LURE OF THE JOURNEY

Noreen Clark left her native Scotland for the United States when she was eight years old. The SPH dean has been on the move ever since.

A Decade of Innovation

What's in a dean? Fifteen colleagues reflect on the issues and achievements that have marked Noreen Clark's tenure at the helm of SPH.

Next Up

A new generation of SPH faculty looks at the challenges we face—from the threat of infectious disease to the media's role in disseminating health information.
A Letter from the Dean

As the close of my tenth year as dean of public health draws near, I’m reflecting on the past decade with great appreciation for our faculty, staff, students, alumni, and friends whose collective efforts have moved us forward dramatically. With the excellent support of the leadership of the university and the public health community more broadly, these efforts have positioned the University of Michigan School of Public Health to be the premiere institution integrating research and teaching for the resolution of some of the world’s most pressing health problems.

By the time you receive the next edition of Findings, we should know who the next dean will be. That person will have the wonderful opportunity to work closely with excellent colleagues across Michigan’s constituencies. And there will be much to do.

Sadly, we have not resolved the problem of 44 million uninsured Americans. Newly emerging infectious diseases continue to test our capacity to protect populations. The obesity epidemic is fueling a crisis in chronic diseases such as Type 2 diabetes, hypertension, and heart disease. Health care costs threaten our economic well-being.

The initiatives of the recent past should help SPH with the challenging tasks ahead. We’ve an extraordinary new building under construction, 19 new multidisciplinary research centers, a recruitment program to bring more than a dozen new multidisciplinary junior faculty into our departments, and notable increases in our research productivity (dollars have tripled since 1996). Further, our teaching programs have been revamped, extended, and also invigorated with the introduction of such things as new distance-learning technologies and ongoing community partnerships.

The past decade has enriched my perspective and understanding of public health in a way I couldn’t have imagined at the outset of my deanship. In July, I’ll return to my first love, research, and establish an international center for managing chronic disease. This new enterprise will be based here at Michigan and will focus on ways to assist and support the one-half of the population around the world who live with a chronic condition. With its tradition of cross-discipline collaboration and action research, Michigan is one of the very few places that can nurture such an undertaking, and I am passionate about rising to some of the challenges chronic disease presents.

I will always be grateful for the honor of having served as your dean. But the real strength of this school lies in its faculty, staff, students, and alumni. I can think of no more gifted group of people in our profession, nor any group I would think of no more gifted group of people than a dozen new multidisciplinary research centers, a building under construction, 19 new enterprises, and establish an international center for managing chronic disease. This new enterprise will be based here at Michigan and will focus on ways to assist and support the one-half of the population around the world who live with a chronic condition. With its tradition of cross-discipline collaboration and action research, Michigan is one of the very few places that can nurture such an undertaking, and I am passionate about rising to some of the challenges chronic disease presents.

As always, this issue brings greetings and best wishes from your public health colleagues in Ann Arbor.

Sincerely,

Noreen M. Clark, PhD
Dean
School of Public Health
University of Michigan

Findings
University of Michigan School of Public Health

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**The article “Quantifying Danger” (Spring 2004 Findings) is thoughtful and timely. I especially appreciate the mention of issues such as flame retardants, which may present a possible risk, but also reduce a known risk. Those of us who have worked in the field of public health know how difficult it is to explain risk to lay persons. We all know of cases where regulations or legislation are written, and decisions are made, based on a poor understanding of risk. A common example of such misunderstanding can be seen in the decision of some persons to not wear seat belts. These persons have the incorrect notion that wearing a seatbelt will cause them to be trapped in a burning car. However, only a small fraction of auto accidents involve fire, and even if there is a fire, persons wearing seat belts are more likely to be able to rescue themselves. These persons have the situations in which an accident victim was injured or killed because they were not wearing a seatbelt and were ejected from the vehicle. Risk assessment is a critical skill for public health professionals. Therefore, it is good to see the university address this issue. The Risk Science and Communication Center is definitely a worthy effort.**

David Anglen
PhD ’81

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**Unless Bob Hope beat a ragtime pianist named Eubie Blake to the punch, he was by no means the one who said, “If I’d known I was going to live this long, I’d have taken better care of myself” (“Healthily Ever After,” Fall/Winter 2003 Findings). That line was exclusively Eubie Blake’s. Bob Hope was famous for his retort, “it’s better than the alternative,” when asked how it felt to be nearly 100.**

Smith R. Haynes
MPH ’75

**Editor’s note: Writer Deborah Gilbert notes that the quote in question has been attributed to Mark Twain, Mickey Mantle, Adolf Zukor, Jimmy Durante, George Burns, and Sammy Davis Jr., in addition to Bob Hope and Eubie Blake, who may in fact have been the original source of the statement, as Mr. Haynes suggests.**

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**Thank you for sending regularly issues of Findings. All of the publications contain excellent accounts of the research, completed and ongoing, at the school. It is encouraging to receive an exceptional source of dependable information. The demographic changes in populations require constant vigilance on all matters affecting health, and this school continues to excel. Though I completed my studies at the school in 1958, the lessons I learned and in which I participated are still fresh.**

Jack F. Rowe
MPH ’58

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**We want to hear from you!**
To submit a letter to the editor of Findings, e-mail stainton@umich.edu, send a fax to 734.763.5455, or mail your comments to:
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A $3.7 million grant from the National Institutes of Health will support the construction of new laboratory and clinical facilities at the University of Michigan School of Public Health. The grant, from the NIH’s National Center for Research Resources, will support the establishment of multidisciplinary research facilities in the new, seven-story research tower now under construction. The laboratories will occupy about 11,500 square feet of the new space.

In addition to funding construction of new lab space, the grant will help fund the renovation of about 5,000 square feet of existing space to house clinical research facilities.

“This NIH grant will help the School of Public Health do what it does best—bring together people, ideas, and disciplines, whose work will improve the public’s health,” predicts the school’s dean, Noreen Clark. “The new research building will contain shared laboratory space and equipment, making us more efficient and making it easier for faculty to connect with one another.”

“These resources are designed to catalyze new research efforts and foster collaborative cross-discipline initiatives that will enhance the University of Michigan School of Public Health’s ability to make research contributions that will safeguard human health,” said Dr. Sidney McNairy, associate director for research infrastructure at the National Center for Research Resources, NIH.

Called “The Crossroads of Public Health,” the SPH building project includes a 125,000 square-foot addition with a new, seven-story research tower and a two-story Crossroads building that will house classrooms, conference rooms, and centers, as well as renovation and updating of the school’s existing two buildings. The Crossroads will connect all the buildings into one complex.

The project, which has an anticipated budget of $80+ million, aims to better equip public health for newly emerging priorities like bioterrorism preparedness, understanding new genetic technologies, the globalization of health, and to provide needed laboratory space. Project funding also will be provided from private gifts, SPH resources, and capital investment proceeds. It is slated for completion in 2006.

A W.K. Kellogg Foundation gift of $5 million and a $5 million anonymous donation received earlier this year are among the early major contributions toward the school’s fundraising goals.

The School of Public Health is among the nation’s top schools of public health. During the past ten years, sponsored research in the school has more than doubled. Current research in the school directly addresses the goals outlined in the Institute of Medicine’s “Healthy People 2010,” a call to action on such things as increasing quality and years of healthy life and eliminating health disparities.
Twenty hundred twenty-nine master’s and doctoral degree candidates from the SPH class of 2004 were recognized at the April 30 convocation ceremony held in Ann Arbor’s Michigan Theater. An MPH degree was awarded posthumously to Mary Angela DiGiovanni, who died in an automobile accident in early 2003.

Peter Jacobson, associate professor of health management and policy, and an expert in the relationship between law and health care delivery and policy, received the 2004 Excellence in Teaching Award.

Jerome Nriagu, professor of environmental health sciences, received the 2004 Excellence in Research Award. Last year, Nriagu’s research on lead in candlewicks led the United States Consumer Product Safety Commission to ban lead wicks in candles.

In his remarks to the graduating School of Public Health class of 2004, B. Joseph White, the Wilbur K. Pierpont Collegiate Professor and Professor of Business Administration at the University of Michigan, noted that too often the world takes public health for granted, or worse, has no idea what public health professionals do and how it affects the well-being of millions.

“The truth,” White said, “is that we are utterly dependent on you for vitally important things we take for granted, like a good shot at a long and healthy life for ourselves and our children.”

