

PITT
iiii PUBLIC HEALTH

**HEALTHY
INFANTS**

**A PASSION
FOR
PUBLIC
SERVICE**

**SCHOOL
HIGHLIGHTS**

*and
more*

“In Allegheny County we have stark racial disparities in many health outcomes, but infant mortality is not necessarily on the agenda. Why do we have inequity in something so important as the life of an infant?”

Dara Mendez, visiting assistant professor,
Department of Epidemiology

Pitt Public Health Magazine

Fall 2013/Winter 2014

A publication of the



University of Pittsburgh
Graduate School of Public Health

A600 Crabtree Hall, 130 DeSoto Street
Pittsburgh, PA 15261

www.publichealth.pitt.edu

Pitt Public Health is published biannually for the alumni and friends of the University of Pittsburgh Graduate School of Public Health.

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Writers: Sonia Gill, Allison Hydzik, Cyndy McGrath, Christine O'Toole

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Art Director: Karen Coulter Perkins

Photography: Cover image by Blend Images - Mike Kemp; Other photos by R. Alan Adams, John Altdorfer, Brian Cohen, Karen Coulter Perkins, University of Pittsburgh Center for Instructional Development and Distance Education

Printing: Knepper Press, Migliozi Printing Services

For inquiries, feedback, or comments, please contact Sonia Gill, Director of External Affairs, sgill@pitt.edu.

Pitt Public Health is printed on Roland Enviro 100 paper using vegetable-based inks.

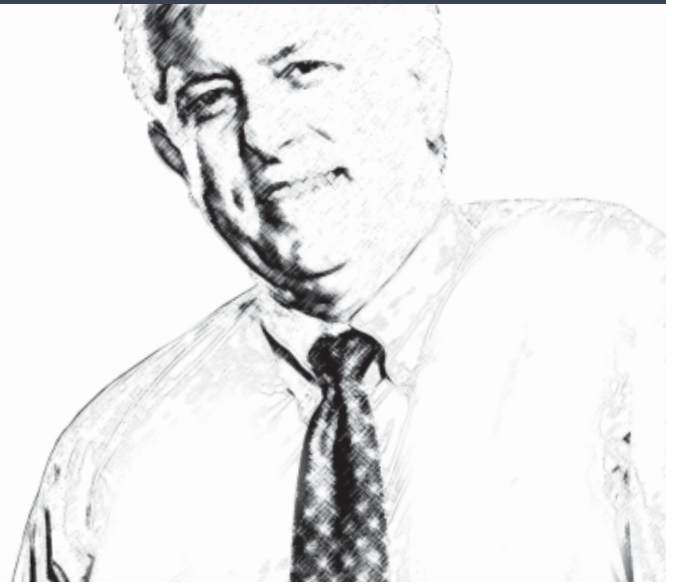


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E Pluribus Unum

In a large graduate school built around seven thriving departments with hundreds of research topics, there's often tension: What is our common purpose? Over the past six years, since my arrival as dean of Pitt Public Health, I've been dedicated to bringing cohesion to our intellectual diversity.

One gratifying effort has been the conversations generated by our One Book, One Community program. Each year, we pick a title with broad import to our students and faculty. Around that, we build opportunities for discussion and engagement, such as a bulletin board series for each topic. This year, our choice was Michael Moss' *Salt, Sugar, Fat*, an in-depth examination of why we're hard-wired to crave those substances and how the food industry has responded. The subject is particularly timely. Moss, who will speak at Pitt Public Health in the spring, delivers both an indictment of the food industry in pandering to our tastes and a report on how its efforts to develop healthier products were market failures.



All of us are aware of how such unexpected consequences result from addressing complex public health issues, giving us common ground for some lively conversations.

To expose our students to thinking outside of their own domains, in 2008, we instituted Public Health Grand Rounds. It's a pass/fail requirement that is really an opportunity. Students may choose among a variety of events, from a career networking meet-up to a scientific lecture to an alumni speech. During this fall term, students had opportunities to hear Ralph W. Hingson (HPM '70) of the National Institutes of Health, one of the nation's most insightful leaders in the field of alcohol abuse (story, page 27), and Michael Wolf, Pennsylvania secretary of health (see page 3).

A common culture is based on a shared heritage. This year, Pitt Public Health will publish its first-ever history, *On the Frontier of Change*. It's a lively read that traces Pitt Public Health's milestone achievements in subjects as diverse as polio; environmental health; Lesbian, Gay, Bisexual, and Transgendered (LGBT) health—our certificate in LGBT health was the first in the world—and public policy issues like health insurance. As it explores the past 65 years of accomplishments, the book also demonstrates how we are united: by our relentless curiosity and our goal of improving the health of every individual in the community—and the world. ●

Donald S. Burke, dean

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School Highlights



To learn more about the achievements, news, and research of Pitt Public Health, go to www.publichealth.pitt.edu/news



Open for Business!

After two years in the making, Parran Hall's new state-of-the-art laboratory pavilion is open for business! In mid-September, researchers from the Department of Infectious Diseases and Microbiology moved into the second floor. Occupancy of the third and fourth floors will follow, with the Department of Human Genetics labs moving in January as this issue of *Pitt Public Health* went to print. When the Department of Environmental and Occupational Health arrives from Bridgeside Point, all departmental labs will be back together under one roof in Oakland.

The new 215-seat auditorium as well as the commons space—previously known as the GSPH Commons and yet to be renamed—are fully complete and were inaugurated on October 3 by Pennsylvania Department of Health Secretary Michael Wolf, who attended the Department of Epidemiology student poster session and then presented an interactive lecture (above) to students, faculty, and staff about the increased resource challenges faced by the commonwealth's government.

Renovations to the interiors of Parran and Crabtree will continue through spring 2017, updating department offices, classrooms, conference rooms, and collaborative spaces for faculty, staff, and students. ●

The Man Sculpture: Share a Memory

The question alumni most often ask about the renovations is, "Will the big gold man on the front of the building be going away?" Many alumni have fond memories of meeting classmates under the distinctive sculpture that is practically a landmark. Rest assured, there are no plans to remove what we affectionately call within the halls of Parran and Crabtree "Cantini Man," after its creator, Virgil Cantini, a former Pitt faculty member who founded the Department of Studio Arts. If you haven't done so already, now is the perfect time to like Pitt Public Health on Facebook (facebook.com/PittPublicHealth), where we will soon be posting a picture of Cantini Man and asking all alumni, students, and members of the Pitt Public Health community to share a favorite memory of a meeting under the "big gold man." (We'll also be posting pictures of former students as we gear up for the Pitt Public Health Alumni Reunion, May 16–18, 2014. So tag yourself!) ●



Support for Renovations

Currently, \$2.3 million in support has been committed to the school's building fund. Our latest generous supporters include:

- Eva Tansky Blum
- Jane and Donald S. Burke
- James (MPH '63) and Roberta Craig
- Robert J. Henkel (MPH '83)
- David P. Hunter (MPH '70)
- Patricia A. Maryland (DRPH '82) and Samuel E. Tekyi-Mensah (PhD '81)
- Seung Wook Lee (DRPH '82) and Hyun Kyung Moon-Lee (PhD '86)

Additionally, \$540,000 has been raised toward the \$1 million Elizabeth L. and John P. Surma matching gift.

We continue to need the support of our alumni, faculty, staff, students, and friends to complete our building project. Contact Kristen de Paor (kwd128@pitt.edu) to learn more about how a gift of any size can support the renovations. ●



Medicare Beneficiaries Use More Brand-Name Drugs Than Comparable VA Patients

Medicare might be able to save a substantial amount of money by changing the medications people are being prescribed and using. According to the nationwide study conducted in collaboration by the University of Pittsburgh, VA Pittsburgh Healthcare System, and Dartmouth College, Medicare beneficiaries with diabetes are two to three times more likely to use expensive brand-name drugs than a comparable group of patients treated within the U.S. Department of Veterans Affairs (VA) health care system.

Specifically, spending on Medicare Part D would have been an estimated \$1.4 billion less in 2008 if brand-name and generic drug use matched that of the VA for the medications studied.

The report, the first large-scale comparison of prescription drug use between Medicare Part D and the VA, was published in the *Annals of Internal Medicine* on July 16.

“Our study shows that we can make a big dent in Medicare spending simply by changing the kinds of medications people are using—and physicians are prescribing—without worrying about whether the government should or should not negotiate drug prices,” said lead author Walid Gellad, assistant professor in the Pitt Public Health Department of Health Policy and Management and School of Medicine. “The levels of generic use found in the VA are attainable, and they are compatible with high quality care.”

