

# Findings

VOLUME 19, NUMBER 2 ■ SPRING 2004

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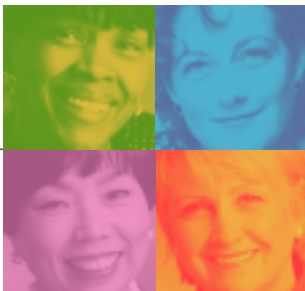
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# A Letter from the Dean

Shortly before this issue of *Findings* went to press, we received the sad news that Myron Wegman, dean emeritus of the School of Public Health, had passed away. Myron was a vital part of the SPH community for more than 40 years, and his character, integrity, creativity, and humanity inspired us all. We will miss him deeply. In his 14 years as dean, Myron oversaw profound changes at the school and helped cement our reputation as one of the finest schools



of public health in the world. Myron was present last fall when we broke ground for a new SPH facility, The Crossroads, and he followed the early stages of construction with great enthusiasm. He knew that he was witnessing an extraordinary chapter in the school's history, and he shared our excitement about the future.

As I write this, two wings of the original 1942 SPH building are gone, and in their place, construction workers are preparing the foundation for splendid new SPH facilities, The Crossroads. This new complex, which includes a seven-story glass tower and a connector building, will allow for greater collaboration among faculty, students, staff, and communities of all kinds. The first phase of our building expansion project will conclude in the winter of 2006, and the second phase, when the remaining portion of SPH I will undergo complete renovation for teaching, research, and administrative use, will end in early 2007.

Already, though, this ambitious project is changing the way people think about public health. Inspired by our new building complex, and more importantly, by the innovations in teaching and research it will bring

about and the community connections it will forge, the Kellogg Foundation has just pledged \$5 million support to the school. An anonymous couple also inspired by the promise of the future has just provided another \$5 million. These generous gifts are both a recognition of the excellent accomplishments of our faculty and students in recent years and a profound investment in the school. We are deeply grateful for these gifts, which along with support from many others are enabling us to develop new ways of addressing such complex issues as the spread of infectious disease, the threat of bioterrorism, and the need to reduce health disparities worldwide.

Further details about the new SPH building complex—including information about naming opportunities—appear on pages 10 and 11 of this magazine. In conjunction with the new University of Michigan capital campaign, which began this spring, SPH is aiming to raise funding for research programs, faculty and student support, and our building expansion. As you learn more about the capital campaign in the coming months, I hope you will consider giving generously to the school.

As always, this issue of *Findings* 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

### DEAN

Noreen M. Clark

### DIRECTOR OF COMMUNICATIONS

Terri Weinstein Mellow

### EDITOR

Leslie Stainton

### DESIGN & COVER ILLUSTRATION

Savitski Design

### PHOTOGRAPHY

Peter Smith; UM Photo Services

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# IN MEMORIAM

• • •



**M**yron Ezra Wegman, BA, MD, MPH, University of Michigan School of Public Health Dean Emeritus, John G. Searle Professor Emeritus of Public Health, and Professor Emeritus of Pediatrics and Communicable Diseases, died April 14, 2004. He was 95.

Born in Brooklyn, New York, on July 23, 1908, Wegman completed his BA at the City College of New York, his MD at the Yale University School of Medicine, and his MPH at Johns Hopkins University. His career spanned seven decades and included periods as a full-time clinical pediatrician, as well as more than 50 years in public health, including 14 years as dean of the University of Michigan School of Public Health.

“Myron left a tremendous legacy at the school,” said SPH Dean Noreen Clark. “Under his direction, research flourished, he built a new building, the curriculum was strengthened, and the international presence of Michigan was greatly amplified.”

During his tenure as dean from 1960 to 1974, Wegman led the school through a period of significant expansion to become one of the leading schools of public health in the world.

He taught courses in international health, and in conjunction with his appointment to the Medical School faculty in 1961, held rounds for medical students and pediatric residents. Wegman returned to the full-time SPH faculty in 1974. After his retirement in 1978, he continued to teach at the school and to be active in public health work at the local, state, national, and international levels.

He published more than 200 articles, from basic work in pediatrics to articles on health policy and administration. At Benjamin Spock’s request, Wegman read and commented on the original manuscript of *The Common Sense Guide to Baby and Child Care*. In 1997, he reluctantly gave up publishing the Annual Summary of Vital Statistics in *Pediatrics*, a task he had undertaken yearly since 1949.

Wegman began his career as a pediatric consultant in Maryland and later served with the New York City Health Department. He spent eight years at the Pan American Sanitary Bureau (now the Pan American Health Organization), Regional Office of the World Health Organization, the last three years as Secretary General. His academic career included appoint-

ments at the Yale University School of Medicine, the Johns Hopkins Schools of Hygiene and Medicine, Cornell University School of Medicine, Columbia University School of Public Health, and the School of Tropical Medicine of the University of Puerto Rico. He was also chair and professor of pediatrics of the Louisiana State University School of Medicine and president of the American Public Health Association in 1972.

In an interview on his 90th birthday, Wegman offered this advice to public health students: “There’s as much satisfaction in preventing death and disability in large numbers of people as there is in the drama of curing a single ill person.”

