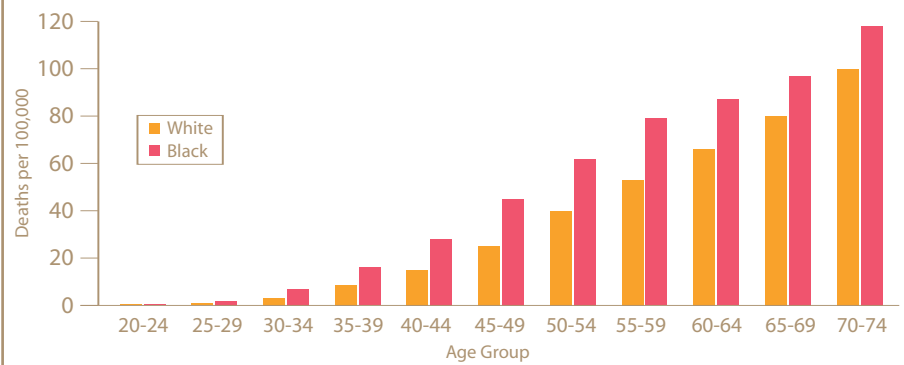
Cancer usually takes years to develop. The amount of chemicals that people are exposed to and the timing of that exposure have major impacts on a person's health. People may be repeatedly exposed to small doses of many different chemicals over time. For this reason, it can be difficult to determine the role of any single exposure in causing cancer.

Research suggests that a woman's breasts are more sensitive to exposures during certain times of life—the prenatal period, adolescence, pregnancy, and at the start of menopause. Exposures to toxic chemicals during these times of life may increase the chance a woman will get breast cancer later on.

Personal Care Products' Risk

Studies conducted a decade ago showed that some personal care products such as lotions, dyes, nail polishes, skin treatments, hair products, oils and creams can contain hormones and substances that act like hormones. Premature sexual development can result from regular exposure to personal care products containing hormones that act like estrogen. Several doctors have reported that African American toddlers between one and three years of age developed breasts when their mothers applied hormone-containing personal care products to their scalps or when their fathers used

Fig. 2: Breast Cancer Mortality
For all age groups, Black women with breast cancer have more deaths compared with White women



hormonal creams and had frequent contact with their children. “When they stopped using these products, the breasts went away,” Davis said. “Now anything that can make breasts grow in an infant has got to be problematic.”

At this time, it is not known if these products still contain estrogen or estrogen-like chemicals, because the Food

and Drug Administration does not require special labeling or testing of such products routinely to see whether they contain hormone-mimicking chemicals. People can lower their risk by learning more about the contents of the products they use.

Davis said she would like to get manufacturers to stop using the questionable compounds. As she put it, “We don’t

want to just study the problem. We want to make the problem go away.”

In addition to Dr. Davis, others involved in this study include Ji Young Song, UPCI Center for Environmental Oncology and Yueh Ying Han and Joel L. Wessfield, MD, GSPH. ■

Pittsburgh Influenza Prevention Project



Pittsburgh has long been known as a place where cutting-edge research helps protect children and families from infectious diseases. Starting in the 1950s with the development by Jonas Salk of the first effective polio vaccine and continuing through today, the University, affiliated hospitals, and residents of the region have all contributed to global efforts to control and eliminate truly frightening microbial threats.

The Centers for Disease Control and Prevention (CDC) and World Health Organization experts recognize that in the event of a serious influenza pandemic, vaccine would not be immediately available and medication supplies would be inadequate to cover the needs of an entire population. Now Pitt is working with the CDC and seven other sites around the world to help determine the most effective ways of preventing the worst effects of a potential influenza pandemic.

In 2006, GSPH, under the leadership of Dean Donald S. Burke (principal investigator) and Dr. Samuel Stebbins (co-principal investigator), instituted the “Pittsburgh Influenza Prevention Project.”



The purpose of the project is to find out the most effective ways of keeping elementary school kids and their families safe from influenza. This project is run through GSPH’s Center for Public Health Practice and is working with schools and communities to determine the best “non-pharmaceutical interventions” (NPIs) to reduce the number of cases of influenza and prevent spread of the disease to and from school-age children.

Although the underlying purpose is to provide information and guidance to the CDC about pandemic preparedness, an

added advantage of this project is that the lessons learned will be applicable to other diseases such as “regular” (or seasonal) influenza, which kills an estimated 36,000 Americans every year. Stebbins notes that “the same NPIs that are effective against flu are also effective against other communicable diseases. Instituting these practices in schools can reduce absenteeism, improve learning, and increase test scores. Healthy kids are smart kids.”

The Pittsburgh Board of Education has been a wonderful partner in this project. In year one (just concluded), Carmalt Academy of Science & Technology and Westwood K-8 School demonstrated how to work effectively in the school setting, including developing improved systems for monitoring absences and illness. In the second year, twelve K-5 schools will participate. Bringing out the best expertise from each participant is one of the hallmarks of successful community-based research, and the project’s success is captured very well by Mr. William Isler, president of the Pittsburgh Board of Education, who recently wrote to Dean Burke stating, “We look forward with great anticipation to expanding the program during the 2007-08 school year, and are hopeful that our partnership will continue into future years as well.” ■

research

Diabetes Complications Study Celebrates 21 Years

The Pittsburgh Epidemiology of Diabetes Complications Study (EDC), coordinated by GSPH's Epidemiology Data Center, celebrated its 21st birthday with a luncheon on June 16 at the William Pitt Union. Participants and their guests, University staff and faculty, and study collaborators were in attendance. Dr. Trevor Orchard, the principal investigator, reviewed the study's major scientific achievements; Dr. Tina Costacou, the study coordinator, provided an overview of the 11 research abstracts to be presented at the upcoming 67th Annual American Diabetes Scientific

meeting. Following the presentations, the abstracts were placed on display and authors were available to answer questions.

EDC is a long-term, prospective, observational study designed to determine the risk factors for type 1 diabetes complications. Participants were diagnosed at Childrens Hospital of Pittsburgh between 1950 and 1980. Study recruitment began in May 1986 and baseline exams were completed in December 1988. In type 1 diabetes, previously known as juvenile diabetes and usually diagnosed in childhood, the body does not produce insulin. Since insulin is required to use sugar (glucose) for energy,

individuals with type 1 diabetes need to take daily insulin injections. After baseline exams, participants have been followed every two years and the investigators have just started the 20 year follow up.

To date, the study has published 102 scientific articles and provided thesis data for over 40 graduate students. Over the past 20 years, the study has documented great improvements in the risk of mortality and of long-term microvascular (kidney and eye disease) complications, although macrovascular (heart disease and stroke) complications are not declining as rapidly. Major risk factors discovered include insulin resistance as a potential cause of kidney and heart complications and blood pressure as a risk factor for nerve complications. ■

Expert Opinion

Will a Universal Health Care System Ever Become Reality in the U.S.?