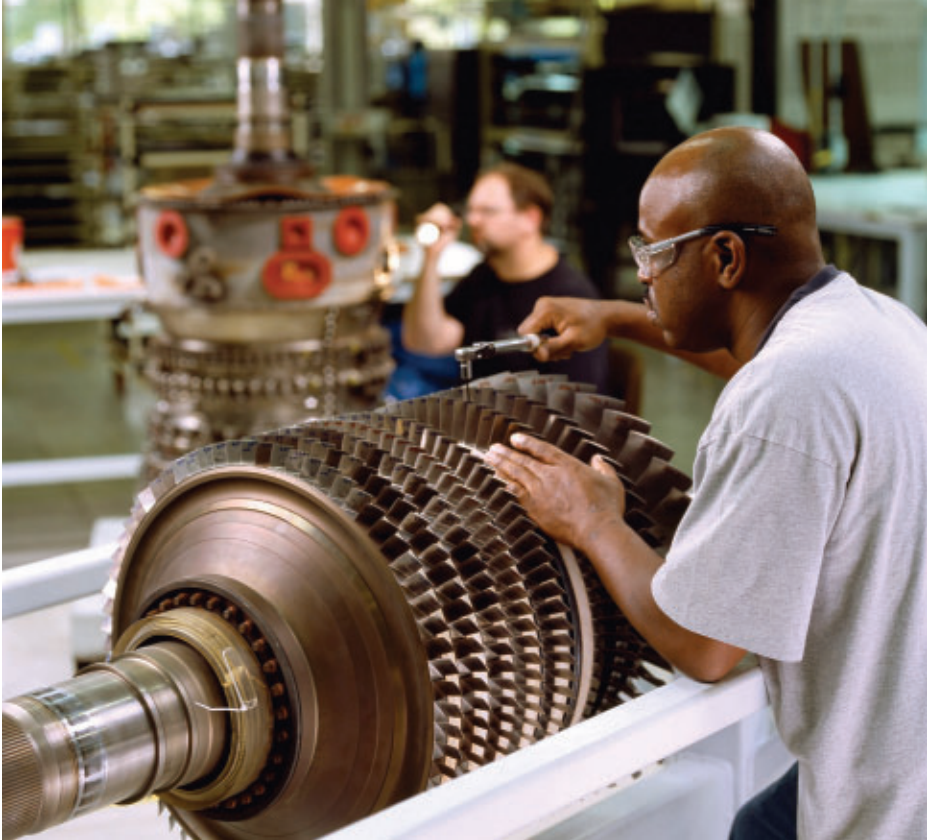
Gellad and his colleagues analyzed 2008 data for more than 1 million Medicare beneficiaries and 500,000 veterans. They compared the different prescription uses for diabetes, cholesterol, and blood pressure between Medicare and the VA, which have significantly different approaches to drug prescribing. Medicare contracts

with more than 1,000 private insurance companies, each using a distinct formulary and cost-sharing arrangement for prescribing drugs. The VA uses a single formulary, and all veterans have the same cost-sharing arrangement.

For a chronic condition like diabetes, there is a broad range of available therapies with widely diverging costs, some of which can be lessened by using a generic medication rather than its more expensive brand-name counterpart. Of the four medication groups commonly used by patients with diabetes, the researchers found that Medicare beneficiaries were more than twice as likely as VA patients to use brand-name drugs in almost every region of the country.

“We’re not suggesting that Medicare turn into a VA system, nor do we believe that brand-name drugs have no role in improving health,” said Gellad, also a primary care physician. “This study is about how we can manage our limited resources while maintaining high quality care. The VA shows us that it can be done for prescription drugs. Going forward, we need to understand whether these differences in prescription use have changed, if at all, from 2008 to present.”

Additional authors on this study include Julie Donohue, Pitt Public Health; Xinhua Zhao, Maria K. Mor, Carolyn T. Thorpe, Chester B. Good, and Michael J. Fine, all of both Pitt and the VA Pittsburgh Healthcare System; Jeremy Smith, and Nancy E. Morden, both of Dartmouth. ●



PRATT & WHITNEY

Occupational Cohort Study Finds No Increase in Brain Cancer

Researchers at Pitt Public Health have concluded one of the largest, most comprehensive occupational cohort studies to date: a 12-year, multipart study into a perceived increase in brain cancer at the Pratt & Whitney jet engine manufacturing plant in North Haven, Connecticut. The study found no statistically significant elevations in the overall cancer rates among the workforce due to workplace exposure.

The study was led by Gary Marsh, professor of biostatistics and director of the Center for Occupational Biostatistics and Epidemiology at Pitt Public Health, and Nurtan Esmen, professor emeritus in the Division of Environmental and Occupational Health Sciences at the University of Illinois at Chicago (UIC).

“Pitt Public Health and UIC researchers analyzed the records of almost a quarter million subjects over a 53-year period, making it one of the largest and most comprehensive cohort studies in an occupational setting,” said Marsh. The investigation reviewed the cases

of workers at the North Haven plant as well as seven other Pratt & Whitney facilities serving as comparison sites. “It also is the first large-scale study of workers in the jet engine manufacturing industry,” Marsh added.

The results of the study were published in the June edition of the *Journal of Occupational and Environmental Medicine*.

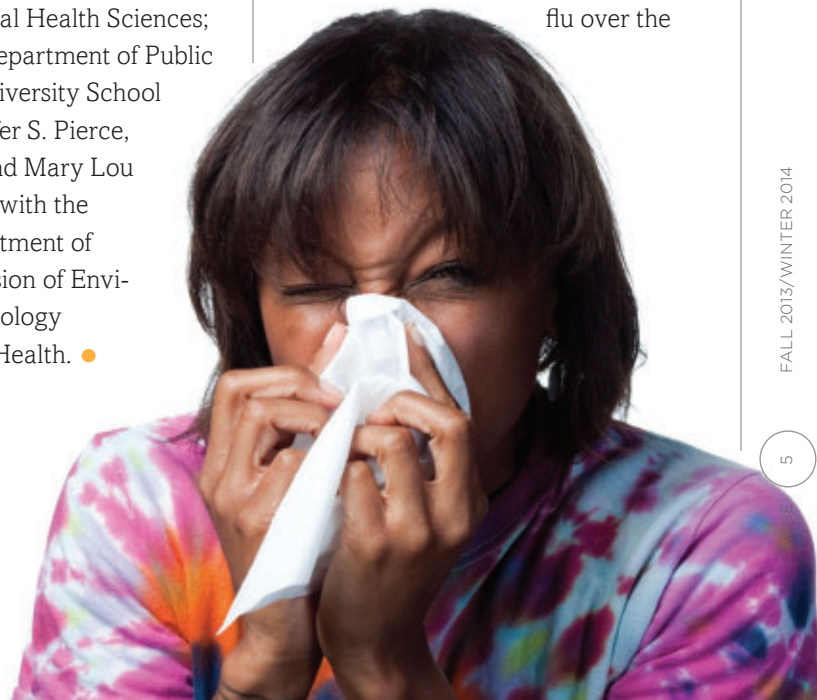
Additional coauthors of this study include Ada O. Youk, Jeanine Buchanich, and Sarah Downing, Department of Biostatistics, Pitt Public Health; Kathleen J. Kennedy and Roger P. Hancock, UIC Division of Environmental and Occupational Health Sciences; Steven E. Lacey, Department of Public Health, Indiana University School of Medicine; Jennifer S. Pierce, ChemRisk, LLC; and Mary Lou Fleissner, formerly with the Connecticut Department of Public Health Division of Environmental Epidemiology and Occupational Health. ●

Universal Paid Sick Leave Reduces Spread of Flu

Allowing all employees access to paid sick days would reduce influenza infections in the workplace, according to a first-of-its-kind analysis by Pitt Public Health modeling experts.

The researchers simulated an influenza epidemic in Pittsburgh and surrounding Allegheny County and found that universal access to paid sick days would reduce flu cases in the workplace by nearly six percent. They estimated it to be more effective for small, compared to large, workplaces. The results are reported in the August issue of the *American Journal of Public Health*.

“The Centers for Disease Control and Prevention recommends that people with flu stay home for 24 hours after their fever breaks,” said lead author Supriya Kumar, a postdoctoral associate in the Department of Epidemiology. “However, not everyone is able to follow these guidelines. Many more workers in small workplaces than in large ones lack access to paid sick days and hence find it difficult to stay home when ill. Our simulations show that allowing all workers access to paid sick days would reduce illness because fewer workers get the flu over the



course of the season if employees are able to stay home and keep the virus from being transmitted to their coworkers.”

In addition to investigating the impact of universal access to paid sick days, Kumar and her colleagues looked at an alternative intervention they termed “flu days,” in which all employees had access to one or two paid days to stay home from work and recover from the flu. The idea behind flu days is that they encourage employees to stay home longer than they currently do, thus reducing the potential for them to transmit illness to colleagues at work.

Giving employees one flu day resulted in more than a 25 percent decrease in influenza infections due to workplace transmission. A two flu-day policy resulted in a nearly 40 percent decrease in infection.

Kumar and her colleagues used a modeling system developed at Pitt Public Health called Framework for Reconstructing Epidemic Dynamics (FRED), which is part of work housed in Pitt’s Modeling of Infectious Disease Agents Study (MIDAS) National Center of Excellence. MIDAS was initiated by the National Institute of General Medical Sciences to investigate novel computational and mathematical models of existing and emerging infectious diseases.