White, who served as interim president of the University of Michigan in 2002 and previously as dean of the UM Business School, told the SPH graduates they had the potential to become heroes through their careers in public health. “All it requires is an obsessive sense of mission, a capacity for outrage that can’t be extinguished, a vision of a better world, and persistence that is measured in decades.”

In September, White joined the faculty of the UM Life Sciences Institute to head an initiative examining the impact of the revolution in the life sciences on such crucial areas as health care, law, ethics, and business.

The first-ever Eugene Feingold Diversity Award was presented posthumously to his widow, Marcia Feingold, PhD ’83, by Richard Lichtenstein, associate professor of health management and policy. Feingold, a professor emeritus of health management and policy who died in 2002, spent much of his life working to end poverty and racial discrimination. The award honors his memory and celebrates his achievement.

Marcia Feingold accepts the first-ever Eugene Feingold Diversity Award from Richard Lichtenstein

Dean Noreen Clark and B. Joseph White

Overheard at Convocation:

“The tassel goes to the right, then it goes to the left. After you graduate.”

“It’s so confusing.”

“Anybody need a bobby pin?”

“Nice hood.”

“Shine your light on the world.”

(sign affixed to a mortarboard)
Edna Viruell-Fuentes had always wanted to “make a difference” in the world. But it wasn’t until she took a job at the Washington, D.C.-based Center for Women Policy Studies in the 1990s that the Mexico City native discovered an ideal way to do it—through policy-based research. A few years later, Viruell-Fuentes embarked on a doctorate in public health.

“I wanted to further develop my methodological skills and theoretical background in order to delve deeper into questions of immigration, culture, race, discrimination, and health,” she says of her reasons for pursuing the degree.

Viruell-Fuentes, a student in the Department of Health Behavior and Health Education, and Debbie Barrington, a doctoral candidate in epidemiology, will soon be among the first students to graduate under a new training program designed to bring more PhD–trained minority students into public health.

The program is based in the School of Public Health’s Center for Research on Ethnicity, Culture and Health (CRECH) and funded by the National Institute of General Medical Sciences (NIGMS), a subdivision of the National Institutes of Health. Annually, Michigan provides funding to 10 to 12 SPH students enrolled in PhD programs in health behavior and health education, epidemiology, and health management and policy.

In what CRECH Director Harold W. Neighbors terms the center’s “biggest success” to date, the NIGMS has renewed the training grant for another four years. “A big impact will come from increased numbers of PhD–trained minority students in public health,” says Neighbors, who points out that prior to 2000, SPH had almost no students of color in doctoral programs.

Since 2000, CRECH has given financial support to approximately 18 doctoral candidates, all of them students of color. The new NIGMS grant will allow CRECH to assist a similar number of students, says Neighbors, who adds, “If we’re to guarantee a diverse public health faculty workforce, we need to keep training student PhDs.”

Viruell-Fuentes insists she couldn’t have completed her doctorate without the training grant. But she says CRECH, too, has been vitally important to her career. “What CRECH has done above and beyond the funding is to bring together a critical number of students of color interested in working in health disparities,” she explains. “Before CRECH, I remember sitting in classes, and at some point saying, ‘I just wish there were people I could engage with in thinking through issues of race, immigration, and health. I would much prefer disagreements to receiving blank stares and silence whenever I speak up.’ For me, CRECH has changed the tenor of the environment, the tone, the possibilities for engaging in rigorous intellectual dialogue that just simply weren’t there.”

Barrington agrees that CRECH provides indispensable support. “There are additional stressors one encounters as a minority student,” she says. “For instance, when you are the only student of color in your class, you often find yourself in the role as representative for all the people within your racial or ethnic group. These pressures are magnified as you go through the PhD process, questioning whether you and your work can measure up to the task. CRECH helps to alleviate the strain by bringing together doctoral students who are all in this same position, who can talk about and attempt to understand everything that we must go through not only to obtain the doctoral degree, but to continue our work in health disparities afterwards.”

CRECH was established in 1998 with the specific aim of providing “a forum for basic and applied public health research on relationships among ethnicity, culture, socioeconomic status and health.” Because most students in the training program focus their research on racial disparities, says Neighbors, the NIGMS grant program “fits nicely with our mission.”

“When you are the only student of color in your class, you often find yourself in the role as representative for all the people within your racial or ethnic group.”

— Debbie Barrington

A professor of health behavior and health education, Neighbors became director of CRECH last fall. Previously, Neighbors was an associate director of the center, together with SPH faculty members Trivellore Raghunathan and Amy Schulz. All are continuing their affiliation with the center.
Although it’s often said that music and math go hand in hand, Rod Little finds the opposite to be true—at least most of the time. “With statistics, the intent is to be objective. We can’t allow personal emotions or feelings to interfere with our judgements,” says Little, the Richard D. Remington Collegiate Professor of Biostatistics and former chair of the Department of Biostatistics. Music, on the other hand, “allows you to express yourself.”

He should know. Little spends at least two nights a week singing with either Temple Beth Emeth choir, a group he joined in 1998, or the University Musical Society Choral Union, which he joined a year later.

Last year, Little performed with both the Detroit and Ann Arbor Symphony Orchestras and was one of some 450 musicians to bring William Bolcom’s gargantuan “Songs of Innocence and Experience” to life under the direction of conductor Leonard Slatkin in the University of Michigan’s Hill Auditorium. A recording of the performance recently came out on the Naxos label.

This past July, Little spent ten days touring eastern Europe with “Kol Halev,” Temple Beth Emeth’s 40-member choir, singing Jewish choral works and folk tunes in synagogues and concert halls. “It was a very emotional experience, connecting with Jewish communities that have suffered so much,” he says.

In addition to his vocal work, Little chairs the artistic committee of the Ann Arbor Symphony, a job that brings him together with conductor Arie Lipsky to design programming and auditions.

Little’s music-making has become so much a part of his life that last year his son Andrew joked in the family holiday letter that his father’s “main job” these days is to sing.

In reality, Little squeezes his rich musical life into a schedule packed with teaching commitments, professional conferences, editorial work, service on National Research Council and other committees, and research projects. Besides methodological research in statistics, he’s engaged in many research studies on topics as varied as Alzheimer’s disease, smoking cessation, the menopausal transition, and children’s health. Little also advises on key topics in federal statistics, including the census undercount.

“The memory still brings tingles to my spine,” he remembers.

Little gave up singing in the 1980s to raise a family and establish himself professionally. It wasn’t until he moved to Ann Arbor in 1993 to join the School of Public Health faculty that he returned to his musical roots. Although he still plays the clarinet—occasionally with fellow SPH faculty member Jim Vincent, a pianist—Little knows he’s not good enough to do it professionally.

“Making music without having to get a paycheck out of it is the way to go.” He says. “It’s a wonderful way of participating in high-level music-making without being a professional yourself.”

It even helps him as a teacher. After all, he points out, both jobs involve performance—and performance is something Little can’t resist.
Indoor Mold, Building Dampness Linked to Respiratory Problems

Scientific evidence links mold and other factors related to damp conditions in homes and buildings to asthma symptoms in some people with the chronic disorder, as well as to coughing, wheezing, and upper-respiratory tract symptoms in otherwise healthy people, said a report released in June from the Institute of Medicine of the National Academies. Noreen Clark, dean of the School of Public Health and Marshall H. Becker Professor of Public Health, chaired the committee that issued the report.

The little evidence that is available on links between either indoor dampness or mold and the wide range of other health complaints that have been ascribed to them does not support an association, the report said. Because so little evidence is available, however, the committee could not rule out the possibility.

Given the frequent occurrence of moisture problems in buildings and their links to respiratory problems, excessive indoor dampness should be addressed through a broad range of public health initiatives and changes in how buildings are designed, constructed, and maintained, said the committee that wrote the report.

“An exhaustive review of the scientific literature made it clear to us that it can be very hard to tease apart the health effects of exposure to mold from all the other factors that may be influencing health in the typical indoor environment,” said Clark. “That said, we were able to find sufficient evidence that certain respiratory problems, including symptoms in asthmatics who are sensitive to mold, are associated with exposure to mold and damp conditions.

“Even though the available evidence does not link mold or other factors associated with building moisture to all the serious health problems that some attribute to them, excessive indoor dampness is a widespread problem that warrants action at the local, state, and national levels.”

The study was sponsored by the Centers for Disease Control and Prevention.

Genetic Risk Factor for Colon Cancer Identified

An international research team studying colon cancer in Israeli patients has identified a new virulent genetic risk factor, a discovery that could lead to early screening methods to save the lives of people who have this genetic disposition for colon cancer.