Universal health care coverage may become reality in the U.S., but experts disagree about when it will happen, what such a system might look like, and how effective any plan will actually be. Earlier this year, members of the University community shared their perspectives at a panel discussion, titled "Approaches to Achieving Universal Health Coverage in America."

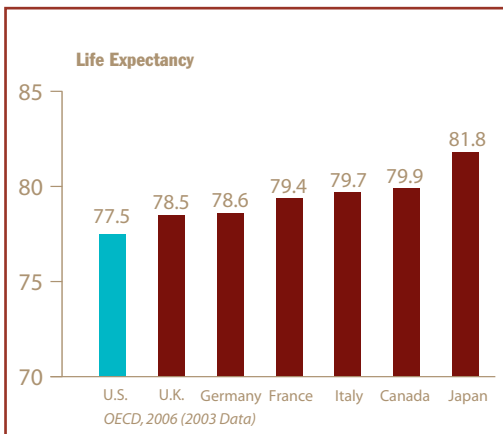
Summaries of some of the commentators' points follow.

Barry Tepperman, attending radiation oncologist at Allegheny General Hospital

Tepperman made the case for adopting a single-payer model of national health insurance, such as the Canadian model. "As compared to Canada, we do not do as well. Let's talk about the urban legends—indeed the lies—that come from people who oppose universal health care." The big three myths, he said, were that national health insurance leads to less quality, national health insurance would cost more money, and Americans don't want national health insurance.

General points of agreement among the panel participants included:

- **Universal health insurance is gathering steam as it becomes a higher priority in the national consciousness and as a number of states have established programs for their citizens.**
- **An acknowledgement that the current system is broken, with Americans paying more but getting less.**
- **Shame and dismay at America's status as the least insured country in the developed world.**
- **Frustration that the American public is ambivalent about reforming health care.**



“In an ideal world when we pay more, we get more service. Not!” Tepperman said. “We certainly pay more here than in every other developed country, all of which have government-assured health insurance, except Germany which does not provide insurance for its very highest paid citizens. But what do we get compared to every other country?” Lower life expectancy, higher infant mortality rate, lower mammography screening rates, lower continuity-of-care rates, and fewer inpatient days per capita, among other indicators of poor quality.

Opponents of universal health care in this country often cite problems they perceive with the Canadian system, which are myths, he said. “The truth about Canada’s national health insurance system is it’s not socialized medicine, it’s fee-for-service, with the fee schedule set by the health plan. Patients are free to choose their own doctors and hospitals, facilities and practices are privately run, but publicly financed—in other words, it’s like Medicare, only everybody’s covered.”

How does national health insurance work? “Everyone gets coverage—no co-pays or deductibles. It’s comprehensive care, a much simpler system with one plan, one payer, and it’s accountable, since it’s transparent and public,” he said.

To implement national health insurance in the United States would cost about \$550 billion, Tepperman maintained. “For starters, we could save \$150-\$200

billion on overhead costs.” National health insurance would require some new taxes, he acknowledged. “A 3.5 percent payroll tax would net \$230 billion. But this would replace employer insurance premiums, with the average large employer now paying about 8.5 percent in insurance benefits, meaning a savings for employers. Even being taxed, you have a net gain of money.”

A national health insurance system would offer other savings by eliminating premiums, co-pays, deductibles, and out-of-pocket expenses for covered services, he added. “How do we know this will work? Because every other industrialized country in the world has some form of [national health insurance].”

To re-cap, national health insurance leads to better outcomes, would cost no more money, and American public opinion is moving toward wanting it, he said.

Judith R. Lave, PhD, professor and chair, Department of Health Policy & Management, GSPH

There are many different models to look at. Some models would change the role of government, some would affect patients’ choices, and some would have more administrative complexity than others. Different plans would lead to different goals, including universal coverage, simplification of the overall health care system, and new systems to compensate for the loss of employer-sponsored health insurance.

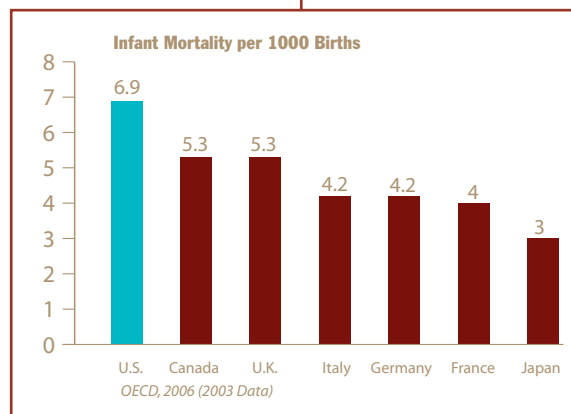
“I disagree with Barry [Tepperman] about costs,” Lave said. “Universal access to health care would lead initially to an increase in

the percentage of costs in the gross domestic product,” she said, which currently runs at 16 percent. Regardless of plan choice, there will be an increase in taxes, she said. “Improving coverage to include the under-insured will increase overall utilization and therefore health care expenditures. Despite the rhetoric, giving people access to care before they get seriously ill will not decrease overall costs.”

On the other hand, administrative costs, currently estimated at 7.2 percent of overall health care expenditures, including the costs of running public and private insurance organizations, could decrease under several of the plans. Premiums for basic services will be eliminated under some plans. And depending on the plan choice’s effect on Medicaid, state taxes could decrease. “Among the plans, the single-payer promises [to yield] the largest decrease in administrative costs,” she said.

“There would be no costs incurred in determining who gets tax support, for example. A single-payer system also would preclude the need for health plans by having one set of rules governing payment. And administrative costs at the provider level will decrease with a decrease in the number of plans.” Costs likely are to be higher for plans that rely on an income-based tax credit subsidy, she noted. “A publicly paid voucher system or a Medicare-type system would lead to a larger increase in taxes.”

The problem with implementing any new system is that alone it will not increase efficiency, she said. Nor will it decrease medical errors or increase the use of evidence-based medical practice.



“One issue is that policies to improve coverage for the uninsured will shift public resources to the insured,” Lave said. “One model would provide refundable tax credits to purchase health insurance. However, most people who would be eligible for tax subsidy already have insurance. Should they or their employers be penalized?”

Current trends in state-level political activity make her pessimistic about the future, Lave said. “With respect to Medicare, these plans are becoming more complicated and more targeted, and many states are decreasing income limits for eligibility while benefits are being cut back. Also, Medicaid is paying for some expansions by cutting back services to current recipients or providers.