“Our mission is to protect the U.S. and the global community against communicable infectious disease threats,” said senior author Donald S. Burke, dean and UPMC-Jonas Salk Chair of Global Health. “Our modeling work allows scientists both here and worldwide to investigate strategies to minimize epidemics. At the heart of this effort is free, open data sharing.”

Additional authors of this study include John J. Grefenstette, David Galoway, and Steven M. Albert, all of Pitt Public Health. ●



\$16.5 Million to Study the Leading Cause of Death in Children

Children’s Hospital of Pittsburgh of UPMC and Pitt Public Health researchers are leading a \$16.5 million international study to evaluate treatments for pediatric traumatic brain injuries (TBI).

This collaborative effort is funded by the National Institutes of Health (NIH) and will be led by Michael J. Bell, director, Pediatric Neurocritical Care and Neurotrauma at Children’s Hospital, and Stephen Wisniewski, senior associate dean and codirector of the Epidemiology Data Center at Pitt Public Health. Bell will coordinate patient enrollment and clinical activities within the project, and Wisniewski will coordinate data collection and the statistical analysis.

The five-year study aims to provide compelling evidence to change clinical practices and provide recommendations for guidelines that could immediately improve outcomes for injured children.

The researchers plan to enroll 1,000 children up to 18 years of age from more than 36 locations in the United States and abroad to compare the

effectiveness of immediate treatments of these injuries, including strategies to lower intracranial pressure, strategies to treat secondary injuries, and the delivery of nutrients in a study that is called the Approaches and Decisions for Acute Pediatric TBI (ADAPT) Trial.

“Incremental improvement in outcomes of traumatic brain injury could make enormous differences for the health of children, but such advances have remained elusive,” said Bell. “No mitigating treatments have been translated into clinical practice, so we hope this study helps us gain a better understanding of contemporary therapies.”

“Traumatic brain injury is the leading cause of death in children in the U.S., with the CDC estimating more than 7,000 children dying each year from TBI,” said Wisniewski. “Given the incidence of the condition and the outcomes from previously reported clinical studies, we estimate that up to 1.3 million life-years are at risk each year from severe TBI. Any benefits that can be gained by improving clinical practice can have enormous consequences for children right now, and for clinical trials in the future.”

The study, which is expected to more than double existing evidence-based treatment recommendations for TBI in children, will provide volumes of data for improved TBI research protocols that would limit variability in treatments. Such variability has led to the failure of previous randomized controlled trials. The study also will evaluate the effectiveness of six therapies encompassing three specific aims: intracranial hypertension therapies, secondary insult prevention, and metabolism.

Children with severe TBI where an intracranial pressure monitor is placed will be enrolled in the study. The children will receive the standard of care offered by their hospital in the United States and Europe, and extensive data on their cases will be collected over the week following the injury. Outcomes will be tested at six months and one year after injury for all children.

Wisniewski plans to use statistical methods to evaluate the impact of treatments on outcomes up to one year after the injury. This will allow the researchers to determine what approach works best.

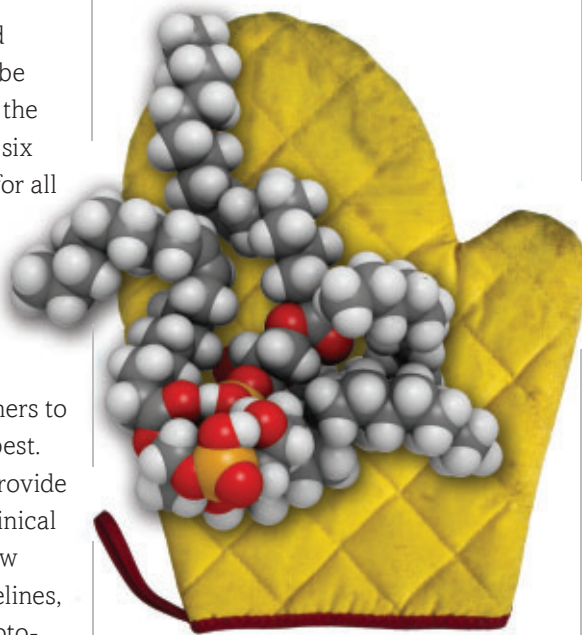
“Completion of this study will provide compelling evidence to change clinical practices, provide evidence for new recommendations for future guidelines, and lead to improved research protocols that would limit inconsistencies in traumatic brain injury treatments—helping children immediately through better clinical practices and ultimately through more effective investigation,” Bell said.

“Beyond the large impact that these recommendations will have on the field of pediatric traumatic brain injury, we expect our study to lead to the development of feasible randomized controlled trials,” Wisniewski said. “Such trials are the best way to provide assurances that

a recommended treatment truly has the greatest odds of healing an injured child.”

“This novel study, which includes many dedicated international physicians and scientists, has the potential to accelerate our knowledge of how to treat children who sustain severe traumatic brain injuries,” said Ramona Hicks, a program director at the NIH National Institute of Neurological Disorders and Stroke (NINDS), which is providing the grant support for the study. “NINDS looks forward to rapid results that will inform clinical practice within the next few years.”

The project includes an international group of nine key TBI, statistics, and epidemiology experts. ●



When Cells Eat Their Own Power Plants: Pitt Scientists Solve Mystery of Basic Cellular Process

A mix of serendipity and dogged laboratory work allowed a diverse team of University of Pittsburgh scientists to report in the October 1 issue of *Nature Cell Biology* that they had solved the mystery of a basic biological function essential to cellular health.

By discovering a mechanism by which mitochondria—tiny structures inside cells often described as “power plants”—signal that they are damaged and need to be eliminated, the Pitt team has opened the door to potential research into cures for disorders such as Parkinson’s disease that are believed to be caused by dysfunctional mitochondria in neurons.

“It’s a survival process. Cells activate to get rid of bad mitochondria and consolidate good mitochondria. If this process succeeds, then the good ones can proliferate and the cells thrive,” said Valerian Kagan, a senior author on the paper and professor and vice chair of the Department of Environmental and Occupational Health. “It’s a beautiful, efficient mechanism that we will seek to target and model in developing new drugs and treatments.”

Kagan, who, as a recipient of a Fulbright Scholar grant, currently is serving as visiting research chair in science and the environment at McMaster University in Ontario, Canada, likened the process to cooking a Thanksgiving turkey.

“You put the turkey in the oven and the outside becomes golden, but you can’t just look at it to know it’s ready. So you put a thermometer in, and when it pops up, you know you can eat it,” he said. “Mitochondria give out a similar ‘eat me’ signal to cells when they are done functioning properly.”

Cardiolipins, named because they were first found in heart tissue, are a component on the inner membrane of mitochondria. When a mitochondrion is damaged, the cardiolipins move from its inner membrane to its outer membrane, where they encour-

age the cell to destroy the entire mitochondrion.

However, that is only part of the process, says Charleen T. Chu, professor and the A. Julio Martinez Chair in Neuropathology in the Pitt School of Medicine's Department of Pathology, another senior author of the study. "It's not just the turkey timer going off; it's a question of who's holding the hot mitt to bring it to the dining room?" That turns out to be a protein called LC3. One part of LC3 binds to cardiolipin, and LC3 causes a specialized structure to form around the mitochondrion to carry it to the digestive centers of the cell.

The research arose nearly a decade ago when Kagan had a conversation with Chu at a research conference. Chu, who studies autophagy, or "self-eating," in Parkinson's disease, was seeking a change on the mitochondrial surface that could signal to LC3 to bring in the damaged organelle for recycling. It turned out they were working on different sides of the same puzzle.

Together with Hülya Bayır, research director of pediatric critical care medicine at Children's Hospital of Pittsburgh of UPMC and professor in Pitt's Department of Critical Care Medicine, and a team of nearly two dozen scientists, the three senior authors worked out how the pieces of the mitochondria signaling problem fit together.

Now that they've worked out the basic mechanism, Chu indicates that many more research directions will likely follow.

"There are so many follow-up questions," she said. "What is the process that triggers the cardiolipin to move outside the mitochondria? How does this pathway fit in with other pathways

that affect onset of diseases like Parkinson's? Interestingly, two familial Parkinson's disease genes also are linked to mitochondrial removal."

Bayır explained that while this process may happen in all cells with mitochondria, it is particularly important that it functions correctly in neuronal cells because these cells do not divide and regenerate as readily as cells in other parts of the body.

"I think these findings have huge implications for brain injury patients," she said. "The mitochondrial 'eat me' signaling process could be a therapeutic target in the sense that you need a certain level of clearance of damaged mitochondria. But, on the other hand, you don't want the clearing process to go on unchecked. You must have a level of balance, which is something we could seek to achieve with medications or therapy if the body is not able to find that balance itself."

