

PublicHealth

UNIVERSITY OF PITTSBURGH GRADUATE SCHOOL OF PUBLIC HEALTH

SPRING 2006



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GSPH alum pioneers sentinel system for public health and bioterrorist conditions using data from animal hospitals



Thirty

Katherine M. Detre, MD, DrPH, leading authority on cardiovascular disease, dies at age 79



Twenty-one

GSPH student demonstrates dedication to global health



Researchers Develop Avian Flu Vaccine

**New vaccine shown
to be 100% effective
in animal study**

Features Spring 2006



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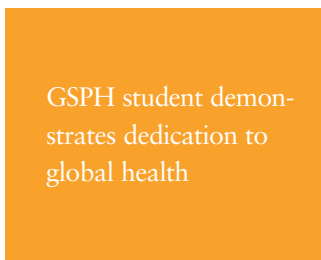
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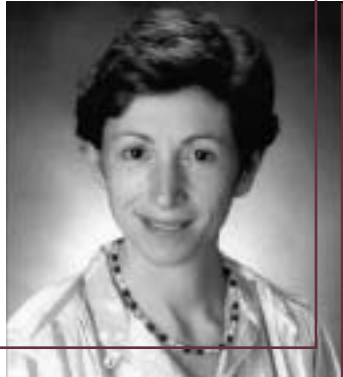
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As new Interim Dean, I begin by offering heartfelt thanks on behalf of our faculty, our community, and myself to Dr. Bernard Goldstein. Bernie is a terrific advocate for the research, teaching, and service missions central to GSPH.



^ Roberta B. Ness

During his tenure, the school benefited from an increase in University funds, increased student enrollment, the addition of over 40 new faculty, and increased health promotion in the local community. Under his direction, GSPH's portfolio of teaching programs and distance-learning options grew significantly.

Fortunately, Bernie didn't leave us completely, but "stepped up" (in his words) to a faculty position in the Department of Environmental and Occupational Health. He continues to be available to us as a brilliant professor, researcher, and friend. His efforts have stabilized and sustained a school that is historically strong and becomes stronger by the day. These triumphs foster the honor that I feel in continuing the momentum during our current transition.

Challenges known and only now imagined beset the health of the public. The obesity epidemic, increases in breast cancer, and avian flu are only a few examples. Faculty at GSPH are on the cutting edge of finding solutions to these challenges. Let me share with you the kind of research achievements made by GSPH faculty just in the past year. These successes, each a major contribution to public health, underscore the vibrancy of GSPH.

- The Department of Infectious Diseases and Microbiology generated an avian flu vaccine just five weeks after obtaining genetic sequence data. This offers a strategy for the rapid development of a vaccine should an avian flu epidemic emerge.
- Epidemiology researchers discovered that conventional tests will not expose heart disease in as many as three million U.S. women, due to plaque build-up in smaller arteries that is undetectable by traditional testing methods.
- Human Genetics researchers identified two specific genes as contributors to the development of age-related maculopathy, paving the way for future targeting of these genes in drug discovery.

- The Biostatistics Department reported extremely positive results from a multi-center clinical trial showing that use of a particular cellular blocking agent can reduce breast cancer recurrence by 50%.
- The Department of Epidemiology studied the relation between maternal prepregnancy BMI and preeclampsia, and reported substantial increased risk with elevated BMI, even within each BMI category and even at "normal" BMI compared to lower levels.
- The Department of Behavioral and Community Health Sciences evaluated public health professionals' communications with postal workers during the 2001 anthrax attack, and suggested improvements to the emergency response strategy for future situations.

Further information about the above research examples can be found in the "Research News" section on page 10.

The consistent excellence of GSPH research has generated extensive federal funding, especially in comparison with the other, larger schools of public health. For the past four years, the school has received the most NIH funding of any state-related school of public health, with NIH grants totaling \$45.3 million in FY 2004 (the last year for which information is reported). Among all public and private schools of public health, GSPH ranks third, only behind private schools Johns Hopkins and Harvard. Total research funding for FY 2005 was \$76.1 million.

The successes at GSPH, along with our ongoing research accomplishments, and the promise of substantial University funds for renovating the main GSPH buildings, place us well able to respond to future public health challenges.

A handwritten signature in black ink that reads "Roberta Ness".

Roberta B. Ness, MD, MPH

Roberta Ness has been a GSPH faculty member in the Department of Epidemiology since 1993, chair of the department since 2003, and GSPH interim dean since December 2005.

As this issue of PublicHealth goes to print, a new permanent dean has been announced. GSPH welcomes Donald S. Burke, MD to the school. Information about Dr. Burke can be found on page 5.



Classroom without Borders

“This single GSPH lecture could reach as many as a million, making it the largest classroom ever.”

Live webcast of Cutler Memorial Lecture reaches thousands

Eric K. Noji, MD, MPH, laughs as he describes the evolution of his career from emergency physician to senior policy advisor for health and national security at the Centers for Disease Control and Prevention (CDC). “My whole career has been a disaster,” he says jovially. Indeed, it was his expertise in disaster preparedness and epidemiology that drew a record audience for GSPH’s John C. Cutler Annual Global Health Lecture on September 29, 2005.

Noji’s presentation, “The Public Health Consequences of Disaster: Challenges for Public Health Action,” could not have been more timely. In a year that began with rescue and relief efforts following the Asian tsunami, the lecture came fast on the heels of Hurricanes Katrina and Rita. The local turnout was twice the usual size. Even so, most of the members of this audience weren’t elbow to elbow in the GSPH auditorium. They were actually scattered around the world.

GSPH Professor of Epidemiology Ronald LaPorte had arranged and publicized a groundbreaking, live internet webcast of the Cutler lecture. LaPorte had already pioneered the Supercourse, a powerhouse Internet library of more than 2000 public health lectures (www.pitt.edu/~super1). Now he applied what he calls the Supercourse’s “network of networks” to create a live global classroom. When Noji delivered his speech, he could be heard simultaneously in as many as 150 countries. More than 300 organizations, including the United Nations, the World Health Organization, and the Library of Alexandria in Egypt, received a live

feed of the lecture from Pitt and then redistributed it on their own networks. With 300 simultaneous links and the possibility of multiple viewers at each link, it's likely that the lecture reached thousands of public health professionals and students around the world.

In delivering the Cutler lecture, Eric Noji addressed the state-of-the-art in disaster preparedness as well as the role of the epidemiologist, drawing on his considerable experience with natural and technological disasters, terrorism, violent civil conflict, war, and humanitarian emergencies. "Now is the time that we need to apply lessons learned," Noji says. "Schools of public health are rarely able to conduct detailed investigations of risk factors for injuries, deaths, and communicable diseases or long-term follow-up studies related to mental health and chronic diseases. We've got to do a much better job of disaster research if we are going to be able to develop strategies to prevent or reduce morbidity and mortality from disasters or improve the quality of disaster preparedness. In other words, we have a ways to go to make disaster research a respected academic field of study."



Public Health Lectures on Demand

<http://mediasite.cidde.pitt.edu/>

Viewers who were not able to access the Cutler lecture live on the Pitt Mediasite website took the opportunity to download other lectures from the archives. Here are some of the most heavily viewed lectures on the day of the Cutler lecture:

- 2005 Thomas Parran Lecture:
"Achieving the Promise of Public Health"
Noreen M. Clark, PhD
- Distance Learning Interactive TV Workshop:
"The Use of 'Community-based Participatory' Strategies to Address Issues of Health Disparities."
Stephen B. Thomas, PhD; Robert M. Goodman, PhD
- The Jay L. Foster Memorial Lecture Series in Alzheimer's Disease:
"Frontotemporal Dementia"
Bruce L. Miller, MD
- Global HIV Prevention:
Where Have We Been, Where Are We Going
Sten Vermund, MD, PhD
- Health Care Workforce Availability During Catastrophic Disasters
Kristine Qureshi, RN, DNSc
- Genes for Common Diseases Association Studies
Aravinda Chakravarti, PhD
- Biological Warfare Bioterrorism Preparedness Operations
William Smith
- Jay L. Foster Memorial Lecture Series in Alzheimer's Disease:
"Do Genes and Environmental Factors Interact in Alzheimer's Disease?"
Richard Mayeux, MD, MSc
- Bioterrorism Emergency Management and the New Public Health Leadership Role of the State and Local Health Departments
David Carney, MPH



With such a wide, international dissemination, the 2005 Cutler lecture may go a long way in getting Noji's message out. Feedback on the lecture has been received from students, researchers, and public health practitioners in the U.S. and around the world. For instance, Ron LaPorte reports that colleagues in Tehran gathered for a 2 a.m. party to watch the live webcast. A preventive medicine specialist currently stationed in Peru emailed Noji: "Here in Lima your talk gave me the opportunity to gather the different people at the Ministry of Health (General Epidemiology Office and Civil Defense Office), Social Security system (ESSALUD), USAID, Peruvian Red Cross, academia (San Marcos University), OXFAM International, Peruvian Society for Emergency and Disaster Medicine.... We created a good forum for future events."

The 2005 Cutler lecture is available in multiple formats online through the GSPH archive of lectures: www.publichealth.pitt.edu/special-events/cutler2005/webcast.html. Noji's PowerPoint presentation can be viewed on the Supercourse website. LaPorte reports that through the Supercourse, Noji's lecture was distributed in advance to 30,000 locations. He estimates when all is said and done, this single GSPH lecture could reach as many as a million, making it the largest classroom ever. ■

Technology for the webcast was developed by Sonic Foundry, which provides web-based communications services and solutions to colleges and universities. Their Mediasite™ technology enables educational institutions to easily create and distribute web presentations that include fully integrated audio and video.

World-wide Distribution of the 2005 John C. Cutler Lecture in Global Health

Argentina	Hong Kong	Puerto Rico
Australia	India	Russia
Belgium	Iran	Saudi Arabia
Brazil	Iraq	Serbia
Canada	Israel	South Africa
Chile	Japan	South Korea
China	Kenya	Spain
Colombia	Lithuania	Sweden
Costa Rica	Mexico	Switzerland
Cyprus	Morocco	Taiwan
Denmark	Netherlands	Thailand
Ecuador	New Zealand	United Arab Emirates
Egypt	Nigeria	United States
England	Pakistan	
Germany	Peru	
Guam	Philippines	

Certificate Program Provides Training in Disaster Response

GSPH currently offers three certificate programs, with three more to be launched in fall 2006. In the wake of natural disasters like the Asian Tsunami and Hurricane Katrina, a popular certificate program is the “Certificate in Public Health Preparedness and Disaster Response.”

This 15-credit certificate seeks to improve the preparedness of local health units by training public health professionals to lead public health and other agencies in preparedness activities, such as developing and implementing crisis communications activities, conducting emergency surveillance, and evaluating the effectiveness of emergency response systems.

The learning objectives for this program are based on priority areas identified by the Centers for Disease Control and Prevention (CDC). Courses include:

- Issues in Bioterrorism
- Emergency Management and Disaster Response
- Environmental Health and Occupational Health Preparedness
- Evaluation of Emergency Response
- Risk Communications
- Mental Health Issues of Disasters

Although there is no definite timeline yet, there is a plan to offer the entire certificate program online. Tuition scholarships from the CDC are also available. Graduates of the certificate program work in positions such as:

- Bioterrorism Preparedness Program Coordinator
- Emergency Management Analyst
- Domestic Preparedness Coordinator

- Community Disaster Education Coordinator
- Emergency Preparedness Health Planner

For more information about this and other certificate programs, visit www.publichealth.pitt.edu/certificates or contact Student Affairs at 412-624-3002.

