

PublicHealth

UNIVERSITY OF PITTSBURGH GRADUATE SCHOOL OF PUBLIC HEALTH

FALL 2006



*Meet New Dean
Donald S. Burke, MD*

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Public Health – by Dean Burke – Page 2**



Nine

Researchers Collaborate
to Create Pigs that
Produce Heart-Healthy
Omega-3 Fatty Acids



Thirteen

Dr. and Mrs. Monto Ho
Pledge \$2 Million to
Establish Endowed
Chair at GSPH

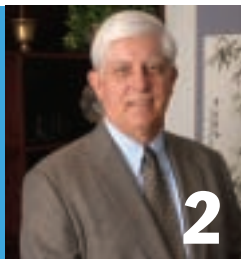


Twenty-one

Global Service
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Student Determine Career
Path

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^ Donald S. Burke

As of July 1, Donald S. Burke, MD, has assumed the position of GSPH dean. Dr. Burke is one of the world's foremost experts in prevention, diagnosis, and control of infectious diseases of global concern, including HIV/AIDS, avian flu, and emerging infectious diseases.

In addition to serving as dean of GSPH, Burke is the director of the University of Pittsburgh's new Center for Vaccine Research and serves in the newly created position of associate vice chancellor for global health, health sciences. He is also the first occupant of the University of Pittsburgh Medical Center-Jonas Salk Chair in Global Health.

Burke joins GSPH from the Johns Hopkins Bloomberg School of Public Health, where he served as professor and associate chair of the Department of International Health, professor of epidemiology and medicine, and director of the Center for Immunization Research. At the Bloomberg School, he served as principal investigator of National Institutes of Health-supported research projects on HIV vaccines, biodefense, and emerging infectious diseases. He also was director of the Disease Prevention and Control Program.

Before his tenure at Johns Hopkins, Burke served 23 years on active duty in the U.S. Army, leading military infectious disease research at the Walter Reed Army Institute of Research in Washington, D.C., and at the Armed Forces Research Institute for Medical Sciences in Bangkok, Thailand. He retired at the rank of colonel.

In addition to many decorations received while in military service, Burke has been honored by the scientific community. He is an elected fellow of the American Association for the Advancement of Science, American Academy of Microbiology, Royal Society of Tropical Medicine and Hygiene, American College of Physicians, and the Infectious Disease Society of America. He served as president of the American Society of Tropical Medicine and Hygiene in 1995-96.

Burke has authored or co-authored more than 200 research reports. Recent selections from his bibliography include reports on the evaluation of the likely effectiveness of strategies for containing an emerging pandemic influenza in Southeast Asia, simulation of the dynamic effects of antibody-dependent enhancement on the fitness of viruses, detection of traveling waves in the epidemiology of dengue hemorrhagic fever, and emergence of unique primate T-lymphotropic viruses among central African bushmeat hunters.

Burke's career-long mission has been prevention and mitigation of the impact of epidemic infectious diseases of global importance. His research activities have spanned a wide range of science "from the bench to the bush," including development of new diagnostics, population-based field studies, clinical vaccine trials, computational modeling of epidemic control strategies, and policy analysis. At Johns Hopkins, he most recently taught courses on infectious disease dynamics and on vaccine science and policy. ■

meet the dean



Future Directions for the Graduate School of Public Health

“First and last, the Graduate School of Public Health is part of a larger organism, the University and its medical center. No school of public health can become great unless it is integrated with a great university and a great medical center.”

By: Donald S. Burke, MD, GSPH Dean

I am proud yet humbled to be chosen to lead this extraordinary institution. Here in this short discourse, I share some of my own thoughts about future directions for GSPH. I will draw on three threads: local history, expert consensus, and my own experience.

Local History

History may not always repeat itself, but it usually rhymes. So as dean-select, I first studied the historical roots of our school. As the nation emerged from World War II in 1946 (incidentally, the year of my birth) Adolph W. Schmidt, trustee of the A.W. Mellon Educational and Charitable Trust, commissioned a study to investigate “the most urgent and long-range needs of Pittsburgh.” Prominent Pittsburghers uniformly cited public and occupational health services as pressing needs of the city. Based on these assessments, Schmidt submitted a proposal to the Mellon trustees to create a new school of public health in Pittsburgh. He then asked Lowell J. Reed, vice president of Johns Hopkins University and former dean of the Hopkins school of public health to help develop a plan. Initially Reed proposed that the new public health school in Pittsburgh be a subsidiary branch operation of Johns Hopkins University, but Schmidt disabused him of this notion by firmly declaring that there should not be “a lot of intricacies of operating relationships between the University of Pittsburgh and Johns Hopkins.” Hmm...I suppose I should report here that my own loyalties are fully with the University of Pittsburgh; no intricacies with Johns Hopkins.

Thomas Parran, retiring surgeon general of the U.S. Public Health Service, was recruited to become our first dean. Parran was already well known in Pittsburgh for his national high profile efforts in syphilis control. He has been something of a hero of mine, for during the early years of the HIV/AIDS epidemic, I studied his 1937 book on venereal disease control entitled *Shadow on the Land*. In 1987, I wrote “Shadow on the Land: The Epidemiology of HIV Infection,” a paper in which I quoted Parran extensively. I was especially impressed with his call to action:

“No matter how excellent the alibis for the little that we have done to control this disease, nobody denies that it can be done. Great as are the unsolved scientific problems...nevertheless we know enough now to save from the consequences of the disease both its victim and the society which is burdened by it.”

What passion and determination, and what a fine choice to lead the new school! I am proud to follow in that tradition of public health activism.

The opening of GSPH in 1948 prompted the first serious discussions among leaders at the University of Pittsburgh about relationships of the hospitals and schools within the health sciences. Mellon Trustee Adolph Schmidt expressed concern that

“The hierarchy of professors in the School of Medicine saw some kind of threat in the founding of the Graduate School of Public Health and bringing professional teachers of public health into their midst.”

Jonas Salk criticized the research milieu at the time:

“The faculty consisted almost entirely of part-time instructors who earned their living in the private

practice of medicine and had neither time nor inclination for basic research.”

And Parran was downright blunt about the organizational support for his future school:

“I have stressed the obstacles to the integration of our School into the Medical Center, the chief block being that there was no such center but an agglomeration of weak schools and individualistically inclined hospitals.”

I was pleased to learn that one unintended consequence of the founding of GSPH was the realization that the School of Medicine needed a serious new focus on academics and research, including a core of full-time faculty for all departments. The transition to excellence was assured when Schmidt told the hospitals that there would be no more Mellon grants until they complied. Of course, these have all been long-since successfully addressed, and the School of Medicine is outstanding. It seems clear that the university-wide culture of excellence at Pitt is essential to the future of GSPH. Like Parran, I believe that

“First and last, the Graduate School of Public Health is part of a larger organism, the University and its medical center. No school of public health can become great unless it is integrated with a great university and a great medical center.”

Expert Consensus

Two recent influential expert consensus reports on public health—both from the Institute of Medicine—can help guide our plans. The first is “The Future of the Public’s Health in the 21st Century.” This report, which was co-authored by our own distinguished GSPH colleague, Professor Judith

Lave, focuses on public health policy and practice. Indeed, of the 34 recommendations in the report, only seven deal with academia and most of these seven academically oriented recommendations focus on federal funding mechanisms for research and training. However, two key recommendations deserve serious attention. One proposes that academic institutions should increase integrated *interdisciplinary learning* opportunities for students in public health. Another proposes that academic institutions should develop criteria for recognizing and rewarding faculty scholarship related to service activities that *strengthen public health practice*.

The second important recent expert consensus document, also from the Institute of Medicine, is entitled “Who Will Keep the Public Healthy? Educating Public Health Professionals for the 21st Century.” Another of our distinguished faculty, Professor Robert Goodman, is a co-author of this report, which reaffirms the centrality of the five traditional “core competencies” of public health—biostatistics, epidemiology, environmental health, health services administration, and social and behavioral sciences. However, the report introduces eight important areas for inclusion in future public health training. These include

- Informatics
- Genomics
- Communication
- Cultural competence
- Community-based participatory research
- Global health
- Policy and law, and
- Public health ethics

Exactly which, if any, of these cross-cutting areas will become required public health competencies is currently a serious matter for discussion in the Association of Schools of Public Health.

Throughout, the report employs the “Ecological Model” as a guide to thinking about the determinants of population health, with the individual embedded in a multi-level matrix of biological, societal, and environmental influences. Of course, this is a useful short-hand for talking about the complexities of public health. However, I personally confess to some discomfort regarding the *pedagogical value* of the Ecological Model, and exactly how the model helps us teach public health. Indeed, the fundamental complex nature of public health has been obvious since its inception as a field of study. For example, Charles-Edward Winslow, chair of the Department of Public Health at Yale in 1919, provided a multi-level working definition:

“Public Health is the science and art of preventing disease, prolonging life, and promoting physical health and the efficiency through: organized community efforts for the sanitation of the environment; control of community infections; education of the individual in principles of personal hygiene; organization of medical and nursing services for the early diagnosis and preventive treatment of disease; and the development of the social machinery which will ensure every individual in the community a standard of living adequate for the maintenance of health.”

At the dedication ceremony of the new GSPH main building (later to be named Parran Hall) in 1955, Paul Mellon declared that

“As for this building, the instruments and equipment, these are merely the workshop and the tools. What is real



< Dr. Jonas Salk and Dean Donald Burke at the Salk Institute in LaJolla, California in 1978. Dean Burke was chief of virus diseases at the Walter Reed Army Institute of Research where he led an AIDS research team. He and Dr. Salk cooperated on AIDS vaccine research and development.

is the quest, the opportunity to know more of man—his body, his mind, his physical and social environment, and the dynamic inter-relationships which we call “human ecology” or “public health.”

What an elegant conceptualization! I am struck by Paul Mellon’s prescient use of the terms “dynamic interrelationships” and “human ecology” to characterize public health at the very founding of our school. Yes, compared to the greedy reductionism of our more molecularly-oriented colleagues who have only recently come of to embrace “systems thinking” in biology, we in public health have long accepted the inescapability of complex and dynamic “ecological” models. But I suspect we can do a much better job teaching these concepts and methods.

My Own Experience

As a professional dedicated to the prevention and mitigation of epidemic infectious diseases, I personally agonized as the HIV/AIDS epidemic emerged and inexorably devastated continent after continent. I felt that we should have been able to stop it, or at least more effectively slow it. In 1995, I asked my friend and colleague Jonathan Mann, who had been director of HIV/AIDS for the World Health Organization, to estimate what portion of the global epidemic had been averted by all the anti-AIDS

efforts of mankind to date. His answer, like mine, reflected our shared sense of futility—10–15%. We had barely deflected the epidemic! One can only wonder if the billions of dollars now being put into treatment had instead been focused on prevention 20 years ago, could tens of millions of lives have been spared? It was not for want of being able to see the future; most of us in global AIDS clearly saw the looming disaster. But somehow we failed to convince the policy makers of the stakes and to take appropriate actions.

Now, faced with the specter of a future encore, such as H5N1 avian influenza, I am doubly committed to stopping the epidemic before it begins. The challenges are daunting—to credibly predict the possible course of events, to rigorously evaluate options for altering that course, and to communicate these options to decision makers. Over the past few years, in a remarkable NIH-supported collaborative project called MIDAS (“Models of Infectious Disease Agent Studies”), I have worked closely with physicists, sociologists, mathematicians, and computer scientists to create computational models of possible future influenza pandemics and to use these models to evaluate possible strategies to prevent or mitigate these “epidemics in silicon.” Can we trust our models to guide policy decisions? I think so. To skeptics I respond that *all* decisions

are based on models, it's just that some models are more explicit than others. Most decision models are mental models in which the assumptions and interactions are held subconsciously and remain relatively unexamined. In contrast, others, like our computational models are more explicit and transparent, so that the assumptions, interactions, and conclusions are open to sensitivity testing and re-analysis. It seems to me that the transparency of computational models is a real advantage. Another is the ability to conduct repeated analyses with altered assumptions.