Coauthors on this paper include Jing Ji, Ruben K. Dagda, Jian Fei Jiang, Yulia Y. Tyurina, Alexandr A. Kapralov, Vladimir A. Tyurin, Naveena Yanamala, Indira H. Shrivastava, Dariush Mohammadyani, Kent Zhi Qiang Wang, Jianhui Zhu, Judith Klein-Seetharaman, Krishnakumar Balasubramanian, Andrew A. Amoscato, Grigory Borisenko, Zhentai Huang, Aaron M. Gusdon, Amin Cheikhi, Erin K. Steer, Ruth Wang, Catherine Baty, Simon Watkins, and Ivet Bahar, all of the University of Pittsburgh. ●



Gender, Racial, and Sexuality Differences in Attitudes Toward Bisexuality

Men who self-identify as heterosexual are three times more likely to categorize bisexuality as "not a legitimate sexual orientation," an attitude that can encourage negative health outcomes in people who identify as bisexual. The analysis was led by Mackey Friedman, assistant professor of behavioral and community health sciences.

"Bisexual men and women face prejudice, stigma, and discrimination from both heterosexual and homosexual people," said Friedman, also director of Project Silk, an HIV prevention initiative. "This can cause feelings of isolation and marginalization, which prior research has shown leads to higher substance use, depression, and risky sexual behavior. It also can result in lower rates of HIV testing and treatment."

Building on previous work assessing attitudes toward bisexual men and women, Friedman and his colleagues surveyed hundreds of adult college students for words that come to mind in relation to bisexual people, such as "confused," "different," and "experimental." The researchers then developed a survey and administered it to an online sample of 1,500 adults.

Overall, respondents were generally negative in terms of their attitudes toward bisexual men and women, with almost 15 percent of the sample in disagreement that bisexuality is a legitimate sexual orientation. However, women, white people, and people who identified themselves as lesbian, gay,

or bisexual had less bias and prejudice against bisexual people. Of note, respondents who identified as gay or lesbian responded significantly less positively toward bisexuality than those identifying as bisexual, indicating that even within the sexual minority community, bisexuals face profound stigma. In addition, these findings indicate that male bisexuals likely suffer more stigma than female bisexuals.

Friedman explains that when a bisexual person perceives that his or her sexual orientation is not recognized by peers, it can cause the person to feel socially isolated and unable to talk openly with friends, family, and school mates.

“Having hard data to back up why a bisexual person might feel the need to be secretive about sexual orientation, something that can lead to higher depression and many other negative health outcomes, is very useful to people trying to fight stigma and marginalization,” said Friedman. “For example, this information can guide social marketing interventions and outreach to reduce that stigma, and improve rates of HIV prevention, testing, and treatment within the bisexual community.”

The results of the survey, sponsored by the Center for Sexual Health Promotion at Indiana University Bloomington and the National Institutes of Health (NIH), were presented in November at the American Public Health Association’s 141st Annual Meeting and Exposition in Boston.

Additional collaborators on this research are Brian Dodge, Vanessa Schick, Gabriel Goncalves, Debby Herbenick, Randolph D. Hubach, and Michael Reece, all of the Center for Sexual Health Promotion at Indiana University Bloomington. ●



New Leadership in Human Genetics

Meet Genomics Innovator Dietrich Stephan, New Chair of Human Genetics

This past October, the Department of Human Genetics brought on board a new chair, Dietrich A. Stephan (PhD '96), genomics and biotechnology pioneer. Stephan has blazed a trail in “translating” his research findings on the causes of human diseases into diagnostic tests that can identify diseases early—often even before they strike—and are used routinely worldwide to help physicians and patients to make better decisions. He is well known for his pioneering work in inventing and building the infrastructure to allow people to be tested for their genetic risk factors for common chronic diseases, such as heart disease, age-related blindness, diabetes, and cancers, thus enabling them to manage their risks to stay healthy.

In addition to diagnostic advancements, Stephan’s therapeutic development programs have resulted in the first human trials for a number of new and effective therapies, including drugs for diseases of the brain such

as autism spectrum disorder and Lou Gehrig’s disease, pediatric and adult cancers, and several still in development for currently intractable and devastating diseases.

“Dr. Stephan brings an extraordinary set of talents to Pittsburgh. He is a proven leader, having served as a department chair in the past, as a biotechnology CEO, and as a board member of many high-profile organizations,” said Donald S. Burke, dean. “Dr. Stephan has a vision for the future of health care at the population level that is inspiring and infectious. He will help bring about a new era of applied public health genetics, including preventions and interventions, not only here in Pittsburgh but worldwide.”

Stephan comes to Pittsburgh from San Francisco, California, where he most recently was the founder, president, and CEO of Silicon Valley Biosystems, a diagnostics company dedicated to helping physicians improve patient health and outcomes through an understanding of the human genome. Last year, his company entered into an agreement to provide whole genome diagnostics to the Mayo Clinic Center for Individualized Medicine and Mayo Medical Laboratories.

“From the Industrial Revolution to today’s national leadership in education

and health care, Pittsburgh consistently produces breakthrough innovations, and does so without pretense,” says Stephan. “There are unique assets here that will let us achieve things that are impossible elsewhere. We plan to leverage all of these unique institutions, experts, tools, and strategies in Pittsburgh and beyond to achieve our vision of alleviating suffering and preventable death on a public health scale.”

In addition to a PhD in human genetics from Pitt, Stephan holds a BS in biology/biochemistry from Carnegie Mellon University and trained as a fellow at the National Human Genome Research Institute of the National Institutes of Health. He later served as professor and chair of the Department of Neurogenomics of the Translational Genomics Research Institute. He has founded, built, and sold several biotechnology companies and has led the implementation of clinical programs in personalized medicine at several prominent health care systems. Among numerous awards, in 2012 he was selected as a Legacy Laureate of the University of Pittsburgh.

Stephan will also serve as associate director of the new Institute for Personalized Medicine, a collaborative initiative between the University of Pittsburgh schools of the health sciences and UPMC, where he will lead efforts in population genetics and translational acceleration of new discoveries.

Stephan succeeds Ilyas Kamboh, who served as chair for almost a decade. During his tenure, Kamboh recruited and mentored many outstanding junior faculty, advanced the department's research programs in the genetics of diseases such as Alzheimer's, and guided one of the nation's premier genetic counseling programs. Kamboh will resume his position as professor of human genetics. ●

Awards Roundup



Fulbright Scholar Grant

Valerian Kagan, professor and vice chair of the Department of Environmental and Occupational Health, has been awarded a Fulbright Scholar grant to serve as visiting research chair in science and the environment at McMaster University in Ontario, Canada, during the fall of 2013.

Kagan will use the time as a Fulbright Scholar to further his research developing substances that help cells to repair and mitigate the effects of radiation after exposure to potentially lethal doses from incidents such as a “dirty” bomb detonation or nuclear power plant failure. The substances could also be useful in radiation therapy during cancer treatment.

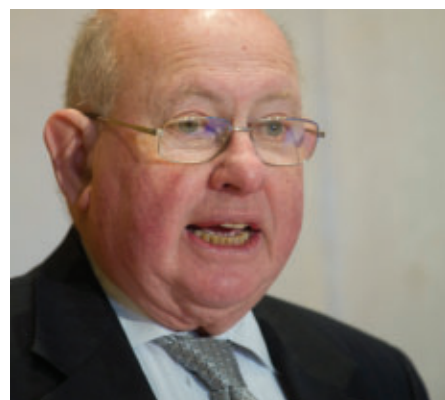
“Radiation exposure is very, very serious,” said Kagan. “The amount of energy from ionizing radiation that our bodies need to absorb to kill us is small. It's like raising our temperature by one hundredth of a degree Celsius. And when that exposure happens unexpectedly, such as during an industrial accident or terrorist attack, you have to act quickly to stop damage to the victim's body.”

When damaged by radiation, cells can either repair themselves or undergo cell death. If too many cells die, the radiation victim can go into organ failure or have his immune system destroyed.

Cardiolipins, a component of the inner membrane of structures inside cells called mitochondria, are part of a critical step in cell death from radiation. Specialized proteins trigger the cardiolipins to move from the inner membrane of the mitochondria to the outer membrane where they become oxidized and facilitate cell death.

Kagan is testing a series of compounds he and his colleagues developed to stop this reaction and act as “radioprotective” and “radiomitigative” substances.

“Perhaps they'll be used in protection against terrorism, but they could also be used in a more clinical way,” said Kagan. “For example, in radiotherapy, you want to kill tumor cells, while preserving normal cells. These substances would protect those normal cells from the radiation.”



AHA Population Prize

Lewis Kuller, professor emeritus of epidemiology, has been selected to receive the 2013 Population Prize by the American Heart Association. This annual prize is awarded to a recipient in recognition of outstanding contributions to the advancement of cardiovascular science. Kuller will receive the award at the 2013 Scientific Sessions in Dallas, Texas in November.