Other GSPH Certificate Programs

- Environmental Risk Assessment
- Global Health
- Lesbian, Gay, Bisexual, and Transgender Health and Wellness
- Minority Health and Health Disparities Research
- Public Health Genetics

New GSPH Dean



^ Donald S. Burke

GSPH Names New Permanent Dean

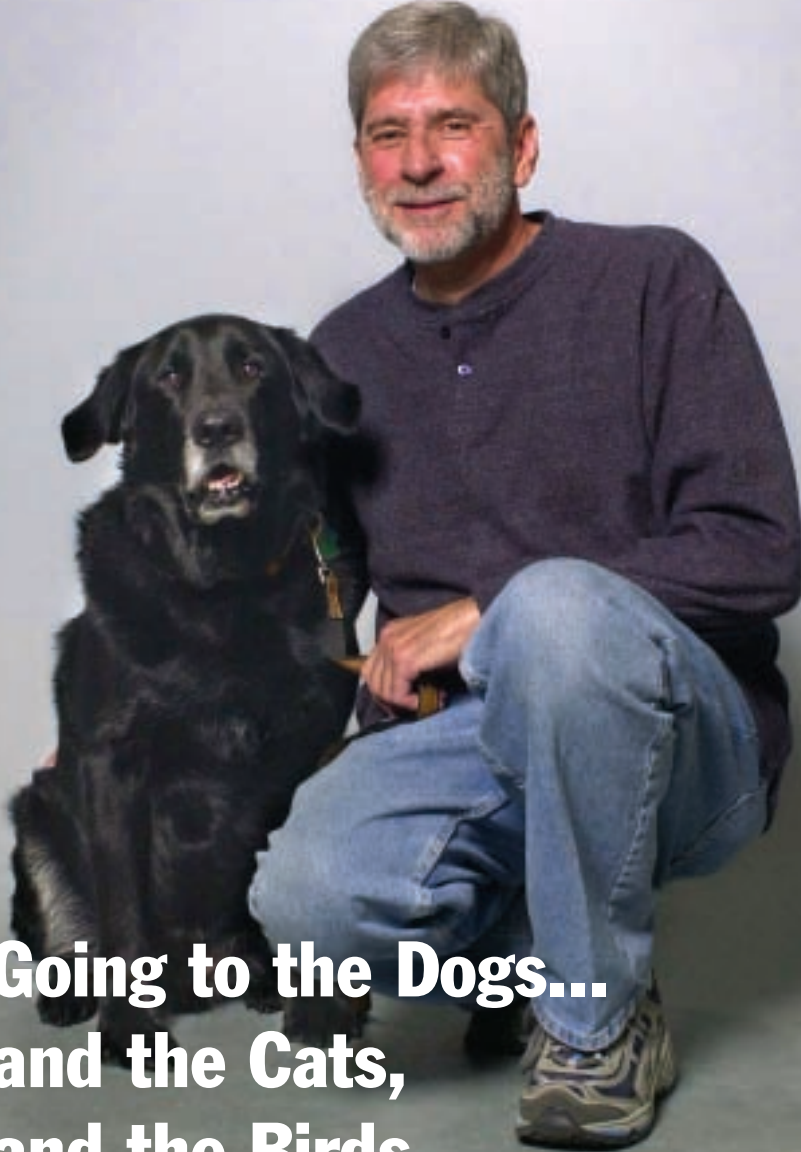
Donald S. Burke, MD, has been selected as GSPH's new dean. Dr. Burke is an internationally renowned expert in the prevention, diagnosis, and control of infectious diseases of global concern, including HIV/AIDS and avian flu.

Dr. Burke comes to GSPH from the Johns Hopkins Bloomberg School of Public Health, where he is professor of international health and epidemiology, associate chair for disease prevention and control in the Department of International Health, and director of the Center for Immunization Research.

In addition to serving as the GSPH dean, he also will direct the University of Pittsburgh's new Center for Vaccine Research; serve as associate vice chancellor for global health, a newly created position within the Office of the Senior Vice Chancellor for the Health Sciences; and become the first occupant of the UPMC-Jonas Salk Chair in Global Health. He begins his new duties July 1.

Dr. Burke will be the University of Pittsburgh's seventh GSPH dean, replacing Bernard Goldstein, MD, who retired as dean at the end of 2005 but remains a faculty member in the Department of Environmental and Occupational Health. Roberta Ness, MD, MPH, chair of the Department of Epidemiology, has served as interim dean since December 1 of last year. ■

Look for a more complete article and introduction to Dr. Burke in the Fall 2006 issue of PublicHealth magazine.



Going to the Dogs... and the Cats, and the Birds

^ Glickman with his dog, Indy

“[Homeland Security] came to us to see if our system could do the kind of monitoring that was necessary. They concluded that not only was our system probably the one to use for companion animal monitoring, but that it was in many respects better than any human system out there.”

feature

GSPH alum pioneers sentinel system for public health and bioterrorist conditions using data from animal hospitals

In late September 2005, the U.S. Department of Homeland Security (DHS) detected a trace amount of the microorganism tularemia in the air above Washington, D.C. Because tularemia is a highly infectious agent that has the potential to be used as a bioweapon, DHS needed to know if it was having any adverse effects on the population.

Therein lies the problem. It's not easy to get real-time information on hospital patients—at least the two-legged variety of patient. So DHS turned to Lawrence T. Glickman (MPH '75, DrPH '77) and the National Companion Animal Surveillance Program. If they couldn't find out quickly enough what was going on in the human population, they wondered if they could learn something from dogs, cats, and other pets—the creatures who share our homes and breathe the same air. Was anything unusual happening, they asked Glickman to determine, in terms of respiratory disease in dogs and cats in the D.C. area?

“That's one way our program can be used—in a reactive way,” says Glickman, professor of epidemiology and environmental medicine and head of clinical epidemiology at Purdue University. When an unusual condition triggers an alert in another monitoring system, the National Companion Animal Surveillance Program can be used to validate that finding. “Tularemia should affect animals the same way it does humans. If something bad is happening in both humans and animals, you can be pretty sure it's real. If it is only happening in the human system but not in the animal system, it can just be chance occurrence. The systems running in parallel can complement each other.”

Proactively, Glickman's program, which was awarded a \$1.2 million grant from the Centers for Disease Control (CDC), can be used to signal other conditions of concern to the public health. The program, which downloads data daily from a

national network of veterinary hospitals, analyzes the information under parameters set up by Glickman to flag unusual trends. (In fact, the Purdue-Banfield system is already keeping watch for avian flu.) Companion animals, Glickman feels, make ideal sentinels for several reasons. They live in the same environment as people. Dogs and cats tend to interact with their environment more intimately by sniffing and licking. And because they are small, the effects of environmental hazards might be noticeable more quickly.

The seeds for a companion animal surveillance program were planted years ago in conversations at Purdue between

“If something bad is happening in both humans and animals, you can be pretty sure it’s real. If it is only happening in the human system but not in the animal system, it can just be chance occurrence.”

Glickman and then-dean Hugh B. Lewis. Now senior vice president of Banfield, The Pet Hospital, an Oregon-based chain. Lewis has made such a program possible by making Banfield’s monster database of patient records available to Purdue—minus personal and financial information—for purposes involving homeland security and public health.

The database is enough to make epidemiologists weep. Banfield owns more than 500 veterinary clinics in major U.S. metropolitan areas and expects to open 100 more hospitals in 2006. Currently, the average number of patients seen each day hovers around 10,000. “When Banfield asked how we could use this gold mine of records for research,” says Glickman, “I got involved in transferring the database into a useful data set for analysis.” In that effort, he is joined by his wife and database manager, Nita Glickman (MPH ’77), who brings a computer science as well as an epidemiology background to the research.

Of course, Larry Glickman has his feet firmly planted in two camps as well—

veterinary medicine and epidemiology. He graduated from the University of Pennsylvania School of Veterinary Medicine in the early 1970s and went into practice in Norristown, Pennsylvania. Prevention, he knew, was the real way to improve the health of his animal population. “Yet I spent 95 percent of my time diagnosing and treating problems,” he says. When he decided to return to school for specialized training, he felt he had two choices—return to veterinary school for a degree in preventive veterinary medicine or go to a school of public health and work in epidemiology: “I looked around at the quality of the schools of public health and what they were doing. I was attracted to GSPH

by an opportunity to work as a fellow with Dr. Lew Kuller on the epidemiology of coronary artery disease,” Glickman says. “After one year, however, I decided to switch my research focus so I could better use my veterinary background.”

As it turned out, there were two other veterinarians at GSPH at the time. One was a fellow student, the other, then-faculty member Ray Cypess. For his doctoral research, Glickman worked on Cypess’ NIH-funded study on a roundworm that can be transmitted from dogs to people. In children, the parasite can cause an allergic disease or blindness. But how many children it infected wasn’t known. “We estimated, by doing studies of 15,000 children, that the infection rate was somewhere between two and five percent,” Glickman says. “In terms of actually causing blindness, we estimated two- to three-thousand children a year who were blinded in one eye.” Even worse, there was no good diagnostic test to distinguish this particular infection from a tumor in the eye. “They look the same,” says Glickman. “Unfortunately, if it’s a tumor, you have

to remove the eye. But if it’s the parasite, you want to treat it in other ways.” One of the contributions of the study was the development of a diagnostic test to distinguish the tumor from the parasite. “The last year I was there, we actually served as the only diagnostic center for that disease in the country. So we were getting samples from all over the United States from ophthalmologists to test for that parasite in kids.”

The CDC adopted the test, and Glickman, to his relief, was able to turn his attention back to research. “Which was great,” he says, “because I felt really overwhelmed making the diagnosis whether a child should keep his eye or not. For the two years we offered the test, I don’t know that we ever made a mistake. But it’s not something I wanted to continue to do.”

Glickman went on to serve on the veterinary faculty at Cornell and the University of Pennsylvania. Eighteen years ago, he was recruited by Purdue’s veterinary school. There he inaugurated a comparative epidemiology section after realizing there was no public health school or epidemiology program in the state of Indiana. “When we started our program,” he says, “I made the decision that it wouldn’t just be open to veterinarians but to anybody who wanted a graduate degree in epidemiology. Over the years we have had many graduate students, half have been veterinarians, and half have come from other backgrounds like statistics, nutrition, nursing. We just finished a PhD student who was in medical school.”

Glickman has had a long-time interest in using pets for the public health surveillance of disease. He’s studied companion animals as sentinels for environmental causes of cancer such as exposure to asbestos or certain herbicides. In most cases, he says, he was able to show that causes of cancer in dogs parallel humans. “The advantage of using animals is that from the time of exposure to the time they develop cancer is only four, five, six, seven years, whereas in people it is often 30 or 40 years,” he says. “So we knew

that if animals got this cancer, there had to be something in the environment that could also affect people in the same way.” This work culminated in a 1991 NIH monograph for the National Research Council titled “Animals as Sentinels of Environmental Health Hazards,” with Glickman serving as chair of the committee.

Over the years, Glickman has also led international research projects in human health. His investigation into the prevalence and risk factors for intestinal parasitism in children in Guinea, Africa was funded by the Rockefeller Foundation. NATO awarded him a grant for an epidemiologic study of allergic disease caused by dog roundworm infection of people in southern France. This spring he will travel to the Andes Mountains for an ongoing project funded by the National Institute of Environmental Health Sciences. There he’ll be looking at the impact of indoor air pollution on the health and pulmonary function of families in rural Ecuador.

In January, Glickman completed a study on the health of dogs and cats in the aftermath of Hurricane Katrina through the Purdue-Banfield surveillance system. The findings, which were published in *DVM News Magazine*, contradicted anecdotal reports from the shelters after

the disaster of increases in respiratory, gastrointestinal, and skin infections. Glickman’s analysis of surveillance data from before, during, and after the hurricane showed no significant adverse health effects in well cared for dogs and cats visiting the Banfield hospitals. “This is probably because most owned animals evacuated with their owners prior to August 29,” Glickman speculates. “And those that remained with their owners were not in severely flood-affected homes.” Purdue and Banfield will continue to monitor the health of pets in the hurricane-stricken areas for long-term effects.

“There is really no end of questions one can ask in having this kind of data,” says Glickman. “I’m really excited about it. It has never really happened before in veterinary medicine and hardly exists in human medicine. We can do these studies pretty rapidly where the people from the CDC trying to do these same studies in human populations are really hamstrung many times because of a lack of records.”

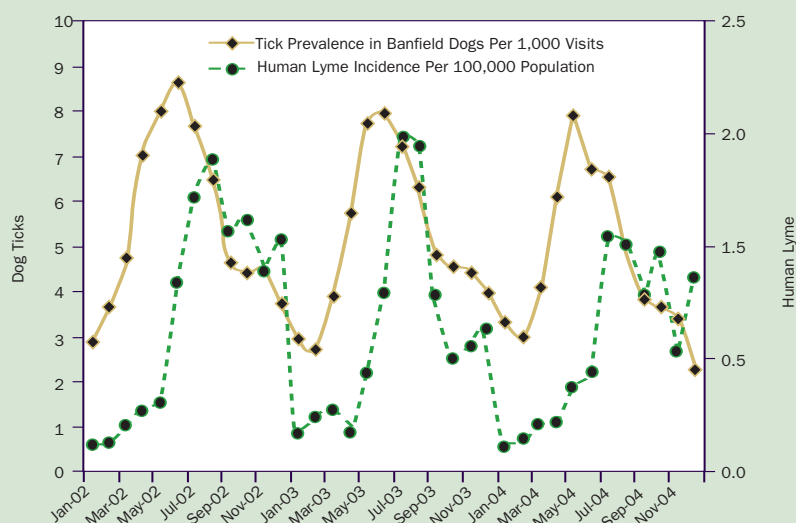
Glickman is now waiting to hear whether Homeland Security will adopt and fund the National Companion Animal Surveillance Program. “They came to us to see if our system could do the kind of monitoring that was necessary,” he reports.

“They concluded that not only was our system probably the one to use for companion animal monitoring, but that it was in many respects better than any human system out there.”