Of course, epidemics in real life are complicated stochastic (chance-driven) events. But the contemporary convergence of rich sociological data sets, accurate molecular epidemiology, and accessible computational power now makes it possible to track, analyze, and then “reverse engineer” real-world epidemic dynamics. And the fundamental conceptual tools to do so have improved as well. “Chaos theory” and “complexity theory” have taught us that many processes aren't really all that chaotic or complex, that there are often underlying simple rules or simple interactions that give rise to seemingly complicated events. The key is to discover the real underlying set of simple rules. My colleagues and I have found that there is often appreciable pattern and predictability in epidemics, and we are building those predictable dynamics into our computational models.

From this experience in contagious diseases I have learned the value of such “systems thinking” and computational modeling in the development of new public health tools. Now, as dean of an outstanding school of public health, I have begun to appreciate how very under-utilized these

skills are in public health at large. We routinely employ a word and diagrammatic conceptualization of the “Ecological Model” of public health, but we do not really teach “systems thinking” or “dynamical processes” to our students. Furthermore, in our research we have relatively few trans-disciplinary collaborations with our computationally skilled colleagues in engineering or computer science. We, and the entire field of public health, could profit from increased interactions.

Conclusions

The three threads that I have briefly developed here—history, expert opinion, and personal experience—seem to converge onto some broad goals for GSPH.

Firstly, the school should increasingly reach out to other centers of excellence within the University to *develop interdisciplinary activities, both in teaching and in research*. Some examples in the instructional arena might be more inter-school degree programs, new programs at the undergraduate level, or new certificates aimed at disciplinary interfaces. Given the range of public health, examples in research could reach across into business, arts and sciences, engineering, and all the other health sciences.

Second, we must more ardently *embrace informatics, systems thinking,*

Goals for GSPH:

- 1) *develop interdisciplinary activities, both in teaching and in research,*
- 2) *embrace informatics, systems thinking, and computational modeling and simulation, and*
- 3) *ensure that our research findings are translated into impact on human health.*

and computational modeling and simulation. Competencies in these areas, whether taught exclusively at our school or jointly with other University programs, will become increasingly important to policy analysis and decision-making. And these tools are likely to be valuable in a wide array of research problems, not only in epidemic modeling but also in behavior change, health financing, environmental health, genetics, and other areas.

Lastly, we must *ensure that our research findings are translated into impact on human health*. Journal articles and public presentations are fair “process” measures of productivity, but at the end of the day, it is human health, not publications, that matters. We should work on better ways to promote healthy human behaviors, to eliminate health disparities, and to create a more livable environment. This may mean more direct involvement in the communities, more educating in the legislatures, more work with industry on product development, or more activism in health care financing. As Goethe implored, “*Knowing is not enough; we must apply. Willing is not enough; we must do.*”

These are some of my general thoughts about the future directions for GSPH. I am sincerely interested in your feedback (my email: donburke@pitt.edu). In subsequent issues of this magazine, I will to be more specific about my planned initiatives for the school in “Global Health,” “Emerging Diseases,” and “Computation in Public Health.”

It is an honor to be dean. And it's a great job! ■



Research Opportunities and Directions in Environmental Health Sciences

By: Bruce Pitt, PhD, Chair, Department of Environmental and Occupational Health

Basic and applied research is an essential element of GSPH's Department of Environmental and Occupational Health (EOH). The focus of our research significantly affects our efforts in education, training, and clinical service and thereby defines our contributions to public health. Extraordinary scientific advances in genomics and enabling technologies in biomedical research have: a) reinforced the longstanding dogma that environmental factors contribute to most diseases of public health significance; b) sharply turned our attention toward the need for quantification of exposure; and c) allowed us to consider molecular, cellular and integrated responses to environmental exposure as essential components of pathogenesis of acute and chronic human disease. As such, environmental health science is vital in revealing the causative factors in common

human disorders. There is a premium on interdisciplinary approaches and the goal of impacting human health via translational research. Accordingly, future efforts in environmental health are likely to extend beyond identification of harmful agents and an effective strategy to minimize exposure to such agents to include identification of susceptibility genes and investigations into the cellular response that underscores the mechanism of environmental induced human disease. As such, elements of genetics and exposure along with molecular and cellular physiology are critical components of the future of environmental health sciences in the changing faces of public health.

Genetics: It is now apparent that Mendelian disorders are infrequent and human complex disease is the result of interactions between multiple genes and varies among different populations as a result of gene-environment interactions.¹ This concept is substantiated in studies of twins; environmental causes of disease invariably are of greater magnitude than genetic causes. The approaches to identify susceptibility loci or genes are: a) meiotic mapping and positional cloning; and b) candidate genes via case-control (association) study. The former involves intrafamily associations between marker alleles and trait-influencing alleles and utilizes methods of co-segregation analysis. It narrows the entire genome to a quantitative trait locus that contains one or more genes that are polymorphic, accounting for the differential phenotype. The latter approach selects genes on a rational basis regarding what is known of the mechanism of the disorder and attempts to reveal polymorphisms within an abbreviated list of candidate genes. The availability of high density polymorphic maps and advances in high throughput genotyping underscore the utility of this second approach. Nonetheless, even with advances in fine mapping of regions of interest as they relate to the phenotype (quantitative trait locus or QTL), even a narrowly

feature

defined QTL contains multiple potentially causative genes. Assigning a causative role requires experimental evidence in which the gene has been selectively deleted or silenced.

Experimentation with inbred strains of mice and the ability to manipulate their genes have provided an extraordinary platform to reveal genetic contributions and gene-environment interactions in human disease with the assumption that there are considerable homologies in gene order and chromosomal structure between mice and man.



Exposure: In spite of extraordinary progress in genetics and genomics, progress in environmental health science remains hindered by our limited ability to quantitatively and precisely document exposure. Exposure is traditionally performed by extrapolating determinations of agents made in the ambient environment or by measuring the agent or its metabolite in biological samples.² Although the former has advantages of expediency, the inherent assumptions in determining an individual's exposure from such community monitoring are fraught with problems. Alternatively, the precision of biomonitoring, especially with advances in biochemistry and analytical chemistry, is limited by the transient nature of such a measurement. Integrative exposure approaches and reasonable physiological models are required to advance this field. Extrapolation of advances in proteomics and genomics to issues of metabolomics

and chemical exposure are likely to be important. Regardless, it is apparent that human clinical studies and/or genetic epidemiological studies to reveal causative or susceptibility genes for common human disorders will require precise exposure measurements to be performed simultaneously. The critical need for multidisciplinary approaches is apparent.

Environmental genomics and physiology:

The breadth and potential public health impact of combining advances in exposure and genetics is most apparent at the level of regulation of gene expression. The recent report that intrauterine exposure to endocrine-disrupting pesticides leads to transgenerational decrements in fertility of male offspring underscores the importance of temporal aspects of exposure and provides new insight into the role of methylation in epigenetic phenomena. In EOH, we are committed to a mechanistic approach to environmental health. Current investigations regarding arsenic, zinc, naphthalene, chromium, cigarette smoke, and other environmental stimuli attempt to provide information that is not only important in understanding the risk of exposure to these stimuli, but also provides unifying concepts into molecular response of cells, tissues and organisms to these agents. The accumulated information contributes to our overall body of knowledge to prevent harmful exposures and provides

great insight into the relationship of progenitor and progeny cells in injury, repair, and remodeling; the role of inorganics and metals in the structure and function of the cardiovascular system; the role of telomere metabolism and genetic instability in mutagenesis, carcinogenesis, and aging; and the role of free radical biochemistry in signaling processes affecting inflammation, cell death, and differentiation.

Environmental health science is being redefined in the context of advances in genetics, cell and molecular biology, and pathogenesis. As a fundamental discipline of public health, the overall impact is likely to be significant. Since environmental exposure appears likely to affect virtually all disease processes, the most rational approach to assign roles for environmental causes of disease remains at a mechanistic rather than an organ or traditional medical level. Nonetheless, the risk of such exposure resulting in disease is highly variable and is modified by polymorphisms in susceptibility genes. As such, environmental health science is at the interface of medical and public health issues. ■

¹ Kleeberger SR and Schwartz DA. From quantitative trait locus to gene. A work in progress. *Am. J. Resp Crit Care Med* 171: 804-805, 2005.

² Schwartz SA. Memo: The environment and human health. *J. Invest Dermatol* 126: 937-939, 2006.





^ Thomas M. Priselac (MPH '75)

“Change is good...you go first!” That phrase captures the ambivalence we feel in coping with the unparalleled social, political, economic, and scientific change swirling around us. The global change occurring along these dimensions was recently described in Thomas Friedman’s “The World is Flat.” Conferences on the implications resulting from the changes occurring on a global scale have become, for legitimate reasons, a small growth industry of their own.

But in the process of developing strategies for an increasingly global healthcare world, it is imperative that the leadership of American healthcare (institutions and individuals) remain focused on matters closer to home. There are substantial leadership challenges arising from the interplay between the current domestic social, political and economic changes and the enormous changes occurring in science, medicine and public health.

On the science and medicine front we will continue to benefit from the continuing explosion in new knowledge and technology.

Today’s Academic Medicine

By: *Thomas M. Priselac (MPH '75), President and CEO, Cedars-Sinai Health System*

Mr. Priselac is one of the nation’s leading healthcare executives, serving as the president and CEO of Cedars-Sinai Health System in Los Angeles. During his tenure (1979 to present), Cedars-Sinai has risen to the top ranks of academic medical centers. The health system is recognized for its quality patient care and innovative programs, as well as its leading role in medical education and research.

Yet, those same forces will compound the societal, political and economic challenges of having a healthcare system that is of more uniform high quality, safe, clinically and cost effective and importantly, one that includes a financing and coverage mechanism that is perceived as just and equitable in providing all Americans access to appropriate care. There are promising signs that the issues related to quality and safety are beginning to be addressed. Yet, we still have far to go on other fronts such as cost effectiveness and clinical effectiveness (the underuse, misuse, and overuse of health care services). Sadly, we are losing ground on others (expanded access).

Most individuals in the field would say they have been engaged in leading significant change for the last decade or two. But any realistic assessment of the current situation can only conclude that the greatest changes to the American healthcare system are yet to come. Individuals and organizations must be prepared and equipped to cope with reality of leading continuous change.

Academic medical centers and their leaders have a special obligation to drive this change due to their unique role in the system and the resources at their disposal. They represent a substantial portion of the delivery system (especially the most complex, costly services), they are the place where new knowledge in science, medicine and public health are created, and they educate tomorrow’s physician, nurses and other health professionals. Within the broader academic community adjacent to the academic medical center there are valuable resources that can also contribute to identifying solutions

responsive to the broader domestic issues surrounding the healthcare system.

Academic medicine occupies a special place in healthcare today because we have earned the public’s trust by providing responsible leadership within the social, political and economic forces of the times. With fundamentally changed circumstances today we must be willing and able to lead the transformation of the healthcare system if we are to maintain the public trust. Success will result from finding the proper balance between preserving important fundamental values and principles but also adopting new strategies and tactics that optimize current and anticipated circumstances. Two opportunities, among others, to provide meaningful leadership are worth noting. First, as organizations and individuals providing direct care, we must take the lead in developing models of care and care practices which represent the best in terms of the use of evidenced based care while also preserving the art of medicine as reflected, among other ways, in respect for professional judgment and respect for patient wishes. Second, as organizations and individuals involved in the pursuit of new policies to support the vision of a more effective and equitable system we should not let ourselves be caught in the gridlock of the dueling ideologies which have dominated the debate over healthcare financing for the past several years (government run vs. market model). The same energy devoted to arguing the merits of the two extremes should be put into the identification of a solution that harnesses the best features of both if we are to achieve the desired outcome of a just and equitable system. ■



Researchers Collaborate to Create Pigs that Produce Heart-Healthy Omega-3 Fatty Acids

Rhobert Evans, PhD, of GSPH's Department of Epidemiology, is part of a group of researchers who have created pigs that produce omega-3 fatty acids, which are known to improve heart function and help reduce the risks for heart disease. This represents the first cloned transgenic livestock in the world that can make the beneficial compound. The research could be a boost to both farmers and health-conscious consumers seeking an alternative and safer source of omega-3 fatty acids. Currently, the only way for humans to realize the benefits of omega-3 fatty acids is by taking dietary supplements or by eating certain types of fish that may also contain high levels of mercury.