NISS Distinguished Service Award

Sally Morton, chair of biostatistics, was presented with the Distinguished Service Award by the National Institute of Statistical Sciences (NISS). The peer-review award recognizes extraordinary service that advances NISS and its mission. Morton received the award for her long-term service to NISS as a past member of its Board of Trustees, Executive Committee, and Nomination Committee; as chair of the NISS National Presence Committee; and as a current member of the Affiliates Committee and the Statistical and Applied Mathematical Sciences Institute Governing Board.

2013 Pitt Innovator Awardees

The University of Pittsburgh Office of Technology Management recently recognized the success of nearly 100 campus individuals for commercial innovations with the potential to change the world. The following Pitt Public Health faculty received awards:

- Yuanpu Di, environmental and occupational health
- Susanne Gollin, human genetics
- Jian Jiang, environmental and occupational health
- Valerian Kagan, environmental and occupational health
- Patricia Opresko, environmental and occupational health



HRSA/ASPPH Promising Practice Award

The Pennsylvania Public Health Training Center's Pittsburgh Summer Institute in Applied Public Health received the Promising Practice Award from the U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA), in partnership with the Association of Schools and Programs of Public Health (ASPPH). The award was accepted on behalf of the center by Linda Duchak, project director, as the impetus and leadership behind the summer institute, which offers a comprehensive apprenticeship experience at the Allegheny County Health Department (ACHD). In 2012, Duchak, along with Ron Voorhees, associate professor of epidemiology and chief of the Office of Epidemiology and Biostatistics at ACHD, developed and organized the six-week summer institute so that Pitt Public Health students could gain experience in a governmental approach to public health. The 2013 cohort consisted of nine students, and Duchak's vision for the institute includes broadening its scope to include other disciplines in the health sciences. Associate Dean for Public Health Practice Margaret Potter was the principal investigator on the grant.



ASPPH/Pfizer Faculty Award for Excellence in Academic Public Health Practice

Margaret Potter, associate dean for public health practice, professor of health policy and management, and director of the Center for Public Health Practice, was awarded the 2013 ASPPH/Pfizer Faculty Award for Excellence in Academic Public Health Practice. This award recognizes full-time faculty from Council on Education for Public Health-accredited member-schools and programs of public health. In particular, this award aims to highlight and reward faculty who have devoted their careers to advancing and integrating scholarly, public health practice within research, teaching, and service. ●



Solving the Puzzle of Infant Mortality

by *Christine H. O'Toole*



During 2010, 12,881 babies were born in Allegheny County, welcomed joyfully by their families. While most of these newborns are now fast-moving toddlers, 97 of them never took their first steps. Of 9,339 births to White mothers, 54 infants died; of the 2,615 births to Black mothers, 38 infants died.

Infant mortality, defined as the death of a baby before its first birthday, has long been considered a problem in emerging nations, where disease and malnutrition are rampant. The truth is, it is also an American problem and a clear public health issue in Allegheny County.

Despite its massive and sophisticated health care system, the United States ranks well behind other nations on this crucial measure. With 6.05 deaths per thousand births in 2011, the U.S. ranks behind the European Union, Singapore, Cuba, and Belarus. Even more troubling is evidence of racial disparity in southwestern Pennsylvania and elsewhere. While local rates of infant mortality among Whites are similar to the national average of 5.6 deaths per thousand, rates for local African Americans are 16 per thousand. That rate also exceeds that of African Americans elsewhere; nationally, their rate is 13 per thousand.

Several decades of concerted effort to reduce infant mortality in Allegheny County have done so only slightly. Now, new collaborative strides by Pitt Public Health researchers and local practitioners suggest that the county must systematically address a web of factors, including societal and cultural conditions, to achieve better outcomes.

Clinical factors like pre-term births (those before 37 weeks of gestation) and low birth weight are widely acknowledged as common causes of infant death. Vitamin D deficiencies and obesity among pregnant mothers may also be risks. But poor infant outcomes are also linked to mothers' education levels, access to prenatal clinics, and physical and sexual abuse.

"What do you target first? That's the hard part," says Jessica Burke, associate professor of behavioral and community health sciences. "I always use the analogy of a Rubik's Cube: It's a 3-D combination puzzle with many moving parts. I have long maintained that it's a multipronged approach that will have impact. There's no vaccination, no magic answer. We're addressing more stubborn and intractable problems."

Since 2011, Burke has directed the Academic-Community Partnerships to Address Maternal and Child Health in Allegheny County. Funded by the National Institute of Child Health and Human Development (NICHD) at the National Institutes of Health (NIH), the project is designed to bring academic and community partners together to develop a community-based participatory research agenda to address domestic violence and pregnancy health issues in the region. With colleagues from Pitt Public Health, the School of Medicine, the Allegheny County Health Department, and community experts, Burke is developing a consensus on how to align all sides of the Rubik's Cube.

Along with Burke, a corps of women researchers at Pitt Public Health is sharing data on other aspects of the infant mortality epidemic. Dara Mendez, assistant professor in epidemiology, is examining how neighborhood barriers to safe housing, jobs, or nutritious food influence pregnancy outcomes. Lisa Bodnar, associate professor of epidemiology, is pursuing national research on maternal nutrition and obesity. Collette Ncube, a doctoral student in the Department of Behavioral and Community Health Sciences, is pairing adolescent mothers with adult mentors. Elizabeth Miller, associate professor at Pitt Public Health and in pediatrics

at Pitt's School of Medicine, works with adolescent boys, as well as girls, to address healthy relationships and teenage pregnancy and parenthood.

Individual responsibilities can hinder large-scale efforts. "Everyone's trying to address care and support for the most vulnerable families," observes Miller, also a member of the interdisciplinary advisory board for Burke's NICHD project.

"The challenge is that it is often easier to stay focused on one's specific area of expertise.

A CYF [Children, Youth and Families social] worker focuses on the child's safety, separate from the pediatrician's efforts to ensure the child is getting the nutrition needed to grow and thrive, and may also be missing the boat in terms of supports the parents may need.

The community outreach

worker may be making sure there's access to housing but is not linking to other efforts. So programs tend to come and go, without a comprehensive response to a complex problem. Sustained collaboration takes time, linkages, ongoing communication, and the support of leadership to encourage such collaboration."

Burke agrees. "It takes a different approach, with a tiny bit more time and effort. Coordination is a warm hand-off to somebody else. It's the follow-up and the personal interaction that matter," she says.

An issue that troubles Mendez is the lack of public outcry about the issue: "In Allegheny County we have stark racial disparities in many health outcomes, but infant mortality is not necessarily on the agenda. It continues to strike me: Why do we have inequity in something so important as the life of an infant?"

Maternal Health: Changing Behaviors

Bodnar's groundbreaking 2007 research on vitamin D deficiencies has been cited more than 400 times as an important breakthrough in understanding the prevalence of poor vitamin D status in pregnant mothers and newborns. In recent research, Bodnar and postdoctoral associate Alison Gernand found that nationally, mothers with low blood levels of vitamin D in the first 26 weeks of pregnancy were more

likely to deliver small babies than their peers. The deficiency is more common among African American women. However, Bodnar explains it's not necessarily related to a single cause, such as poor diet.

"The primary vitamin D source is ultraviolet B radiation, just casual exposure to sunlight. Melanin blocks absorption of vitamin D. So very dark-skinned women may synthesize vitamin D in their skin less efficiently. Another part of the

disparity may be related to the neighborhood environment. If you don't live in a safe neighborhood, your time outdoors is reduced," she explains.

Bodnar has continued to address the role of maternal nutrition in adverse pregnancy outcomes. She is intrigued by animal studies that suggest that low vitamin

D might contribute to the development of obesity, another significant factor in healthy births. "Nutrition is an individual behavior we can impact. During pregnancy, women are motivated for themselves and the fetus, and they are willing to make changes." (See "Can Supermarkets Create Healthy Pregnancies?", p. 17.)

Bodnar also points out, public education programs directed to mothers and other caregivers make a positive impact on individual behaviors. Smoking and alcohol cessation messages remind pregnant women to protect their babies. Education about the long-term benefits of breastfeeding is encouraging more mothers to return to the practice: The Centers for Disease Control and Prevention recently announced that the percent of babies breastfeeding at six months increased from 35 percent in 2000 to 49 percent in 2010. After a decade of concerted communications efforts for the Back to Sleep campaign, more mothers are aware that placing babies face-up in the crib greatly reduces the risk of Sudden Infant Death Syndrome (SIDS). SIDS rates have decreased by more than 50 percent since 1994.

Bodnar shares Burke's interest in examining how educating women on how to adopt other behaviors could have similar benefits. She recently contributed to an Institute of Medicine report on the ideal range of weight gain in pregnant women.

"We've talked about how can we weave all the individually focused work, like vitamin D and nutrition and maternal weight gain together," notes Burke. "We need to send a clear message to pregnant women to answer the question, 'What should I be doing?'"

"Programs tend to come and go, without a comprehensive response to a complex problem. Sustained collaboration takes time, linkages, ongoing communication, and the support of leadership to encourage such collaboration."