He is survived by his children David (Peggy) Wegman and Jane (David) Dunatchik; a younger brother, Edwin (Toby); five grandchildren and three great-grandchildren. His wife of 60 years, Isabel, and his daughters Judy (John) Hirst and Betty (Ralph) Petersen, preceded him in death. In lieu of flowers, contributions can be made to the Myron and Isabel Wegman Scholarship Fund at the School of Public Health.

## \$5 Million Gift Will Benefit SPH Building Complex and Leadership Center

The University of Michigan School of Public Health has received a \$5 million gift to be used for several projects, including a conference center in the school's new building currently under construction. The gift has been made by a couple who "believe strongly in the mission of the school, personally benefited from the education provided, and work in the health care field," said SPH Dean Noreen M. Clark. It is the largest gift the school has received from an individual or couple.

"We have made this gift because of the vital role that public health plays in our society today," said the donors, who wish to remain anonymous. "At a time when we are increasingly concerned about such issues as the spread of infectious disease, the threat of bioterrorism, and the need to improve health behaviors worldwide, we decided that our gift would have the most impact here."

Clark noted that the gift will contribute significantly to the school's

fundraising efforts during the upcoming UM capital campaign. In addition to supporting the school's building project, a portion of the \$5 million gift will help fund a new Griffith Healthcare Leadership Center based in the school, as well as other projects. Involving UM faculty and resources, the Leadership Center will serve as a clearinghouse for identifying and evaluating innovations in health care management and as a device to recruit high-quality managers. ■



## W.K. Kellogg Foundation Gives \$5 Million to School

The W.K. Kellogg Foundation has provided a \$5 million grant to support a new School of Public Health undertaking, "The Crossroads of Public Health." The Crossroads represents both a physical space and an innovative approach to public health research and teaching, with a focus on working with the community.

The grant is the latest example of the Kellogg Foundation's long-standing support for the school's community-based public health initiative. In that approach, the school works closely with community members and organizations to identify and study health issues and design and implement programs to address them. The approach stands in marked contrast to a methodology in which researchers collect data as detached observers.

The new Kellogg grant will further the extent to which the school can forge close working relationships with community partners and share resources to strengthen capacity to address health issues. The school has long worked with community partners in Detroit, Flint, and in communities throughout northern Michigan to address health concerns such as asthma, diabetes, infant mortality, dental health, youth violence, and tobacco prevention.

In its physical manifestation, The Crossroads of Public Health will house a "partners room" to give a home base to community and practice partners when they come to campus for teaching and research. The Crossroads will also provide new video-conferencing and distance-learning technology tools.

"We are excited about this opportunity to support the University of Michigan in this creative approach to narrowing the gap between communities and public health institutions and making academic public health transparent and accessible to underserved communities," said Terri Wright, Kellogg Foundation program director for the project.

"The crossroads reflects the school's longstanding tradition of interdisciplinarity and heralds our future direction, said SPH Dean Noreen Clark. "Community-based public health is one of our finest examples of how disciplines come together to develop an effective, novel approach to addressing public health problems. The Crossroads is designed to foster these ends at their optimum." ■

## Smith Becomes Chair of Health Management and Policy

As he remembers it, Dean Smith was sitting on a beach in Auckland, New Zealand, gazing out at the Tasman Sea where a fleet of yachts was contending for the 2003 America's Cup, when the phone rang.

It was his colleague William Weisert, then chair of the Department of Health Management and Policy, calling from Ann Arbor to say that he was retiring from the University of Michigan and moving with his wife to Florida. Would Smith consider becoming chair of the department?

Smith, who joined the School of Public Health faculty in 1985 and was on a sabbatical leave at New Zealand's Massey University, thought to himself, "This is what happens when you don't go to a meeting." Before he knew it, several other colleagues had phoned or e-mailed to reiterate Weisert's request. Smith eventually said yes, and he became department chair last September.

"There is one reason to take this job," he says today. "This is just such an incredible department and group of people. To a person, they're top-notch in their disciplines, dedicated to students and to the generation of new knowledge."

Smith takes command of a department that's been named #1 in its field ever since *U.S. News & World Report* began ranking health administration

**Smith takes command of the #1 department in its field.**

programs in the early 1990s. But no one's resting on their laurels. Today there are more schools of public health, and therefore more health administration programs. More business schools are also offering health administration programs, and a growing number of universities are offering online degrees in the field.

Last year, the department's On Job/On Campus program launched its own series of online courses, and this fall, the program will officially incorporate online teaching into its curriculum.

In September, the department will also introduce a new MS degree in health services research. The department's current MHSA and MPH degrees are oriented towards practi-



**Dean Smith**

tioner positions, Smith says, whereas an increasing number of students are interested in academic research.

On the faculty front, the department plans this year to hire a specialist in health policy with an interest in vulnerable populations. Alumnus Gail Warden, CEO emeritus of the Henry Ford Health System, joined the faculty in January and is working with faculty and other alums to create the Griffith Healthcare Leadership Center.