The group was assembled by Yifan Dai, MD, PhD, of the University of Pittsburgh School of Medicine, and includes researchers from Randy Prather, PhD's group at the University of Missouri-Columbia, the laboratory of Jing X.

Kang, MD, PhD, at Massachusetts General Hospital (MGH), and the laboratory of Dr. Evans at GSPH. To stimulate production of omega-3 fatty acids in pigs, Dr. Dai's team transferred a gene known as fat-1 to pig primary fetal fibroblasts, the cells that give rise to connective tissue. The fat-1 gene is responsible for creating an enzyme that converts less desirable, but more abundant, omega-6 fatty acids in the animals to omega-3 fatty acids. Dr. Prather's group then created the transgenic pigs from these cells using a method called nuclear transfer cloning. The transgenic pig tissues were then analyzed for omega-3 fatty acids in Dr. Kang's lab at MGH and by Drs. Dai and Evans at Pitt.

The results could lead to a better understanding of cardiovascular function not only in pigs, but in humans as well. "Pigs and humans have a similar physiology,"

said Dr. Prather. "We could use these animals as a model to see what happens to heart health if we increase the omega-3 levels in the body. It could allow us to see how that helps cardiovascular function. If these animals are put into the food chain, there could be other potential benefits. First, the pigs could have better cardiovascular function and therefore live longer, which would limit livestock loss for farmers. Second, they could be healthier animals for human consumption."

Other Pitt authors of the study include Dr. Dai's research associate William T. Witt and Thomas E. Starzl, Distinguished Service Professor of Surgery at the School of Medicine. ■

Evans R, Lai L, Kang J, et al. Generation of cloned transgenic pigs rich in omega-3 fatty acids. Nature Biotechnology. 2006;24:435-6.

research

Impact of Physical Environment on Nursing Home Quality of Life

Elderly nursing home residents are typically required to do something unique in modern society that is asked only of college freshmen and the military—share their personal space and living quarters with a complete stranger. Does the need to live in a nursing home mean that a person is no longer entitled to the sense of belonging that comes from having one's own space?

Some maintain that sharing a room provides companionship for people who would otherwise experience limited social interaction. Others hold that the potential benefits of sharing come at the cost of tension and stress for many people, undermining their independence and privacy. Another group promotes a small-scale nursing home with all private rooms and a home-like common space called the Green House Project (<http://thegreenhouseproject.com>).

Quantitative data that can be used to determine the effects of different living situations do not exist. **Howard Degenholtz, PhD**, associate professor of health policy and management at GSPH and faculty of the Center for Bioethics and Health Law, is conducting a *National Room Configuration Survey*, which will be the first of its kind to generate nationally representative data on nursing home configurations in the U.S. The sample frame of 1,600 nursing homes was constructed to identify homes

that were recently constructed or have added or lost rooms. Degenholtz is also a collaborator on the first evaluation of the Green House Project.

Conventional wisdom is that new construction and renovation favors an enhanced shared room with single entry, shared bath, and two separate living spaces; the survey will be able to provide empirical data on the trend.

Building on Degenholtz's previous finding that residents in private rooms report better relationships with staff, the survey can also examine whether facilities with more private rooms have lower levels of staff turnover.

Related research at GSPH is examining the link between room configurations and features of the room, unit, and facility environment on resident quality of life. Planning is underway for a qualitative study of resident-staff interactions.



The survey results will be used to design further research on how the architecture of residents' rooms affects the nature of interaction between residents and staff.

The information provided by the data will ultimately lead to recommendations for building and design of new and renovated nursing home units. Taking resident quality of life and staff job satisfaction into account will produce an environment that feels more like home for the residents and is a fulfilling workplace for staff. ■

Significant Result from Breast Cancer Prevention Study

A new option cuts women's risk of breast cancer, University of Pittsburgh researchers reported in the *Journal of the American Medical Association*.

The Study of Tamoxifen and Raloxifene (STAR) is a clinical trial designed to test how the drug raloxifene (Evista®) compares with the drug tamoxifen (Nolvadex®)

in reducing the incidence of invasive breast cancer in postmenopausal women who are at an increased risk of developing the disease.

STAR is one of the largest breast cancer prevention studies ever. The study began in 1999 and took place at more than 500 centers across the United States, Canada,



and Puerto Rico. Nearly 20,000 postmenopausal women were included in the study, which was designed and coordinated by the National Surgical Adjuvant Breast and Bowel Project (NSABP), whose biostatistical center is located at the University of Pittsburgh and directed by Dr. Joseph Costantino, GSPH biostatistics professor.

Raloxifene, an osteoporosis drug, was found to be equally as effective as tamoxifen, which is said to reduce the incidence of invasive breast cancer by 50 percent, said Dr. Victor Vogel, of the University of Pittsburgh School of Medicine. “Compared to tamoxifen,

raloxifene was safer in terms of causing fewer uterine cancers and fewer life-threatening blood clots,” he said.

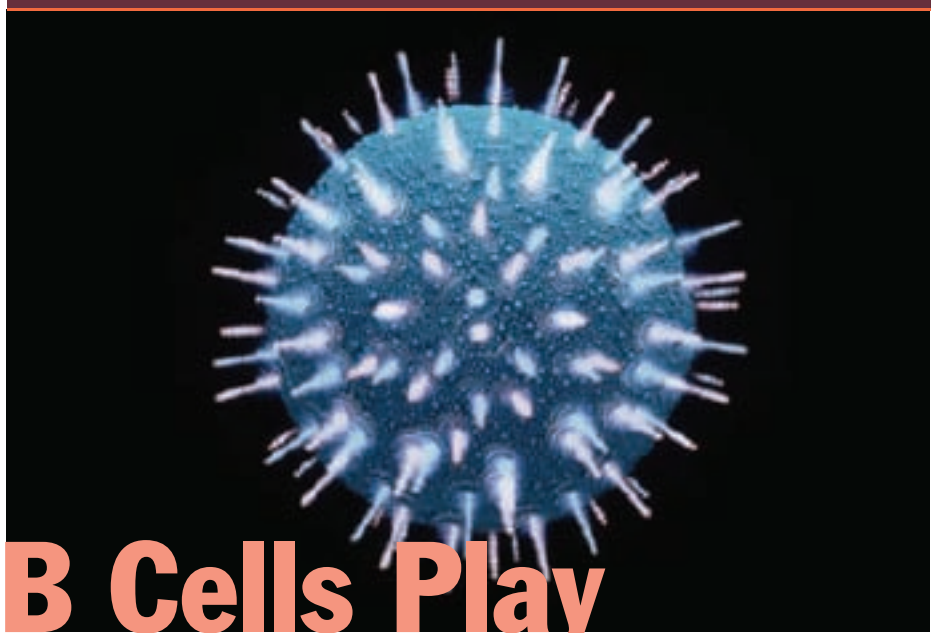
Women on tamoxifen had more menopausal symptoms (hot flashes, night sweats and cold sweats), leg cramps, gynecological problems, and bladder problems, while women on raloxifene had more aches, pain during sex, and weight gain.

Dr. Stephanie Land, research assistant professor of biostatistics at GSPH, studied quality-of-life issues associated with the drugs. “What women are telling us is that although there are side effects with

both of these treatments, the side effects did not impact their overall quality of life in a negative way,” she said.

The researchers say they expect the Food and Drug Administration to approve raloxifene for breast cancer prevention in a year or so. ■

Land S, Wickerham D, Costantino J, et al. Patient-Reported Symptoms and Quality of Life During Treatment With Tamoxifen or Raloxifene for Breast Cancer Prevention: The NSABP Study of Tamoxifen and Raloxifene (STAR) P-2 Trial. Journal of the American Medical Association. 2006;295:2742-51.



B Cells Play Crucial Role in HIV Infection

HIV infection of T cells requires activation of a molecule on the surface of B cells, a finding that reveals yet another pathway the virus uses in its attack on the immune system, report GSPH and School of Medicine researchers in *PLoS Pathogens*, a journal published by the Public Library of Science. The findings suggest a need for developing a class of antiviral drugs targeted against this molecule and offer an avenue that may prove critical for the prevention of HIV.

Most efforts to thwart HIV focus on T cells, where the virus replicates and thrives. The new research identifies an important first step in the infection process involving B cells that express a protein called DC-SIGN. The B cells do not become infected, but they play a pivotal role in the virus's takeover of T cells.

“We have new insight into how the virus does its damage. The pathway has important implications for future studies

and drug development efforts that focus on reservoirs of HIV in cells other than T cells,” said **Charles R. Rinaldo Jr., PhD**, professor and chair of the Department of Infectious Diseases and Microbiology at GSPH and the study's senior author.

In one set of studies involving cells from healthy subjects, researchers activated DC-SIGN using two molecules that T cells typically engage in their communication with B cells. Once activated, the DC-SIGN B cells were placed in a culture with T cells and a small amount of virus. Within 24 hours, HIV had invaded the T cells while sparing the B cells. When researchers repeated the experiment without B cells, the HIV had little effect on the T cells alone. Pretreating the B cells with a molecule that blocks DC-SIGN activation before culturing them with both T cells and HIV was a deterrent against T cell infection as well, further proof that to invade T cells, HIV requires DC-SIGN expressed on B cells.

“As has been observed in DC-SIGN dendritic cells, we suspect the B cells internalize the virus and that the DC-SIGN serves as sort of a bridge HIV uses to

research

reach the surface of T cells,” said **Giovanna Rappocciolo, PhD**, associate professor of infectious diseases and microbiology at GSPH and the study’s first author.

Other GSPH researchers involved in the study are **Paulo Piazza, PhD**, **Todd A. Reinhart, ScD**, **David T. Rowe, PhD**,

Simon C. Watkins, PhD, **Mariel Jais**, and **Phalguni Gupta, PhD**.

The research was supported by the National Institute of Allergy and Infectious Diseases and the National Cancer Institute of the National Institutes of Health. ■

Rappocciolo G, et al. DC-SIGN on B Lymphocytes Is Required For Transmission of HIV-1 to T Lymphocytes. PLoS Pathogens. 2006 July;2(7):e70.



^ The number of self-reported asthma cases in the U.S. rose by 75% between 1980 and 1994, with the most dramatic increase, 160%, in children under age 4.

People in modern societies spend more than 90% of their time indoors, with about two thirds of that time in homes. Thus, indoor environmental quality in the home has a significant impact on public health, as recognized by the EPA and the CDC. Asthma, in particular, is associated primarily with indoor rather than outdoor exposure to contaminants. Common household asthma triggers include environmental tobacco smoke, house dust mites, mold, cockroaches, and pet dander. The number of self-reported asthma cases in the U.S. rose by 75% between 1980 and 1994, with the most dramatic increase, 160%, in children under age 4.