The team—led by Stephen Gruber, who directs the University of Michigan Health System Cancer Genetics Clinic, and Steven Lipkin of the University of California, Irvine—discovered a novel mutant gene that significantly increases the risk of colon cancer. Gruber holds joint appointments in the School of Public Health Department of Epidemiology and the Division of Medical Genetics, Department of Internal Medicine, UM Medical School.

The researchers found that people with this genetic variant form of MLH1—a gene already linked with colon cancer—have a 40 percent lifetime risk of getting colon cancer, compared to a six percent risk for the general population. Study results appeared this spring as an advance online publication on the website of Nature Genetics.

Colorectal, or colon, cancer is one of the most common forms of the disease in the United States, and rates in Israel are among the highest in the world. It is preventable through early detection. During the past three years, the research team has been conducting a genetic epidemiological survey of colon cancer patients in northern Israel and found that more than one percent carried this previously unidentified variant gene, called MLH1 D132H.

Significantly, these patients were found to have no other risk factors, and they could not be identified with one particular ethnic, cultural, or religious group.

“Because this genetic change is found in colon cancer cases from all major ethnic groups in Israel, it’s likely that the genetic change also plays a role in colorectal cancer in other populations,” said Laura Rozek, a postdoctoral research fellow who led the study’s analytic effort. “People with this genetic change are five times more likely to develop colorectal cancer than the general population.”
In 1996, the Institute of Medicine launched an ambitious and ongoing effort to assess and improve the quality of health care throughout the United States. To date, three reports have come out of that effort, among them *To Err Is Human* (1999), which showed that tens of thousands of Americans die yearly from medical error, and *Crossing the Quality Chasm* (2001), which called for an overhaul of the American health care system.

The reports convinced Jeffrey Alexander, the Richard Carl Jelinek Professor of Health Management and Policy, that researchers needed to take a “fresh perspective on improving quality—one that would be less focused on individual physicians and more broadly centered on systems of care.” Alexander subsequently embarked on a series of studies aimed at determining how organizational factors affect the quality of patient care in both hospital and outpatient settings.

In a national study of 1,700 hospitals, he and a team of researchers found that the impact of quality-improvement and care-management programs in hospitals largely depends on both the organizational and environmental contexts in which the hospital operates. “Our basic thesis was that unless you have an organizational culture and a set of practices that support quality of care, then you can have the best clinicians in the world, and it won’t matter,” Alexander says.

He and his colleagues examined the number of clinical guidelines each hospital employed, the degree to which physicians were involved in the implementation of those guidelines, and the degree to which quality improvement was emphasized over quality assurance. It’s critical, they found, that top management and governance lead the way for quality improvement. “You can’t just talk the talk,” Alexander says. Equally important is the proper allocation of resources. “If hospitals aren’t focusing on putting resources in the right places, improvements may not work,” he notes.

In a related study, Alexander looked at the ways that compensation, incentives, and organizational leadership can help health care organizations adopt innovative care practices. Again, he and his colleagues found that top management and governance play an indispensable role in the successful introduction of new procedures and behaviors, and that organizational factors are key. Above all, Alexander learned that “there has to be a real commitment to these programs.”

Drawing on an IOM report that identified the clinical team as the “relevant unit” of health care delivery, Alexander sought in a third study to assess the impact that clinical teams have on patient outcomes. Not surprisingly, group chemistry proved critical. Clinical teams in which each member enjoyed a high level of participation tended to yield better patient outcomes. “When everyone feels free to voice opinions and concerns and provide expertise and perspectives in unencumbered ways,” says Alexander, “it leads to better care.”
Researchers Narrow Search for Age-Related Macular Degeneration Genes

Scientists at the University of Michigan Kellogg Eye Center, working with colleagues in the School of Public Health, have significantly narrowed the range of chromosomal locations where they expect to find genes associated with age-related macular degeneration (AMD). In a paper published in the March issue of the *American Journal of Human Genetics*, Kellogg scientist Anand Swaroop and his team of researchers confirmed three previously suggested loci (on chromosomes 1, 5, and 9) for potential AMD genes, and identified two new loci on chromosomes 2 and 22. Swaroop collaborated on the study with Goncalo Abecasis of the SPH Department of Biostatistics.

AMD is a progressive disease that destroys central vision. There is no known cure for the disease, which affects millions of individuals worldwide. While scientists believe there is a strong genetic component, most believe the cause will be found in the interplay of several genes combined with environmental factors, such as smoking and diet.

The study confirms locations that have been suggested by other scientists. “Our researchers have been able to build on past studies—our own and a handful of others—and now we are ready to begin the search for AMD susceptibility genes in earnest,” Swaroop says. “We have identified very specific regions of the genome where we can intensify our research efforts.”

Researchers narrowed the search for AMD-related genes by performing a high-resolution genome scan of all 23 pairs of participants’ chromosomes, using over 700 DNA markers. Markers are known DNA segments that help define locations and regions on chromosomes. “The stage we have just completed corresponds to building a map of the earth using satellite pictures,” says Abecasis. He compares the next phase, during which he and Swaroop will study additional genetic markers in key regions, to “taking pictures from a low-flying propeller plane.”

Study participants were recruited from the Kellogg Eye Center’s clinical practice and consisted largely of individuals who suffer from late-stage AMD. Because this group is likely to carry a heavier load of genetic susceptibility factors than patients in earlier stages of the disease, it was well suited for genetic investigations.

In future studies, the research team will use microarray-based methods to identify candidate genes within the newly defined regions. “We will further narrow the candidate regions using other genetic methods, in addition to performing association studies with candidate genes,” says Swaroop. Abecasis is optimistic about the potential results. “I think the next ten years will see a revolution in our understanding of the role of genes in common disorders,” he says. “Unravelling the biological pathways in a disease as complex as AMD is quite exciting.”

There is no known cure for age-related macular degeneration, which affects millions of individuals worldwide. But scientists believe there is a strong genetic component.
The nerve agent sarin became a household word in 1995, when members of a cult released a small amount of the deadly gas into the Tokyo subway system, killing 12 people and injuring thousands.

What’s less known, says Rudy Richardson, the Dow Professor of Toxicology, Department of Environmental Health Sciences, is that sarin and other deadly organophosphorus nerve agents can be structurally altered to become new compounds that trigger a delayed and permanent—degeneration of the human nervous system. People exposed to such “delayed neurotoxicants” are left with irreversible paralysis in the extremities, most often the legs.

Richardson has been studying delayed neurotoxicants for decades—they’ve previously been used in insecticides and hydraulic fluids. Even before the September 11 attacks, he’d thought about the potential use of these agents as a terrorist weapon and had sought funding to counter their threat. Richardson now has a three-year grant from the U.S. Army to study delayed neurotoxicants, with an eye toward developing detection, prevention, and treatment strategies.

Because the symptoms of exposure to delayed neurotoxicants take between eight and ten days to appear, and between two and three weeks to take full effect, “terrorists who use these compounds could cloak their escape,” Richardson says. Moreover, there’s no known way to reverse the damage these agents inflict.

Richardson and his research team are trying to understand the chemistry of delayed neurotoxicants and how they alter specific proteins. Eventually, Richardson hopes to use certain blood proteins as biomarkers of exposure to neurotoxicants. Once that’s possible, he says, it will allow health officials to alert emergency responders when a neurotoxicant incident occurs, so that hospitals and other facilities can prepare. Richardson also hopes to be able to put proteins on electronic chips for use as biosensors.

Perhaps the most important “spinoff” that may come from this research, however, is a better understanding of neurological damage not only from exposure to neurotoxicants, but from diseases such as Parkinson’s, Alzheimer’s, and Lou Gehrig’s. “I’ve always thought that if we could understand this chemically-induced disease, it’s bound to tell us something about how neurons—or at least nerve axons—degenerate in other neurological diseases,” Richardson says. “Such an understanding would very likely help with spinal cord and peripheral nerve injury.”
Hormone Links Obesity to Asthma

Known to most people as the “obesity hormone” because it helps regulate appetite, the protein leptin may also play a key role in asthma, according to a recent study in the American Journal of Physiology. Peter Mancuso, assistant professor of environmental health sciences at the School of Public Health, was lead author of the study.

Because leukotrienes induce airway narrowing and thus contribute to symptoms associated with asthma, Mancuso said, “the implication is that people with increased circulating leptin levels—which would occur in obese individuals—may have a greater potential to release leukotrienes and experience more severe symptoms associated with asthma.”