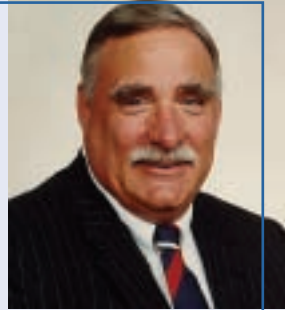
This is a new twist on an old idea—the canary in the coal mine. “People did take canaries in the mine to test whether the air was safe,” says Glickman. He recalls a photograph of a Japanese policeman that made the cover of a news magazine ten years ago. Saran nerve gas had been released into the Tokyo subway system and the police were about to raid the headquarters of the cult responsible for the attack. “The picture was a Japanese policeman dressed in full hazard protection carrying a canary going into the headquarters. He didn’t trust the chemical gear, but he trusted the canary,” says Glickman. “What we are doing is just an extension of that. Ideally you want animal sentinels to be placed in the same environment as people.” This means utilizing the 130 million pet dogs and cats that reside in approximately one-third of all homes, he adds, pointing out that ninety percent of these pets visit a veterinarian at least once a year. “We think we can use this sentinel approach and bring it into the twenty-first century.” ■

Dogs Serve as Sentinels for Lyme Disease

This graph shows the temporal relationship between the prevalence of tick infestation in dogs and the number of cases of human Lyme disease for the same geographical area. In some areas like New England where dogs are infested with the same species of ticks that transmit human Lyme disease, the pet dog is an excellent sentinel for human infection. The prevalence of canine tick infestation peaks about two months before human infections are reported. This lead time permits health departments to begin educational programs to prevent human tick bites and to spray areas of high tick prevalence.



Notorious consultant David P. Hunter (MPH '70) has passed the torch to the next generation of rising leaders. In 2005, he generously pledged \$100,000 to establish the David P. Hunter Health Policy and Management Student Scholarship Award.



^ David P. Hunter

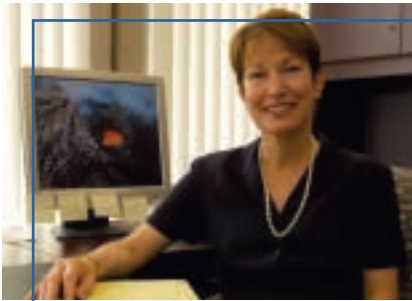
Hunter's pledge will enable outstanding students to have an impact on public health just as he was able to. The first recipient of his newly established scholarship, for the 2005-06 academic year, was Catherine Acquah.

David P. Hunter received an MPH from GSPH in 1970. Since that time, he has devoted his highly successful career to the healthcare arena, specifically in hospital administration. His extensive list of accomplishments includes positions as president,

CEO, and executive vice president of Burlington County Memorial Hospital/Nexus Healthcare Corporation and co-founder and CEO of The Hunter Group, a nationally recognized healthcare consulting and management company. He also held senior management positions at Durham County Hospital Corporation and Duke University Medical Center and simultaneously held a faculty appointment at the university. In 2002, he was named to *Modern Healthcare* magazine's inaugural list of the 100 most powerful people in healthcare.

Hunter has been an active and devoted alumnus of GSPH. He serves as a member of the Health Policy and Management Department's National Advisory Committee and has spoken at GSPH's Health Policy Institute Governance Briefings series. The 2005 American Public Health Association (APHA) Reception for GSPH alumni and friends was hosted by Hunter and, in 2004, the University of Pittsburgh honored Hunter as one of its Legacy Laureates for his outstanding personal and professional achievements. ■

development



^ Judith D. McConnaha

Do you and your partner have a secret "rescue me from this conversation" signal that you use at cocktail parties? Say you get cornered by some well-meaning person who wants to talk about something you find (shall we say) less than stimulating...do you catch your partner's eye and emphatically wipe your glasses on your sleeve, or maybe give a little tug on your earlobe?

We've all been there, so don't worry, I'll keep this brief. But could we talk for just a moment about how you could make a generous gift to GSPH, while establishing a lifetime income stream and gaining substantial tax benefits?

One way to accomplish all that is through a **charitable gift annuity**, which is an irrevocable gift that you make to the University. The University in turn agrees to pay one or two

annuitants a fixed sum each year for life. The payments are guaranteed by the unrestricted resources of the University. After the lifetime of the annuitant(s), the remaining portion of the gift is directed to GSPH.

There are significant tax advantages to a charitable gift annuity. For example, you receive an immediate charitable deduction. In most cases, part of each payment is tax-free, which increases each payment's after-tax value. If you donate appreciated property (like stock) you will pay capital gains tax on only part of the appreciation and this is spread out over many years. By contrast, if you were simply to sell the stock instead, all of the capital gains tax would be due in the year of the sale.

For more information about planned gifts to GSPH, please contact me at 412-624-5639 or jmconn@pitt.edu.

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

Judith D. McConnaha
Director of Development



Researchers

Develop Avian Flu Vaccine

New Vaccine Shown to be 100% Effective in Animal Study

As the lethal avian influenza virus was transmitted from poultry to humans in Southeast Asia, concerns about the pandemic spread of disease incited the search for an effective vaccine. Just five weeks after obtaining genetic sequence data, University of Pittsburgh researchers were the first to succeed. The study was published in the *Journal of Virology* in February 2006.

“The results of this animal trial are very promising, not only because our vaccine completely protected animals that otherwise would have died, but also because we found that one form of the vaccine stimulates several lines of immunity against H5N1,” said Andrea Gambotto, assistant professor in the Departments of Surgery and Molecular Genetics and Biochemistry, University of Pittsburgh School of Medicine, and lead author of the study.

Researchers made use of the H5N1 strain of the influenza A virus, which was isolated during the deadly human epidemic in Vietnam between 2003 and 2005. To date, H5N1 has caused the most widespread poultry eradication in known history, killing an estimated 150 to 200 million birds in the last eight years, either in the outbreaks or as part of infection control actions. More than 170 known cases of infection have occurred among humans worldwide since 1997, escalating anxiety regarding the likelihood of an epidemic.

A common cold virus, called an adenovirus, was genetically engineered to express the influenza H5N1 hemagglutinin protein. Found on the surface of all influenza viruses, hemagglutinin allows the virus to attach to the cell that is being infected and is, therefore, critical to the influenza virus’ ability to cause illness and death.

As a result, immune responses to hemagglutinin can prevent this attachment and prevent infection.

The efficacy of the adenovirus vaccine was tested in mice by comparing its performance to an empty vector, an adenovirus containing no H5N1 genes. Researchers observed the H5N1-exposed mice for any signs of illness and searched blood samples for anti-viral antibodies and other markers of immunity. All of the mice immunized with the empty vector experienced substantial weight loss and died within six to nine days of avian flu exposure. In sharp contrast, most of the mice immunized with the adenovirus containing hemagglutinin showed only mild weight loss and all survived H5N1 infection.

Building upon earlier studies, researchers specifically examined the T-cell response to an adenovirus-based vaccine. According to Simon Barratt-Boyes, associate professor in the Department of Infectious Diseases and Microbiology, GSPH, and a co-author of the study, the ability of the recombinant vaccine—carrying only immune-stimulating proteins—to induce both antibody- and T cell-directed immunity is extremely encouraging.

“This means that this recombinant vaccine can stimulate several lines of defense against the H5N1 virus, giving it greater value as a preventative. Most importantly, it suggests that even if H5N1 mutates, the vaccine might still be effective against it through cellular immunity to conserved regions,” Barratt-Boyes said.

Based on the superior degree of protection found in vaccinated mice, researchers performed similar tests of effectiveness in chickens, which have a 100 percent mortality rate within days of H5N1 exposure. In all, the researchers inoculated the subjects with intranasal or subcutaneous injections of either the hemagglutinin

research

vaccine or the empty vector vaccine. The chickens were then challenged with a dose of H5N1 virus 10,000-fold higher than that given to the mice and significantly greater than farm chickens are likely to be exposed to during a natural outbreak.

Interestingly, all of the chickens that were immunized subcutaneously developed strong hemagglutinin-specific antibody responses and survived exposure to H5N1 with no clinical signs of disease. In contrast, half of the chickens immunized intranasally died and half survived.

Researchers have suggested the possibility that the adenovirus vector used has limited infectivity via the nose and respiratory tract.

For more than 50 years, flu vaccines have been prepared in fertilized chicken eggs, which would be in short supply should a pandemic occur. Because the new adenovirus-based vaccine is grown in cells, it can be produced much more quickly than traditional vaccines. Should the virus mutate, the speed and ease of manufacture will prove particularly valuable, allowing the vaccine to effectively contain outbreaks of new strains.

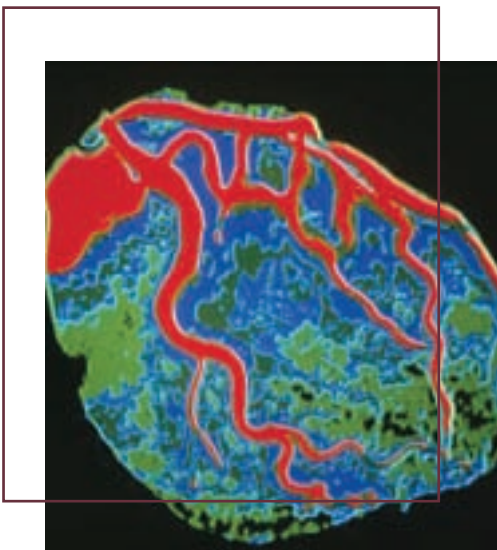
Rather than replacing traditional inactivated influenza vaccines, the newly developed approach could become a critically important complement to them. The adenovirus vaccine has been an immunization success thus far, making it an extremely attractive candidate for preventing the spread of the virus in domestic livestock populations, and, potentially in humans. ■

Gao W, Soloff A, Lu X, et al. Protection of mice and poultry from lethal H5N1 avian influenza virus through adenovirus-based immunization. Journal of Virology. 2006;80.4:1959-1964.

Tests Overlook Heart Disease in Women

Recent research has shown that conventional tests will not expose heart disease in as many as three million U.S. women who, instead of the usual blocks in main arteries, have developed hard-to-spot buildup in smaller blood vessels.

Researchers involved in the Women's Ischemia Syndrome Evaluation (WISE) found that two-thirds of women with chest pain pass an angiogram. However, approximately half of them have coronary microvascular syndrome, a condition in which plaque evenly coats small arteries instead of forming more obvious obstructions in larger ones.



Scientists across the country are struggling to understand the gender disparities surrounding heart disease. While heart disease is the leading cause of death in both genders, more women than men die from cardiovascular diseases each year, according to the American Heart Association. Although angiography is considered the best test for diagnosing heart disease, it is less accurate for women than for men. It simply cannot detect clogs in tiny arteries that block oxygen flow to the heart.

"It appears to be primarily a women's problem, which is probably why we've missed it all these years; we didn't bother to study women," says Dr. C. Noel Bairey Merz of Cedars-Sinai Medical Center in Los Angeles, who oversees the study.

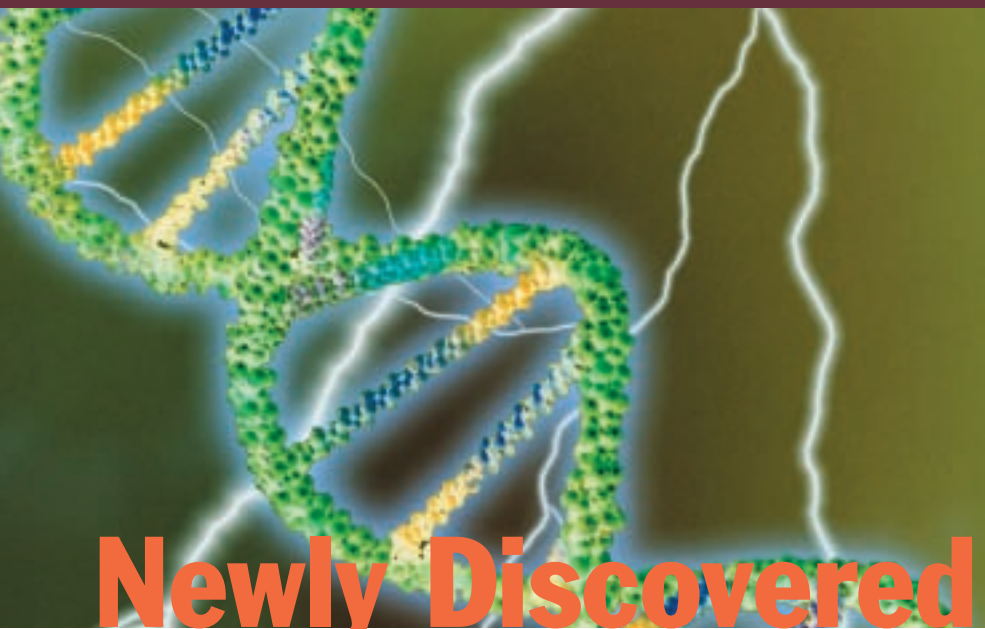
WISE is an ongoing, four-center project involving the collaboration of researchers at UPMC, Allegheny General Hospital, the University of Florida and the University of Alabama Birmingham. Sheryl F. Kelsey, professor of epidemiology and interim director of the Epidemiology Data Center at GSPH, is the principal investigator of the WISE extension and data-coordinating center at the school.

The center received funding to follow 936 WISE women for up to nine years.

So what should doctors do for chest-pain sufferers whose angiograms are clear? Other, more complicated tests can detect microvascular syndrome: measuring whether patients' arteries dilate properly when they're injected with certain medications or performing an MRI scan of the heart.

For patients with little access to sophisticated testing, there is a possible low-tech option: a questionnaire, widely known to cardiologists, that measures how easily people perform various everyday activities. In an online supplement to the *Journal of the American College of Cardiology*, WISE researchers reported that women who pass an angiogram but score low on this questionnaire are at increased risk of a heart attack. ■

Lerman A, Sopko G. Women and Cardiovascular Heart Disease: Clinical Implications From the Women's Ischemia Syndrome Evaluation (WISE) Study. Are We Smarter? Journal of the American College of Cardiology. 2006;47:S63-S65.