Dr. Felicia Wu, GSPH assistant professor of environmental and occupational health, is analyzing whether a carefully

Behavioral Change Models Applied to Asthma Education

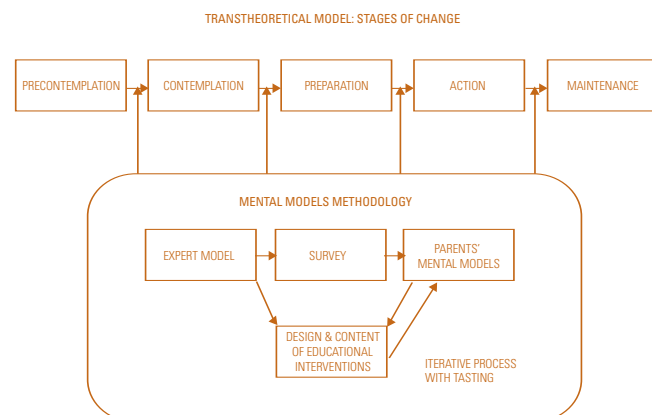
designed educational intervention using established behavioral change models will effectively educate parents on home environmental triggers, resulting in lower home pollutant loads and/or fewer children’s asthma symptoms.

Using the transtheoretical, or “stages of change” model, she is addressing specific stages for an individual’s health behaviors that include: precontemplation, contemplation, preparation, action, and maintenance. The targeted interventions facilitate moving an individual from more passive to more active stages regarding controlling asthma triggers in home environments.

For the development of the targeted educational materials, Dr. Wu combined the “stages of change” model with another model from psychology and risk communication: “mental models” (figure 1). The first step in the “mental models” is creation of an expert model, to codify how experts think about a particular risk. Next, a survey is created to ask the general public what they know and how they feel about the risk. Then, the educational materials can be designed specifically to fill revealed gaps in knowledge and understanding for the general public. This study

represents the first application of “mental models” to asthma and environmental triggers. End goals of this in-progress study include: increased parental knowledge of indoor environmental risks; movement of parents along the five stages of change; and decreases in children’s asthma symptoms. The success of this study has implications for health education and risk communication that could extend far beyond asthma. This methodology of using integrated health behavior theories to construct effective communication tools could facilitate interactions between patients and their providers or community health workers in a variety of different health areas. ■

FIGURE 1:
INTEGRATING THE TRANSTHEORETICAL AND MENTAL MODELS.



Dr. and Mrs. Monto Ho Pledge \$2 Million to GSPH



▲ Dr. and Mrs. Monto Ho

Professor emeritus and former chair of GSPH's Department of Infectious Diseases and Microbiology, Monto Ho, MD, and his wife, Carol Ho, have pledged \$2 million to GSPH to establish the Monto and Carol Ho Endowed Chair in Infectious Diseases and Microbiology. For nearly 40 years, Dr. Ho was a professor at GSPH. Mrs. Carol Ho was also affiliated with GSPH, serving as the school's librarian from 1968 to 1972.

"What a marvelous gift! It will be both an honor and a joy to build upon the relationship with Dr. and Mrs. Ho," said Dean Donald S. Burke. "Their gift affords us the opportunity to attract and support the work of a top researcher in the field of infectious diseases and microbiology, helping the school and the University to remain one of the top-ranked research universities in the nation. Attracting high-quality researchers also enables us to attract the highest caliber of students. The endowed chair will play a vital role in the missions of GSPH."

Dr. Ho's many accomplishments include pioneering investigations into interferons. In addition, his laboratory revealed the source of viral infections that were occurring after organ transplantation, especially cytomegalovirus and herpesvirus infections, which were major complications of early organ transplants. Dr. Ho's research and leadership of the Department

of Infectious Diseases and Microbiology are credited with building the department's international reputation.

In 1997, Dr. Ho left GSPH to become the director in the Division of Clinical Research and a distinguished fellow at the National Health Research Institutes in Taiwan. The country's overuse of antibiotics had led to the emergence of antibiotic-resistant bacteria. His efforts caused the appropriate use of antibiotics to become a national health priority. Since 2002, Taiwan's antibiotic use has fallen 50 percent and evidence is beginning to show that the drugs are working as well as they should.

During his more than half-century career, Dr. Ho authored almost 300 publications. His most recent book, *Several Worlds: Reminiscences and Reflections*, is a memoir that follows his life from childhood as the son of a Chinese diplomat through his research career.

Excerpts from Dr. Ho's speech at a May 26 celebration luncheon:

"The study of infectious diseases has changed drastically in my lifetime. In the 1970s, infectious diseases as clinical and public health problems were thought to be solved. More than half of the 20 or so schools of public health had no programs in infectious diseases; they were considered dispensable. Since then, at least three major

new problems have arisen in infectious diseases to change the picture. The first new problem is the entrance of "emerging diseases," such as AIDS, bird flu, and SARS and the reemergence of malaria, tuberculosis, and others. The second problem is that therapy in infectious diseases has faltered. We no longer believe that antimicrobials have solved the problems of the therapy of infectious diseases and many infectious diseases are now difficult or impossible to cure. The third problem is the threat of bioterrorism, a problem that is still potential, but no less frightening in its scope and challenge.

"Each of these new problem areas has its public health component. In order to be relevant, no school of public health can afford to ignore infectious diseases and its new problems.

"In order to function as a driving force in a major health center such as the University of Pittsburgh, GSPH has to have the financial resources to attract first class scientists to its Department of Infectious Diseases and Microbiology. This is the reason why Carol and I decided to endow the chair.

"The method we are using to endow this chair is to give Pitt a \$2 million life insurance policy, which will be realized by Pitt after both of us have died. In the meantime, we pay five yearly premiums to finance this insurance policy. Frankly, after consulting with our legal and financial advisor, I was pleasantly surprised that this gift was feasible. Carol and I are not wealthy people. We did not have wealthy parents. Neither one of us has a private fortune. What we have saved comes from the wages that we earned during our lifetime in Pittsburgh; me at the University, and Carol as a medical librarian. You can easily estimate how much we have earned and saved. What we are doing is giving back to Pitt what it has given us during forty years. It is really a thanksgiving.

"We also feel good that our act of charity will ensure the excellence and longevity of a department that I was involved in founding. It is a fitting denouement to my professional career." ■

Gifts to “Healthy Black Families” to be Generously Matched



Through the generosity of the DSF Charitable Foundation, your gift to the Healthy Black Family Project (HBFP) will be matched at one and one half times its value.

This remarkable match means that

- your \$50 gift grows to \$125;
- your \$1,000 gift grows to \$2,500; and
- your \$100,000 gift grows to \$250,000.

Your generous support, combined with the DSF Charitable Foundation’s matching funds, can make a monumental difference in creating and maintaining Healthy Black Families.

About the Health Black Family Project: This Center for Minority Health initiative aims to reduce risk factors for diabetes and hypertension through lifestyle behavior changes such as physical activity, nutrition, smoking cessation, and stress management. The center reaches people where they live by opening field offices in African American neighborhoods around Pittsburgh. As of January 2006, over 2,700 African Americans had enrolled!

HBFP provides activities that help individuals and families prevent diabetes and high blood pressure. Risks for getting diabetes increase with age and they include being overweight, having a family history of diabetes, race/ethnicity, history of gestational diabetes (getting diabetes when pregnant), high blood pressure, high cholesterol, and an inactive lifestyle.

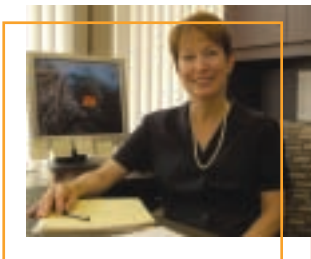
Diabetes prevention is proven, possible, and powerful. Studies show that people at high risk for type 2 diabetes can prevent or delay getting the disease by losing a few pounds of their body weight. HBFP provides assistance and support to individuals and families who want to make these changes.

Visit www.cmh.pitt.edu for more information about the Healthy Black Family Project. ■

Director of Development Letter

A friend who recently attended her reunion at a small college told me she was surprised at how little things had changed, and how “at home” she felt even years later. However, she also revealed that there is now wireless internet access in every building and that the college has added several new highly regarded degree programs.

Contrast that with another friend who lives in the same city as the large university he graduated from. Every time he drives



by the impressive new athletic complex and the townhome-like student residences, he wishes he had been born a few decades later. But he is proud of the degree he earned there and admits that more than once a career door has opened to him because of where he went to school.

Someone once said that the only constant is change. So it is at my friend’s construction-happy university, and, though less visibly, at my other friend’s college. GSPH is no exception. Our new dean, Donald Burke, MD, brings a level of enthusiasm to the school that will surely guide GSPH to an even stronger leadership position in the public health field. We are also strengthening our infrastructure through renovations to Parran Hall and Crabtree

Hall that will better support the work of students and faculty.

We are also pursuing another kind of building project: increasing alumni participation and giving. This issue of *PublicHealth* includes our annual Honor Roll of Donors. If your name is among these alumni and friends, we thank you sincerely. If not, I hope you will consider joining this group so that you can take pride in knowing that you are not only part of our tradition of excellence, but also play a vital role in GSPH’s continued growth and development.

For more information about making a gift to the graduate school of Public Health, please contact me at 412-624-5639 or jmconn@pitt.edu. ■



Tragedy as a Catalyst for Positive Change

Two years after the death of Evelyn Wei (PhD '99), pictured above, her parents realize that they will never stop asking “why”. In January 2004, a car struck Evelyn while she was walking her dog. Knowing that the tragedy will forever be in their minds, Don and Yuling Wei decided to use it as a catalyst for positive change. Knowing that Evelyn always had a desire to help fellow students, the couple has contributed \$100,000 to establish the “Evelyn H. Wei Scholarship Award in Epidemiology.”

“Evelyn grew up at GSPH”, says Yuling, who worked as a senior research associate at GSPH from 1985 to 2006. “She spent time at the office when she was younger; she did her undergrad at Pitt and was always visiting the Epidemiology Data Center. And of course she got her PhD here. She was a part of the GSPH community for a long time.”

Evelyn earned her BS in psychology in 1993 and her PhD in psychiatric epidemiology in 1999. Her doctoral thesis, a study of predictors of teenage fatherhood, was selected for discussion at a student workshop by the Society for Epidemiologic Research in 1996. Beginning in 2002, Evelyn served as the senior research principal of the Pittsburgh Youth Study, part of UPMC’s life history studies program at Western Psychiatric Institute and Clinic. At the time of her death, she had worked with the program for more than 10 years, lending her efforts to projects focused on neighborhood violence, child development, substance abuse and violence, demographic factors in juvenile delinquency, and others.

The endowed fund will generate tuition support for epidemiology students in perpetuity. Evelyn’s memory will live on in the gift that her parents have provided to GSPH and to the public health community. ■

Announcements

In Honor of Russell Rycheck

When Dr. Russell Rule Rycheck retired in June, GSPH lost a faculty member dedicated to helping students learn the fundamental skills necessary for a career in public health. A group of former and current GSPH faculty have come together to honor and perpetuate that legacy. Drs. Ronald LaPorte, Joanne McVay, Trevor Orchard, and Evelyn Talbott are proud to announce the establishment of the *Dr. Russell Rule Rycheck Student Award in Public Health*. Starting in the fall of 2007, the award will be given to a promising MPH student to defray the cost of travel to conferences, textbooks, or other opportunities that would enhance their training as a public health practitioner. ■

Planned Giving to GSPH

Lt. Commander Laura E. Wintersteen, U.S.N, Ret. (MsHyg '67) has made a generous gift to GSPH in the form of a charitable gift annuity. Before attending GSPH, Ms. Wintersteen was a meteorologist during her years in the Navy. While at GSPH, Ms. Wintersteen received a full scholarship with a stipend. It is because of her experiences here that she wanted to give back to GSPH and has arranged to have her gift be used for scholarships as well. ■

New Student Award Created by Dedicated Alumnus

William T. Green, Jr., MD (MPH '01) has established *The William T. Green, Jr. Award in Public Health Studies*, which will provide financial assistance to degree-seeking GSPH students wishing to undertake research, travel, special projects, or other experiences that would broaden and enrich their public health education. The creation of this award is another example of Dr. Green’s dedication to GSPH. As an active Alumni Society member and a friendly face at many GSPH events, he has been instrumental in revitalizing the Alumni Society and in encouraging fellow alumni to remain connected to their

development

Graduate School of Public Health Honor Roll of Donors 2005-2006

GSPH deeply appreciates the generous gifts from all donors who provided much needed support in fiscal year 2006 (July 1, 2005 – June 30, 2006).