“But, in the word of today’s teenagers, the status quo ‘sucks,’” she said. “We have to do something.”

Scott Tyson, CEO of Pediatrics South & member of the medical executive committee at Children’s Hospital of Pittsburgh

Tyson spoke on “Universal Health Care: Legislative Solutions.”

“Every other developed nation has universal health care coverage in one form or another and spends less. This is fundamentally un-American, and what I want you to take out of this discussion is that you need to stand up and be heard about this,” Tyson said. “I can tell you that legislative initiatives at the state level are spreading.”

He outlined some of the features of five separate kinds of legislative initiatives currently designed to provide universal health care, including some that build on existing plans.

1. *Market-based model*—“This is an insurance-based platform. You would have multiple insurers,” Tyson said. “The insurers would by definition

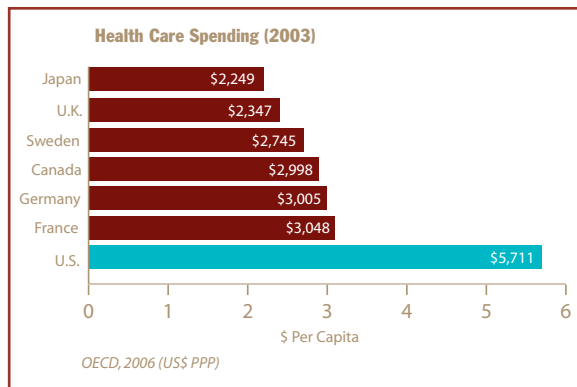
create an affordable high-quality product. Everyone would be required by law to have an insurance policy.

Funding would be private or public or both. And it would be publicly and privately administered. The Massachusetts model is the best example of this, and California has a somewhat similar model.”

2. *Tax credits*—“At present, only businesses can get tax credits for insurance purchases,” Tyson pointed out. That could be extended to all insurance products, regardless of purchaser. Funding would be public and private, though actual funding would be through lost dollars rather than actual outlays, privately administered.

“There is no real precedent for this on a state level, but HSAs (health savings accounts) and MSAs (medical savings accounts) are a model of this.”

3. *Expanded eligibility for public programs*—“There are requirements for eligibility for most public programs,” Tyson said. Those could be extended to a larger population. Public programs also could provide increased coverage for certain products, such as preventative care. Funding would be



primarily publicly funded to expand availability and access, and be both publicly and privately administered. “Illinois is the closest

to this, certainly on a pediatric level,” he said.

4. *Vouchers*—As an extension of the market-based model, people would be given a voucher to purchase an insurance product. “This could come from the employer, government, payroll or a combination of these,” Tyson said. “All people would receive a voucher to go and purchase an insurance product with the market determining price, availability, etc. Funding would be public and private, and the model would be privately administered.”

5. *Single-payer*—Under this model, all funds would be pooled. All fees would be paid from a single fund. The private market would be limited to uncovered services or services that were at least comparable. It would be publicly funded and privately administered.

“In all of these models, except the single-payer system, the premise is the market should be allowed to set prices, compete to help contain costs, and provide the products,” Tyson said. Features of the models include that each uses varying ways of increasing the number of covered people; each is a universal health care model if allowed to expand fully; and each would involve the private sector to varying degrees in administering, funding, and dispensing the products. ■

Points of contention included:

- Whether a single-payer system is the best option, and whether such a system would add costs.
- Whether universal health care would result in rampant inefficient governmental controls.
- Whether universal health care would decrease the quality of health care for many.



Breast Cancer Prevention Has Turned the Corner, But There's Still a Way to Go

By: Lewis H. Kuller, MD, University professor and chair emeritus, Department of Epidemiology, GSPH; and Roberta B. Ness, MD, professor and chair, Department of Epidemiology, GSPH



Breast cancer incidence rates are taking a sharp downturn. A likely explanation is the cessation of postmenopausal hormone therapy in response to the report that hormone therapy increased breast cancer risk in the Women's Health Initiative trial. This story represents a triumph of epidemiology and clinical trial research.

Hormone therapy for hot flashes was first described in 1898 by German doctors who fed fresh cow ovaries to women after they had their ovaries removed. In 1942, it was approved for the treatment of menopausal symptoms. In 1966, with the publication of a book, "Feminine Forever," the use of estrogen therapy increased dramatically. The authors of the book stated that women would shrivel up and become senile after menopause unless they took hormone therapy. Thus began the largest uncontrolled experiment in women's health—the widespread long-term use of so-called "hormone replacement therapy" without any solid scientific basis. After epidemiologists discovered the relationship between hormone therapy and uterine cancer in 1975, the use of estrogen therapy declined but then rebounded when, in the 1980s, it was discovered that the addition of progesterone to the estrogen eliminated the uterine cancer risk.

In the GSPH Department of Epidemiology, in 1996, we reported that the supposed long-term benefits of estrogen or estrogen