A number of recent epidemiologic studies have shown that obesity is associated with asthma. Obese asthmatics who lose weight experience a decrease in the severity of asthma symptoms.

“This would fit well with our theory that leptin regulates leukotriene synthesis, since we have also found that fasting, which dramatically decreases circulating leptin, reduces leukotriene synthesis as well,” Mancuso said.

Leptin appears to increase leukotriene synthesis by enhancing the release of cellular arachidonic acid, a lipid that is the precursor for prostaglandins and thromboxane. These hormone-like substances regulate a range of body functions, including inflammation and blood clotting. This may explain why researchers have found links between obesity and inflammatory diseases such as osteoarthritis.

Another of Mancuso’s colleagues, Michael Coffey, an associate professor of internal medicine at the UM Medical School, is conducting studies to determine whether leptin regulates leukotriene levels in patients with obstructive pulmonary diseases. Ultimately, Mancuso believes, it may be possible to design interventions for obesity-related inflammatory disease, either through weight loss or pharmacologic therapy.

Dementia Often Leads to Nursing Home Admission

Nursing home admissions remain steady, even though Americans have more options in caring for elderly loved ones today than in the past, and the medical community has new ways of treating Alzheimer’s disease.

Those with dementia, however, are at least twice as likely as those without it to be admitted to a nursing home, according to an article in the April/May/June issue of Alzheimer Disease and Associated Disorders.

Jane Banaszak-Holl, associate professor of health management and policy at the School of Public Health, was the lead author of a study analyzing data from nearly 7,000 respondents who participated in the Institute for Social Research’s Health and Retirement Study between 1993 and 2000. She said marked changes in nursing home alternatives—such as skilled home care and improved treatments for Alzheimer’s disease—had made previous studies seem outdated.

Dementia has a stronger effect on nursing home admission than most other chronic medical conditions.

“To some surprise, our study results indicate that those with cognitive impairments remained at high risk of nursing home admission, despite the increasing availability of substitute services and advances in clinical treatment options,” the journal article states.

Among the researchers’ findings: even modest improvements in physical function can cut the likelihood of entering a nursing home significantly, and dementia has a stronger effect on nursing home admission than most other chronic medical conditions.
How to Find Quality Health Information Online

For some patients, it’s enough to talk to the doctor and read pamphlets in order to learn about health issues. Others aggressively search for third-party information, sometimes to better understand or ask more informed questions of their health care providers, sometimes to prove their doctor right or wrong. For this group of informed health care consumers, searching the Internet is empowering.

Nancy Allee, director of the University of Michigan Public Health Library and Informatics, teaches courses on using the Internet to find and evaluate health-related information. She and a group of colleagues have spent the last three years researching the best consumer search techniques for the new three-volume *The Medical Library Association Encyclopedic Guide to Searching and Finding Health Information on the Web* (Neal Schuman, 2004). The book has received starred reviews from *Library Journal* and *Doody’s Review Service*.

Allee collaborated on the guide with Patricia Anderson, head librarian at the University of Michigan Dentistry Library, and a team of health sciences librarians from across the United States. Allee and Anderson studied how consumers look for information, as well as best strategies to get what they wanted, by examining questions posed on the Google Answers website, talking to individuals, and drawing on their extensive information-search-and-retrieval experience. “The intent of the guide is not to supplant the health care provider–patient relationship but to encourage dialogue and increased awareness of health and issues,” said Allee. She noted that in addition to specific diseases and conditions, the guide offered information on health and wellness, alternative medicine, and chapters on men’s and women’s health.

For more information visit www.umich.edu/~pfa/mlaguide/

Tips From the Experts

Some pointers Anderson and Allee gleaned, in collaboration with a wide variety of authors including librarians, information professionals, health professionals, and patient advocates, are:

- Use quotation marks to group words as phrases in a search, try different words to describe the same idea, and use an advanced search option like the one on Google, to more carefully define what you want.
- Try different strategies. A patient who wants information about cancer could be overwhelmed with millions of results. Instead, search for “breast cancer treatment” or any other specific type. Patients with rare conditions might instead need to search on a broader term for the group of ailments most like their own.
- Add and subtract words from the search box. More words typically yield fewer results.
- When a search produces some good results, but also a bunch of oddballs, pick a word from the oddball results, add it to your search terms with a minus sign in front of it and your next search will exclude that idea.
- Search different sources. For example, try finding information about a common concern like influenza on a trusted health-focused website or search engine. Rare or technical issues might get more results from a general search engine, which might either turn up the information you’re after or locate a specialized source. Patient-driven sites, where individuals post messages about their experiences with a health issue, can offer suggestions and moral support, as well.
- Once you have turned up mountains of information, formulate a strategy about what to do with it. Anderson and Allee suggest picking three articles to take to each medical visit and having one specific question about each, for example: Is this treatment appropriate for me? Should I be concerned about the issues raised here? What do you know about this idea?
When Parents Are Supportive, Children Become Healthier Adults

Children with caring and involved parents are more likely to have relatively good physical and mental health throughout adulthood, according to researchers from the University of Michigan School of Public Health and the State University of New York at Albany. Those with neither helpful nor available parents are more likely to have poorer health as adults, the researchers say.

The findings—from a sample of 2,905 adults, ages 25 to 74—were published in the March issue of Psychology and Aging. Researchers also found that adult psychological and physical health is influenced by the amount of social support adults receive. If additional research supports these findings, the authors say the implications may be far-reaching for predicting who is at elevated risk for ill health in late life, and for improving the physical and mental health of older adults.

“The risk for physical and mental illnesses plays out during the entire life course, and the seeds are planted early,” said Neal Krause, professor of health behavior and health education and one of the authors. “This study points to the need to improve parent-child relationships early in life.”

In addition to Krause, SPH researchers Linda Chatters and Cathleen Connell worked on the study.

The researchers analyzed responses from adults who’d participated in the National Survey of Midlife Development in the United States in 1995. The participants were asked about the availability of emotional support from their mothers and fathers during their childhood. Depressive symptoms, chronic health conditions, and self-esteem were also assessed through survey questions.

Results of the study indicate that adults’ current mental and physical health is influenced not only by current psychosocial conditions, but also by earlier life psychosocial conditions dating back to childhood, including parental support. The researchers found a lack of parental support during childhood is associated with increased levels of depressive symptoms and chronic health conditions such as hypertension, arthritis, and urinary problems in adulthood, and this association increases into early old age. The association appears to be more strongly linked to mental health than physical health problems.

“These findings are important because they not only reveal a strong association between early parental support and adult health status, but also provide some preliminary insight into factors that link early social conditions with adult health and well-being,” said Benjamin Shaw, an assistant professor at the School of Public Health, SUNY Albany, and lead author.

The authors also noted some limits in the study, such as the respondent’s family history of mental or physical health problems. In addition, no distinctions were made between the support of a biological parent and support from another adult responsible for child rearing, such as a stepparent or grandparent.
Common sense suggests that if people are given a choice about what they do, they’ll do it more willingly. So if participants in a research study are allowed to choose one type of health-related treatment over another, they should be more likely to follow through with the study, the treatment itself should have greater impact, and the results should be more accurate.

That’s the idea behind a recent study by a team of School of Public Health researchers under the direction of principal investigator Noreen Clark, SPH dean and Marshall H. Becker Professor of Public Health. The study looks at the role that choice plays in a six-week disease-management program for women with heart disease. The participants in the study were randomized into two “arms”—a random arm and a choice arm. Those in the random arm were further randomized into three groups. One group pursued a self-directed health behavior intervention, another pursued a group intervention, and a third served as a control. Participants in the choice arm were allowed to choose the type of intervention they preferred, either self-directed or group.

“It’s thought that when people pick the intervention strategy they want, they’re more likely to try harder and to comply with the intervention, and outcomes tend to improve,” says Xihong Lin, professor of biostatistics and a member of Clark’s research team.

Lin notes that although the randomized, controlled trial is considered the gold standard in research because it avoids selection bias and yields reliably objective results, such trials may be vulnerable to “preference effects.” That is, trial outcomes may differ depending on whether participants are randomized to their preferred treatments.

But when individuals self-select a treatment, it too can skew results. In the heart disease management study, for instance, the population characteristics of women who choose a group intervention are likely to differ from those who choose a self-directed intervention. So a direct comparison of study outcomes will not represent the intervention effect but rather the differences between the two populations. “You’re not comparing apples with apples,” Lin says. The challenge for statisticians, she adds, is to determine how to analyze this data.