Newly Discovered Gene Linked to Blindness in Elderly

Fifteen years of research at GSPH culminated in the discovery of a gene linked to age-related maculopathy (ARM), the leading cause of untreatable blindness in the elderly. The study, published in the September 2005 issue of the *American Journal of Human Genetics*, revealed important clues to understanding the cause and mechanism of late-stage ARM, commonly known as age-related macular degeneration (AMD).

The data obtained from a series of gene mapping studies involving 612 families affected by ARM and an additional 323 without a history of AMD led researchers to identify common gene variants among people with ARM. Further analysis

found the variations in the PLEKHA1 gene and the adjacent LOC387715 gene on Chromosome 10 to be strongly associated with the risk of developing ARM. The study supports earlier research, where similar methods identified the first gene variant thought to be a major contributor to ARM, complement factor H (CFH) on chromosome 1. Like CFH, PLEKHA1 plays a role in cellular processes associated with inflammation, which supports the hypothesis that damage caused by ARM is partially due to inflammation. In contrast, LOC387715 encodes a gene of unknown function. The study also revealed that the presence of both CFH and PLEKHA1 indicates a greater risk for macular degeneration.

“CFH was the first piece of the puzzle,” said Michael Gorin, principal investigator of the study. “To fully understand the pathology of macular degeneration, we knew we needed to expand our investigation to find all of the genes that play a part in this condition. PLEKHA1 and LOC387715 are an important second piece, and we’ll keep searching for the rest of the pieces until we get this solved.”

Despite recent advances in the treatment of some forms, AMD continues to be a considerable threat to vision with no known cure. Approximately 200,000 Americans develop a severe form each year, making AMD the leading cause of blindness in people aged 65 years and older. Researchers hope that identifying numerous genetic variants will lead to the development of a set of DNA tests to identify high-risk individuals.

The multi-disciplinary research team included the following GSPH human genetics researchers: Daniel Weeks (also Department of Biostatistics, GSPH), Robert Ferrell, Yvette Conley (also School of Nursing), and Gorin (also School of Medicine). Also contributing was Johanna Jakobsdottir, a doctoral student in the Department of Biostatistics. ■

Jakobsdottir J, Conley YP, Weeks DE, Mab TS, Ferrell RE, Gorin MB. Susceptibility genes for age-related maculopathy on chromosome 10q26. Am J Hum Genet. 2005;77:389-407.

50% Reduction in Breast Cancer Recurrence

The *New England Journal of Medicine* reported that the administration of Herceptin (trastuzumab) following standard chemotherapy significantly reduces the risk of disease recurrence for women with early-stage HER2-positive breast cancer by about 50%.

The interim results from the international Herceptin Adjuvant (HERA) study provide new hope in the fight against HER2-positive breast cancer, a more aggressive form of the disease affecting approximately 20–30% of women with breast cancer. The HERA study is one of the largest breast

cancer trials ever carried out, with more than 5,000 patients in 39 countries.

Dr. Martine Piccart, lead investigator of the study, commented, “Breast cancer is a serious and sometimes life-threatening disease, but with appropriate and timely

research



treatment in the early stages, many women can improve their chances of long-term survival. For women with early-stage HER2-positive breast cancer, results from the HERA study provide some much needed optimism. The study showed that

Herceptin, a drug designed specifically for HER2-positive breast cancer, can remarkably reduce the risk of cancer returning.” Dr. Piccart added, “I can’t stress enough how crucial it is that all patients’ breast tumors are tested appropriately at initial diagnosis, and if patients are HER2-positive, that they have access to Herceptin.”

Trastuzumab was approved as a treatment for HER2-positive metastatic breast cancer in 1998. The benefits of the administration of the drug motivated the National Cancer Institute to sponsor two trials of adjuvant treatment with trastuzumab, led in part by the National Surgical Adjuvant Breast and Bowel Project (NSABP). NSABP data centers at GSPH provided statistical analysis for the study.

Results from a joint interim analysis of over 3,000 patients from two North

American trials provided similar remarkable results for Herceptin in early-stage HER2-positive breast cancer. These data, at a median follow-up of two years, show that Herceptin in combination with a specific chemotherapy regimen provided a 52% reduction in risk of cancer coming back as well as a 33% reduction in risk of death.

The strength of the results from the HERA study has influenced medical and regulatory organizations around the world to act urgently to ensure access to Herceptin for early-stage HER2-positive breast cancer patients. Several countries are already developing clinical guidelines and committing funding to allow eligible patients faster access, prior to license. ■

Piccart-Gebhart M, Procter M, Leyland-Jones B, et al. Trastuzumab after adjuvant chemotherapy in HER2-positive breast cancer. New Eng J Med. 2005;353:1659-1672.

Increased BMI Heightens the Risk of Preeclampsia

Preeclampsia is a leading cause of premature delivery and maternal and fetal death. It affects about seven percent of first pregnancies nationwide, and is characterized by high blood pressure and protein in the urine. The condition has negative—sometimes lethal—consequences for the mother and fetus by causing reduced blood flow to organs. Having had preeclampsia also increases maternal risk of cardiovascular disease in later life.

GSPH researchers from the Department of Epidemiology studied the relation between maternal prepregnancy body mass index and preeclampsia. The objective of the study was to quantify the *independent* effect of prepregnancy body mass index (BMI) on preeclampsia risk. A total of 1,179 women were included in the final analysis.



By the time all women in the study had delivered, 6 percent of the group had developed preeclampsia. After the researchers adjusted their analysis to take into account differences in age, smoking,

race, marital status, and education, one factor stood out clearly: *the higher a woman’s body mass index, the more likely she was to develop preeclampsia.*

Elevated risk of preeclampsia was curvilinear, meaning that the risk of preeclampsia rose sharply as prepregnancy BMI increased. Compared to women with a “normal” prepregnancy BMI of 21 (130 pounds for a 5-foot, 6-inch woman), women with a prepregnancy BMI of 26 (160 pounds), considered “overweight,” were twice as likely to develop preeclampsia. Women with a BMI of 30 (185 pounds), considered “obese,” were three times as likely to develop preeclampsia as the normal BMI women. Even small increases in BMI were significant.

The most surprising finding was that a woman with a prepregnancy BMI of 17, classified as “underweight,” was only half as likely to develop preeclampsia as a woman with a BMI of 21, considered “normal weight.” This represents the equivalent of a 25-pound difference in weight of two women who are both five-and-a-half feet tall.

The finding of increasing risk with elevated BMI, even within each BMI category and even at “normal” BMI compared to lower levels, indicates that fat tissue itself is playing a role in the development of

preeclampsia. Further analysis of the data suggests that about half of the increased risk of preeclampsia is due to two factors that have long been suspected to play a role in its development: a heightened inflammatory response often associated with high body mass and elevated lipid values in the blood related to being overweight.

While weight loss prior to becoming pregnant may hold the most promise in lowering the risk of preeclampsia, weight loss during pregnancy is discouraged, say the researchers. They also say that these

results suggest that as obesity continues to rise in America, so will the rates of preeclampsia.

The study authors include Lisa M. Bodnar, Nina Markovic, Roberta B. Ness, James M. Roberts, and Gail F. Harger, all of GSPH’s Department of Epidemiology. ■

*Bodnar L, Ness R, Markovic N, Roberts J. The risk of preeclampsia rises with increasing prepregnancy body mass index. *Ann Epidemiol.* 2005;15:475-482.*

Anthrax Attack Exposes Flaws in Public Health Communications

In 2001, the nation experienced its first bioterrorism attack, in the form of anthrax sent through the U.S. Postal Service, and public health professionals were challenged to communicate with a critical audience, U.S. postal workers. GSPH researchers, led by Sandra Crouse Quinn, associate dean for student affairs and education and GSPH professor, conducted a qualitative case study examining the specific communication deficiencies of public health professionals during the attack, in order to improve future crisis management. The social context and changing messages were among the factors that damaged trust between postal workers and public health professionals. Lessons learned from this attack contribute to the growing body of knowledge available to guide communications experts and public health professionals charged with crisis and emergency risk communication with the public.

Interviews were conducted with 16 public health professionals and 65 postal workers. The analysis revealed specific concerns among postal workers during the crisis. For instance, there was confusion about

the use of antibiotics, since the public is familiar with use of antibiotics for treatment rather than for prevention. The process of time lag between exposure to anthrax and the appearance of symptoms was not adequately communicated, resulting in fear among postal workers that they had already contracted anthrax. Also, the investigational nature of the anthrax vaccine required vaccine recipients to sign a complex consent form. The reasons for the complicated procedure were often times poorly conveyed, which led to considerable distrust towards the health professionals responsible for managing the anthrax attack.

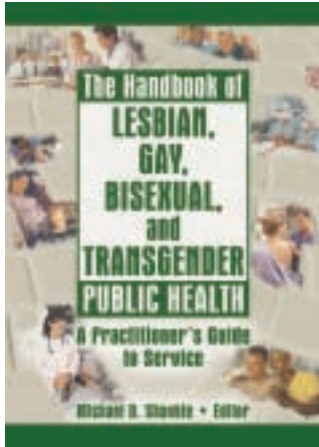
The study, published in the September 2005 issue of *Biosecurity and Bioterrorism*, suggests several amendments to the public health emergency response strategy. First and foremost, it is necessary for public health professionals to get an accurate initial assessment of the situation. An evaluation of the political and social context is essential in developing effective communication specific to the targeted race and class. Clarification of contradictions and mistakes must also be top



priority in order to retain the trust of the public. If public health professionals can successfully retain the public’s trust, there is a higher likelihood that those involved will accept the imperfect nature of an evolving crisis. ■

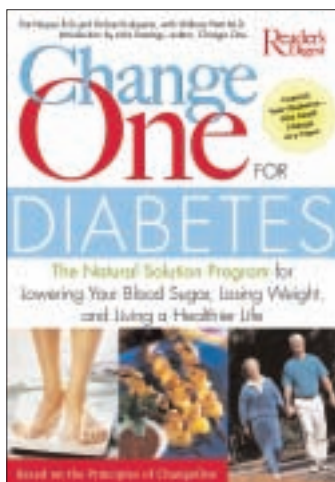
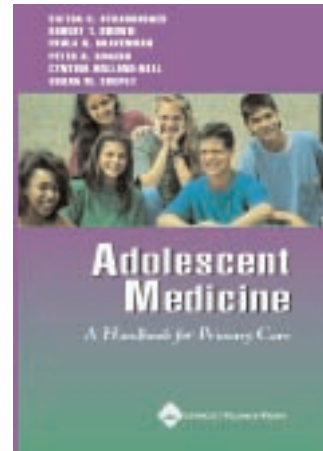
*Quinn S, Thomas T, McAllister C. Postal Workers’ perspectives on communication during the anthrax attack. *Biosecurity and Bioterrorism: Biodefense Strategy, Practice, and Science.* 2005;3:207-215.*

a sampling of books from alumni



Michael Shankle (MPH '96), GSPH research specialist and alumnus, edited *The Handbook of Lesbian, Gay, Bisexual, and Transgender Public Health: A Practitioner's Guide to Service*. The book works to foster cultural competency among public health professionals. Issues addressed include overcoming inherent biases of health practitioners, inequities of health care and barriers to health care access, mental health needs of the population, insurance systems, governmental health and welfare services, and using the media strategies for advancing health in the LGBT community.

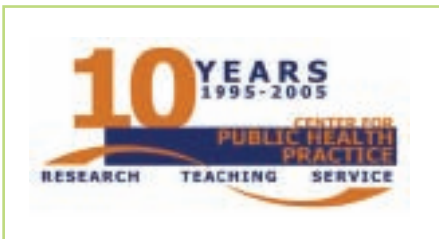
Adolescent Medicine: A Handbook for Primary Care, co-authored by alumna Cynthia Holland-Hall, MD (MPH '00), reviews essential primary care management for a range of commonly encountered adolescent health problems. The book discusses asthma, ADD, hypertension, diabetes, obesity, substance abuse, thyroid disease, sports-related injuries, and more, as well as potential complicating factors, such as eating disorders, adolescent violence, and depression.



In “Change One for Diabetes” co-author Pat Harper, RD (MsHyg '84) presents a program for people with Type 2 diabetes to lose weight and improve diabetes control. Based on a successful study at the University of Pittsburgh School of Medicine, the program focuses on small, steady changes in eating, activity, and lifestyle habits that result in 8-10% reduction in body weight and a 25% reduction in blood sugar. The book features 100 recipes, 200 photographs, and a unique 5-step approach to weight reduction without carb-counting or diabetic exchanges.

CPHP Celebrates 10 Years of Successes

In a 1988 report, “The Future of Public Health”, the Institute of Medicine held that “The task now is to assist the schools [of public health] in developing a greater emphasis on public health practice and to equip them to train personnel with the breadth of knowledge that matches the scope of public health.” This report spurred GSPH to increase its commitment to practice-based activities. As part of that initiative, the Center for Public Health Practice (CPHP) was launched in 1995 to link academia with public health practice.