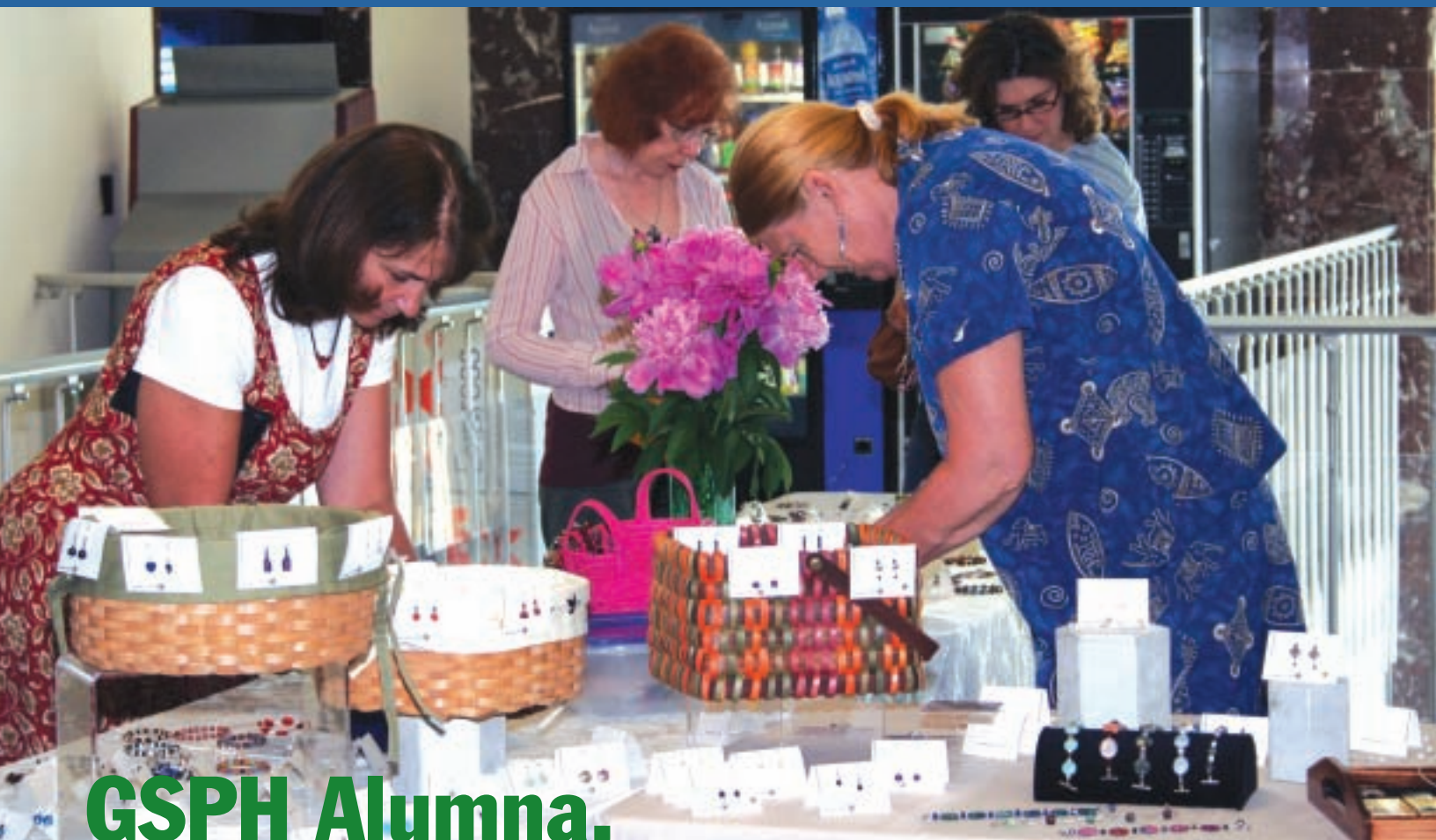
and progesterone therapy might, in part, be due to the characteristics of the women who took the estrogen therapy, rather than to hormones themselves. We also reported multiple links between markers of estrogen and breast cancer. Higher bone mineral density, a marker of higher estrogen levels, was found to be a determinant of the risk of breast cancer. We and others showed that higher blood levels of estrogens among women not taking hormone therapy was associated with an increased risk of postmenopausal breast cancer years later. Overweight and obesity among postmenopausal women was shown to be the major determinant of postmenopausal blood estrogen levels and to be a major risk factor for postmenopausal breast cancer.

At the same time, investigators at the University of Pittsburgh led by Dr. Bernard Fisher demonstrated in clinical trials that drugs that block the effects of estrogen on the breast or production of estrogen could substantially reduce the risk of both first and recurrent breast cancer.

The decision to conduct the Women's Health Initiative (WHI), a clinical trial, randomly assigning women to hormone therapy or not, was blocked for many years in spite of excellent peer review and ultimately required direct support from the director of the National Institutes of Health. It was blocked because many felt that there was overwhelming evidence that hormone therapy was of great value. Since WHI was reported, the results have been attacked for many inappropriate reasons. The drug that was tested was

the wrong dose and the wrong duration. The population of women was too old. The characterization of each individual did not involve detailed genetic profiling. Moreover, the women who participated in the WHI and in other studies, who made a major contribution to women's health, were told that they would be injured by participating in the study. This clearly was not the case. Ultimately, WHI results prompted many women to stop using postmenopausal estrogen plus progesterone therapy and that has now been demonstrated to translate into lives saved. The incidence of breast cancer declined in Pa., 8 percent from 2001 to 2003. Twelve hundred fewer women were diagnosed during that period.

We have turned a corner in breast cancer prevention and treatment, but we still have a way to go. Now is the time for more, not less, investment in human epidemiological and clinical research that will lead to a better understanding of the causes, prevention and treatment of important diseases of both women and men. Equally important, it is time for the media, scientists, and the public to find more accurate ways to convey uncertainty and certainty in science. Opinion is one thing but policy must be based on the totality of solid evidence. In the end, the study of humans must involve humans. ■



GSPH Alumna, Professor, Vice Chair and... Fundraiser!

Twice a year for the past three years, Kim Sutton-Tyrrell (MPH '83, DrPH '86), GSPH alumna and epidemiology professor and vice chair, has coordinated a growing group of GSPH faculty, staff, and friends who use their creative talents to honor a late colleague, Evelyn Wei (PhD '99), who was killed in 2004 when a car struck her while she was walking her dog.

Each of the contributors donates 100% of their proceeds to the Evelyn H. Wei Scholarship Award in Epidemiology. Sutton-Tyrrell creates necklaces, earrings, bracelets, and watches from beads. In addition, there are photographs by Sheryl Kelsey, interim director of the Epidemiology Data Center (EDC), and paintings by Trish Orchard, spouse of

faculty member Trevor Orchard. New to the June 2007 event were hand-sewn aprons created by EDC staff member Mary Tranchine and "Evelyn's Cookbook," compiled by colleague Mary Hester.

The event has taken on a life of its own since the initial endeavor in 2004, when 60 people shopped in Sutton-Tyrrell's office. The scholarship contribution from the fundraiser has consistently increased; more than \$13,000 has been raised from the sales so far. The June 2007 sale attracted 185 people and resulted in a \$2,700 addition to the scholarship fund.

Anticipation for the sale has spread throughout the University of Pittsburgh

campus, mostly because of Sutton-Tyrrell's dedication to the cause and her persistent efforts to attain greater and greater involvement from the GSPH community. For the June 2007 sale, more than 50 volunteers worked for three months beforehand, soliciting door prizes, baking cookies, setting up or cleaning up, or assisting with publicity. "It's energizing and fun having so many people working together," she said. "The vision was to have a lot of people in the department taking part in it. It makes it an ongoing celebration of Evelyn."

When asked about the motivation for the sales, Sutton-Tyrrell replied, "A tragedy of this magnitude defies one's ability to accept it as an end in and of itself. The need to turn this terrible thing into something positive drives those of us who knew Evelyn. We do this by coordinating our talents, energy, and ideas to make the event happen. Doing something positive together is very therapeutic and

allows us to deal better with the sad reality of losing Evelyn. Evelyn's mother worked very closely with us before retiring recently. Losing your child has to be one of the worst things that could ever happen. Thus, this event is our way of supporting Evelyn's mother as well."