— Elizabeth Miller

Community Context

Public education programs have been a major factor in reducing infant mortality across the United States. Rates declined 12 percent from 2005 through 2011, to 6.05 deaths per 1,000 births. But among African Americans in Allegheny County, rates have remained stubbornly high. That has led researchers to investigate barriers faced by at-risk mothers that can't be easily addressed on a personal level.

Mendez's research focuses on social determinants of birth outcomes and maternal health. Non-physical issues such as racial segregation, local crime, and access to transportation or groceries may have measurable impact on pregnant women. As part of ongoing research funded by the Aetna Foundation, Mendez is working with Bodnar to examine how neighborhood context contributes to disparities in birth outcome and pregnancy weight gain. The study combines birth record data from Allegheny County with several neighborhood data sources to measure and model such factors.

Mendez has also investigated neighborhood context and pregnancy in an outreach program that paired pregnant women with doulas, women trained to coach mothers through pregnancy, labor, and delivery. Doulas and their clients agreed that access to affordable, nutritious food; affordable quality housing; jobs; and access to and availability

of transportation were among the women's primary needs. The study results suggest areas for intervention and collaborative action.

Social determinants also interest Ncube, one of Burke's doctoral advisees. Ncube is analyzing vital records data from the Allegheny County Health Department for all preterm and low-birth-weight infants born in the last five years. By examining the birth record information, including neighborhood address at the time of birth, for both infants and their mothers, she hopes to discern how historical and immediate surroundings affect birth outcomes.

Burke says that working in partnership with the health department creates the potential for translating research into practice. "When you add the neighborhood context to work that has already been done, there's an exciting opportunity," she says. "A synergy between people in different disciplines can actually happen. Neighborhood-level work taps community institutions to reach their members."

"The issue in any health topic is the same: When people are not accessing care, how do you find them?" asks Burke. "The answer is partnering with organizations serving them—at child care for their existing kids, at a food pantry, at church. If you move the conversation out into those spaces, you create opportunities for engagement. That's changing the model."



Participation in community fairs and neighborhood events is a key strategy for Healthy Start, a free program to provide comprehensive services to mothers and babies in Allegheny and Fayette counties. Allegheny County has been part of the federally funded program since its inception in 1991. Healthy Start offers case management by nurses and outreach workers, connections to health and social services, well-baby visits and immunizations, breastfeeding support, and spouse/partner support. Cheryl Flint, executive director of the Healthy Start program in Pittsburgh, cochairs the interdisciplinary advisory board for Burke's NICHD project and provides key information about the positive impact of its programing. Nine out of 10 Healthy Start clients receive prenatal care beginning in their first trimester and deliver full-term, normal weight babies.

"In Allegheny County, we have good programs that focus on the individual," says Burke. "Our public health research lens tends to be the context. That steps away from just the mom to her relationships and, then, to the neighborhood."

Healthy Relationships Start Young

Family relationships dating to a mother's childhood may influence infant mortality. Pitt Public Health collaborated on the Allegheny County Health Department's recent health survey, which asked adults about traumas in their past. Did they experience sexual, physical, or psychological abuse? Did their parents have mental health issues? Had they witnessed violence against their mother?

"There is evidence from studies elsewhere that if a mother has experienced trauma, either before or during pregnancy, it can be a factor for poor outcomes," says Ron Vorhees, professor of epidemiology and a health department adviser. "We're now using that data, and it has stimulated us to look at developing an assessment on trauma during pregnancy."

Burke and Miller have shown that intimate partner violence, defined as emotional, physical, or sexual abuse by an intimate partner such as a boyfriend or husband, is significantly associated with adverse health outcomes for women and children.

Miller has focused on teen pregnancies in her research. "We have estimates from several large studies that eight percent of all U.S. pregnancies are affected by abuse. For adolescents, there is a two to threefold increase in that risk. And we know that among teenagers, close to 90 percent of pregnancies are unintended. So if we put the numbers together, about a quarter of adolescent pregnancies appear to be associated with sexual coercion and abuse," she suggests.

Education about partner violence prevention may ultimately reduce that negative behavior. "We need to think about such prevention efforts at the population level," says Miller. "In a world without partner violence, how much could you reduce unintended pregnancy? Probably a lot. And reducing unintended pregnancy will contribute to reducing infant mortality."

Toward that goal, Miller has worked with local school districts to teach young teens about respect and communication in their romantic and sexual relationships. That includes enlisting sports coaches and other mentors for young men. "The community-level piece of infant mortality that we have consistently missed is engaging men and boys in the conversation," she says.

Education is also at the heart of the Maikuru Project, a research effort at Pitt's School of Medicine in the Department of Family Medicine, which pairs adolescent mothers with adult mentors. In addition to conducting her own dissertation research, Ncube coordinates Andrew W. Mathieson Professor and Department Chair Jeannette South-Paul's two-year program designed to improve young mothers' life skills, increase their social support networks, and delay a subsequent pregnancy until they reach adulthood. This research experience helped Ncube to spotlight the importance of a life course approach to addressing adolescent pregnancy. Her role on the project allowed her to see how behavioral risk factors associated with subsequent pregnancy are affected by the environment in which the adolescent mother is making those decisions.

The number of interlocking efforts to reduce local infant mortality is as complex as the Rubik's Cube Burke invokes to explain the problem. "We're not alone," she says. "Many cities around the U.S., including Baltimore and Los Angeles, suffer from the same maternal and child health problems we face. But the racial disparity is so great here, it's clear that we have to do better." ●



Can Supermarkets Create Healthy Pregnancies?

The October opening of a full-service grocery store in Pittsburgh's Hill District, a historically African American community, provides an opportunity to study its impact on pregnant women and the community at large.

Pittsburgh Hill/Homewood Research on Eating, Shopping and Health (PHRESH) is a five-year study of two Pittsburgh communities, the Hill District and Homewood. Funded by the National Institutes of Health, PHRESH will explore food choices, food availability, and health. Its second phase adds another neighborhood component: whether the availability of green space encourages residents to exercise.

"We know that the things people eat affect their health. We also know that food choices depend on what people like, how much it costs, convenience, and other factors. But, we are not sure how characteristics of neighborhoods—things like access to fresh fruits, vegetables, and meats—make neighborhoods and residents more or less healthy," explains Tamara Dubowitz. A social epidemiologist at the RAND Corporation in Pittsburgh, she did postdoctoral research at what was then the University's Center for Minority Health in 2005–06.

As part of the PHRESH study, Bodnar will look at women of childbearing age, from 18–49, comparing nutrition and food knowledge and behaviors among study participants across a range of body weights. With 1,400 participants enrolled, the project, to be completed in 2016, is the largest such study ever undertaken in the United States.



A Passion for Public Service: Q&A with Karen Hacker

by Christine H. O'Toole

Allegheny County's new health department director recognizes the need for collaboration among many sectors to move the needle. Her vision for the Allegheny County Health Department is to be a leader in developing this cohesion.





Karen Hacker participated in the Clean Air Dash, sponsored by the Breathe Project, on October 19.

On September 1, Karen Ann Hacker became director of the Allegheny County Health Department, succeeding acting director Ron Voorhees, professor of epidemiology at Pitt Public Health. The 57-year-old Hacker previously served as executive director at the Institute for Community Health, a public health research organization within the Cambridge Health Alliance in Cambridge, Massachusetts, where she was senior medical director. She also held an appointment at Harvard Medical School.

Hacker will lead an agency with 345 employees and an annual budget of \$37.2 million. She is expected to accept a faculty appointment at Pitt Public Health next year. During a recent conversation with Pitt Public Health, she offered her background and her perspective for the new position.

Q: What prompted your move from a health care nonprofit to government?

My family has... a passion for public service. My dad was treasurer of the ACLU [American Civil Liberties Union] in Chicago for a long time, and I often thought I would like to do something in government. So personally, this feels like an evolution for me.

Q: What can you do in this job you couldn't do in your previous job?

My interest is in public health as a convener. In the Massachusetts public health system, there's no county structure. Every city and town has a separate department, with Boston and Cambridge's being the largest. Regionalization hasn't happened. The health care climate in the Boston area is very competitive and focused on systems building their patient

base. Payment reform is a huge issue, but it feels like public health is at the bottom of everybody's list.

I saw this as an opportunity to come to a place where there seems to be good alignment between the academic community, the health care delivery community, and the foundation community. There's a desire to have the county health department be a leader in pulling people together.

Q: At the news conference where you were introduced, you mentioned the primary causes of premature mortality in Allegheny County: infant mortality, youth homicides, cancer, cardiovascular disease, and diabetes. Did your work in Cambridge address those issues?

The Boston metro region didn't have anywhere near the infant mortality rates of Allegheny County. The rates there are pretty low. Another issue is that in Massachusetts, 97 percent of the population has insurance. Access to care is pretty good. Massachusetts also has a unique uncompensated care pool, with state money for folks to be seen in a variety of hospitals. That is not the case here. When you know how much delivery of care is available

in the Pittsburgh area, the fact that there are still unserved individuals is troubling.