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Amy L. Lindberg
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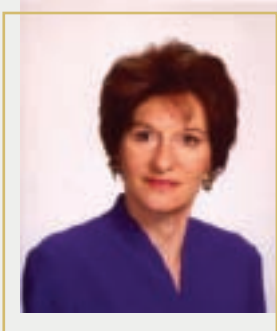
BOLD indicates GSPH alumnus

honor roll

Associate Deans' Update

Meryl Karol

Meryl H. Karol, PhD, recently retired from GSPH, where she has served as the associate dean for academic

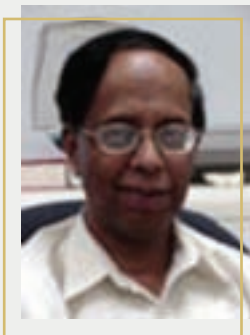


affairs, the associate dean for research, professor in the Department of Environmental and Occupational Health (EOH), and associate chair of EOH. She developed the global health program at GSPH as well as numerous faculty development initiatives.

Dr. Karol has been an excellent administrator for GSPH, showing great personal concern to promote academic achievement and advancement of faculty, to remove obstacles to faculty productivity, and to provide instruction of academic rules and guidelines. Her dedication and representation of GSPH in many capacities has served the school extremely well and deserves our sincere thanks. ■

Phalguni Gupta

Phalguni Gupta, PhD, professor and vice chair in the Department of Infectious Diseases and Microbiology (IDM), succeeded Meryl Karol, PhD as associate dean for academic affairs.



Dr. Gupta has served as the chair of the Faculty Advancement, Promotion, and Tenure Committee for the past six years and vice chair of IDM for nine years. He is a proven administrator with great familiarity and knowledge of GSPH processes and procedures. Dr. Gupta has

an outstanding record in teaching and research. He also has served the University extensively at all levels, has been active in professional societies, and has established significant collaborations with external partners. With this array of activities and experiences, Dr. Gupta brings to the associate dean position an important faculty perspective and an appreciation of both the challenges and opportunities that lie ahead for GSPH. ■

Steve Wisniewski

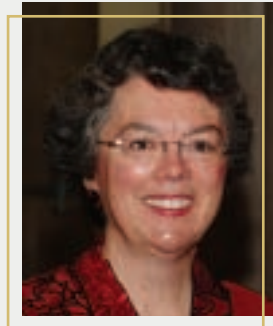
GSPH's new associate dean for research is Steven Wisniewski, PhD.



Dr. Wisniewski is an associate professor and deputy director of the Epidemiology Data Center (EDC). He has been the lead statistical investigator on numerous randomized clinical trials including the STAR-D trial of treatments for depression. He also led all aspects of coordinating the recent EDC building addition. This qualification makes him uniquely qualified for his new job, for a major responsibility of the associate dean for research will be to plan for the upcoming renovation of Parran and Crabtree Halls. ■

Sandra Quinn

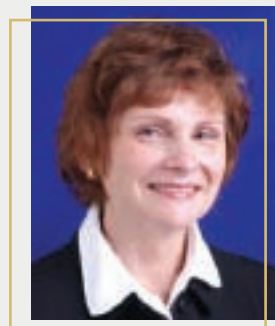
Sandra J. Quinn, PhD, is an associate professor in the Department of Behavioral and Community Health Sciences and the associate dean for student affairs and education at GSPH.



She has been accepted as a fellow into the 2006–07 class of the Hedwig van Ameringen Executive Leadership in Academic Medicine (ELAM) Program for Women from Drexel University College of Medicine, Philadelphia, Pa. ELAM is designed for senior women faculty at U.S. and Canadian medical, dental, and public health schools who want to assume higher levels of responsibility within their institutions and advance to positions of leadership. The program offers an intensive one-year program of leadership training, with coaching, networking, and mentoring opportunities. ■

Margaret Potter

GSPH is currently one of 37 accredited schools of public health in the nation.



This means that the Council on Education for Public Health (CEPH) has ruled that GSPH's educational programs meet a high level of standards set by CEPH. The re-accreditation process is a major undertaking, and demands the input of faculty, staff, alumni, students, and the community. GSPH has been preparing for the re-accreditation process for more than two years. The effort culminated this month when the accreditation site visit took place.

Margaret Potter, JD, associate dean of public health practice, has been the faculty coordinator for the compilation of the self-study document, which is an extensive self-evaluation of the school's programs, policies, and procedures. Also putting forth substantial effort into the process is Margaret McDonald, (PhD '93), associate vice chancellor for academic affairs, health sciences. ■

Global Service Opportunity Helps Student Determine Career Path

“Education is the most powerful weapon which you can use to change the world.”

–Nelson Mandela

This quote has always resonated with Genevieve Barrow, a 2004 graduate of GSPH’s Department of Biostatistics Master of Science program and current doctoral student. After working as a statistician for a few years, she wanted to be involved earlier in the execution of public health programs, and wondered whether a career in program development or evaluation might better suit her interests. Combining this desire with her understanding of the importance of global health programs, she applied to a program with the non-governmental organization FORGE (Facilitating Opportunities for Refugee Growth and Empowerment).

The FORGE program takes university student volunteers to work in refugee camps in Africa, bringing them in contact with some of the most neglected and underprivileged humans on the planet. FORGE volunteers develop their own ideas for community service projects, thereby gaining an in-depth understanding of the complex process of creating viable public service projects.

In the months leading up to departure, Genevieve worked closely with FORGE personnel, representatives from the United Nations refugee agency, and academic experts to design and find resources for her project to be implemented upon arrival in the camp. She began a vigorous fundraising campaign to acquire the



^ Women’s group at the Kala Refugee Camp – Zambia, Africa

funds needed to cover her project expenses. In May of this year, she left for Zambia. The refugee camp in which she worked, the Kala Refugee Camp, shelters refugees who have fled the conflict in the Democratic Republic of the Congo since 2000.

Genevieve’s project was a women’s health needs and assessment program. She began by identifying a refugee youth with leadership and scholarship potential to become her “implementing partner” for the project. This recruitment method, encouraged by FORGE, develops leadership and confidence in refugees and ensures the long-run sustainability of the projects. The “implementing partner” retained four female facilitators to assist in the recruitment of 187 focus group participants. The focus groups, equally representing the four zones of the camp, were held to gather information

regarding the refugees’ understanding and knowledge of four key issues: HIV/AIDS, SGBV (sexual and gender based violence), family planning, and malaria.

The general attitudes obtained from the focus groups were then used to develop and administer a culturally relevant survey to the same group of women. Genevieve then worked with United Nations staff stationed at the refugee camp to design health education workshops based on the survey responses. Goals of the workshops were to:

- Increase understanding of HIV/AIDS, and encourage voluntary HIV counseling and testing;
- Define SGBV and distribute information about the referral system available;
- Dispel myths about family planning methods; and
- Teach the proper use of mosquito netting and other ways to guard against malaria.

In addition to the work done with women, Genevieve held informal discussion groups with young girls aged 13–17. Information about reproductive health was distributed and the importance of staying in school was emphasized. She also engaged in a men’s health behavior survey. Genevieve spent two months in the refugee camp.

Returning to the U.S. was not the end of Genevieve’s experience. She will maintain involvement in the program by:

- continuing communication with the refugee “implementing partners” to assess the project’s status and development;
- acting as an advocate for the African refugee community—raising awareness of the issues they face and mobilizing support for their assistance; and
- recruiting and working with new FORGE volunteers to forge global connections.

Reflecting on her experience, Genevieve says, “I understand that it’s difficult to change years of deeply rooted cultural beliefs and practices in such a short period of time. I just hope my project began a thought process in some of these women and that they’ll pass the information on to friends and family.” As for the experience’s impact on her, she says that it was satisfying and exciting, but humbling and sad at the same time and also that involvement in the project from creation to completion made her more aware of the work necessary for a good program. The experience confirmed Genevieve’s interest in pursuing a career in program development and evaluation; she intends to obtain her DrPH in behavioral and community health sciences at GSPH. As the president of the Global Health Student Association, she promotes awareness of all aspects of global



^ Genevieve Barrow with refugee “implementing partner,” Kala Refugee Camp – Zambia, Africa

health and advocates for GSPH funding for student global health research.

Genevieve is originally from Liberia, West Africa. She is currently a statistician at GSPH’s Epidemiology Data Center’s Women’s Ischemic Syndrome Evaluation study with Dr. Sheryl Kelsey. ■

Tailored Education Fits Student’s Diverse Interests

In organizations that deal with populations’ health and social welfare needs, the demand for comprehensive program evaluation is rising. At GSPH, one student is tailoring his education by participating in a variety of real-world training experiences and by taking advantage of the school’s specialized centers.



^ Roderick Harris

Roderick Harris, RS, MSPH, is a doctoral candidate in GSPH’s Department of Behavioral and Community Health Sciences; he plans to graduate in 2007. A native of Cleveland, Ohio, Harris received a master’s degree in health services administration from Tennessee’s Meharry Medical College in

2001. He also holds a bachelor’s degree in environmental health science from Ohio University. Harris has worked as a registered sanitarian at health departments in Cleveland and Cincinnati and as a health services manager for the Eastman Kodak Company.

Harris is working to combine his interest in addressing African American health disparities with a career in program evaluation. Since beginning studies at GSPH in 2003, he has worked with the Center for Minority Health (CMH), the Institute for Evaluation Science in Community Health, and the Center for Healthy Aging (CHA) to complete program evaluations in a variety of research areas.

Currently, he is working on an evaluation of the NIH-funded “Bridges to Success in the Sciences” program at the Cuyahoga Community College in Cleveland, with technical assistance from the Institute for

Evaluation Science. He is also conducting an evaluation at Asbury Heights, a senior living community in the Pittsburgh area. The project is evaluating the impact of Asbury Heights’ exercise program on preventing falls. He will receive further evaluation training as a 2006 recipient of the ASPH/CDC/PRC Minority Fellowship. As a fellow, Harris will be evaluating efforts by CHA to recruit African-American seniors to become health ambassadors in their communities.

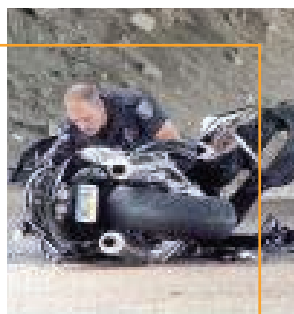
When reflecting on his experience at GSPH, he states, “It’s refreshing. This opportunity has exceeded all my expectations. In my relationships with faculty and mentors, we mutually respect and admire our similarities as well as our differences. I am also proud to attend a school of public health where I am able to work with CMH, CHA, and the Institute for Evaluation Science. This is a great fit for a man with my interests.” ■

“Big Ben” Nearly Dies in Motorcycle Crash

The True Costs of Repealing Pennsylvania’s Mandatory Motorcycle Helmet Law

By: Hank Weiss, MPH, PhD, Director, Center for Injury Research and Control, Associate Professor, Department of Neurological Surgery

In Pittsburgh, we take our football seriously. So when unhelmeted Steelers quarterback Ben



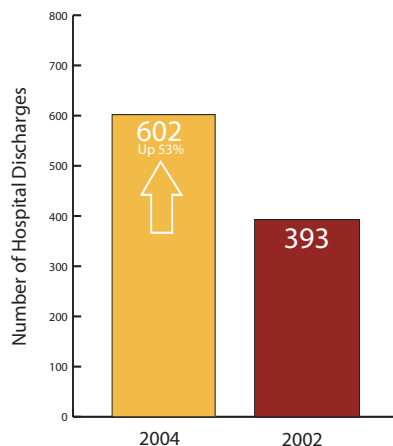
Roethlisberger crashed his motorcycle on June 12 of this year, we were shocked and concerned. Now that “Big Ben” is on the mend, we can breathe a sigh of relief. We should, however, still be concerned about trends in motorcycle head injuries and the impact of the 2003 repeal of Pennsylvania’s mandatory helmet law.