In addition to organizing this fundraising event, Sutton-Tyrrell has a laudable academic career. In the GSPH

Department of Epidemiology, she is a professor and the vice chair for academics. She is an accomplished scholar whose research interests include women's health and the application of subclinical measures of atherosclerosis to population studies. Through her involvement with the EDC, she is also involved in the coordination, data management, and statistical analysis of large multi-center clinical trials. Additionally, she

is the founder and director of the Department of Epidemiology Ultrasound Research Laboratory, which provides ultrasound exams for an average of 2,000 study subjects annually. As the department's vice chair, she oversees curriculum development and student services as well as mentoring a number of doctoral students. ■



^ Judith D. McConnaha

If the only tool you have is a hammer, everything starts to look like a nail. Two new GSPH student awards recognize that the "tool kit" for the public health professional can be greatly enhanced with resources not typically provided in a traditional classroom environment.

Russell Rule Rycheck (MPH '59, DrPH '65) understands this. Dr. Rycheck has been part of the Department of Epidemiology for 42

years, first as a student, then as a faculty member. He knows that public health challenges are rarely as simple as mere nails to be pounded down. He speaks often of the tools and skills that students would have to acquire, and sometimes invent, to make an impact on the public's health. He likened these skills to a "professional bag" that was akin to the once-ubiquitous physician's black bag.

Upon Dr. Rycheck's recent retirement, a group of friends, family, and colleagues established the **Russell Rule Rycheck Award for a Promising Public Health Student** in his honor. Through a competitive process, MPH students apply for the Rycheck Award to stock their "professional bags" with tools such as travel to a public health conference, membership in a professional organization, textbooks, courses, scientific writing, or special

research projects. GSPH presented the first award this spring to Ms. Shruti Ramachandran, who will complete an internship evaluating a health clinic in Hyderabad, India.

Another GSPH alumnus, William T. Green Jr., MD, MBA, (MPH '01), also knows that the opportunity to participate in enhanced academic and personal experiences will help to determine how effective students are as public health professionals. He recently established the **William T. Green Jr. Award in Public Health Studies** to support student-initiated projects that otherwise might not be realized. The award is competitive, based on a student essay describing the project to be funded, along with a faculty letter of support. This year's award winners were Jennifer Middleton and Darmendra Ramcharran. Dr. Middleton requested funding to support an episode exploring hypertension in her innovative and educational television series, "White Coats." Mr. Ramcharran will engage in an HIV/AIDS research project in Brazil.

Both of these funds enrich the education of GSPH students by filling out their "professional bag" and empowering the public health professionals that they will become.

By making a gift to GSPH in support of these awards, you help our students enter the real world of public health practice ready to tackle any challenge. If you are interested in supporting either or both of these student awards with a donation, please contact me at 412-624-5639 or jmconn@pitt.edu.

A handwritten signature in black ink that reads "Judith D. McConnaha".

Judith D. McConnaha
Director of Development

GHSA Raising Community's Awareness

Globalization and other forces continue to ensure that we are all connected. Therefore, the Global Health Student Association (GHSA) was founded in spring of 2002 to generate and facilitate interest in issues concerning global health. The goals of GHSA include providing a forum for the discussion of global health issues, establishing a relationship with global health research faculty, forging sustainable relationships with local and international organizations, and advocating on matters concerning the members of GHSA, particularly funding for global health research/volunteer projects.

To meet these goals, GHSA hosts various educational and social activities throughout the school year. For instance, to celebrate World Health Day 2007, the organization focused on sustainable food systems by organizing an evening highlighting Pittsburgh's urban agriculture. The event demonstrated the benefits of buying and consuming locally grown produce through tables staffed by representatives from the area's urban farms, nutritionists, and speakers demonstrating how to start an urban garden and the techniques of composting.

World Health Day of 2006 celebrated the theme of "the health worker." Speakers from the Center for Public Health Practice, the Pennsylvania/Midatlantic AIDS Education and Training Center, the Center for Minority Health, and the Association for India's Development spoke on the various aspects of working in different public health settings, from research to service.

International Women's Day 2007 was celebrated with a full week of events around the theme "Ending Impunity for Violence Against Women and



^ Pittsburgh's urban agriculture was highlighted during the World Health Day 2007 event

Girls." Events included the distribution of information regarding the prevention and education of sexually transmitted diseases; speakers from the Project to End Human Trafficking, focusing on the trafficking of women and girls in and outside of the U.S.; Planned Parenthood of Western Pennsylvania, focusing on describing the face of choice in America and the world; and Muslim women from the School of Health and Rehabilitation Sciences, who spoke about the role of women in Islam.

In addition to highlighting issues of global health, the organization also worked with the GSPH dean's office to host a global health career information and discussion session during Pitt's annual "International Week." Presenters included students and faculty, from a variety of Schools of the Health Sciences, as well as service organizations like the U.S. Peace Corps.

The organization is also the host of the annual GSPH International Dinner, an event celebrating the diversity of cultures within the school through the sharing of music, food, and dance.

GHSA looks forward to continuing to provide a forum for global health discussion and action in the upcoming school year. The organization is open to all GSPH students, faculty, staff, alumni, and affiliates. Participate, learn something new, and show your support by attending GHSA and other student-sponsored events. ■

The current president of GHSA is Genevieve Barrow, secretary is Kelly Jones.

2000s

Michael Coughlin (PhD '04) and his wife welcomed their second child, Shea Christine, on October 23, 2006. She joins brother Liam, age 3.

Shawn Fultz (MPH '00) has joined the Veteran Health Administration's Office of Public Health and Environmental Hazards staff as senior medical advisor. He will be principal advisor to the chief consultant of the Emergency Management Strategic Healthcare Group on medical and public health issues related to emergency preparedness, management, and response.

Rovshan Ismailov (PhD '05) is a post-doctoral research associate at Brown University's Department of Community Health. He is teaching epidemiology at Brown and has been invited to serve on the editorial board of Biomedical Engineering Online journal.

1980s

Ed Girard (MHA '89) is retired but has no plans to leave Pittsburgh. His wife, Billie Ann works as an administrator at Carlow Univeristy.

Martha Lambert (MPH '86) is working in management for a dental clinic.

Nurul Alam Miah (MPH '89) worked overseas for nine years since graduation. He now resides in Florida.

1970s

Farrell Melnick (MSHyg '75) was named director of operations for the New York office of the RJ Lee Group, a nationwide scientific consulting firm.

Keep in touch!

Have you changed jobs? Earned another degree or special award? Did you get married or have a baby? Did you relocate? Keep your alma mater and fellow graduates informed of the changes in your life. Simply return the enclosed reply card, visit the alumni section of the GSPH website (www.publichealth.pitt.edu), or send us an e-mail at contact@gsphdean.gsph.pitt.edu. We'll publish your updates in the next issue of PublicHealth.