At the public health commission in Boston, I oversaw the violence prevention program and had some experience with community efforts to curb youth violence. We worked with schools on their curricula, and things got better. Community policing is also an important part.

People are recognizing that these are not single-sector initiatives. All of them require collaboration and coordination. You have to work with other government departments such as parks and recreation, transportation, police, schools, and housing, as well as community partners.

Q: You're coming from an area of the country that is relatively youthful, wealthy, and healthy. What are opportunities in going to a region with very different demographics?

It's exciting! When you're moving the needle from 97 percent to 98 percent in Boston, it sometimes feels like you are competing to be at front of the line. Here there are so many opportunities to make change, for example on health equity and obesity. Air and water problems have yet to be solved, but it's great to see things moving in the right direction.

Q: What relationship do you foresee with Pitt Public Health?

Even before I arrived, the Allegheny County Health Department had been working on a strategic plan, an effort headed by Dean [Donald S.] Burke. Big portions of his priorities are related to health equity. I am aligned with that. He is also interested in social determinants, and I believe that the Allegheny County Health Department could do a lot more to support evidence-based practices to improve social determinants.

I've met with the Pitt Public Health chairs in epidemiology and in behavioral and community health sciences. I now have a faculty appointment in health policy and management, with a secondary appointment in behavioral and community health. I'm interested in that because ultimately, the county health department will [seek] accreditation from the Public Health Accreditation Board, a national nonprofit. The process makes the health department assess itself, like the Baldrige Quality Awards do for business. These efforts aim to improve organizations through a hard self-assessment of internal capacity. Public health accreditation does the same thing for health departments, measuring them against the 10 essential public health functions. I think Pitt Public Health students will be great resources for that effort by helping us gather information and assess our own strengths and weaknesses.

It's unlikely that the department can have its own research and evaluation function, and I think that's something that the dean is really interested in. And it is attractive for the department to have the dean on its board—that is unheard of! It's wonderful that he is spending his time and energy on community issues.

Q: What's your management style?

The challenge in public health is maintaining your vision. It's easy to get stuck in day-to-day issues. There's a needle found in the park today; tomorrow, you have to test the water. It's hard to stay on track with a strategic plan when there are constant fires to fight. You have to keep your eye on the prize. For me, I do best with a team rowing in the same direction—where people are happy in the work that they're doing, and the department is seen as innovative and action-oriented—rather than a stereotypical bureaucratic department that drives people crazy! ●

In addition to the bilingual clinic staff of three physicians, two nurses, three registration staffers, and many volunteers, the clinic maintains a partnership with the Certificate Program in Global Health. In essence, says Chaves-Gnecco, the local clinic enriches the international experience of Pitt Public Health students who lend a hand at the clinic.

Alumni Profile: Diego Chaves-Gnecco

by *Christine H. O'Toole*

In September 1998, a young Colombian doctor dragged his suitcases into Oakland, preparing to pursue a fellowship in clinical pharmacology and a Master of Public Health (MPH) at Pitt Public Health. Fifteen years later, he has married, made Pittsburgh his home, and found a spiritual and intellectual calling to serve what he calls “an invisible community:” the Pittsburgh region’s fast-growing population of immigrant Latino children.

“For me, it was important to make a difference,” explains Diego Chaves-Gnecco (MPH '02), who is affectionately known as “Doctor Diego” to his patients and coworkers. The son and grandson of Colombian physicians, he had been drawn to public health through his medical studies at

Pontificia Universidad Javeriana in his native Bogotá.

“It was clear from the very beginning that the biggest accomplishments in keeping patients healthy were from the public health perspective—hand washing, preventive medicine, and immunizations.”

While completing his MPH, Chaves-Gnecco also pursued a fellowship at Pitt in clinical pharmacology. A six-year stint as a pediatric resident and fellow in developmental and behavioral pediatrics at Children’s Hospital of Pittsburgh of UPMC followed. Looking back, Chaves-Gnecco credits his experience in an interdisciplinary field course in rural communities as a pivotal moment.

“Over a summer, we worked with students from a number of universities on a rural health care study. There were so many challenges: All of us had different backgrounds com-



ing into a rural community to do poison prevention in a day care center in Cumberland, Maryland. The lesson of the collaboration was, things can happen! That was the root of what we now do at the clinic.”

Today the 43-year-old physician directs Salud Para Niños (Health for the Children). Operated by Children’s Hospital, it serves children at two locations. A clinic in the South Side provides an option for uninsured Latino children, and a clinic in Oakland is open to children with any type of health insurance.

“When we founded the clinic in 2002, there were no clinics for Latino children in Pittsburgh,” he explains. “The problem then and still now is that we are, in many cases, an invisible community. Yet there are 30,000 Latinos living in southwestern Pennsylvania.”

While U.S. Census numbers indicate the group is only two percent of the regional population, the doctor points out its unique demographics.

“One-third of Latinos here are under 18. So it’s a young population, and quite diverse. Our families come from many different countries in Latin America.” While many Latino family incomes are below the national median, Chaves-Gnecco says immigrants face larger obstacles. “Transportation, language, and culture are barriers. You need credentials; you need to become fluent in English to achieve full potential.”

In addition to thrice-weekly clinics, Salud Para Niños offers effective public health programs like its car seat initiative, which inspects the devices at community events and provides free replacements for defective models. It also connects families to state and federal health insurance programs when their children qualify for them.

But beyond medical care, many families also need an introduction to social services and school enrollment. In 2007, Chaves-Gnecco worked with others to establish the Latino Family Center.

He found an ally in Marc Cherna, director of the Allegheny County Department of Human Services. “Dr. Diego is a dynamo, an indefatigable, passionate champion for Latino families in our community,” says Cherna. “A number of years ago, as a new member of our Child Welfare Advisory Board, he sensitized the Department of Human Services to our region’s growing Latino population. Wisely and persistently, he encouraged us to plan for their needs, translate our outreach and educational publications into Spanish, and create a culturally welcoming network of care. And while we acknowledge we still have much to do, we are much further along than we would have been without his vision and perseverance.”

Chaves-Gnecco has also encouraged a strong partnership between Pitt Public Health and Salud Para Niños. In addition to the bilingual clinic staff of three physicians, two nurses, three registration staffers, and many volunteers, the clinic maintains a partnership with the Certificate Program in Global Health. In essence, says Chaves-Gnecco, the local clinic enriches the international experience of Pitt Public Health students who lend a hand at the clinic.

“It’s not just doing things abroad. We are so lucky to have such a diverse population here,” he notes. As part of its public health commitment, Chaves-Gnecco says the clinic is beginning to address childhood obesity, working with School of Medicine and Pitt’s soccer team to invite Latino families to play the game. The initiative was created by two high school students, both children of faculty at Pitt’s School of Medicine.

Chaves-Gnecco understands the importance of public education in the assimilation of immigrant families. He’s enthusiastic about the Pittsburgh Promise, a college scholarship program for graduates of the Pittsburgh Public Schools. “Our concern was, kids go to school and know about [the program], but the information was presented in English. We helped to develop Spanish materials to make sure Latino families know about it.”

Recently Salud Para Niños hosted an information session with Pittsburgh Public Schools Superintendent Linda Lane and Pittsburgh Promise Director Saleem Ghubril. “The audience was able to ask basic questions, like the difference between public schools and private. They needed information about special needs and English as a Second Language. Now they know members of the community; they’re working with the community. It’s very exciting.”

The doctor is gratified to see his former patients thrive. “Many kids I saw at age six or eight are now young adults. They are the first generation of their families to go to universities—some helped by the Pittsburgh Promise. They grow up to become good men and women. They achieve their dreams and give back to the community and to the region.”

While Chaves-Gnecco originally planned to return to Bogotá after his residency, he has become a Pittsburgher. He became a U.S. citizen and met his wife, Marysue Grassinger, who completed a doctorate in pharmacy from Pitt.

“I’ve been lucky, have been blessed, and I give thanks,” he says cheerfully. “I can never be thankful enough to God, to Children’s, to the University, to the Graduate School of Public Health, and the community.” ●



“For me, it was important to make a difference,” explains Diego Chaves-Gnecco (MPH ’02), who is affectionately known as “Doctor Diego” to his patients and coworkers.



Helping patient families to navigate the bureaucratic waters of insurance requirements is a valued service offered.



Catrina Rico, MPH student in the Department of Infectious Diseases and Microbiology, uses her Spanish fluency as a volunteer in Chaves-Gnecco’s Oakland practice, using children’s books to assess vocabulary and social skills.

Alumni News

Paying Tribute

Nine Pitt Public Health associates received special awards over the course of the past year: the University of Pittsburgh 225th Anniversary Medallion, created by Chancellor Mark A. Nordenberg to honor alumni who have brought honor to the University and whose efforts have contributed to Pitt's progress.