At its inception, CPHP was a staff of three, supported only by a line item appropriation and a few small grant projects. As 2005 marked its 10th anniversary, the center boasts a multidisciplinary staff of 28, yearly funding of nearly \$2 million, and strong collaborative relationships with local and state health departments. Through its practice-based research, workforce development, and service activities, CPHP is making giant strides in integrating the culture and priorities of academia with those of the public health field.

CPHP has consistently complemented its line item appropriation with federal and state research and training grants. With financial increases each year over the last 10 years, the center has been awarded a

combined total of more than \$11 million to improve and strengthen the public health workforce.

Looking back on the center's first 10 years, there is much to celebrate. A sampling of the accomplishments and programs includes the following:

- CPHP facilitates GSPH's *health department collaboration* with the Allegheny County Health Department.
- *Bioterrorism Lecture Series* attracts nationally renowned speakers from the field of emergency preparedness and disaster response.
- *Pennsylvania Preparedness Leadership Institute (PPLI)* provides full scholarships for leadership training for practitioner-scholars from emergency services and health fields.
- *Pennsylvania Department of Health Learning Management System (PADOH LMS)* provides long-distance courses for more than 5,000 professionals across Pennsylvania. CPHP creates, evaluates, and offers course recommendations for the LMS.
- *Pennsylvania & Ohio Public Health Training Center (POPHTC)* assesses workforce training needs, develops training resources, delivers training programs, and evaluates the impact of strategic training initiatives.
- *Public Health Legal Preparedness Program* develops and disseminates legal preparedness resources to assure that public health officials, first responders, judges, and clinicians understand relevant legal authorities on response.
- *Public Health Preparedness and Disaster Response Certificate*, a 15-credit program first offered in 2003, is

open to students, clinical and public health workers, hospital personnel, and emergency services professionals.

- A *rural public health preparedness* partnership with GSPH's Center for Rural Health Practice at Pitt-Bradford.

On October 21, CPHP hosted a 10th anniversary symposium called “Perspectives in Transforming the Field of Public Health Practice.” The symposium featured nationally renowned figures in the growing field of academic public health practice.

The entire symposium is available for free download at www.cphp.pitt.edu. ■

UPCPHP Names New Principal Investigator

The University of Pittsburgh Center for Public Health Preparedness (UPCPHP) recently appointed Executive Director Samuel Stebbins, MD, MPH, to the position of principal investigator.

Stebbins, who has served as the center's executive director since September 2005, is the former deputy health officer of the

▼ Sam Stebbins



news

San Mateo County Health Department in California. Dr. Stebbins has hands-on experience in emergency preparedness and disaster response. He helped lead the health department's development of the Public Health Bioterrorism response plan, the Public Health 3-Level Response Plan for small, medium, and large outbreaks, and the Neighborhood Emergency Triage, Vaccination, and Antibiotic centers.

Stebbins, who is also an assistant professor in the GSPH Department of Epidemiology, with a dual MD/MPH from Tufts Medical School, is eager to fulfill UPCPHP's mission. Says Stebbins, "I look forward to expanding our preparedness programs and activities, and working more closely with the CDC, our local and state partners, and other stakeholders and partners, especially those at the University."

In 2004, UPCPHP received more than \$5.4 million in renewed funding for the next five years. Launched in July 2002, UPCPHP is housed in GSPH's Center for Public Health Practice. It is part of the national network of Centers for Public Health Preparedness funded by the CDC to train the public health workforce to respond to threats to our nation's health from bioterrorism, infectious disease outbreaks, and other public health emergencies. For more information, visit www.cphp.pitt.edu/upcphp. ■

25 Years of EDC Accomplishments

2005 marked the 25th anniversary of GSPH's Epidemiology Data Center (EDC).

During that time, the EDC has grown from 10 people coordinating three projects to 140 people coordinating 30 projects. The EDC has been involved in more than 100 research studies sponsored by the National Institutes of Health and other agencies. Presently the EDC coordinates data management and analysis activities for 33 research projects, representing a variety of scientific designs, including clinical trials, registries, and case control studies.



The EDC has been involved in a variety of scientific areas over the past 25 years, including the treatment of coronary artery disease, resuscitation medicine, liver transplantation, ophthalmology, infectious diseases, psychiatry, and aging. Highlights from the past 25 years include:

- The *NHLBI Type II Coronary Intervention Study* was the first to show that, in patients with coronary artery disease, lipid-lowering drugs could slow disease progression, as measured by angiography.
- The *Bypass Angioplasty Revascularization Investigation (BARI)* demonstrated that, for patients with coronary artery disease (CAD), coronary artery bypass graft (CABG) surgery and percutaneous transluminal coronary angioplasty (PTCA) were equally effective for patients without diabetes, but that for patients with diabetes, five-year survival was higher with CABG than with PTCA.

- *Brain Resuscitation Clinical Trials* proved that clinical trials could, indeed, be carried out in comatose survivors of cardiac arrest and therapy begun within ten minutes of an arrest.
- The *Endophthalmitis Vitrectomy Study* found that a surgical procedure was necessary only for patients with the most severe infection and that "standard of care" IV antibiotics were not useful. The recommended changes in treatment have produced savings of millions of dollars each year.
- The *Liver Transplantation Database* led to the development of grading systems for both acute and chronic rejection—standards in the field today.
- The *Resources Enhancing Alzheimer's Caregiver Health* study showed that multi-component interventions could help family caregivers of people with dementia, and examined the effects of patients' transitions to institutions and deaths on their caregivers.

As in the past 25 years, the EDC plans to be at the forefront of these developments. The center looks forward to advancing the methods that will ultimately find the best prevention and treatment of disease in the 21st century.

Sadly, the center will have to move forward without its founder and director Katherine Detre, MD, DrPH. She died on January 24, 2006, just a few months short of her 80th birthday, after a year and a half-long struggle with cancer. A tribute to Dr. Detre can be found on page 28. ■



CMH Launches Minority Health Archive at National Summit

GSPH's Center for Minority Health (CMH), established in 1994, is dedicated to taking a leading role in elimination of our nation's racial and ethnic health disparities. The center's unique programs and strategies are proof of its commitment to this cause.

In one of many giant strides towards its goal, CMH co-sponsored the National Leadership Summit on Eliminating Racial and Ethnic Disparities in Health in January in Washington, D.C. CMH was the first to bring federal officials and health professionals together five years ago at the first National Summit in Pittsburgh and was a fitting academic sponsor.

A CMH presentation at the summit cited numerous examples of how small steps yield great rewards. Among the examples was the Healthy Black Family project, which has enrolled more than 2,000 participants since June 2005. The presentation underscored CMH's national prominence as a leader in community-based and grass-roots efforts to eliminate health disparities and illustrated the significance of local foundation support of program development.

Coinciding with the summit was the launch of the Minority Health Archive. In addition to being the first electronic archive devoted solely to minority health and health disparity research, it enables individuals

outside of the university to post resources to the archive. CMH's contribution represents an important milestone in the national movement to improve the American health status.

"It is the open access that represents a critical breakthrough in advancing the flow of communication and knowledge needed to advance minority health in the 21st century," said Stephen Thomas, director of CMH and executive editor of the archive.

The archive, free and open to the public, can be accessed at <http://minority-health.pitt.edu>. ■

HPI's Governance Briefings Attract Top Hospital Trustees and Executives

Six times a year, GSPH's Health Policy Institute (HPI) brings in local and national speakers to discuss the critical responsibilities of hospital trustees, including strategic planning, fiscal and quality oversight, hiring and evaluating the chief executive officer, self-assessment, and the selection of future members. The HPI Governance Briefings are held at the University of Pittsburgh. They are open to trustees and healthcare executives interested in governance, although attendance is limited to facilitate discussion and interaction. Thanks to the generosity of Health Policy Institute's funders, there is no charge for the briefing.

HPI is authorized to award 1.5 hours of pre-approved Category II continuing

education credit for this program toward advancement, or re-certification in the American College of Healthcare Executives. CME Credit is now available.

There have been two dates thus far in 2006.

On January 13, UPMC's Chair and CFO spoke about "UPMC's Plan to Comply with Sarbanes-Oxley." They discussed whether full compliance with Sarbanes-Oxley (SOX) goes well beyond what is generally being contemplated by the NFP sector, as well as whether there is a business case beyond compliance to support investment in SOX.

On February 3, a four-member panel discussed "A New Model for Healthcare Boards: What Non-Profit Healthcare Institutions Can Learn From the For-Profit World." Topics raised included why not-for-profit healthcare organizations need to radically rethink how they are organized, composed, and structured, six basic lessons that not-for-profit hospital boards can learn from the private sector, and how to determine whether a board is structured properly and what to do if it is deficient.

The next briefing is set for Tuesday, April 18 at the Katz Graduate School of Business at the University of Pittsburgh. Barry S. Bader, president of Bader & Associates, will lead an interactive videoconference on "Board Leadership Development and Board Succession Planning." The videoconference is from 8:00-9:30 a.m., so as not to interrupt participants' workdays. To register, contact Samuel Friede at 412-624-6104 or register online at www.healthpolicyinstitute.pitt.edu/2006governance.html. ■

in the community

Health Promotion in Senior Housing Projects

In a two-year project funded by the Pittsburgh Foundation, investigators from the Department of Behavioral & Community Health Sciences (BCHS) have teamed up with community partners to test a community-organizing approach to health promotion in Allegheny County's subsidized senior housing projects. Twelve high rises are targeted for the project. Community partners include the Area Agency on Aging, the Allegheny County Housing Authority, and two social service providers.

The investigators use community-organizing techniques to promote health by convening groups of interested resident elders to form Blue Ribbon Health Panels. These panels achieve consensus on practical health goals important to residents and then develop plans for reaching such goals. Recurring health goals include increasing opportunities for exercise, preparing satisfying meals for one-person households, improving building security and eliminating hazards, obtaining better access to transportation, and arranging services for people with memory problems or depression. Plans set in motion to reach these goals include purchase of exercise equipment, use of food banks for obtaining fresh fruit and vegetables, replacing worn carpets, and installing benches at bus stops.

To assess the effect of these efforts on community health, residents complete a survey assessing the "10 Keys to Healthy Aging" developed at GSPH's Center for Healthy Aging. Each high rise's performance is compared to performance in the 11 other buildings and summarized as a

community report card. This fosters healthy competition in health promotion and disease prevention.

While final results from the project are not available yet, the team is very pleased to see that the Area Agency on Aging has adopted the model for another set of 12 senior housing projects.

Those involved in this project include BCHS faculty members Robert Goodman (Principal Investigator), Seunghyun Yoo, James Butler, Steven Albert, and Jessica Burke and BCHS doctoral student Thistle Elias. ■

CMH – Health Advocates in Reach (HAIR) Project

The idea of health education in barber shops and beauty salons stems from

years of qualitative, community-based participatory research and the idea that trusted community members such as barbers and beauticians are good vehicles for disseminating accurate, evidence-based health promotion messages, especially relating to preventable diseases. The Center for Minority Health community health education in barbershops/beauty salons began in September of 2002. The Health Advocates in Reach (HAIR) project includes three basic components focused on public health.

- **Lay Health Advocates**—This project uses natural helpers in a trusted environment to promote health and educate communities. Barbers and hair stylists are trained as lay health advocates, building on an existing community resource and established trust. The focus is to educate them about the seven national priority health disparity areas: cancer, cardiovascular disease, diabetes, HIV/AIDS, immunization, infant mortality, and mental health.

▼ *Participants in the Lay Health Advocate program at Wade's Barbershop in Homewood*



- **“Take a Health Professional to the People Day”**—“Take a Loved One to the Doctor Day” is a national effort to promote health and wellness in the African American community. The CMH version of this national initiative was “Take a Health Professional to the People Day” and health professionals provided health screenings and education in barbershops. The project is implemented in partnership with nine shops and salons and includes the involvement of over 100 health professionals, many of whom have adopted the shops and salons for on-going health and wellness activities. These activities take health professionals to the people.
- **E-Health**—In addition to the placement of information racks in each of the nine participating shops and salons, customers can access health information via a laptop stationed at each location.

The HAIR project builds on the existing infrastructure to make health promotion and disease prevention information easily accessible to the residents of the neighborhoods where the shops and salons are located. ■

CHA “10 Keys” Ambassador Certificate Program

The Center for Healthy Aging (CHA) has developed an innovative six-week course to recruit and prepare community residents to become healthy aging ambassadors. The program will teach the participants about his/her own risk factors as well as preventative strategies that are



▲ CHA Ambassadors from left to right: Evelyn Nehas, Elizabeth Romick, Dolly Mularski, Sandra Danko, Roslyn Phillips, Margaret Kadar, Alex Kadar

currently available. The goal for the course is that participants will become an ambassador for a healthier community and be encouraged to take what they learn and pass it on to others in their family, social groups, and church.

This course was designed for individuals 50 years of age and older to promote healthy aging based on the “10 Keys to Healthy Aging.” The “10 Keys” target the most significant causes of disease and disability in seniors that can be greatly reduced, postponed, or eliminated if preventative efforts are adopted. The first training sessions were held in June 2005. Since then, the program has been very successful. Approximately 50 ambassadors were certified by December 2005 and 50 more are expected to be certified in Spring 2006.