Shining Career for One of GSPH's First Grads



^ James J. Mayer (MPH '52) now and at the beginning of his career

For 29 years, alum **James J. Mayer** (MPH '52), one of the first graduates of GSPH's hospital administration program, steered Somerset Community Hospital toward a new era.

The Pennsylvania Turnpike, back in the early 1950s, was a problem—especially the 180-mile stretch from Irwin, Pa., near Pittsburgh, to Harrisburg in the center of the state. That was the section that had no medial strips.

A World War II Navy vet, James J. Mayer had just started as the administrator of Somerset Community Hospital in Somerset, Pennsylvania, fresh out of the hospital administration program at GSPH. He was acutely aware of the frequency with which cars would spin out of control on the turnpike near Somerset, cross the center line, and cause head-on collisions. In fact, he literally couldn't help but notice. His office was near the emergency room at the then-70-bed Somerset Community Hospital, and he would often be the one to answer the door for the ambulance drivers and witness the trauma firsthand. "Man oh man," he says even now. "It was just terrible." At the hospital, he remembers, he had to put gurneys in the hallways to accommodate the overflow.

Mayer, representing the hospital board, attacked the problem on two fronts. The hospital learned that the county commissioners had petitioned Congressman Irv Whalley from the district for medial

strips. Also, the board campaigned for funds for the hospital. Soon, the hospital had raised enough money to put a top floor on two buildings to open up a new medical surgical unit, which relieved the pressure of not having enough beds. Mayer's straightforward, can-do approach helped the hospital to grow through the 29 years of his leadership.

Mayer's interest in health care and medical matters can be traced back to his early years. Among his cousins were doctors and nurses and his father, a banker, was on the board of directors for Lee Hospital in Johnstown, Pa. When he was discharged from the Navy in June 1946, he enrolled as a pre-med student at St. Vincent College in Latrobe and worked summers in the storeroom at his hometown's Conemaugh Valley Memorial Hospital.

In the meantime, Lee Hospital had hired its first administrator, a man named Richard Seifert, who later became Mayer's brother-in-law. Mayer's bid for a slot in medical school couldn't have come at a worse time. Applications to medical schools had swelled because of returning servicemen like him. Seeing Mayer's disappointment when he failed to get into medical school, Seifert made a suggestion that changed everything for Mayer. He asked him if he had ever considered a career in hospital administration. As it happened, GSPH had just opened its master's program in that field. Two years

later, Mayer and five others would be the program's first graduates.

Seifert played a further role in Mayer's career when he offered him a one-year residency at Lee Hospital in Johnstown and became his mentor. It was, Mayer says, an enlightening experience, giving him the opportunity to attend the board and medical staff meetings, work with the gamut of hospital departments, and be heavily involved in new construction projects. This, Mayer says, was training, experience, and exposure he might not have had with an internship at a larger hospital.

The advances Mayer set into motion during his tenure at Somerset Community Hospital are a source of pride for him. It was difficult to find nurses, so he started a nursing school that turned out two classes of practical nurses a year. He also established an X-ray school, a lab, a physical therapy department, an inhalation department, home health nursing services, and a black lung program. Following construction of new acute care beds, skilled nursing beds and an intermediate care unit were added. Recruiting doctors to a small community was no day in the park, either. Mayer succeeded in bringing family doctors to the area by opening offices in nearby communities for them. He had been hired to complete the hospital and make it grow. By the time he retired in 1980, new wings had been built and, with 160 beds, the capacity had more than doubled.

It's a busy life that Mayer leads at the age of 80. He is the primary caretaker for his wife, Kay, who is on oxygen. He's active in his church, Holy Trinity Catholic Church, where he sings in the memorial choir, works in the kitchen for the Lenten and monthly first Friday fish fries, and is looking forward to once again manning the church food and beverage booth at Fort Ligonier Days next October. His rotator cuff is giving him problems, so golf is out for now, but when he swims at

the Y, he can do the crawl and the sidestroke like nobody's business. He's the proud father of five, stepfather of two, and grandfather of seven, including Jamie Higgins, who graduated on the dean's list at Pitt in 2005 and James M. Mayer, also a dean's list student who played shortstop for Pitt, finished a degree in finance in 2006 and was

recently drafted by the Tampa Bay Devil Rays baseball organization.

When he retired from the hospital he had lovingly nurtured, Mayer gave a speech that he concluded by reciting the chorus from Camelot. "Everybody has a Camelot," he told the friends, family members, and colleagues who had come

that evening to wish him well. "For me, Somerset Community Hospital is my Camelot, and for that I thank the community and everybody at the hospital." He likes to recite the words still:

*Don't let it be forgot
That once there was a spot
For one brief shining moment that was
known As Camelot.* ■

BCHS Grads Having Impact Across Africa

Three recent graduates from the MPH program in the Department of Behavioral and Community Health Sciences are involved in important academic and research initiatives in Africa.

Tirelo Modie-Moroka (MPH '03) is with the social work department at the University of Botswana, where she continues her work in the areas of HIV/AIDS, mental health, criminal justice and gender issues, and social inequalities in health. She has published several articles in this area and recently made a major presentation titled "Illegal Immigrancy, Survival and Risk: The Missing Link in HIV Research and Prevention Efforts in Botswana" at the World Conference on Health Promotion & Health Education in Melbourne, Australia.

In February 2007, Tirelo was awarded a fellowship in HIV/AIDS and public health policy research in Africa from the U.S.-based Social Science Research Council (SSRC). This fellowship has enabled her to undertake research on intimate partner violence, substance abuse, and HIV transmission risk behaviors in Botswana. She was one of only eight researchers from Eastern and Southern Africa selected for this prestigious competitive fellowship. The SSRC supports African researchers, policy makers, and practitioners working to carry out research on the health and social policy context in Africa relating to either the gender and political economy of care-giving and HIV/AIDS or sexual violence and HIV/AIDS.

Johannes John-Langba (MPH '04) accepted a position in December 2006 as manager of the Child Poverty Programme of the Children's Institute (University of Cape Town) in Capetown, South Africa. The Child Poverty Programme aims to address and mitigate the impact of the high levels of poverty on children in South Africa by monitoring the government's poverty alleviation programs and social security for children, conducting research, and engaging in advocacy that informs appropriate legislative, policy, and program development and implementation.

Following his academic work at GSPH in 2004, Johannes was selected as a post-doctoral fellow with the African Population and Health Research Center in Nairobi, Kenya. The center conducts a wide range of research focusing on population issues, migration, urban health, and poverty. Dr John-Langba specializes in the areas of forced migration and health, sexual and gender-based violence (SGBV), refugee mental health, reproductive health, sexual-risk behaviors, and HIV/AIDS.