Motorcycle riding is a high-risk endeavor, whether you’re a star quarterback or an average Joe; riding without a helmet makes it even riskier. Nationally, motorcycles account for just 0.4% of all miles traveled by motor vehicles.¹ However, they account for more than 8% of all traffic fatalities.² Per mile traveled, a motorcyclist is about 20 times more likely to be injured or die in a crash than is an automobile occupant.

Insurers, physicians, and transportation officials have known of the inherent risks of motorcycling for a long time. Most of the public knows this as well. In fact, more than 80% of the public favors mandatory helmet laws for motorcyclists.³ Why? Because motorcycle injuries affect much more than the rider and the costs of these injuries are paid for in a variety of ways. The Steelers quarterback paid

with a concussion, facial injuries, and an arduous recovery that easily could have impacted his play this season. We all pay for motorcycle head injuries; the costs for Pennsylvania residents are expressed through the tragic brain injuries suffered and the hundreds of millions of dollars spent each year to treat them.

PA HOSPITALIZATIONS FOR
TRAUMATIC BRAIN INJURIES FROM
MOTORCYCLE CRASHES



In 2004, after the repeal, there were 602 Pennsylvania hospital discharges for traumatic brain injuries from motorcycle crashes. This represented a dramatic 53% increase from the 393 observed in 2002, the last full year of the mandatory helmet law. The estimated costs for these 602 cases, including hospitalization costs, lifetime medical costs, lost wages, and household productivity lost, was over \$170 million. Do we really want to continue spending such large amounts of the limited healthcare and governmental resources on these injuries, many of which are so easily prevented? We know that driving any vehicle at high speeds, while intoxicated or

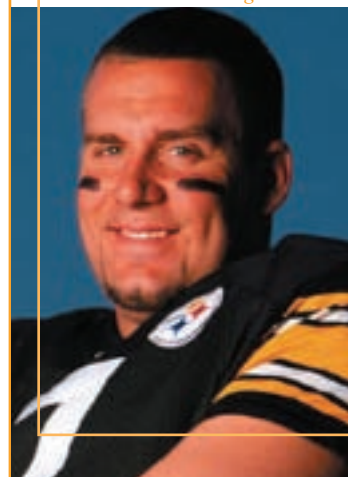
while not wearing a seatbelt, increases the likelihood of a serious or fatal injury. So we have laws addressing speeding and drunk driving and requiring the use of seatbelts. They just make good sense. With the motorcycle helmet issue, the argument is much the same. When a rider wears a helmet, an already risky activity is given a greatly increased safety margin. That safety margin is focused on the brain, because when it is seriously injured, one cannot always get back in the game—whether it is the game of football...or the game of life. ■

¹ National Highway Traffic Safety Administration’s National Center for Statistics and Analysis: Traffic Safety Facts – 2004 Data.

² National Center for Injury Prevention and Control, WISQARS Fatal Injuries; 2003 Mortality Reports. URL: <http://webappa.cdc.gov/sasweb/ncipc/mortrate.html>

³ 2004 “Survey of the Attitudes of the American People on Highway and Auto Safety,” conducted for the Advocates for Highway and Auto Safety by Louis Harris and Peter Harris Research Group.

▼ Ben Roethlisberger



Society President Reports on Group's Progress

As the president of the GSPH Alumni Society for the year 2006–07, I am pleased to report on the increasing number of activities and opportunities offered to GSPH alumni. An initiative begun a few years has continued to gain momentum, giving alumni greater opportunity to connect with their alma mater. In fact, the University awarded the society gold level banner status for 2005–06, which signifies the highest level of achievement for Pitt alumni groups.

During the past year, receptions held across the country provided time for alumni to connect with each other and/or with graduates of Pitt's other health sciences schools. Events were held in:

- Tucson, AZ
- Chicago, IL
- Naples, FL
- Boston, MA
- Altoona, PA
- Johnstown, PA
- Lancaster, PA
- Dallas, TX
- Seattle, WA

For local GSPH alumni, a social networking event was held in January 2006 at Caffé Giovanni in Mount Lebanon. It was a great opportunity for alumni to catch up with old friends and meet some new friends in a casual setting while enjoying good food and wine. We plan to have another event of this type in 2007.

▼ *Dr. Roberta Ness talks with alumni Victoria Ed (MPH '80) at the January alumni reception.*



The Alumni Society worked hard to plan GSPH Roars!!! in September 2006 at the Pittsburgh Zoo & PPG Aquarium. With a picnic buffet, silent auction, and activities for the kids, it was a great opportunity to network, spend time with friends and family, and contribute to the school's fundraising initiatives. The event raised more than \$1,600 for the "Campaign for the Next 5,000" student scholarship award.



▲ *Children learn about animals at the September GSPH Roars!!! event at the Pittsburgh Zoo.*

The annual Alumni Dinner was held during graduation weekend. The 2006 dinner provided the opportunity for the Alumni Society to present three Distinguished Alumni Awards and one Margaret F. Gloninger Service Award. See page 25 for biographies of the award winners.

During Public Health Week, the first week of April, we had eight alumni mentoring eight students, working together on service projects with the Allegheny County Health Department. We already have a group hard at work to make Public Health Week 2007 a success.

Very recently, we participated in Pathways to Professions, held on the Thursday of Homecoming week, October 19. This event is an opportunity for alumni to share their experience and expertise to inform students about careers in public health.

A great opportunity for alumni working anywhere in the world is participation in the Pitt Career Network (www.alumni.pitt.edu/networking). This is an on-line community networking site. On this site, each alumnus can make a profile and volunteer to be contacted about their specific field. More than 80 GSPH alumni are currently registered.

I look forward to seeing this coming year be a fun-filled and productive year. If you can join us and meet some of the students and alumni, we welcome you. If you'd like to find out how you can be more involved, you can reach me at rattle99@yahoo.com or 412-366-9716. You can also contact Gina McDonell, our staff liaison in the Dean's Office at mcdonell@pitt.edu or 412-648-1294.

Other opportunities available to GSPH alumni include lectures, workshops, and brown bag series. A listing of upcoming events can be found on the back cover; a continuously updated list can be found on the GSPH website at www.publichealth.pitt.edu.

Hail to Pitt!
Chad Rittle (MPH '03)



▲ *GSPH alumni enjoy good food and good conversation at the January alumni reception.*

Four GSPH Alumni Honored for Public Health Contributions and Service

Each spring, the GSPH Alumni Society recognizes graduates who have made outstanding contributions to the field of public health by presenting the Distinguished Alumni Awards. The Margaret F. Gloninger Service Award is given to an alumnus with a history of community service achievement. The 2006 awards were presented during the annual alumni dinner in April.

2006 Distinguished Alumni Award Recipients

Robert Geddis (MSHyg '73) was with the EPA in Allegheny County while working toward his degree and then in Atlanta for six years after. He concentrated on air pollution control for the steel industry, including testing, dispersion modeling, enforcement, and permitting. Since 1980, he has owned Air Pollution Regulatory Services in Ga., which specializes in helping the iron and steel industries comply with the Clean Air Act. He has helped about 60 major steel mills modernize their steel-making processes and install state-of-the-art air pollution controls. In 1999, Mr. Geddis co-hosted an Air and Waste Management Association conference in Pittsburgh on air pollution in the steel industry. With other consultants, he was selected by the EPA to present 16 extensive courses on air pollution topics for the steel industry. Along with his public health accomplishments, Mr. Geddis served in the military for more than 38 years. During his service, he was promoted eight times, enlisted and commissioned, and retired recently as a lieutenant colonel.

Marlene Lugg (MPH '66, DrPH '81) worked in Australia for 15 years after receiving her MPH; she was the founding director of the Western Australian State

Center for Health Statistics and Planning, deputy chairperson of the Australian National Committee on Health and Vital Statistics, and co-founder of the Australian Public Health Association. She was also the first female fellow of the Australian College of Health Service Administrators. Her work in developing medical record linkage and de-duplication models for immunization registries in Australia has been an international model for decades. Dr. Lugg returned to the U.S. in 1983 and became director of the Health Information Systems program at the UCLA School of Public Health. Since 1998, she has been carrying out vaccine safety and environmental health research at Southern California Kaiser Permanente, where she is now immunization coordinator and project manager. She is also co-investigator of the CDC-sponsored Vaccine Safety Datalink (VSD) Project, principal investigator for four EPA and South Coast Air Quality District projects, and adjunct professor of public health at West Coast University.

Thomas White, FACHE (MsHyg '73) is president and CEO of Jameson Health System, Inc. and Jameson Memorial Hospital in New Castle, Pa. Mr. White has devoted his career to building Jameson into a state-of-the-art health system. Today, Jameson Health System is comprised of six health care companies that operate a broad health care continuum, including patient care at two campuses; ambulatory care services; a cancer treatment center; a cardiac/angioplasty center; home health care; long-term care and assisted living; a nursing home and senior housing; children's services; community health centers; community outreach programs; a hospice program; a psychiatric program; a school of nursing; and a school of radiology. A few of Mr. White's accomplishments include active

participation on several local, state, and national healthcare and insurance boards; numerous community outreach programs and services; successful fund raising in conjunction with the Jameson Healthcare Foundation; substantial assistance to social service agencies; and high visibility in the community via involvement with local community groups.

2006 Margaret F. Gloninger Service Award Recipient

In 2002, during his residency in pediatrics at Children's Hospital of Pittsburgh (CHP), **Diego Chaves-Gnecco, MD** (MPH '00) joined the Community Oriented Residency Education program. It was this program that led Dr. Chaves-Gnecco to create the first pediatric bilingual clinic in southwestern Pennsylvania in the summer of 2002. Since its creation, the clinic has expanded to become the program Salud Para Niños (Health for the Children). At Salud Para Niños, culturally and linguistically competent primary care for children and families is complemented with activities oriented toward prevention and empowering the community about its own health. Currently, Dr. Chaves-Gnecco combines his activities from his fellowship in child development and behavioral pediatrics at CHP with his activities at Salud Para Niños and at GSPH. He has been a guest lecturer for several GSPH courses, and the activities of Salud Para Niños serve as an example in various courses at GSPH.

2000s

Eun-Young Ahn (MPH '06) has joined the Haitian Health Foundation as a monitoring evaluation administrator. She will be working in the town of Jeremie in western Haiti.

Sunita Dodani (PhD '06) has recently moved to Augusta, Ga. to become assistant dean for research and assistant professor of cardiology at the University of Georgia.

Shevon Harvey (DrPH '05) has accepted a position as assistant professor at the University of Illinois at Urbana-Champaign. Additionally, Dr. Harvey's abstract to the Gerontological Health Section's Program for the 134th Annual Meeting of the American Public Health Association has been nominated for the 2006 Susan B. Anthony Aetna Award for Excellence in Research on Older Women and Public Health.

Andrew Klee (MPH '04) celebrated the birth of his son, Lukas Andrew, on April 11th.

Aaron Mendelsohn (MPH '96, PhD '00) received the Food and Drug Administration's Outstanding Service Award in recognition of his performance in the scientific and regulatory assessment and actions regarding the safety of non-steroidal anti-inflammatory drugs. He is currently the director of epidemiology and risk management for MedImmune, Inc., a biotechnology company in Gaithersburg, Md., and holds an adjunct assistant professorship at George Washington University.