“We are taking prevention to a new level by promoting healthy aging. Through the CHA ambassador program, participants

are empowered to take information about healthy aging into the community,” reported Connie Bayles, director of CHA.

If you would like to become an ambassador, receive more information about program locations, or have an ambassador talk with your group, please call 412-383-1312 or email cha@edc.pitt.edu. ■

The “10 Keys to Healthy Aging”

- Get regular immunizations
- Participate in cancer screening
- Maintain social contact
- Stop smoking
- Regulate diabetes, glucose <110
- Be active
- Control systolic blood pressure <140
- Prevent bone loss and muscle weakness
- Combat depression
- Lower LDL cholesterol to <100

Saving the World, One Community at a Time



^ Sidney Coupet

It is often said that confidence and ambition are wasted on the youth, who set seemingly unattainable life goals for themselves. Small children look up at their parents with a wide-eyed innocence and say, “When I grow up, I want to be the President of the United States,” or “I’m going to be a famous rock star some day.” Sidney Coupet had similar aspirations as a young boy, but it was with resolve and compassion, not naivety that he said, “I am going to help save Haiti.”

A recent and valuable addition to GSPH, Coupet’s infectious spirit of community encompasses the school’s overall vision of improving global health. A closer look at the life of this heroic figure reveals the derivation of his character. Born in Brooklyn, N.Y., Coupet is a proud Haitian American, as his parents emigrated to the U.S. from Haiti.

The small island of Haiti has long been rent by a history of political violence. Its

status as the poorest country in the Western Hemisphere coincides with its high fatality rate due to AIDS. Coupet’s heritage has cultivated in him a great awareness of the nation’s status, leading him to set extraordinary goals of helping to save the ill-fated island. While his sights are set high, Coupet has formulated a realistic approach to realizing his dreams. Coupet will work simultaneously on a master’s degree at GSPH and a medical degree at Lake Erie College of Osteopathic Medicine.

“I would like to accomplish such goals by improving public health conditions of this nation while practicing as a health-care professional,” Coupet says.

Coupet’s valuable accomplishments in the past two years alone are proof enough that this driven young man is no stranger to the world of public health. His experiences in the world of global healthcare were cultivated in Queens, where his family currently resides. There, he headed a research project at St. Dominic’s Family Practice Center, where he devoted time to the community as well as to his medical studies. In an article published in the January 2005 issue of the *Journal of the American Osteopathic Association*, Coupet’s study of patients’ medical experiences led to the development of a more efficient communication strategy between medical professionals and the community.

Coupet further demonstrated his dedication to medicine and the community last

summer at the Queens Family Health Fair. There, he demonstrated the Osteopathic Manipulation Method and took blood pressures of both young and old fair participants. His ability to interact with the residents of the Southside Jamaica projects in Queens created a comfortable environment and allowed him to give the community sound medical advice.

“I was so excited to be able to share my medical knowledge with the community in Queens. This gives me more cause to continue with my lifelong goal,” said Coupet.

All of Sidney Coupet’s experiences to date have illustrated his exceptional spirit for leadership, community and education. As the recipient of the Albert Schweitzer Fellowship, Coupet has been challenged to continue his success via new endeavors at GSPH. The U.S. Schweitzer Fellows Programs provide community service fellowships for graduate students in health-related professional fields who are dedicated to addressing unmet health needs in their local areas.

Coupet will use his grant to fund Project Healthy Men of McKeesport, a venture with the goal of educating high-risk males about public health issues that are prevalent in their community. During the one-year fellowship, Coupet will conduct surveys and create workshops that will help to improve the area’s public health outreach programs.

While GSPH may be a mere stepping stone to the fulfillment of his life goal, the school's vision for global health is

perpetually embedded in Sidney Coupet's character. With the framework of a quality education and valuable life

experiences, GSPH will send a youthfully confident and ambitious young man out to save the world. ■

Student Amasses Leadership Experiences

"I like to be part of the bigger picture," says Rashida Dorsey (PhD ex '06). "I've found that the best way to do that is to get involved in groups that put you in touch with a lot of key people." In the four years since Dorsey began her doctoral studies at GSPH, she has certainly placed herself in that big picture. Her contributions to the school as leader of the Minority Student Organization (MSO) and regular volunteer with the Center for Minority Health (CMH) are laudable.

Dorsey served as president of MSO from 2003-2005. Under her leadership, the group organized many events, including a Welcome Reception for new and returning students and a Graduation Reception to honor minority GSPH graduates. She encouraged participation in community service activities such as career days at local public schools to introduce students to public health. Dorsey also regularly volunteers for CMH activities. She is an active member of the Diabetes Working Group and participates in other CMH events such as "Take a Health Professional to the People" day.



^ Rashida Dorsey

She has served on several committees within the school, including the Strategic Planning Committee, the Epidemiology Department Chair Search Committee, the Diversity Committee, and the Craig Teaching Award Committee. She assisted GSPH Student Affairs by serving as the Student Volunteer Coordinator for APHA 2005 and has volunteered at both the open house and new student orientation.

Dorsey is a doctoral student in the Department of Epidemiology. In addition to her extra-curricular endeavors, she has had a successful academic career. She was the recipient of the competitive pre-doctoral Ruth Kirstein Fellowship from the Agency for Healthcare Research and Quality. The fellowship provided funding for research for her dissertation, which is entitled "Screening for Diabetes."

Complications in Type 1 Diabetes.” She also designed and received funding for a pilot study within the VA Center for Health Equity Research and Promotion to investigate disparities in diabetes processes of care among veterans. Dorsey has presented her work at scientific conferences for professional organizations such as the American Diabetes Association and

Society for Epidemiologic Research. An article based on research completed at GSPH was published in the journal *Disease Management*.

When asked to comment about her experiences at GSPH, she stated, “I was pleased with GSPH from the very beginning. I’ve had the privilege of great mentorship and

the benefits of the school’s strong research foundation. The school administrators have been extremely helpful, and made it clear that they care about students. As a student leader, I had nothing but support from the dean and other faculty members. GSPH molds students both professionally and civically; it’s a wonderful place to be.” ■

GSPH Experiences Foster Well-Rounded Students

GSPH student Sherriane Gleason’s commitment to excellence and concern for the community indicates a promising future in the field of public health. Gleason was accepted into the Department of Infectious Diseases and Microbiology in Fall 2001 upon graduating from Indiana University of Pennsylvania with a BS in Biology. It was her undergraduate work at the clinical microbiology lab at Indiana Regional Medical Center that ignited her fascination with the study of infectious diseases.

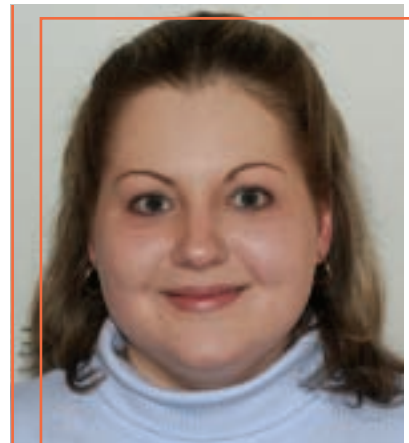
Gleason joined the laboratory of Dr. Simon Barratt-Boyes at GSPH while completing her dissertation, where she explored the phenomenon of dendritic cell uptake and the processing of cell-associated antigens from live cells. In June 2005, her efforts won her the Director’s Award for Scientific Excellence and Potential at the University of Pittsburgh Cancer Institute Scientific Retreat. Her work was also presented at the GSPH Infectious Diseases &

Microbiology Annual Retreats in 2003 and 2004 and at the International Symposium on Dendritic Cells in Belgium in 2004.

Along with her PhD work, Gleason is completing the Certificate in Public Health Preparedness and Disaster Response. As part of the program, she has developed a teaching module on bioterrorism for high school students, which she presented in October 2005 at the GSPH Center for Public Health Practice 10th Anniversary Symposium and at the Pennsylvania Public Health Association Annual Meeting.

Although she is committed to her own academic career, Gleason recognizes the importance of educating others. “I enjoy teaching and take advantage of every opportunity I have to do so,” she said. For the past two years, she has taught the module she developed for the Pennsylvania Governor’s School for Health Care, held at the University of Pittsburgh and has also worked as a teaching assistant.

Gleason’s dedication extends to her concern for others. She served as GSPH



^ Sherriane Gleason

Student Government Association vice-president in 2004 and as co-president in 2005. While in these roles, Gleason helped organize the GSPH Career Development Fair and was a team leader in the American Heart Association Heart Walk for 2004 and 2005. She also served as the student representative on the GSPH Accreditation Committee.

Gleason’s accomplishments thus far demonstrate the exceptional level of devotion and compassion of GSPH students. If this is any indication of the future, the field of public health is surely in good hands. ■

Behavioral and Community Health Sciences (BCHS)

The department has embarked on collaboration with Hosanna House as a major community-partner agency. In addition to working together on a range of teaching and community development efforts, Hosanna House is hosting the BCHS Community Development class in the Spring 2006 term.

Sandra Crouse Quinn, associate dean for student affairs and education and associate professor for BCHS, was named the 2005 Society for Public Health Education Mentor of the Year. The award recognizes individuals who have provided excellence in mentorship to health educators and have served to successfully bridge the rift between practice and research.

The MPH/MSW dual degree program with the School of Social Work is scheduled for implementation in 2006. It will operate under the direction of **Kenneth Jaros** and **Valire Carr Copeland**.

The Education Network to Advance Cancer Clinical Trials (ENACCT) has contracted BCHS to develop and conduct a comprehensive evaluation plan. The evaluation team, under the leadership of **Robert Goodman**, will refine the logic model, refine process objectives to assess the degree to which the partnership is

working, refine the outcome objects, develop impact objects, and construct data collection tools.

BCHS has teamed with the University of Pittsburgh Diabetes Institute to assist with the implementation and evaluation of new initiatives to promote diabetes self-care in rural communities in western Pennsylvania. **Robert Goodman** leads the BCHS team.

The department has created the Institute for Evaluation Science in Public Health. **Edmund Ricci** heads the institute and the associate director is **Diane Abatemarco**.

In Fall 2005, **Ronald Stall**, assistant dean for the multi-disciplinary master of public health program and BCHS professor, received the Public Health Epidemiology and Laboratory Research Annual Honor Award from the CDC and the Agency for Toxic Substances and Disease Registry.

BCHS will offer a Certificate in Minority Health and Health Disparities under the direction of **Stephen Thomas** and **Sandra Crouse Quinn**. ■

use the area under the ROC curve as a summary of diagnostic accuracy. The proposed statistical tests often have greater statistical power than conventional tests, allowing experiments to be conducted using lower sample sizes. The procedures have been utilized in comparing different imaging systems in studies conducted at the University of Pittsburgh's Radiology Department.

Jong-Hyeon Jeong, assistant professor of biostatistics, authored two papers in the *Journal of the Royal Statistical Society* that present a new parametric approach for summarizing cumulative incidence of death from disease when there are com-



▲ Courtesy of the American Health Assistance Foundation www.ahaf.org

peting risks of death from other causes. The usefulness of the new statistical methodology is demonstrated by applying it to breast cancer data sets obtained from the National Surgical Adjuvant Breast and Bowel Project. The procedure is particularly useful during the early stages of follow-up.

In November, Professor **Gary Marsh** presented an invited paper at the 2005 European Toxicology Forum in Belgium. Dr. Marsh's paper, co-authored with **Ada Youk**, research assistant professor of biostatistics, reviewed results of his recent reanalysis of the U.S. National Cancer Institute (NCI) cohort study of formaldehyde-exposed workers and his

Biostatistics

Andriy Bandos, assistant professor of biostatistics, published three papers summarizing diverse applications of the use of permutation tests to compare diagnostic imaging systems. One paper was published in *Statistics in Medicine* and the other two were published in *Academic Radiology*. The statistical tests



independent investigation of one of NCI's study sites. Dr. Gary Marsh also received \$2.95 million in funding from the Pratt & Whitney Corporation for expanded work on his ongoing historical cohort study of more than 250,000 jet engine manufacturing workers in the Hartford, Conn. area. The study was prompted in 2002 by concerns that the risk of brain cancer may be elevated among this workforce due to occupational factors. Total funding for the project, scheduled for completion in 2009, is now \$6.63 million.

Carol Redmond, Distinguished Service Professor of Public Health, was elected fellow of the American Association for the Advancement of Science. She also received the American Public Health Association Statistics Section Award, for academic excellence in the field of public health statistics.

Howard Rockette, professor and chair, received a grant of \$970,660 to train doctoral level biostatisticians for roles in academia, industry, and government. The goal of the grant is to develop biostatisticians capable of developing innovative statistical methods to meet the demands in rapidly developing new areas in biomedical and public health research. An important component of the training grant is a rotation through multiple research areas within GSPH and in the School of Medicine where the trainee can gain experience collaborating with clinicians, basic scientists, social scientists, and epidemiologists. ■

Environmental and Occupational Health

Bernard Goldstein was the keynote speaker and distinguished service awardee at the annual meeting of the American College of Toxicology in November 2005. He was also the chairperson for the Society of Toxicology Communications Strategy

Committee and for the Institute of Medicine's Committee to Review the NIOSH Hearing Loss Prevention Program Initial meeting, both in January 2006.