By using statistical techniques to develop a causal inference procedure, Lin and her colleagues found they could estimate how preference modified the causal effect of specific interventions.

Lin’s research has important implications for the design of future disease-management education programs. She and her colleagues are examining potential ways to create a hybrid study design that will fall somewhere between the extremes of randomization and choice and will address the limitations of standard randomized trials. Their ultimate aim is to improve outcomes while maintaining scientific objectivity.
Alumni Network

1950s

At 91, Laura A. Hoerler, MSPHN, ’55, BSPHN ’48, is an active volunteer with several committees at the Episcopalian Retirement Home in Santa Rosa, California, and spends Friday mornings during the school year helping local third-graders read. Hoerler retired from the Santa Clara (California) Health Department in 1974.

Bailus Walker Jr., MPH 59, PhD, has been named senior science advisor (environmental health and medicine) to the National Library of Medicine. The world’s largest medical library, the National Library of Medicine is located on the campus of the National Institutes of Health in Bethesda, Maryland. Walker is a professor of environmental and occupational medicine at the Howard University College of Medicine.

As acting director of the Fritz Beske Institute for Health Systems Research, in Kiel, Germany, Fritz Beske, MPH ’55, is seeking to obtain information about the strengths and deficits of the United States health care system.

1960s

After 29 years as an industrial hygienist with the Occupational Safety and Health Administration, Earl M. Cook, MS ’66, MPH ’67, has retired and is living in Salt Lake City, Utah. Prior to his civil service career, Cook served as a health physicist for Argonne National Laboratory in Idaho.

At its 2004 Biennial Convention, the American Nurses Association gave Naomi Ervin, RN, MPH ’68, the Pearl McIver Public Health Nurse Award, honoring significant contributions to public health. The association noted that Ervin’s work highlights the important role that public health nursing plays in the overall picture of public health in the United States. Through her textbook, Advanced Community Health Nursing Practice (Saunders, 2001), and other publications, Ervin has integrated public health nursing into aspects of public health and nursing practice, and thus “helped raise the visibility and importance of public health nursing,” the association said. Ervin is an assistant dean and associate professor at the Wayne State University College of Nursing in Detroit.

1970s

William Mantzoukas, MPH ’70, has joined the board of directors of SHARED, a Massachusetts organization dedicated to improving access to medicines for the world’s poorest. A longtime resident of Nahant, Massachusetts, Mantzoukas is president of Merrimack Health Group and serves on the boards of several nonprofit organizations.

Kenneth A. Tannenbaum, MPH ’73, is president and CEO of Atlanta-based First Medical Network, LLC, the largest provider-sponsored network in Georgia. Previously, Tannenbaum was a principal with Towers Perrin, a global professional services firm.

1980s

As chief operating officer and senior associate director of the University of Michigan Hospitals and Health Centers, T. Anthony Denton, MHSA ’81, JD, oversees hospital operations for the UM Health System’s University Hospital, C.S. Mott Children’s Hospital, and Women’s Hospital. He is also responsible for all hospital-based departments and most support services.

Halley S. Faust, MD, MPH ’78, of West Hartford, Connecticut, has been elected treasurer-secretary and a member of the Board of Regents of the American College of Preventive Medicine, the national professional specialty society of physicians engaged in the practices of public health, preventive medicine, occupational medicine, and aerospace medicine. Faust is a member of the visiting faculty of Wesleyan University, where he teaches epidemiology, and managing director of Jerome Capital, LLC, a venture capital fund. He is completing a master of arts in philosophy at Wesleyan. A former senior manager at Aetna Life and Casualty, HealthAmerica Corporation, and HealthAnalysts, Inc., and former medical director of the Livingston County (Michigan) Health Department, Faust has held faculty positions at the University of Michigan School of Public Health and UM Medical School and at the University of Hartford School of Business.

Leo Morris, MPH ’63, PhD ’78, has retired from the Centers for Disease Control and Prevention. At the start of his tenure with the CDC, Morris worked in the Smallpox Eradication Program, spending three years as statistical advisor to the Ministry of Health in Brazil. After receiving his doctorate in population planning, he helped the CDC develop methodologies for reproductive health surveys in developing countries. His work has taken Morris to more than 40 developing countries and has led to over 100 scientific publications.
Like others who have included the School of Public Health in their estate plans, **Ann Adenbaum** was attracted by the opportunity to make a more generous gift than she could have through a single annual donation.

“I’ve always put an emphasis on contributing to the universities from which I obtained my undergraduate and graduate degrees,” Adenbaum says. She earned her master’s degree in 1982 from what is now the Department of Health Management and Policy. “I wanted to give back to the school that helped me achieve my professional success.”

Adenbaum also has a very specific reason for wanting to maximize her gift: the Brenda Zimm Oscar Fund, named for a School of Public Health classmate who died in 1999 of breast cancer. Working with other friends who graduated with Brenda in 1982, Adenbaum was instrumental in establishing the fund, which so far has provided scholarships for two students.

“We wanted to recognize other students and help them achieve the same top rate education as Brenda,” Adenbaum says. Her support—and that of other alumni who seek creative ways to make meaningful contributions—ensures that a Michigan degree remains a mark of distinction.

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To learn more about charitable planning and other giving opportunities, contact Gail McCulloch, SPH Major Gift Officer, at **734.647.0903** or visit the SPH website at [www.sph.umich.edu](http://www.sph.umich.edu) and click on The Campaign for Michigan.
When Ed Roccella, MPH ’69, first declared that lowering blood pressure could save lives, some people thought he was crazy. Twenty years later, he’s still talking—and people worldwide are listening. A conversation with this year’s recipient of the Romani Award.

The turning point in Ed Roccella’s career came in the mid-1960s while he was working for a city health department in New Jersey. As a 22-year-old college graduate who’d majored in environmental health, biology, and microbiology, Roccella had taken a job as a sanitarian and laboratory assistant. He found he was fascinated by the way people learned. “I was watching the public health nurses during well-baby clinics, and I realized many mothers had no clue about child health,” he remembers. “The public health nurses did a lot of teaching, and it paid off. Immunization rates were very high.” Roccella decided he wanted to know more about learning theory, human organization, and community behaviors. In 1969 he earned his MPH in health behavior and health education from the University of Michigan School of Public Health, and eight years later he received his PhD from the UM School of Education. Roccella joined the staff at the National Heart, Lung, and Blood Institute with the National Institutes of Health in 1978, and in 1982 he became coordinator of NHLBI’s National High Blood Pressure Education Program, a post he’s held ever since.

The author of more than a hundred articles in scientific journals and textbooks, Roccella has received both the National Institutes of Health Director’s Award and the HealthTrac Foundation Award.

This fall, the SPH Alumni Society chose Roccella as the 2004 recipient of the Romani Award. Named for Professor Emeritus John Romani, the award recognizes alumni who have demonstrated outstanding career accomplishments. “Ed Roccella exemplifies the spirit of the Romani Award,” says Susan Wozenski, JD, MPH ’77, vice chair of the Department of Family and Community Health at the University of Maryland and a member of the SPH Alumni Board of Governors. “He’s been a leader on the national level in high blood pressure control, a consensus builder, a person who embodies all of the training that the School of Public Health provides for its students. He’s also been a tireless advocate for the school, for its students and its future.” Last summer, Roccella spoke to Findings about his work.

Findings: For more than 20 years, you’ve led the National High Blood Pressure Education Program at the National Heart, Lung, and Blood Institute. What changes have you seen?

Ed Roccella: Back in 1972, when the program started, the rule of thumb for a normal blood pressure reading was 100 plus your age. There were some clinicians and scientists who thought that blood pressure was a normal part of aging. However, emerging data from clinical trials showed that lowering elevated blood pressure would prevent strokes, heart failure, and heart attacks. Yet clinicians and public health workers were slow to act on this information. So that’s why the national blood pressure program was established. I can remember telling people that lowering blood pressure saved lives, and many said, “You’re crazy.” Getting people and organizations to change was—and remains—a challenge.

F: So what did you do?

ER: We launched mass media campaigns, placed public service ads on radio and television, published articles in newspapers encouraging people to get their blood pressure measured and to “know your BP number.” We mobilized communities to conduct blood-pressure screenings. The campaign was succeeding. More Americans were getting their blood pressure measured and subsequently visiting doctors. Today, three-fourths of the population has their blood pressure measured every six months, while in the mid-seventies less than one-third were having it measured.

F: Is that all it took—getting people to have their blood pressure measured?