Karen Remsberg (PhD '01) married Donald A. Cox on September 3, 2005. Dr. Remsberg is an assistant professor at the Ohio University College of Osteopathic Medicine.

Laura Rosas (MPH '04) is the director of corporate compliance and privacy at Health Quest, the largest healthcare provider in New York's Mid-Hudson Valley.

1990s

Nolana Daoust (MPH '98) recently became an infection control coordinator at Kaiser Permanente Medical Center in Sacramento, Calif. Prior to joining Kaiser Permanente, she worked for the Sacramento County Division of Public Health as an epidemiologist.

Glenn Schneider (MPH '91), executive director of the Maryland Healthcare for All! Coalition, helped pass the nation's first state law requiring large companies to provide employee health care benefits.

1980s

William L. Hoon (MPH '81) retired from the U.S. Army Reserves in November 2005 at the rank of colonel.

Linda N. Ollis (MPH '80) was appointed chief executive officer of Creighton University Medical Center; she served as administrator and COO since June 2005.

Roderick Williams (MPH '87) is chief operating officer of Inova Loudoun Medical Campus in Leesburg, Va. He's also a member of the Virginia Health Care Association's Health Planning Committee.

1970s

Jane Y. Feltes (MPH '75) is embarking on a career change. Though her heart remains with public health, she has chosen to pursue the admirable goal of becoming a teacher.

Robert P. Wise (MPH '74) was presented with the 2006 Outstanding Medical Executive Award by the MD Advantage Insurance Company of New Jersey. The award is given annually to medical executives with a fundamental interest in health care and a commitment to the enhancement of medical practice. Mr. Wise is the CEO of Hunterdon Healthcare System.

1960s

1950s

Herman Cember (Faculty 1950-60) is currently an adjunct professor at Purdue University's School of Health Science. He is also an emeritus professor at Northwestern University, having retired after 34 years of teaching.

Masashi Suzuki-Yasumoto (MPH '56) is retired now after a long career in radiation health. After finishing his education at GSPH and Rochester University, he went on to work at the Research Institute of Radiation Health in Japan, the International Atomic Energy Agency in Vienna, and the Tokyo Electric Company.

Correction

In the Spring 2006 issue, Anthony Luvara was mistakenly listed as being a member of the class of 1983. His correct class year is 1973. Our apologies to Mr. Luvara.

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.

Program for Pfizer Employees Helps to Broaden Alum's Public Health Perspective



^ Jill Lundberg is presented with a chicken as a display of gratitude – Malawi, Africa

Like many people, **Jill Lundberg** (MS '96) has always had a desire to make a meaningful difference in the world. However, most people say that they couldn't leave their job and family for six months and travel halfway around the world to do it. Jill did and says that she is grateful for the tremendous growth opportunity that the experience provided.

The Pfizer Global Health Fellows program allows forty Pfizer employees each year to support the work of leading non-governmental organizations around the world. This philanthropic approach shares the expertise, knowledge, and caring of Pfizer's staff with organizations working to fight HIV/AIDS, tuberculosis, malaria, and other debilitating diseases that ravage countries in the developing world. Since the program was launched in 2003, more than 100 Pfizer employees have been selected to serve as doctors, health educators, information technology advisors, and finance experts in Africa, Asia, Eastern Europe, and Latin America.

In January of this year, Jill returned from her six-month experience in Malawi, Africa. She worked with Family Health

International, whose staff was already in place in Malawi, to document case studies and identify best practices from existing community-based home-based healthcare programs and programs to support orphans and vulnerable children. She analyzed the programs already in place to determine how they could be improved and how the best practices could be used to scale up existing programs and replicate the programs in other regions of the country.

One of the things that Jill worked on was the development of communication skills (e.g. writing, oral, interviewing) among community members leading the programs, which helped them to better implement Jill's and their own critiques of the programs. For instance, in Malawi, when an individual wants to communicate with someone, it is not uncommon to make a phone call or knock on the door once; if a response is not received, there is no follow-up. Teaching community members to assess and document their own programs fostered pride and motivation and helped to minimize communication as being a hurdle to overcome when trying to get support for and implement programs.

Other communication barriers were the result of cultural differences and Jill tried to adapt to local culture communication styles rather than expect the community members to change. For example, she quickly learned that an affirmative response to an inquiry is not always substantive, but may instead indicate a desire to polite.

Looking back on her experience, Jill says, "What struck me most of all was the people's resilience, their sense of community, and their enduring strength. In an area where nearly 15% of people have HIV/AIDS, that outlook is certainly something to be admired." Since returning to the U.S., Jill appreciates more than ever her own fortune. She says she's been pulled back to the community, and hopes to contribute to "making a difference in her own backyard."

Jill encourages her colleagues working in public health to take any available opportunity to broaden their perspective and that understanding the global effect of one's contribution to public health makes the day-to-day work so much more meaningful. ■

^ Jill Lundberg, with members of the village in which she volunteered – Malawi, Africa



Alum Completes Prestigious Fellowship Program

Devona Delach (MPH '04) writes the following about her recent experience in the Presidential Management Fellows (PMF) program.



▲ Devona Delach, MPH '04

“After completing my graduate education at Pitt in 2004,

I began working for the Centers for Medicare & Medicaid Services (CMS), an agency within the U.S. Department of Health & Human Services. I had passed many rigorous phases of assessment for acceptance into the elite Presidential Management Fellows (PMF) program, a two-year federal government program for the analysis, leadership, and management of public policies and

programs, designed to prepare America’s future leaders for careers in public service.

“I arrived at CMS during a very exciting time, shortly after the passage of the Medicare Modernization Act of 2003. This law provided seniors and people with disabilities with the first comprehensive prescription drug benefit ever offered under the Medicare program, the most significant improvement to senior health care in nearly 40 years.

“For about six months, I worked on implementation of the Medicare Prescription Drug Discount Card and Transitional Assistance Program, a voluntary program to give immediate relief to people with Medicare to help reduce their costs for prescriptions during the time until the new drug benefit began on January 1, 2006. One of my key assignments was a “lessons learned” project, which was used in preparation for the Medicare Prescription Drug Benefit Program. I also spent a year

working on Medicare Advantage (Part C) and Medicare Prescription Drug Plan (Part D) enrollment and eligibility policy. In addition, the PMF program enabled me to complete a six-month developmental assignment, during which I worked on Capitol Hill at the U.S. Senate Committee on Health, Education, Labor, and Pensions. As part of the health policy team, I researched and examined a broad range of public health issues and policies, and also deepened my understanding of Congressional procedure.

“I would highly recommend the PMF program to GSPH students who are interested in public service careers. Not only did I receive an overview of both the policy and operational aspects of the federal government, but the program provided me with outstanding career and advancement opportunities, high-profile work assignments, exposure to senior management officials, and valuable training. It was an experience that I will not soon forget.” ■

Get Connected

Did you know that you have access to dozens of GSPH lectures and presentations from the past few years? The University’s Mediasite archive houses an extensive selection of lectures and presentations, all for free download! Examples of lectures that can be downloaded include:

- Jay L. Foster Memorial Lecture Series in Alzheimer’s Disease (seven lectures)
- John C. Cutler Global Health Lectures (two lectures)
- Thomas Parran Lecture (one lecture on general public health)
- Health Policy Institute Governance Briefings (five sessions)
- Pittsburgh Bioterrorism Lecture Series (six lectures)
- Pitt Alumni Association Signature Series (five general interest lectures)

Please visit www.mediasite.cidde.pitt.edu to download the lectures. Contact Gina McDonell at 412-648-1294 or mcdonell@pitt.edu with questions.

The Center For Healthy Aging



^ Proud recipient of the “10 Keys to Healthy Aging” certificate

The Center for Healthy Aging (CHA), established in 2001, is a Centers for Disease Control (CDC) Prevention Research Center housed in GSPH’s Department of Epidemiology. Its mission is to promote healthy lifestyles and disease prevention in the older adult population of Allegheny County, an area with the second highest percentage of older adults in the country. Since 2001, CHA has grown considerably.

A new collaboration for Fall 2006 is with the University’s School of Dental Medicine. Dental health is a concern to many older adults and health professionals. Funds from the Pennsylvania Department of Health have been awarded to CHA and will add an oral health component to the existing “10 Keys to Healthy Aging” curriculum. This partnership will ascertain important information that will be used to

design effective interventions to improve oral health.

CHA is also collaborating with the University’s Institute on Aging to create a prevention track in the Gerontology Certificate program. This is a significant expansion of CHA’s educational curriculum. As a part of this new certificate track, CHA staff is developing a unique online course called *Prevention and Healthy Aging*. This course will be delivered using the Blackboard online tool and with the guidance of Pitt’s Center for Instructional Design and Distance Education (CIDDE). The course, which will be available to a wide geographic area, is designed to address health promotion and prevention and effective risk factor management in the older adult population. The prevention track and the new online course will be offered beginning in January 2007.

One of the cornerstones of CHA’s agenda is the Community Health Ambassador Program and the “10 Keys to Healthy Aging” classes offered in the community. Ambassador certification classes and “10 Keys” classes are currently being offered at three Community College of Allegheny County locations, the University’s Osher Lifelong Learning Institute, Carnegie Mellon’s Life Long Learning Program, and the YMCA/Highmark SilverSneakers Program, among other locations. The ambassador classes are generally six weeks and are offered to adults over 50 years of age at no charge. Individuals who complete the classes are encouraged to take what they learn about prevention and the “10 Keys to Healthy Aging” to family, friends, and church and social groups in their community. This grassroots effort empowers older adults to take charge of their health. Visit www.healthyaging.pitt.edu for more information. ■



^ H. Samuel Wieand

H. Samuel Wieand

Harry Samuel Wieand, PhD, GSPH professor of biostatistics, passed away on June 10, 2006, at UPMC Shadyside Hospital.

From Dr. Wieand's memorial service program: H. Samuel Wieand, born in Pittsburgh, Pa., was the son of the late Harold T. and Helen Wieand. Sam and the former Helen Cherry were married 39 years and had two children.

A 1966 graduate of Indiana University in Indiana, Pa., Sam received his doctorate in mathematics in 1974 from the University of Maryland. Before receiving his doctorate, Sam was on active duty with the U.S. Army from 1969-72. He joined the University of Pittsburgh immediately thereafter and assumed several roles, including associate professor in the University's Department of Mathematics and Statistics and associate professor in the Department of Biostatistics at GSPH.

In 1985, Sam and his family left Pittsburgh and moved to Rochester, Minn., where Sam accepted an appointment in the Mayo Clinic. He served as the group statistician for the North Central Cancer Treatment Group (NCCTG) and was instrumental in the design and analysis of studies that led to new therapies for

gastrointestinal cancers. In 1992, he was awarded fellowship in the American Statistical Association.

Returning home to Pittsburgh in 1995, Sam was appointed director of the National Surgical Adjuvant Breast and Bowel Project (NSABP) Biostatistical Center and professor of biostatistics at GSPH. He also served as director of biostatistics for the University of Pittsburgh Cancer Institute.

Over the course of his career, Sam contributed generously to the scientific literature and published more than 100 cancer-related and statistical papers. He also served as a referee for almost twenty professional journals and was an associate editor of the *Journal of Clinical Oncology and Lifetime Data Analysis*. Through his highly principled scientific ethics, he served cancer patients and the advocacy community as a cancer survivor on the NSABP Patient Advocacy working group.

Beyond his academic and research achievements, we will remember Sam for his kind and gentle ways, his wonderful sense of diplomacy, his love of nature, and his full appreciation of life. He was a devoted husband, father, and grandfather, and a friend and mentor to many. We will miss him deeply. ■

John L. Bryant II

John Lowrie "Bruno" Bryant II, GSPH professor of biostatistics and an internationally known breast cancer researcher who became a cancer survivor himself, died of a brain hemorrhage on September 26, 2006. He was 58.