Theresa Kaijage (MPH '04) has returned to Tanzania after earning an MPH at GSPH and a PhD in the School of Social Work. She is teaching in the

National Institute for Social Work in Dar es Salaam. Dr. Kaijage is internationally renown for her work with people living with HIV/AIDS (PLHA) and is the founder of WAMATA, an organization dedicated to the control and prevention of AIDS through information, education, communication, and counseling. Founded in 1989, WAMATA is Tanzania's oldest HIV/AIDS support organization. What started as a support group in Dr. Kaijage's tiny office at the Institute is now a flourishing organization with seven branches throughout Tanzania. WAMATA also provides care for PLHA, with a strong focus on children and orphans. Approximately 2.5 million children in Tanzania have been orphaned or affected by HIV/AIDS. Although she has four children of her own, Mama Kaijage, as she is affectionately known, has raised or supported several orphaned children. When she is not teaching or working at WAMATA, Dr. Kaijage travels the world to advocate for and mobilize national and international efforts against HIV/AIDS. ■

v Village of Chake Chake Pemba, one of the sites of Theresa Kaijage's work in Tanzania



Each year, the GSPH Alumni Society presents awards to alumni who have made outstanding contributions to the field of public health. Nominations are solicited in January of each year and the awards are presented at the annual Alumni Dinner, which is held in conjunction with GSPH graduation activities in late April.

Special thanks to the members of the 2007 awards committee: Anne-Elizabeth McGeary, Chair, (MHA '84); Samuel Friede Faculty in Department of Health Policy & Management; Thomas White (MSHyg '72); and Stephen Wisniewski (PhD '94, Associate Dean for Research, Faculty in Department of Epidemiology).

Distinguished Alumni Award

The Distinguished Alumni Award is given to graduates who have made a significant contribution to the field of public health, GSPH, or both. For 2007, there were three awardees.

Agnes Bouldin (DrPH '88) is currently a professor and program director at the University of Maryland University College. Career highlights during her 21 years in the Navy include the following: served as senior health program analyst on the staff of the Secretary of the Navy; established healthcare administration residencies at the National Naval Medical Center in Bethesda and Naval Hospital Rhode Island; and created an executive development program for senior physicians and nurses transitioning to administrative roles within the Navy Medical Department, a program that was awarded the 1997 U.S. Navy Surgeon General's Award for Personnel Programs. In 2000, Dr. Bouldin was appointed to the faculty at the University of Maryland and in 2006, she contributed to development of the Health Administration Informatics Program, for which she is now the program director. She mentors female inmates through the Howard County Christian Jail Ministry in Jessup, Md. and has been active in the National Christian Choir and the Maryland Wing of the Civil Air Patrol.

Anthony Lubiniecki (ScD '72) is a biotechnologist employed by Centocor R&D, a subsidiary of Johnson & Johnson. He has been active in shaping regulatory policy by serving as a representative to the International Conferences on Harmonization expert working groups on biotechnology product quality, producing six guidance documents. During his 33 years in industry, he has worked on

development of 28 recombinant derived investigational products, using both microbial and eukaryotic expression systems, five of which have become marketed products. He served on U.S. government advisory bodies for the Departments of Commerce and Health & Human Services and for the FDA. In 1991, he received the Hyclone Award from the European Society for Animal Cell Technology for distinguished contributions to biotechnology.

Dietrich Stephan (PhD '96) serves as the deputy director of discovery research at the Translational Genomics Research Institute or "TGen" in Phoenix, Ariz. and is the director of the neurogenomics research division. Dr. Stephan's genetics career has included work at the NIH Genome Research Institute, the Children's National Medical Center in Washington, D.C., and now his work at TGen. Throughout his career, Dr. Stephan has pioneered the use of genomic technology in the development of early diagnostics

and intelligent therapeutics in the treatment of human neurological disorders. With recent contributions to the scientific understanding of ALS, autism, Alzheimer's Disease, Parkinson's, schizophrenia, bipolar disorder, and normal memory, he has created an accelerated scientific path leading from basic research to implementation in translational medicine. Dr. Stephan sits on the editorial board of several journals, directs a multitude of federal funding initiatives, and is the founder of three biotechnology companies.

Margaret F. Gloninger Service Award

This award was established in honor of the late Margaret Fitzgerald Gloninger, a 1966 GSPH graduate and former faculty member in maternal and child health. The award is presented to alumni who have made a significant contribution to GSPH or to the community through volunteer service.

Laura Rosato (PhD '90) is the global product regulatory stewardship and occupational health risk assessment leader for Honeywell. She is responsible for providing support for product stewardship issues related to toxicology, industrial hygiene, and safety for new product development and manufacturing issues on a global basis. Past distinctions include: Student Leadership Award from GSPH (1990); Woman of Distinction Award and the Leading Women Award for Research/

▼ Awards were presented by Mr. Chad Rittle (MPH '03), president of the GSPH Alumni Society



Technology from the Great Rivers Girl Scout Council (1997); Award for a Community Service Project from the Public Relations Society of America (2002); nomination to the Keystone Tall Tree Girl Scout Council Board of Directors (2002); and nomination to Sigma Xi (2002). She has served on a wide variety of community boards including United Way and the Greater Cincinnati Women's Network and is currently working with the Oakland Community Council on community issues.

Charles Vargo (MHA '84) is the executive director of Washington Physician Hospital Organization, Inc., a partnership of The Washington Hospital and 225 physicians. Since 1993, he has served on the board of *global links*, a Pittsburgh-based organization that collects discarded medical supplies from healthcare facilities and manufacturers' surplus and donates them to healthcare institutions in the developing world. He has been involved in global health outreach himself, making six trips to Latin America with Catholic Health East's Global Health Ministry and Duquesne University's Center for International Nursing. He is a trustee of the Catholic Cemeteries Association and served on his church's council. He also serves on the board of Providence Connections, Inc., the umbrella organization for the Sisters of Divine Providence's local social ministries. In 1998, he became its first lay trustee and five years ago its first lay board president. He was the local Cub Scout master, was involved with the Parent Teachers Organization and Duquesne University's Alumni Association, and is on the board of the Friends of the Whitehall Library. ■

Clearing the Smoke in Pennsylvania: A Call to Action for the Graduate School of Public Health

Anti-smoking efforts have been front page news in Pennsylvania recently, due in large part to legislation regarding anti-smoking policies in bars and restaurants. Anti-smoking policies is at heart a public health issue; thus, GSPH Dean Donald Burke hosted a symposium on April 20 to develop an action plan for GSPH to foster anti-smoking efforts in Pennsylvania.