ER: While we succeeded in raising public awareness, national probability survey data showed that blood pressure control rates did not improve. People were getting into the care system, but patients weren’t following their clinicians’ advice. They didn’t understand their regimens or how to talk to clinicians.
Many patients were confused and thought they could take their medicines for a short while, and they would be cured.

F: Did you revise the program?

ER: The program underwent a paradigm shift from a broad public education mass media focus to a more patient- and clinical-oriented focus of continuing clinical education. There were opportunities for education all along the way. We began issuing succinct clinical guidelines, which synthesized the published data. We developed partnerships with professional societies to conduct continuing education programs. Blood pressure tracking and support groups were established in churches to help people stay on therapy. We started coalitions, such as the Detroit High Blood Pressure Coalition, throughout the country to reinforce the program messages at the local level.

F: What were the results?

ER: Since this program began, age-adjusted stroke and heart-disease mortality has declined by 60 and 50 percent, respectively. How much of this decline can be attributed to better blood pressure control creates an interesting discussion, but most will agree the improved blood pressure picture has contributed significantly.

Putting the salt shaker aside will not effectively reduce salt intake.

F: What’s the program’s current focus?

ER: The primary prevention of hypertension. There’s solid evidence that lifestyle changes of losing weight if overweight, decreasing salt consumption, consuming a diet rich in fresh fruits and vegetables and lowfat dairy, and increasing physical activity can prevent the progressive rise in blood pressure. For some people with hypertension, this same regimen can serve as definitive therapy. The program also just published a new guideline on blood pressure in children, the fourth on children.

Pediatricians were urging us to issue this report. Children are getting heavier, and some pediatricians are now seeing target organ damage—bigger hearts.

F: You’ve campaigned actively to reduce the sodium content in processed foods. How tough is that fight?

ER: Eighty percent of salt intake comes from processed food. So just putting the salt shaker aside will not effectively reduce salt intake. The issue is to try to reduce sodium in the food content a little bit at a time over a long period of time. We encourage people to read food labels, make wise choices, and demand lower-salt foods. There has been progress—more lower-salt foods are now available.

F: What impact has the University of Michigan had on your career?

ER: It made the major difference to me. There are some very special professors there who nurtured, counseled, or encouraged me, people whom I’ll never forget. Some of them are no longer living, but they will always be with me. Michigan had a feeling of family, of belonging and caring. I wanted to emulate people like Scott Simonds, John Romani, Larry Berlin, Mabel Ruben, Bob Bowman, Sy Axelrod, Myron Wegman, and Rashid Bashshur. I can easily recall their names and much of what they taught after 30 years.

F: How did you react to the news that you’d won the Romani Award?

ER: I was stunned. John Romani was the quintessential professor. His lectures were clear, brilliant, and motivating. More important, he’s a gentleman who earned my deep respect and admiration. I never thought I merited this great honor.

F: Any final thoughts?

ER: To those who read this issue of Findings, please stop and ask yourself, where would you be today if you did not attend the University of Michigan?
Although Rift Valley fever virus is found in sub-Saharan Africa, where it causes massive outbreaks every decade or so, it “certainly isn’t unthinkable that it could become endemic to the United States,” says Sonja Gerrard, an assistant professor of epidemiology who studies the disease caused by Rift Valley fever virus. “It cycles between mosquitoes and animals, and we’ve got the right kind of mosquitoes, so there’s potential for an outbreak here.”

Since 1999, when West Nile Virus, another mosquito-borne disease, turned up in the U.S., scientists have been alert to the potential for an outbreak of Rift Valley fever virus in the U.S., and it’s been added to the National Institutes of Health bioterrorism watchlist. In 2000, Rift Valley fever broke out in Saudi Arabia and Yemen—the first time the disease spread beyond the African continent.

Like West Nile virus, Rift Valley fever virus rarely leads to human death, except in severe cases where it can progress into encephalitis or hemorrhagic fever, but it does cause a prolonged flulike illness, and can therefore have significant repercussions in the workplace. In domestic livestock, however, Rift Valley fever causes “abortion storms,” Gerrard says. “Most newborn animals, such as sheep and cows, and between 50 and 60 percent of adult animals die. The economic impact is far more severe than the human disease burden.”

A chemist by training, Gerrard hopes to create a vaccine to counter the disease. She expects the vaccine—which will take years to develop—to be a highly altered strain of the Rift Valley fever virus with targeted deletions throughout its genome.

Currently Gerrard is using genetic technologies to try to deduce “what makes the virus so lethal!” and then to identify ways to remove those lethal components. She’d like to create a virus that is able to replicate and grow without causing disease. One approach may be to exploit the “weak link” in its cycle—the fact that the virus has to go back and forth between mosquitoes and mammals in order to replicate—by creating a virus that is incapable of replicating in mosquitoes.

Rift Valley fever virus is part of a broader group of bunyaviral diseases, all of which are genetically simple and some of which, says Gerrard, “are in our back yards.” Because of their relative genetic simplicity, they’re “very good viruses to study. They allow you to dissect a virus and fine-tune our understanding of how virus assembly occurs in the cell, a process that might be applicable to more complex viruses,” she says. “I’m interested in figuring out how these viruses get put together so we might have a chance, at least, of designing therapeutics.”

Since 1999, when West Nile Virus, another mosquito-borne disease, turned up in the U.S., scientists have been alert to the potential for an outbreak of Rift Valley fever virus.
Hospital for Children in Rockland, Delaware, the Nemours Foundation created its new division as part of a broader effort to take a more holistic approach to children's health. The division includes the Center for Children's Health Innovation, the Center for Children's Health Media, and various research sections. Prior to joining Nemours, Chang was director of strategic development and policy for the National Academy of State Health Policy. She is also a former deputy secretary for health-care financing at the Maryland Department of Health.

Kimberly A. Lindblade, PhD, MPH ’92, was lead author for the study “Sustainability of Reductions in Malaria Transmission and Infant Mortality in Western Kenya with the Use of Insecticide-Treated Bednets: 4 to 6 Years of Follow-up,” which appeared in the June 2, 2004, issue of the Journal of the American Medical Association. Lindblade works in the Division of Parasitic Diseases, Centers for Disease Control and Prevention, in Atlanta, Georgia.

Cathi Spivey-Paul, MHSA ’92, has been elected to the Council of Regents, the legislative body of the American College of Healthcare Executives, as regent for the Department of Veterans Affairs–Eastern Region. Spivey-Paul is associate director of Veterans Affairs Illiana Health Care System in Danville, Illinois.

A policy intervention specialist with the Heart Disease and Stroke Prevention Branch of the North Carolina Department of Public Health, Molly Brennan, MPH ’94, works on both legislative concerns and environmental and system-change issues as these relate to heart disease and stroke.

Ana Puleo McGowan, MHSA ’95, of La Grange, Illinois, is an account director at Storandt Pann Margolis, one of the largest hospital advertising agencies in the country. McGowan works primarily for academic medical centers and large hospital systems.

Michael Lewandowski, MHSA ’00, is an account manager with MedImpact Health Care Systems Inc., in San Diego, California.

As a research associate at the Johns Hopkins Center for American Indian Health, Elena Varipatis, MPH/MSW ’02, coordinates all behavioral health research and service projects with two large southwestern tribes, provides mentoring to several Native American scholars, and assists in the center’s development and grant-seeking activities.

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“ARTHUR ALL THE WAY”

Eleven years after his death, tennis star and public health visionary Arthur Ashe continues to energize his fans, among them SPH alumna Ruth Browne.

Two months before his death in 1993, tennis champion Arthur Ashe established an institute to address the disproportionate level of illness and death among America’s urban multiethnic communities. Ashe knew the reasons behind these inequalities were basic: inadequate health care delivery, late detection of diseases, culturally inappropriate health education, limited or no health insurance. He hoped his institute would make a difference.

“He was a visionary,” says Ruth Browne, MPH/MPP ’83, ScD, executive director of the Brooklyn, New York–based Arthur Ashe Institute for Urban Health. “True visionaries lift us from the mire of our circumstances and move us to realize the best of human potential and possibility. Arthur did that.”

Although Browne didn’t know Ashe personally, she’s devoted the past ten years of her life to carrying out his vision. She began work at the institute two months after Ashe’s death, and despite the inevitable exhaustion that comes with a leadership role in a not-for-profit organization, she’s ready for more.

“Our fundamental basis for work is to bring things out of the health institutions and take them to places in the community where people already are.”

In my eleventh year, I really want to see the institute begin to do national work. I see the potential for the seeds we’ve laid to grow.”