Valerian Kagan helped to organize the first International Meeting on Nanotoxicology in Miami. Eleven Pitt faculty and students participated in the meeting.

Bruce Pitt was reappointed for a second five-year term as associate editor for the *American Journal of Physiology: Lung Cellular and Molecular Physiology*. He was also reappointed to the editorial board of the *American Journal of Respiratory Cellular Molecular Biology*.

Conrad Volz has been selected for a NATO-sponsored mission to Macedonia to train physicians, environmental health practitioners, and other health care professionals in areas related to nuclear, biological, and chemical preparedness.

Felicia Wu was an invited plenary lecturer at the World Mycotoxin Forum (The Netherlands) and the Canadian Fusarium Workshop (Ottawa). She was also elected to chair the Risk Communication Specialty Group and the Biological Stressors Specialty Group, both of the Society for Risk Analysis. ■

Epidemiology

Catherine Haggerty, assistant professor, was named one of the "40 Under 40" honorees by the Pittsburgh Urban Magnet Project (PUMP). The award is given to talented individuals under the age of 40 who are making a positive impact on the region's development.

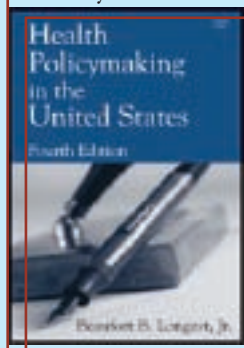
The American Public Health Association presented the Lillienfeld Award to Professor **Ronald LaPorte** for lifetime achievement in teaching.

Janice Zgibor, assistant professor, received the *Journal for Healthcare Quality* 2005 Golden Pen New Author Award, given by the National Association for Healthcare Quality in recognition of outstanding contributions to the journal from new authors. ■

Health Policy & Management

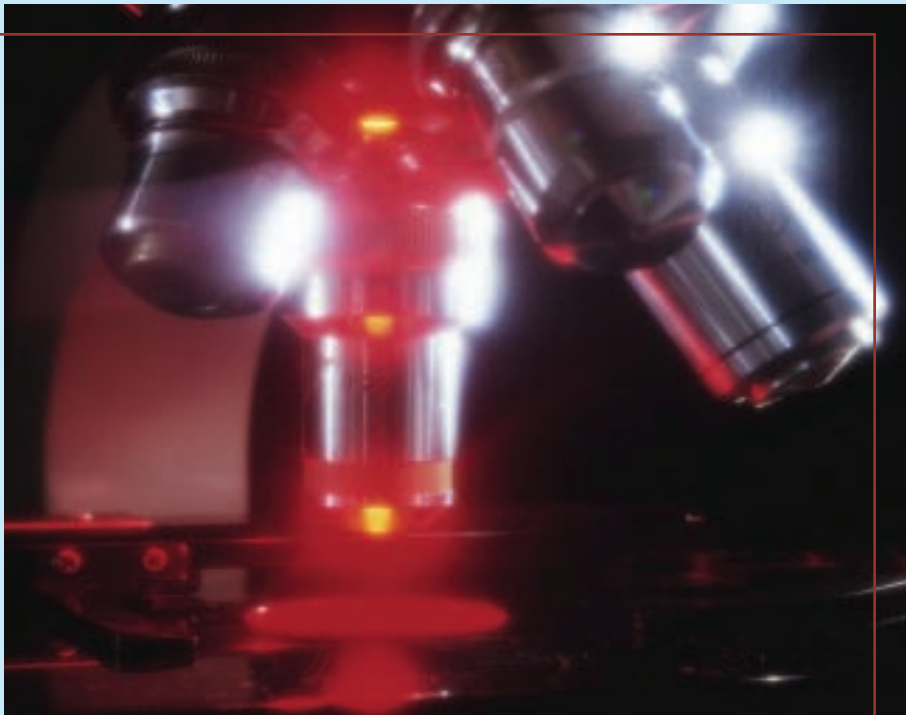
Nicholas Castle, assistant professor, was appointed to the editorial board for *Health Care Management Review*.

Judith Lave, professor and chair, was appointed to the Board on Health Services of the Institute of Medicine. This board oversees the activities of the Institute of Medicine concerned with the quality, effectiveness, organization, financing, and delivery of health care services.



^ *Health Policymaking in the United States* by Beaufort Longest

Beaufort Longest, M. Allen Pond professor of health policy and management, published the fourth edition of *Health Policymaking in the United States* in November 2005.



First published in 1994, the third edition of the book was adopted for classroom use at 83 universities. Finding no suitable textbook on policymaking when he arrived at GSPH, Longest prepared his own book by assembling materials from the broader policy literature and applying them to the public health and healthcare fields.

Pamela Peele, associate professor, gave an invited symposium on applied decision models at the Society of Medical Decision Making Annual Research Meeting in San Francisco in October 2005.

At the invitation of the Canadian Policy Research Initiative, Pamela Peele presided over a conference in Ottawa that presented Canadian policymakers with insight on the use of experimental economic techniques in policy research.

Pamela Peele has been appointed consulting editor for *Psychiatric Services*, which is ranked second among health policy and services journals.

Pamela Peele has been appointed to a four-year term on the VA Health Services Research & Development Mental Health study group.

Along with colleagues from Yale, the University of Wales, and Manchester University, Pamela Peele is preparing guidelines for economic evaluations of adherence research for the International Society on Pharmacoeconomics and Outcomes Research. The initial results were presented in an invited workshop in Italy in November 2005. Another invited workshop on this topic will be presented at the international meeting of the society in Philadelphia in May 2006. ■

Infectious Diseases and Microbiology

The department graduated a record 13 students in 2005. Eight PhDs and five MS degrees were conferred.

Professor **Phalguni Gupta** received five major research awards in 2005. These include a five-year, \$1.37 million NIH training grant to train predoctoral students in HIV research; a five-year, \$2.5 million NIH grant to train investigators from India and Brazil in HIV; a four-year, \$4.0 million NIH program project grant to develop microbicides against HIV; a two-year, \$300,000 NIH grant to study HIV in semen from India; and a two-year, \$300,000 NIH grant to study mucosal immunity against HIV.

Douglas Perkins, assistant professor in the department, has advanced some of his work on the pathogenesis of malaria, and continues to improve the clinical malaria and HIV services in Kenya.

Charles Rinaldo, professor and chair of the department, received a 5-year, \$3.27 million subcontract from the NIH Large-Scale Antibody and T-Cell Epitope Discovery Program as part of a contract led by colleagues at the University of Oklahoma. The work focuses on T-cell functional analyses of putative epitopes for influenza A virus, West Nile virus, and *Coxiella burnetii* (Q fever) vaccines and will be led locally by Paolo Piazza in Dr. Rinaldo's research group.

Charles Rinaldo, **Giovanna Rappocciolo**, **Paolo Piazza**, and graduate student **Heather Hensler**, together with Frank Jenkins of the School of Medicine, discovered that DC-SIGN is a major receptor for human herpesvirus 8 (HHV-8), also known as Kaposi's sarcoma-associated herpesvirus. The team showed that the cancer virus can infect dendritic cells and macrophages via DC-SIGN, and result in decreases in cell function. This has important implications for development of effective treatments and vaccines for this infection and for cancer. ■

2000s

Julie Yeh (MPH '05) works as an assistant professor in the Department of Family, Community, and Preventive Medicine at Drexel University College of Medicine. In addition to clinical duties, she is studying gender and ethnic health disparities as the Carol Ammon Scholar at the Institute for Women's Health and Leadership.

Rosemarie Ramos (MPH '03, PhD '05) has been selected for a two-year Health Disparities Post-Doctoral Fellowship through the National Institutes of Health.

Andrea Shissler (MPH '01) recently received the Pa. Public Health Association President's Award of Excellence for her contributions as editor of the Public Health Watch newsletter.

1990s

Christina Lobes (MPH '96) recently moved to New York City from Los Angeles. She works for Deloitte & Touche in health care management consulting.

Igor Linkov (PhD '95) was the recipient of the 2005 Chauncey Starr Award from the Society for Risk Analysis.

Lou Ann Rector (MPH '91) graduated from the United States Navy War College in June 2005 with a master's degree in national security and strategic studies. She currently works for the U.S. Public Health Service.

1980s

James Collins (MHA '87) has been named CEO of Pittsburgh's St. Clair Hospital. Collins was previously CEO of West Penn Hospital.

William Raynovich (MPH '84) recently earned an EdD at the University of New Mexico at Albuquerque.

Larry Drill (MPH '83) works as leader of a mood disorder team at the Highland Drive division of the VA Pittsburgh Health Care System. He is also conducting research on bipolar disorder at Western Psychiatric Institute and Clinic.

Jim Helmkamp (PhD '83) became director of the 12th CDC-funded Injury Control Research Center in 2004. He is currently a professor of epidemiology in the Department of Community Medicine at West Virginia University.

Anthony Luvara (MPH '83) recently retired from the government. He resides in San Antonio, Texas.

David Savitz (PhD '82) accepted a position as the Charles Bluhdorn Professor of Community and Preventive Medicine and director of the Center of Excellence for Epidemiology and Disease Prevention at the Mount Sinai School of Medicine in January 2006.

1970s

Thomas Priselac (MPH '75) holds the esteemed position of chair elect of the Association of American Medical Colleges (AAMC) Executive Council.

1960s

Kenneth J. Landert (MPH '65) has retired, but continues to work with developmentally disabled and uninsured populations.

1950s

David Willis (MPH '59) is a retired adjunct professor of health policy at Columbia University Mailman School of Public Health.

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.

Dr. Judith L. Davenport Receives Highest Award Given by the University



▲ Dr. Judith L. Davenport

Last fall, Dr. Judith L. Davenport (MPH '74) was named a 2005 Legacy Laureate by the University of Pittsburgh. Davenport says, "I was honored, but surprised. It's a very prestigious award, and I was pleased to receive it."

The Legacy Laureate is the highest award bestowed upon an alumni by the University. The award is given to alumni who have achieved exceptional success in pursuit of their life goals and who continue to inspire others.

Davenport's natural reserve may keep her from taking the full measure of her own

achievements. Ask anybody else why she deserves the award, though, and it won't take them long to answer. Consider, for instance, her work addressing health disparities, starting back in the 1970s when she became involved with a program to reduce infant mortality in the black community. (At the time, Allegheny County had one of the highest rates in the country.) Davenport's 1974 thesis project at GSPH involved helping children from low-income families get regular dental check-ups and care. Not long after receiving her MPH, she helped break new ground when she entered the University of Pittsburgh's School of Dental Medicine as one of only 19 women in a class of 134. There, she says, she found sexism to be a far more pervasive problem than racism. "We had a rough time," she says. "We cried every day in the bathroom. It wasn't until we were ready to graduate that we were accepted members of the group." That experience galvanized another commitment for Davenport. "I've always felt that women have to take care of women," she says.

Davenport, who retired from her dental practice five years ago, made a donation of \$50,000 in 2003 to the Barbershop Lay Health Advocate program, operated by GSPH's Center for Minority Health. This program trains minority barbers and beauty salon owners to prompt discussion

of preventive health issues with their clients and promote health screenings. "I wanted to contribute to something that would encourage minorities to focus on health care prevention," she says. Davenport directed an equal contribution to Pitt's dental school for an orthodontics program targeting at-risk children.

A member of the GSPH Board of Visitors and chair of the Porter Prize Committee, Davenport played a pivotal role in bringing Louis W. Sullivan and Bill Cosby to campus in 2004 and 2005 to receive the Porter Prize, awarded for "exemplary service in promoting public health to the public." Sullivan is former Secretary of Health and Human Services and president emeritus of the Morehouse School of Medicine. Cosby is a well-known comedian, actor, and educator.

This June, Davenport will complete a four-year term as president of the board of trustees at Carlow University. Don't expect her schedule to lighten, though. She is also on the boards of the Heinz Endowment, the Alvin Ailey Dance Theater Foundation, and the Andy Warhol Museum.

"I have two passions—education and the arts," she says. "Everything I do is in one camp or the other. And my husband, Ron, has been my biggest supporter." ■

Young Alum Aids Katrina Victims

Confucius once said, "Choose a job you love, and you will never have to work a day in your life." While many search a lifetime to find such a job, recent GSPH graduate Ami Patel (MPH '01, PhD '05) is already experiencing the fulfillment of a challenging and rewarding career.

Nine years of strenuous collegiate academics have paid off for Patel, who is

now reaping the rewards of her hard work and dedication. Her perseverance has led to a gratifying position as an Epidemic Intelligence Service Officer with the Centers for Disease Control and Prevention (CDC).

"One of the most memorable experiences so far has been my deployment to New Orleans as part of CDC's response team,"

Patel says. In early October 2005, Patel was assigned to the Environmental Health Team, which was part of the CDC's New Orleans Public Health Capacity Team. The Environmental Health Team consisted of Patel and four environmental health specialists, including another GSPH alumnus Vincent Radke (MPH '77). The primary objective was to support the state health department in any capacity needed.