Born in Wilkinsburg, he attended Penn Hills High School before going to Rensselaer Polytechnic Institute in Troy, N.Y., where he studied operations research and statistics. He earned his doctorate in 1977 while also teaching math and science to high school students.

In March of 1977, he joined the Department of Quantitative Analysis at the University of Cincinnati as an associate professor, working his way up to co-director of the department. He left in July 1990 for the University of Pittsburgh, where he worked in the Department of Statistics and the Office of Biostatistics with the University of Pittsburgh Cancer Institute.

John Stember, a lawyer with the firm Stember Feinstein, Downtown, knew Dr. Bryant for 30 years and turned to him as an expert witness on a few cases involving statistical analyses.

"The guy was really brilliant," Mr. Stember said. "A brilliant mathematician, a brilliant statistician, and over the last decade, immersing himself in cancer research, became one of the leaders in biostatistics."

In December 1994, Dr. Bryant became interim director of the National Surgical Adjuvant Breast and Bowel Project and served as its director from June 2000 to June 2004. He was associate director for the project from then until his death.

Dr. Bryant designed clinical trials for experimental therapies in fighting breast cancer and published more than 100 papers on statistical methods and analysis of clinical trial data. A member of the American Statistical Association, he was named Pittsburgh Statistician of the Year 2004-05.

In July 2003, after years of studying cancer treatments for patients, Dr. Bryant was diagnosed with a rare tumor—an acinic cell carcinoma—in his neck. He underwent chemotherapy and surgery that left him paralyzed on the right side of his face.

"He started to experience cancer from the position of a patient," said his wife, Diana Bryant. "He could relate and empathize with all the people that he had been designing clinical trials for all those years because now he was on the other



^ John L. Bryant II

side. It gave him a greater understanding of [what] the participants went through.”

In spite of cancer, he continued to work. “He was very tough and a fighter,” Mrs. Bryant said. “It didn’t matter to him, as long as he was still alive. He’d barely be able to sit up, and he’d be sitting at his computer analyzing someone’s data.”

Dr. Bryant’s passion for living included a zestful appreciation of the outdoors. He was also a marathon runner and a pilot and played the guitar, Mr. Stember said.

The two men also co-founded Robot Baseball, a high-tech fantasy baseball game based on players’ statistics. Dr. Bryant wrote all 80 mathematical programs for it.

“It was just something we did from scratch and, for a while, it was the premiere play-by-mail fantasy baseball game,” Mr. Stember said. They sold the rights to the game 10 years ago.

“It was just a little sideline business but we actually made money on it.”

“I met him running,” Mrs. Bryant said. “And I always wanted to go skydiving, but I couldn’t get anyone to jump out of an airplane with me. So he bet me that if

I could run 11 miles with him without stopping, he’d jump out of an airplane with me. He didn’t think I could do it, but I did it, and he had to. But that was the kind of guy he was.”

Survivors included his children, Anna Bichai and Katie Jianwen Bryant; his brother, Michael Bryant of Pittsburgh; and his sister Suzanne Bryant of Key West, Fla. ■

Tribute to Dr. David Minard, GSPH professor emeritus and former chair of the Industrial Health Department, who passed away in October 2005.



^ unidentified student, David Minard, and Heru Satoto - 1969

Sent to us from:
Heru Satoto, MD, MSM, (MPH '69)
Jarkart, Indonesia

It is really sad news from the Spring 2006 *PublicHealth* about the passing away of Dr. David Minard. As my academic advisor, I owe him for his guidance and advice; I did not have a chance to say thank you to him. I feel a deep regret that I could not get in touch with him since I graduated and left Pittsburgh in 1969. I recall how he helped me fill out the study program form on my first day at GSPH in October 1968. It was something new to me, for it was my first time as a student in the U.S. getting to

know the U.S. academic system. That time was also my first time being abroad. During the course of my studies, he helped me to solve any academic problems; one of them was to understand the Belding-Hatch index. And then, while waiting for Commencement Day, he arranged me to visit industrial health institutions, from Johns Hopkins to Berkeley, which gave me an impressive experience. What I feel now is that all of my professional knowledge in occupational health was obtained through the dedication of Dr. Minard as a “father” to his students. The retained knowledge I have was proven valid to execute my jobs in many positions until my retirement in 2005. Thank you, Dr. Minard, for the past and always. ■

GSPH and Global Health

An estimated one billion people worldwide lack access to basic health care and about 11 million children under the age of 5 die each year from malnutrition and preventable diseases.

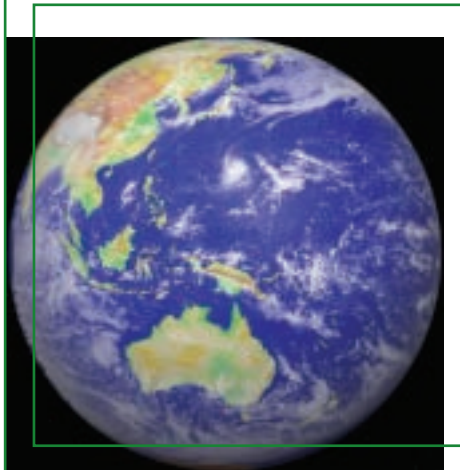
Delivery of effective interventions for alleviating such suffering is often hampered by environmental, economic, and social barriers, including war, poverty, discrimination, and illiteracy.

These problems were the focus of the 3rd annual Global Problems, Global Solutions Conference held on October 6–7, sponsored by GSPH in conjunction with LaRoche College. The theme of this year's conference was Health, Dignity, and Human Rights. The event was a resounding success; it drew more than 350 faculty, staff, and students from local colleges and universities, public health professionals, and representatives from humanitarian service organizations.

Keynote speakers at the conference included GSPH Dean Donald S. Burke; Carol Welch, U.S. coordinator of the U.N. Millennium Development Goals Campaign; Paul O'Neill, former U.S. treasury secretary and former chairman and CEO of Alcoa; and Kollo Basile, minister of international affairs, Republic of Cameroon. In addition to the keynote speakers, workshops promoted discussion on a range of topics, including human security, trafficking in women and children, public health and humanitarian consequences of war, immigration and migration, social inequalities in access to health care, and careers in global development. One purpose of the conference was to address the U.N. Millennium

Development Goals, which are eight goals put forth by the U.N. to be met by 2015 to help combat the harsh facts of life for so many people. The goals are:

1. Eradicate extreme poverty and hunger
2. Achieve universal primary education
3. Promote gender equality and empower women
4. Reduce child mortality
5. Improve maternal health
6. Combat HIV/AIDS, malaria, and other diseases
7. Ensure environmental sustainability
8. Develop a global partnership for development



These issues impact the lives of individuals locally and globally. GSPH, in collaboration with the co-sponsors of the conference, is working to make the goals a reality, starting in the Pittsburgh region.

In addition to hosting the Global Problems, Global Solutions Conference, specific global health initiatives supported by GSPH include:

- John C. Cutler Global Health Lecture—an annual lecture to raise awareness of current issues in global health. The 2006 lecture was presented by GSPH Dean Donald Burke and is available for online viewing at www.publichealth.pitt.edu/cutler2006.

- Certificate in Global Health—a 15-credit program designed to educate students about current health patterns and transitions occurring globally, and the effect of global environmental, political, economic, health care, and social changes on these patterns.
- Joint Degree Program with the Graduate School of Public & International Affairs—designed to prepare students for careers as public health practitioners in less economically developed societies where health issues are closely linked to the social, political, and economic problems of development. Students earn a Master of Public Health degree and a Master of International Development degree.
- Global Health Student Association—a student-run organization dedicated to promoting interest in global health issues through the facilitation of information exchange among GSPH global health researchers, worldwide global health organizations, and the large body of international students enrolled at GSPH.
- International research projects—GSPH faculty are currently undertaking a wide variety of research throughout the world including projects in China, Croatia, India, Indonesia, Kenya, South Africa, Thailand, and Trinidad and Tobago.
- Supercourse—a global repository of public health lectures, developed and maintained by GSPH Professor Ron LaPorte. Supercourse has a network of over 38,000 scientists in 151 countries sharing a library of over 2,742 lectures.

With GSPH's growing prominence in public health research and the increasingly global nature of public health issues, now is the time to broaden the school's understanding and involvement regarding global health. ■

Public Health Credentialing Exam to be Offered in 2008

Former GSPH Dean to Chair National Board of Public Health Examiners



Credentialing exams are required or recommended for many professional fields, including just about all health professions; however, public health professionals have never had a standard by which to measure their understanding of the basics of the field.

In the field of engineering, a “professional engineer” is recognized to have mastered basic engineering concepts and has access to expanded career opportunities. A lawyer must pass the bar exam in order to practice law at all. Credentialing exams are required or recommended for many professional fields, including just about all health professions; however, public health professionals have never had a standard by which to measure their understanding of the basics of the field. The newly formed National Board of Public Health Examiners (NBPHE) aims to change that.

Bernard D. Goldstein, MD, professor of environmental and occupational health and former GSPH dean, has been named chair of the NBPHE. The organization has twenty members and includes representatives selected by the major public health professional and practice organizations.

The organization is working to develop a voluntary credentialing exam for graduates who have earned masters or doctoral degrees from the 37 public health schools and 65 programs accredited by the Council on Education of Public Health (CEPH). This credential will ensure that graduates have mastered competencies in the five core public health disciplines—biostatistics, epidemiology, environmental health, health policy and management, and social and behavioral sciences, as well as those cross-cutting areas that are central to modern public health. The first exam is scheduled for the summer of 2008.

The NBPHE was launched to address the need for greater recognition of public health as a health profession. Employers that hire NBPHE-credentialed graduates will be assured that these candidates have a fundamental breadth and depth of public health knowledge.

More information about the exam can be found on the organization’s website, www.nbphe.org.

credentialing

Mark Your Calendar

November 4-8, 2006

ASPH/APHA Annual Meeting, Boston, MA

November 6, 2006

Reception for Alumni and Friends at APHA

Conference attendance not required to participate.

Boston Convention & Exhibition Center, Room 254A,
6:30 – 8:00 p.m.

November 21, 2006

The Jay L. Foster Memorial Lecture in Alzheimer's Disease

Speaker: Steven T. DeKosky, MD, Director, Alzheimer
Disease Research Center, University of Pittsburgh
Community lecture, location TBD, 1:00 p.m.

Scientific lecture, GSPH A115 Crabtree Hall, 4:00 p.m.

December 1, 2006

Annual GSPH International Dinner

The entire GSPH family (past and current) is invited to
share in multicultural music, food, and dance, as we remain
mindful of global health issues. Attendees are asked to bring
a dish that represents their culture and a canned food
donation for a local food bank.

GSPH, 5:00 p.m.

January 19, 2007

GSPH Open House for Prospective Students

Talk with prospective students; share experiences and
answer questions about GSPH.

GSPH, 9:00 a.m. – 1:30 p.m.

February 2, 2007

The Winter Academy (regional alumni event)

Keynote Speaker: Donald S. Burke, MD, GSPH Dean
Naples, FL, Ritz-Carlton Hotel

March 20, 2007

Reception for Health Administration Alumni

Held during ACHE Congress (March 19-22); details TBD
New Orleans, LA

March 2007

Regional Health Sciences Alumni Reception

Keynote Speaker: Todd Reinhart, ScD, GSPH Department
of Infectious Diseases and Microbiology
Biotechnology Center, Research Triangle Park, NC
Time TBD

April 29, 2007

GSPH Convocation and Alumni Dinner

Convocation: IBEW Conference Center, time TBD

Alumni Dinner: location and time TBD

April 2007

Regional Health Sciences Alumni Reception

Erie, PA, location and time TBD

*For more information on any of these events,
please contact Daphne Mayer in the GSPH
Dean's Office at 412-383-8849 or
dmayer@pitt.edu.*



University of Pittsburgh

Graduate School of Public Health

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