Those seeds are many. In its first decade, the Ashe Institute has launched grass-roots health education programs in beauty salons and barbershops throughout Brooklyn and Queens; founded a Health Science Academy for local high school students, most of whom are from underrepresented minority groups; formed a community coalition to manage and control asthma; and created an innovative program that enlists tattoo and body piercing salon artists to deliver educational information on sexually transmitted diseases, including HIV.

“Our fundamental basis for work is to bring things out of health institutions and take them to places in the community where people already are,” says Browne. “We’ve created a niche for testing models of health education in non-traditional settings.”

Beauty salons and barbershops are ideal. “Particularly for black women, their stylist is one of the most consistent people in their lives. You see this person every month or every two weeks, and all kinds of conversations take place,” Browne says. “So why not engage the salons in community health?”

In 1996, Browne and her colleagues at the institute—which has eight full-time employees, plus a dozen or so student interns—began distributing information in salons and barbershops about breast and prostate cancer, sexual health, smoking cessation, heart disease, and other health issues. In 2001, they switched gears and began training salon stylists and barbers directly so that they could in turn educate their customers. The program now reaches 120 salons and barbershops, and recently received a $1.2 million grant from the National Cancer Institute to further its efforts in breast and prostate health education.

For Browne, who grew up in Brooklyn, received her master of public health and master of public policy degrees from Michigan and her doctor of science from Harvard, and teaches in the Department of Preventive Medicine at SUNY Downstate Medical Center, the institute “combines my interest in public health, particularly minority and urban health as well as immigrant health.”

She treasures her years at Michigan. “People from New York often think that nothing else exists outside New York. Going to the midwest was definitely an eye-opening experience.”
In Memoriam

Benjamin Darsky, professor emeritus of health services management and policy at the University of Michigan School of Public Health, died May 30 in Ann Arbor. He was 82.

Born in Canton, Ohio, in 1922, Darsky enlisted in the Marine Corps and served in the Pacific. He began his studies under the GI bill and completed his undergraduate work at Youngstown State University, graduating Phi Beta Kappa in two years. He received his master’s degree from the University of Washington in 1950, then moved to Michigan to serve as assistant study director in the Survey Research Center. He received his doctorate in sociology in 1960, was appointed associate professor of public health economics that same year, and became a full professor in 1964. He retired in 1987.

Darsky started his public health career at the Bureau of Public Health Economics, which was founded by SPH Professor Nathan Sinai; it was the first program of its kind in the United States. The name was chosen to avoid resistance to the idea that a school of public health would be involved in the study of health care systems rather than focus solely on prevention and hygiene. During the 1960s, the bureau was officially recognized by the university as a full academic department at SPH and was named the Department of Medical Care Organization.

Darsky was one of the original core faculty. Along with colleague Charles Metzner, he designed a unique doctoral program in medical care organization, which combined theoretical and research grounding in one of the basic social sciences with an in-depth understanding of the organization and delivery of health care. Many graduates of Michigan’s program became leaders in both the public and private health care sectors. Eventually other leading universities in the U.S. followed Michigan’s model and developed doctoral programs in this area.

“Dr. Darsky was a monumental force in my professional career. By his scholarship and by his example, he instilled in his students a sense of academic responsibility, a drive to produce credible, useful research, and a strong desire to learn and to teach,” said Mitch Greenlick, professor emeritus and past chair of public health and preventive medicine, School of Medicine, Oregon Health and Science University. Greenlick, an Oregon state representative, received his doctorate in 1967 from Michigan’s program.

Throughout his career, Darsky served as an adviser and consultant to health care organizations and government agencies, including the U.S. Senate Committee on Aging. From 1968 until his retirement in 1987, he advised Kaiser-Permanente on research policy. From 1979 to 1980, he directed the UM Study of Attitudes of University Employees toward joining a university-sponsored health maintenance organization.

“Professor Darsky was one of the early pioneers of the then-fledgling field of health services research, which has now grown into a major specialty in both public health and in medicine,” said Rashid Bashshur, SPH professor of health management and policy. "He was a hard-nosed scientist who held exceptionally high standards for scientific investigation in health care, his own included. He had vast knowledge of the health care field, and he worked hard at teaching the notion of a unique discipline of medical care that is governed by scientific principles and laws.”

Darsky is survived by his wife, Anna; his sister, Helen Netler; his late brother’s wife, Martha Darsky; and several nephews, nieces, grand-nephews and nieces, and great-grandnieces.

She treasures her years at Michigan. “People from New York often think that nothing else exists outside New York. Going to the midwest was definitely an eye-opening experience.”

A member of both the National Institutes of Health Director’s Council of Public Representatives and the National Coalition of 100 Black Women, as well as several other boards, Browne dances for fun—“mostly salsa”—and spends a lot of time with her family.

Looking ahead, she’s eager to go national with the Ashe Institute’s community-based programs and is currently exploring corporate-based partnerships that would enable the institute to launch projects in Philadelphia and North Carolina.

In everything she does, she draws inspiration from Arthur Ashe, who said: “Start where you are, use what you have, and do what you can.” Adds Browne, “That’s exactly what we’re about. He was a class act. In all that we do we honor his legacy. It’s just Arthur all the way.”
In Memoriam

Milagros S. Simmons, MS, PhD, a former associate professor in the Department of Environmental Health Sciences at the University of Michigan School of Public Health, died on May 11, 2004. She was 64.

A respected teacher and researcher in environmental chemistry, Simmons spent three decades at the University of Michigan. She was instrumental in the development and sustenance of excellence in teaching and research in environmental chemistry and health in the department, and her work on the International Joint Commission on the Great Lakes strongly influenced the direction of research on these bodies of water.

Simmons received her baccalaureate in chemistry at the University of Santo Tomas (Manila) in the Philippines in 1959, her MS in analytical chemistry at Wayne State University (Detroit) in 1962, and her PhD in organic analytical chemistry, also from Wayne State University (Detroit) in 1969, as a postdoctoral fellow in biophysics. From 1971 to 1981 she was an assistant research scientist in the Department of Hospital Administration, was promoted to assistant professor in 1975 and to associate professor in 1979. He remained at the school until his retirement in 2002.

During her career, Simmons received numerous awards and recognitions, including the Multiple Sclerosis Society Fellowship, the Macromolecular Research Center Fellowship, the Fogarty International Fellowship, the Rotary International Fellowship, and membership in the Philippines Scientist Program.

James B. Martin, PhD, associate professor emeritus of health management and policy at the University of Michigan School of Public Health, died June 13, 2004, in Ann Arbor. He was 58.

Martin earned his bachelor’s degree, magna cum laude, in 1968; his master of science degree in 1970; and his doctoral degree in 1974—all in industrial and operations engineering from the University of Michigan. He joined the faculty of the School of Public Health in 1974 as an assistant research scientist in the Department of Hospital Administration, was promoted to associate professor in 1975 and to associate professor in 1979. He remained at the school until his retirement in 2002.

Early in his career, Martin’s research focused on cost containment, improvement of operational efficiencies, and increased use of information systems in health care organizations. He and his colleagues developed large-scale computer simulation models that were used to predict the operation of health care organizations when various operating characteristics were changed. Among other objectives, these models were aimed at controlling variance in census levels, balancing the demand for hospital beds and operating room capacity, and predicting the need for acute-care beds in a single hospital or region. The models were used in the late 1970s to help the University of Michigan determine the correct size for its replacement hospital.

In 1987, Martin founded Huron Systems, a health care software development and health care consulting company based in Ann Arbor. The business allowed Martin’s students to step into a real-life setting where computer systems were being developed and operations research was underway.

“Jim was a widely admired and revered professor,” said Dean Smith, chair of the Department of Health Management and Policy. “We would marvel at the line of students waiting to see him at seven a.m., anxious to show him their work from the prior evening. He taught them not only the material of the class, but a sense of responsibility, an obligation to their customers and pride in their work.”

In the 1990s, Martin’s research focus shifted to information systems within health care organizations. He developed a new approach to health care information systems called the Component Alignment Model, applied this model in 15 health care systems worldwide, and taught extensively in continuing education venues about health care information technology strategic planning.

Martin is survived by his wife, Ingrid; his children, Kristina and Calvin James; his mother, M. Marian Martin; his brother, John Martin; his sister, Susan Martin Blakey; and nieces and nephews.
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<tr>
<th>Name</th>
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<td>Gladys Wiggins Brooks</td>
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<td>Maria Naples Sarno</td>
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How do you prevent kids from using drugs? In many countries, including the United States, the answer is straightforward: teach abstinence. But Ken Resnicow, professor of health behavior and health education, thinks another approach might work just as well, if not significantly better.