The team conducted inspections of restaurants, hotels, and the two cruise ships that were housing city workers. They also visited Red Cross and Salvation Army distribution sites to ensure food safety and distribute communication materials.

“Disaster response requires teamwork, flexibility, compassion, a solid work ethic, and a strong will,” says Patel. “It was amazing to work with such a talented team of individuals—for those two weeks, they were like family. The devastation caused by Katrina left us speechless. The residents of New Orleans, however, were amazing and I cannot speak enough about their level of appreciation in the face of such adversity.”

Patel says that her experiences at GSPH provided her the skills necessary for the

real world. As a research assistant at GSPH, she worked on the Hazleton Health Effects Study, which investigated community exposure to gasoline. She also worked with the National Institute of Aging on atherosclerosis and cardiovascular disease precursors in women. As a graduate student researcher, Patel developed three automatic data management programs to assist with studies related to cardiovascular disease epidemiology. As an epidemiologist for the National Institute for Occupational Safety and Health, she worked on surveillance and health in the mining industry.

Reflecting on her role during Hurricane Katrina, she says, “It was humbling and enriching—it really put into perspective what public health is about and why we so desperately need all aspects of it.” ■



^ Ami Patel

Alumnus Encompasses GSPH's Global Health Vision



^ Alberto Colombi

GSPH is recognized globally for contributions that have influenced public health practices and medical care for millions of people. The school's reputation attracts students from around the world who, upon graduation, go on to become leaders in their fields.

Dr. Alberto M. Colombi, MPH '97, is one such alumnus. His international experience began in his home country of Italy, where

he earned doctor of medicine and occupational health degrees from the University of Milan. While in private medical practice in Milan, Colombi worked as occupational health consultant for PPG's Italian coatings business and for a unit of FINA Petroleum. He also held the position of coordinator of occupational health services in Cinisello and Monza, Italy.

Colombi joined PPG in Pittsburgh in 1987 as medical director of coatings businesses. He returned to Milan as coatings medical director for Europe, then moved to Paris as corporate European director of environment, health, and safety. Upon returning to Pittsburgh in 1995 as corporate medical director of PPG Industries, he obtained an MPH from GSPH.

As corporate medical director, Colombi worked on integrated health and productivity management, leading to the establishment of a corporate health and productivity leadership team. He also launched a worldwide management-employee alliance on health and employed

an infrastructure of innovative health information management systems in order to support the health and productivity strategy.

Colombi initiated an evidence-based health promotion program, focusing on five identified priorities. The program addressed issues regarding cardiovascular risk factors, musculo-skeletal disorders, chronic disease management such as diabetes and depression, and women's health.

In recent years, Colombi has been actively involved with Pittsburgh Regional Health Care Initiative, contributing to the improvement of chronic disease management, specifically relating to diabetes and depression. He is a member of numerous international and national professional organizations, including the International Commission on Occupational Health, American College of Occupational and Environmental Medicine, and the International Ergonomic Association. ■



^ Katherine M. Detre

Katherine M. Detre, MD, DrPH, Leading Authority on Cardiovascular Disease, Dies at Age 79

On January 24, 2006, Katherine M. Detre, MD, DrPH, one of the world's leading epidemiologists, noted particularly for her leadership of large-scale studies investigating cardiovascular disease, died of complications from liver cancer. She was 79.

"Katherine Detre was an extraordinarily accomplished professional whose work significantly advanced the cause of human health and set a standard of achievement that inspired her colleagues," said University of Pittsburgh Chancellor Mark A. Nordenberg.

Until the last few weeks of her life, Dr. Detre continued to be scientifically active, leading GSPH's Epidemiology Data Center, an organization that she founded in 1980. The center, which now has more than 120 faculty and staff, has coordinated the design, data management, and statistical analysis activities for more than 60 medical research projects, with a focus on multi-center clinical trials and patient registries.

Dr. Detre was born in Budapest, Hungary, on April 28, 1926, and grew up there during the Nazi occupation of World War II. "When I learned of the torture and loss of

my closest family members during the Nazi era," she said in a 2001 lecture, "all I could do was bury my head in the textbooks, whether they were chemistry, physiology, or anatomy texts." Later, Dr. Detre escaped communism by slipping across the border into Austria during the night.

In 1949, she received an International Student Service Award to study in Canada. Three years later, she completed her MD degree from Queen's University Medical School in Ontario, followed by residency training in internal medicine at Queen Mary Veterans Hospital. In the meantime, she became reacquainted with Thomas Detre, MD, whom she had first met in Budapest in 1946 and who also had emigrated, first to Italy and later to the United States. Dr. Detre moved to Yale University to be with her future husband and received her DrPH in biometry from Yale in 1967. In 1974, the Detres relocated to Pittsburgh, where Dr. Katherine Detre became an associate professor of epidemiology at GSPH. She was promoted to tenured professor in 1979 and was honored with the title Distinguished Professor in 2002, an honor bestowed in recognition of "extraordinary, internationally recognized scholarly attainment."

"Katherine was a pillar of scientific strength within the Department of Epidemiology," said Roberta Ness, GSPH interim dean. "Her skills as a leader, mentor, fighter, and nurturer were legendary. Katherine also was a devoted wife, mother, and grandmother. She never ceased to be full of imagination and we will all sorely miss her."

Dr. Detre authored or coauthored more than 200 articles in professional journals, as well as more than 30 book chapters. She was a fellow of the American Heart Association, the American Association for the Advancement of Science, and the American College of Epidemiology. She served on the board of directors for the Society for Clinical Trials since 1981 and was an active member of many other

professional organizations. In 1992, Dr. Detre was made an honorary fellow of the American College of Cardiology in recognition of her pioneering efforts in establishing clinical trials in cardiovascular research.

Despite her extremely active professional life, science took second place to Dr. Detre's family. She would have been married to her husband for 50 years in 2006 and she took enormous pride in the accomplishments of their two sons, John, a neurologist and neuroscientist, and Tony, a businessman and entrepreneur. She loved nothing more than to spend time with her four grandchildren, particularly at the family summer home in Maine. Just this past summer, she fulfilled a life-long dream by going on safari to Botswana with John and his family.

Dr. Detre is survived by her husband, Dr. Thomas Detre, former senior vice chancellor for health sciences at the University of Pittsburgh, two children, and four grandchildren. A memorial service will be held in Heinz Chapel at the University of Pittsburgh April 28, 2006. A memorial fund has been established in Dr. Detre's name. Contributions honoring her may be made to the University of Pittsburgh Graduate School of Public Health, Department of Epidemiology, 130 DeSoto Street, Pittsburgh, PA, 15261. Questions can be directed to Judith D. McConaha at 412-624-5639 or jmconn@pitt.edu. ■

David Minard



^ David Minard

David Minard, MD, GSPH professor emeritus and former chair of the Industrial Health

Department (now Environmental and Occupation Health) passed away on October 9, 2005 at the age of 92.

Minard earned a PhD in physiology in 1937 and an MD in 1943 from the University of Chicago, as well as an MPH from Harvard in 1954. He was the head of the Physiology Department at the Naval Medical Research Institute from 1947 to 1963 before teaching at GSPH from 1963 to 1974.

Minard's research continues to be cited by professionals in industrial medicine. He created the wet bulb globe temperature index in 1957, which calculates heat's effects on the human body. It is still commonly used as a heat-stress index in the military, steel mills, marathon races, and industrial environments. Dr. Minard also put it to use in evaluating the original seven Mercury astronauts in his lab at the Naval Medical Research Institute in 1960.

He served as a consultant to the National Institutes of Health, the armed forces, and various governmental task forces charged with investigating military, environmental, and industrial influences on the human body.

Dr. Minard was the recipient of the 1960 Gorgas Medal from the Association of Military Surgeons for his contributions to military preventive medicine and of the Outstanding Civilian Service Medal from the U.S. Army in 1973.

He is survived by his wife Dorothea, three children, two stepchildren, eight grandchildren, and one great-grandchild. A memorial service was held at Arlington National Cemetery in November 2005. ■

John Paul Harenski

John Paul Harenski, 63, passed away on November 6, 2005 after a yearlong battle with adeno-cystic carcinoma.



^ John Paul Harenski

Born in Natrona, Pa., John attended Har-Brack High School, where he played varsity football. After graduation, he attended Brown University on a football scholarship. He earned a law degree from the University of Maryland in 1969 and an MPH from GSPH in 1971. He worked in Pittsburgh for the United Mineworkers of America from 1971 to 1978 and with the Health Systems Agency of Southwestern Pennsylvania from 1978 to 1979.

John moved to San Diego when he was hired to be the Executive Director of the Health Systems Agency of San Diego and Imperial counties in 1979. Two years later, he married Joni Merle Steinman. Together, they founded and operated a national consulting practice, AUSMS Healthcare Consultants, for the 24 years of their marriage.

John was an avid athlete and a great fan of college and professional sports. His intellectual capabilities were equally unsurpassable. A lover of all things literary and historical, John had a particular interest in the history of the Civil War and World Wars I and II.

In addition to two children, he and Joni cared deeply throughout their marriage for several feline family members, including their dear Lucy, who continues to search each morning for John, his butter-tipped finger, and his caring words. John is survived by his two children, Hallie and Jason, and many members of his extended family in the U.S. and around the world. A private memorial gathering was held by the family in San Diego. ■

Bernard Halpern

Bernard M. Halpern, University of Pittsburgh trustee and generous GSPH donor, died on January 23, 2005, of congestive heart failure. He was 88 and lived in Oakland.

Mr. Halpern obtained degrees from the Wharton School of the University of Pennsylvania and Harvard Law School. After four years of service in the Marine Corps, he returned to Pittsburgh in 1946 with his wife, Ethelmarie Apter.

At that time, he entered two family businesses: the J. Halpern Co., which manufactured toys and costumes, and the



^ Bernard Halpern

Washington Trust Co., a community bank. He retired from banking in the late 1980s, but remained active in a variety of family-owned businesses.

Mr. Halpern served on the boards of multiple civic organizations, earning the Humanitarian Award from the American Jewish Committee, and together with his wife, the Emanuel Spector Award of the United Jewish Federation.

He was president of Montefiore Hospital from 1966 to 1969 and spearheaded the hospital's affiliation with the University of Pittsburgh's medical school, a move that foreshadowed the formation of the consortium that ultimately became the University of Pittsburgh Medical Center.

At the time of his death, Mr. Halpern was an emeritus trustee at the University of Pittsburgh. His wife worked at GSPH at one time and he was a generous supporter of the school's history compilation project. ■

Mark Your Calendar

April 11, 2006

Jay L. Foster Memorial Lecture in Alzheimer's Disease
Claudia Kawas, Professor, University of California at Irvine
Community Lecture: "Factors that Promote Long Life"
IBEW Conference Center
5 Hot Metal Street, Pittsburgh, 1 p.m.
Scientific Lecture: "Clinical and Pathological Studies of the
Oldest Old: The 90+ Study"
GSPH, A115 Crabtree Hall, 4 p.m.
Contact: Gina McDonell, 412-648-1294, mcdonell@pitt.edu

April 28, 2006

Memorial Service for Dr. Katherine Detre
Heinz Chapel, University of Pittsburgh, 2:30 p.m.
Reception to follow, Carnegie Museum Hall of Architecture
Contact: Daphne Mayer, 412-383-8849, dmayer@pitt.edu

April 29, 2006

GSPH Convocation
IBEW Conference Center
5 Hot Metal Street, Pittsburgh, 2 p.m.
Contact: Diane Kline, 412-624-5200

GSPH Alumni Dinner
Pittsburgh Athletic Association
4215 Fifth Avenue, Pittsburgh
Reception and cash bar 5 p.m., Dinner 6 p.m.
Contact: Gina McDonell, 412-648-1294

June 2006

Alumni Society Annual Meeting
Date TBD
Contact: Gina McDonell, 412-648-1294, mcdonell@pitt.edu

September 9, 2006

GSPH Zoo Fundraiser Event
Contact: Gina McDonell, 412-648-1294, mcdonell@pitt.edu

October 9, 2006

GSPH Open House for Prospective Students
GSPH, 9:30 a.m.–2:30 p.m.
Contact: Diane Kline, 412-624-5200

Announcements

Call for Guest Columnists and Writers

- GSPH alumni are invited to contribute to upcoming issues of *PublicHealth*. Have you written an essay about an up-and-coming public health topic? Would you like to share your visions of public health? Do you have opinions regarding the role of public health in recent events? If you are interested in contributing in a future issue of *PublicHealth*, contact Gina McDonell at 412-648-1294 or mcdonell@pitt.edu.

Email Address Collection

- GSPH would like to offer you the opportunity to receive some of our regular alumni communications by email (e.g. letters, requests for nominations, school update). We will send no more than six emails per year to the account that you provide. To participate, contact Gina McDonell at 412-648-1294 or mcdonell@pitt.edu or return the enclosed postcard.

Correction

- In the Fall 2005 issue of *PublicHealth*, Bill Klunk's photo on page 17 was incorrectly identified as Jay L. Foster.

Career Resources

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For more information, contact Kathleen Helling, planned giving director, at 412-647-4220 or hkathleen@pmhsf.org.



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