The series of talks by distinguished speakers provided an excellent overview of the field, ranging from the history and epidemiology of tobacco smoking to current tobacco control programs in Pennsylvania. Many in attendance, even those who were already tobacco experts, commented that they gained new information and perspectives. For example, speaker Craig Fryer, assistant director of the GSPH Center for Minority Health, told the audience that African Americans are less likely to be asked by their physicians about smoking behavior and to receive smoking cessation counseling. Joshua Epstein, senior fellow at the Brookings Institution, described a model of social networks of adolescents, reporting that the response of a classroom of adolescents to anti-smoking messages depends on the social connectedness of children with high reactance (rebelliousness), as well as on the type of anti-smoking message given. Joanne Grossi, deputy secretary for health promotion and disease prevention with the Pennsylvania Department of Health, described the state programs for tobacco cessation and control. These are just a few of the highlights from the symposium.

Out of the discussion arose a call to create a center of excellence in tobacco research here at the University. In response, Dean Burke founded the University of Pittsburgh Tobacco Control Center (TCC), with Executive Director Stephanie R. Land (faculty, biostatistics), Co-chair Steven Shapiro (chair of medicine), and Co-chair Ronald Herberman (founding director, University of Pittsburgh Cancer Institute). The mission of the TCC is to reduce tobacco exposure regionally, nationally, and globally through research, education, and advocacy. Those wishing to join the announcement mailing list for the TCC may send email to smoking-announcement-request@pitt.list.edu using "subscribe" in the subject line. ■





“Decades of Discovery” Symposium Honors Monto Ho

In October 2006, GSPH held a special scientific symposium to honor the work of Monto Ho, MD, a world-renowned infectious disease specialist and former chair of GSPH’s Department of Infectious Disease and Microbiology. The symposium was an opportunity for the school to demonstrate its appreciation for Ho’s outstanding 40-year career at GSPH and the recent gift of \$2 million by him and his wife, Carol.

A panel of world class researchers gave presentations on major research that was conducted in the department over the past 50 years.

- Dr. Derek Cummings of Johns Hopkins University, who is conducting research on the transmission of dengue virus in the tropics, made a presentation tying his work with the discoveries of Dr. William McDowell Hammon in the 1950s.
- Dr. Charles Rinaldo, who did his doctoral work on interferon, looked at the impact of the work of Dr. Ho with interferon in the 1960s on research that is being conducted today.
- Dr. Thomas Starzl discussed the discovery of cytomegalovirus in the 1970s and outlined the role of CMV in the history of organ transplantation surgery and how the infection is diagnosed and managed today.
- Dr. John Mellors recounted the history of HIV/AIDS research at Pitt, including the establishment of the Pitt Men’s Study, the Pittsburgh AIDS Center for Treatment, and the Pitt Treatment Evaluation Unit, as well as Dr. Ho’s vital role in AIDS research in the 1980s.

< Dr. Ho with the symposium speakers
(Dean Burke not pictured)

- Dr. Cliona Rooney of the Baylor College of Medicine traced initial discoveries linking Epstein Barr Virus and post transplantation lymphoproliferative disease to the development of advanced immunotherapy treatments of EBV lymphomas in transplant recipients.
- Dr. Calvin Kunin reported on the success of efforts of Monto Ho in the 2000s to monitor and study antibiotic use across Taiwan, work that led to major changes in how bacterial infections are treated.
- Looking into the future, Dean Donald Burke reviewed the work of the new Center for Vaccine Research and other efforts that are being taken to meet the new challenges in infectious diseases that have been part of the department’s mission for the past 50 years.

Later that evening, a special reception and dinner were held for Dr. Ho, his family, and friends in the Frick Fine Arts Cloister. Dignitaries from the University included Senior Vice Chancellor Arthur Levine, who congratulated Dr. Ho on his special day. As everyone enjoyed the music of a string trio, they reflected on what Dr. Rinaldo called “one of the most important days in the history of the department.” ■

events

For a gift that keeps on giving, consider a life income gift.

Are you looking for a way to be philanthropic today while considering you and your family's financial security? One way to fulfill this wish is through a life income gift to the Graduate School of Public Health.

Charitable Gift Annuities* are interesting to alumni who are looking for such a way to support GSPH. Benefits you may be entitled to through this form of gift planning are:

- Income payments to you for your lifetime;
- Avoidance of capital gains tax at the time of the gift if appreciated assets are donated;
- A current income tax charitable deduction; and
- The knowledge that your gift will benefit the Graduate School of Public Health.

A true philanthropic gift has the greatest of intentions. A life income gift may be the solution to support your school in a practical way that best suits your personal needs.

The table below illustrates the payment rate a donor qualifies for, based on their age(s).

| GSPH Sample Charitable Gift Annuity Rates | | | | |
|--|--------------|--|-------------|--------------|
| Single-Life Charitable Gift Annuity Rates | | Two-Life Charitable Gift Annuity Rates | | |
| Age | Payment Rate | Spouse 1 | Spouse 2 | Payment Rate |
| 60 | 5.7 | 60 | 60 | 5.4 |
| 65 | 6.0 | 65 | 65 | 5.6 |
| 70 | 6.5 | 70 | 70 | 5.9 |
| 75 | 7.1 | 75 | 75 | 6.3 |
| 80 | 8.0 | 80 | 80 | 6.9 |
| 85 | 9.5 | 85 | 85 | 7.9 |
| 90 and over | 11.3 | 90 | 90 | 9.3 |
| | | 95 and over | 95 and over | 11.1 |

* minimum life income gift — \$10,000

For more information please contact Judith McConnaha, director of development, at jmconn@pitt.edu or 412-624-5639.

Mark Your Calendar

August 24, 2007

New Student Orientation
GSPH, 9:00 a.m. – 3:00 p.m.

August 27, 2007

GSPH Annual Picnic
GSPH Commons, 4:30 – 8:00 p.m.

October 6, 2007

Center for Minority Health Fundraising Event
Details TBD

October 11–12, 2007

Science 2007: Partners in Innovation
Details TBD

October 29, 2007

Open House for Prospective Students
GSPH, 9:30 a.m. – 2:30 p.m.

November 3–7, 2007

ASPH/APHA 135th Annual Meeting
Washington, D.C.

November 5, 2007

Reception for Alumni and Friends
Location TBD, 6:30 – 8:00 p.m.

December 18, 2007

“UPMC–Jonas Salk Chair in Global Health” Lecture
GSPH Dean Donald S. Burke
Location TBD, 4:00 p.m.

February 22, 2008

Winter Academy Naples
Ritz-Carlton Resort and Spa
Speaker TBD

March 28, 2008

Winter Academy Phoenix
Arizona Biltmore Resort and Spa
Speaker TBD

*For more information about any of these events,
contact Gina McDonell at 412-648-1294 or
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