“The message has been that all drug use is bad—if you start, you’ll become addicted,” he says. “But this can be so anxiety-provoking that kids conclude they’re bad if they experiment just once.” So Resnicow suggests a different way of tackling the problem: harm-minimization. That’s to say, teach responsible drug use and addiction avoidance rather than abstinence alone.

He acknowledges that the approach is controversial, especially in the U.S. But he points to a descriptive study he completed in the mid-1990s, which shows that heavy drug users are at a substantially greater health risk than experimental or light users. Resnicow based the study on data from “Monitoring the Future: A Continuing Study of American Youth,” an annual survey by researchers at the University of Michigan Institute for Social Research.

Since that study, Resnicow and his colleagues have tested a pilot harm-minimization program in 30 secondary schools in Australia. Findings from the study, which focused on cigarette use, were “very encouraging,” Resnicow says, and adds that tobacco is “in some ways the hardest drug to start with because there is no known safe limit, and it’s very addictive.”

He also notes that unlike many other drugs, including marijuana and heroin, tobacco at any level of use is harmful, but heavy use is especially injurious.

High school students in the two-year Australian program were encouraged to “keep harm as low as possible,” Resnicow says. “If you choose nothing, you’re very close to zero harm. But if you try tobacco, keep asking, ‘What can I do to reduce my risk?’” Students were also urged to avoid “social harm,” such as hanging out with heavy smokers or hard drug users. Not only did heavy tobacco use among program participants decline, but experimental use also decreased, perhaps, Resnicow suggests, because the program “demystified or de glamorized” cigarettes.

He and his colleagues have now embarked on a two-year harm-minimization program to reduce smoking and other drug use among eighth-to-tenth graders in South Africa. Because program participants include each of the country’s three main racial groups (white, black, and so-called “coloured”), the program curriculum must be especially sensitive to socioeconomic and cultural differences.

Resnicow is also planning a second Australian study, this one to focus on marijuana use. “If both South Africa and the second Australia program are positive,” he says, “it might be enough to bring the program here to the U.S.”

Students were also urged to avoid “social harm,” such as hanging out with heavy smokers or hard drug users.
Your classmates would like to know where you are and what you are doing. Please send us information, and a photo of yourself if you have one, for the Alumni Network. Information can be in the form of news items, press releases, written on the lines at the bottom of the page. Or you can send this information by e-mail to sph.alumni@umich.edu. The form is also available at www.sph.umich.edu.

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### WHAT'S NEW?

**NEWS, NOTICES & NETWORKING**
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File sph.alumni@umich.edu in your address book and use it to contact SPH. At your request we’ll forward your message within the school.

E-Newsletter
Sign up to receive “SPH Headlines,” a monthly e-mail update from the SPH Office of Communications. Packed with short, scannable announcements that direct you to different parts of the school’s website, the new e-newsletter can keep you up-to-date on SPH research, events, and other news. You won’t receive attachments, and you can opt out at any time. Read a sample issue and learn how to receive future issues at www.sph.umich.edu/alumni/enewsletter2004.html.

Career Services & Networking
If you are new to the job market, exploring career options, or moving to a new city or state, SPH Career Services offers a number of services for alumni. Visit our career services site at www.sph.umich.edu/career_networking. Or log onto www.sph.umich.edu and click on Careers & Networking.

If you are seeking a career or job change
Career Services is pleased to announce the new SPH Job Bulletin, located at www3.sph.umich.edu/jobs/login.cfm. This resource was developed exclusively to connect UM SPH students and alumni with organizations who have a need for highly qualified and talented candidates to fill key positions.

Searches for opportunities can be done in a number of ways. You can browse through all the listings, do a keyword search, or search by type of employment, department, location, and even by employer.

Users can also post their resumes on the SPH Resume Directory, a resource for employers.

A password is needed to access these resources. E-mail the Career Services Office at sph.jobs@umich.edu, provide your department and year of graduation, and an account will be set up for you. Your username and password will then be e-mailed back to you so that you can access the SPH Job Bulletin and SPH Resume Directory.

Want to notify SPH students and alumni about opportunities in your agency, company, or organization?
Submit information on job or internship opportunities to the SPH Career Services Office by logging on to www.sph.umich.edu and clicking on Careers & Networking. The Employers section provides valuable hiring tools, including:

- Information on how to post available positions or internships
- A link to the Resume Directory to browse resumes of graduating students and alumni
- Information about on-campus recruiting

Take advantage of this valuable resource today!

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Your experience is valuable. Volunteer to become a networking contact for UM SPH students and share your real-world experiences with internships, job searches, and interviews. For more information about making connections and making a difference, please call Career Services at 734.763.3155 or e-mail sph.jobs@umich.edu.

For more information about Career Services, contact
Shelagh Suenz
Career Services Coordinator
University of Michigan
School of Public Health
109 S. Observatory Street, #3537
Ann Arbor, MI 48109-2029
Phone: 734.763.3155
Fax: 734.763.5455
E-mail: sph.jobs@umich.edu
Datebook

January 24, 2005
Pandemic Influenza: Could History Repeat Itself?
The influenza pandemic of 1918 killed 40 million people worldwide. Could it happen again? This all-day symposium examines the recent emergence of avian influenza, provides an overview of monitoring efforts, looks at influenza immunization development and delivery, and assesses our current state of preparedness. To register and for more information, visit www.mipreparedness.org.

April 12, 2005
50th Anniversary Celebration Polio Vaccine Announcement
A campus-wide celebration of the momentous morning of April 12, 1955, when Thomas Francis Jr., professor and chair, SPH Department of Epidemiology, announced from the stage of Rackham Auditorium that the Salk vaccine was “safe, effective, and potent.” Historic trials directed by Francis had led to this dramatic breakthrough. Watch for anniversary celebration details on the SPH website.

July 10–29, 2005
Graduate Summer Session in Epidemiology
Now in its 40th year, the internationally recognized Graduate Summer Session in Epidemiology provides instruction in the principles, methods, and applications of epidemiology. Distinguished faculty from academic centers and governmental agencies throughout the United States offer introductory and advanced courses in epidemiology, biostatistics, and data management, with special evening lectures by guest speakers, as well as weekly social events. Curriculum options include one-week, three-week, and weekend courses.

For more information contact Jody Gray at 734.764.5454, umichgss@sph.umich.edu, or visit www.umich.edu/epid/GSS.
You scarcely fit the stereotype of a biostatistics student.

No, I don’t! But our department is quite diverse, and in fact I think it’s close to 50 percent female at this point.

Why do you think more women are going into careers such as biostatistics? Is it because math is being taught differently in secondary schools?

I taught high school math in rural North Carolina for three years with a program called Teach for America. I was teaching algebra, which meant I taught students anywhere from 14 years of age to 19. My school was in a very poor area of North Carolina, and although there were many challenges in the school, I think that girls are being encouraged more so now than in the past to pursue careers in math and science.

What were the greatest joys and the greatest challenges of that job?

The kids were both the greatest joy and the greatest challenge. I think most kids want the same things. They want to do well, they want to succeed, they have dreams, and you can see that in them. You want to do everything you can to help them reach those goals, but they’re in schools that are really disadvantaged. The hardest thing is seeing a lack of hope. The ninth-grade student class size is maybe a thousand students, yet only two or three hundred graduate. And of those, very few go to college, and then very few actually get through college. The challenges are just enormous. It’s something I had no real understanding of when I started teaching.

How did the experience affect you?

One of the reasons I chose biostatistics, as opposed to something that was purely academic or mathematical in focus, was that I felt that I could still do work in the field of mathematics but also contribute to society in a very positive way. And within public health, I thought there was the opportunity to target specific populations that are at risk or economically disadvantaged.

Last year you became a mother. Tell us about your daughter.

Her name is Ana Helena, and she’s fantastic. She was born July 11, 2003. I was excited—her birthday is 7/11/2003, and they’re all prime numbers!

You’re in your sixth year at Michigan. How do you keep going—especially now that you’ve got a young child?

Adjusting to motherhood is difficult in itself, and trying to finish my program at the same time can be overwhelming, but the faculty in my department is absolutely fantastic. You know, we have some of the leaders in biostatistics in their specific fields, yet they take the time to say hello and ask how my daughter’s doing, how I’m doing. It’s just such a pleasant community of people.