Lucile Adams-Campbell (PhD '83), professor of oncology and associate director for minority health and health disparities research at Georgetown University Medical Center



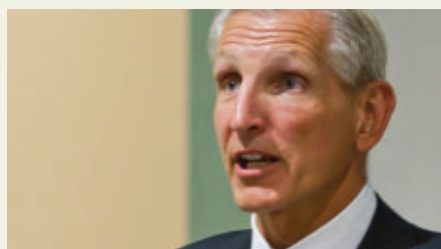
Wen-Ta Chiu (MPH '87, DrPH '89), minister of Department of Health, Executive Yuan, R.O.C. (Taiwan)



James Craig (MPH '63), president of Family and Preventive Medicine Services, Inc.



Lee B. Foster II (A&S '73), chairman of LB Foster Co.



Robert J. Henkel (MPH '83), president and CEO of Ascension Health



David P. Hunter (MPH '70), principal of H&G Advisors, Inc.



Diane Peterson (MPH '75), president of D. Peterson & Associates, Inc.



Thomas M. Priselac (MPH '75), president and CEO of Cedars-Sinai Medical Center



Vichit Yamboonruang (MSHYG '77), president of Thai Premier League Co., Ltd. ●

Accepting Nominations!



Nominate a Pitt Public Health alumnus for the 2014 Alumni Awards. Recipients will be honored at a celebratory dinner on Saturday, May 17 in Pitt's Alumni Hall Connolly Ballroom. Deadline for submissions is February 24. ●



Nominate online at www.publichealth.pitt.edu/alumniawards

Standing Room Only



So popular was Ralph W. Hingson's lecture that students lined the aisles of the auditorium—and even sat on the floor—to hear him deliver his lecture, *New Research Since the Surgeon General's 2007 Call to Action to Reduce Underage Drinking*, on September 27. Hingson presented more than a few sobering facts during his presentation about alcohol abuse, which prompted many questions from the engaged audience.

Hingson (MPH '70), inaugural director of the Division of Epidemiology and Prevention Research at the National Institute on Alcohol Abuse and Alcoholism (NIAAA) and previous associate dean for research at Boston University School of Public Health, was on campus with his wife, Pitt School of Medicine alumna Johanna Seddon, to receive a 2013 Legacy Laureate award.

Chancellor Nordenberg presented the award to acknowledge Hingson's professional achievements, which include authoring or coauthoring more than 150 research articles and chapters on the effects of raising the legal drinking age, zero tolerance laws for drivers under 21, comprehensive community programs to reduce alcohol problems, and other related research about alcohol abuse. In addition to his appointment at the NIAAA, Hingson also is serving on the World Health Organization Coordinating Council to implement a global strategic plan to reduce the harmful use of alcohol. ●

Alumni Mentoring



Jonathan Lever (MPH '11), Jennifer Steinbock, and Diane Howard (MPH '79)

When Diane Howard (MPH '79) learned that she'd be traveling from Illinois to Pittsburgh in September for her first board meeting as the Pitt Public Health alumni representative to the Pitt Alumni Association (PAA), she knew there was someone she wanted to see during homecoming festivities. Howard, who is director of student development and assistant professor in the Department of Health Systems Management at Rush University in Chicago, was delighted to finally connect with Jonathan Lever (MPH '11). While they had been talking by phone on a weekly basis for over two years, the two had never met face to face.

Lever first contacted Howard in 2011 as part of a University alumni networking initiative, and Howard encouraged a continued mentoring relationship through recommended readings, interview coaching, and advice on career and professional goals. She says, "Our relationship proves that you don't need to meet if you establish a relationship built on trust. That can be done telephonically. At the beginning of our introduction, we established what we wanted to get out of the relationship and we both kept to our script. Jonathan wanted career advice and mentoring and I wanted to help identify his skills and

strategies to get him where he wanted to go." Lever, who now works for a hospital system in Cleveland, Ohio, is grateful for the

mentoring. "Diane is truly a wonderful human being. Her help has been invaluable. Each week I looked forward to our conversations."

While on campus, Howard also attended the PAA's Banner Luncheon, an awards reception for all of Pitt's schools and programs with alumni programming. She accepted the Gold award on behalf of Pitt Public Health, which offered more than a dozen alumni events and activities during 2012.

In addition to serving as a mentor to Lever and sitting on the PAA board, Howard also hosts Pitt Public Health alumni at her home or on Rush's campus when they are traveling through Chicago. She is currently helping to inform other alumni about the Pitt Public Health alumni reunion, to be held in Pittsburgh during the weekend of May 16–18, 2014. ●

Mark Your Calendars



www.publichealth.pitt.edu/alumnireunion

In the World

a Chris Barker (MS '80) (right), visited campus on October 3, caught up with Emeritus Professor Howard Rockette (left), and gave a lecture that afternoon to biostatistics students. Barker is president and owner of Chris Barker Statistical Planning and Analysis Services, Inc. in San Carlos, California. Over the course of his career, he's done statistical consulting and permanent work for multiple pharmaceutical companies, including Johnson & Johnson; Genentech, Inc.; Roche; and the former Syntex Corporation.

b Laura Wilson (MPH '13) at the Ephesus Ruins, Turkey, where she spent summer 2013 learning Turkish as a recipient of the Critical Language Scholarship from the U.S. Department of State. Wilson plans to pursue a career in international health policy. "One of my big interests is in health diplomacy," she says. "It's a field that looks at the mediating role health and health policy can play in international affairs. I'm interested in Turkey because of its geopolitical position between Western and Eastern worlds."

c Incoming students volunteered with regional nonprofits on August 23 as part of Plunge into Public Health, an opportunity to learn about the community, meet and network with classmates, and gain invaluable insights into disciplines. Some spent the afternoon at the Greater Pittsburgh Community Food Bank packaging food. Others traveled to the new Global Links Pittsburgh headquarters where they helped to prepare medical supplies for use in Latin America.

d Students in the Department of Epidemiology presented their research to Michael Wolf, Pennsylvania Secretary of Health, on October 3 in the new commons area in Parran Hall. Pictured here is MPH student Yiting Wang who presented the poster titled "The Association Between Changes in Endogenous Sex Hormone Levels and Physical Performance Among Women at Midlife: The Study of Women's Health Across the Nation."

e In October, penny wars pitted department against

department, all in good fun to benefit UNICEF. Donors' pennies counted as positive points for their own departments, and other coins and bills counted as negative points in somebody else's pot. The Department of Behavioral and Community Health Sciences was declared the decisive winner, with \$149.87 going to the charity.

f Several Pitt Public Health students made the season bright by participating in the 2013 Jingle Bell 5K Run/Walk for Arthritis on December 7. Pictured here are Catrina Rico, IDM; Sara Eihorn, BCHS; William Broughton, BCHS; Lisa Ripper, BCHS; and Celeste Shelton, HUGEN.

g On November 4, alumni gathered for a special reception in conjunction with the American Public Health Association annual meeting in Boston. Here BCHS alumna Natasha Brown (MPH '07) networks with old friends.

h The Student Government Association sponsored a community blood drive on September 26 in collaboration with the Central Blood Bank of Pittsburgh.

i Dean Burke and Lee B. Foster II, former chair and current member of the Pitt Public Health Board of Visitors, hosted approximately 80 guests at Cutting-Edge Art, Pitt Public Health, and You at the 2013 Carnegie International at the Carnegie Museum of Art.

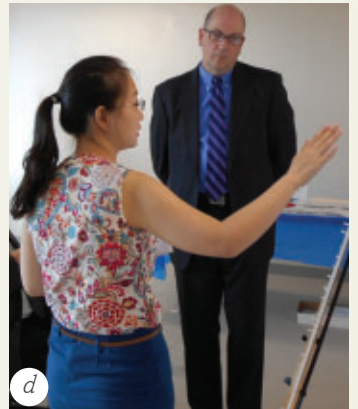
j Dean Donald Burke and his wife, Jane, welcomed new Pitt Public Health students on August 22 with a picnic at their home.

k Adriana Dobrzycka (MPH '08), community outreach and inclusion manager, Vibrant Pittsburgh, and cochair, Allegheny County Department of Human Services' Immigrants and Internationals Advisory Council, received a 40 Under 40 award from *Pittsburgh Magazine*. She's pictured here at the October 25, 2013, awards ceremony at the Wyndham Grand Pittsburgh Downtown hotel. ●



Have something to share?

In the World offers a peek at what some of our alumni, faculty, staff, and students are doing around the world. Have a photo to share? Send it to sgill@pitt.edu.





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Send us your updated information if you've changed jobs or moved.

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**Mark
your calendar!**

January 30, 2014

Lab Pavilion Ribbon Cutting Ceremony

February 13, 2014

Alumni-Student Networking Breakfast

April 8, 2014

Porter Prize Lecture

April 27, 2014

Pitt Public Health Convocation

May 16-18, 2014

Alumni Reunion

May 17, 2014

Alumni Awards/Alumni Reunion Dinner Gala

Check our Web calendar for more event details:

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