Smith himself hopes to enlist more alumni help in carrying out department programs and events. "They really are excited about the program," he says of HMP graduates, and adds that the department enjoys one of the most active alumni networks in the country. "They'll definitely be asked to do more." ■

## Department Offers New Degree in Health Services Research

In September the Department of Health Management and Policy will offer a new degree program, the Master of Science in Health Services Research (MS-HSR). Designed to provide intensive course work and field study in quantitative and qualitative research methods, the new program lets students take advantage of the department's combined strengths in cutting-edge health policy and health services research and its innovative health policy and health management curriculum.

Although students enrolled in the intensive, two-year program complete schoolwide course requirements in epidemiology and biostatistics, along with departmental core courses in the health services system, economics, and politics, the focus of the new degree is on courses in research methods. As part of their training, students work on faculty research projects during the school year and a summer internship, and in their second year they focus on analyzing and writing-up their results for potential journal publication. Graduates can anticipate employment with a broad array of public and private organizations engaged in health services and health policy research, including private consulting firms and research organizations, insurance companies, university-based research programs, managed care organizations, health foundations, and advocacy groups.

For more information visit [www.sph.umich.edu/hmp/programs/ms-hsr.htm](http://www.sph.umich.edu/hmp/programs/ms-hsr.htm) ■

## Renaissance Man: New Epid Chair Brings Wide Experience to the Job

Hal Morgenstern remembers the first time he heard the word “epidemiology.” He was a graduate student in urban planning at the University of North Carolina in the 1970s, and a guest speaker used the term in a lecture. Not knowing what the word meant, Morgenstern, who was in the audience, raised his hand and asked for a definition. Twenty minutes later, he raised his hand a

second time and asked for more details. He didn’t know it then, but his life had just changed.



**Hal Morgenstern, the new chair of the Department of Epidemiology, started out as an architect and social worker.**

In the 30 years since that lecture, Morgenstern has forged a distinguished career as an epidemiologist whose research expertise ranges from cancers, musculoskeletal conditions, and neuropsychiatric disorders to research methodology, occupational and environmental health, and psychosocial aspects of disease. He is a co-author of the now-classic *Epidemiologic Research* (John Wiley, 1982) and has received distinguished teach-

ing awards from Yale University and from UCLA, where he served as vice chair of the Department of Epidemiology from 2001 to 2003.

Last fall, Morgenstern left UCLA to become chair of the University of Michigan School of Public Health Department of Epidemiology. It’s not a bad resumé for a man who earned his bachelor’s degree in architecture and whose first jobs after college were as an architect, a high school math teacher, and a social worker. “I was born in the wrong century,” Morgenstern laughs when asked about the myriad twists his career has taken. “I should have been a Renaissance man.” On a more reflective note, he adds, “The right path for an individual has to be personalized a bit.”

As an epidemiologist Morgenstern is similarly multifaceted. As a doctoral student in the UNC Department of Epidemiology, where he enrolled in 1974, one year after first hearing about the profession, he studied cardiovascular disease, with a focus on the relationship between socioeconomic status and heart disease. Shortly after completing his degree, he embarked on a textbook on research methodology. It’s an area that fascinated him in graduate school and continues to intrigue him today. In fact, Morgenstern says one of his goals at Michigan will be to “build up research methods and general teaching principles” in his department.

He is currently principal investigator for a study of marijuana use and its potential effect on cancer risk; the study is funded by the National Institute for Drug Abuse. “There’s reason to think that heavy long-term marijuana use will affect the same cancers as tobacco,” Morgenstern explains, noting that several lines of evidence from laboratory studies support the hypothesis. Among the many

additional research projects he’s presently engaged in, Morgenstern is a co-principal investigator of a study of the use of complementary and alternative medicine among adults in California and a co-principal investigator for a Robert Wood Johnson Foundation study of health impact assessment in policy development. He recently completed two large, federally funded clinical trials, the first comparing the effects of conventional medical care with chiropractic care in the treatment of low-back pain, and the second assessing the effects of different treatments for neck pain. In another recent study, Morgenstern examined the impact on childhood drowning of local ordinances regulating fencing around residential pools in Los Angeles County.

**He is currently principal investigator for a study of marijuana use and its potential effect on cancer risk.**

His diverse experiences as a public health researcher, teacher, and administrator underlie Morgenstern’s decision to come to Michigan. “My academic background and goals fit very well with the School of Public Health at Michigan,” he says. “I’m confident that I can provide effective leadership in the coming years.”

He and his wife, Lourdes, a pharmacist who was born in Guam, are even willing to trade the balmy weather of southern California for Michigan’s famously inhospitable winters. “I wanted to look beyond the weather,” Morgenstern grins. “Michigan has a great reputation. I’m really excited about being here.” ■

This is part of an ongoing *Findings* series that looks at what School of Public Health faculty are reading, and why.

## Reading matters

by Elizabeth Baskerville

SHARON KARDIA IS OFTEN discontented with today's popular science books. In the best-seller *Genome*, for instance, author Matt Ridley describes how the genome affects human biology and raises questions about free will, destiny, and ethics. Kardia, a human geneticist, finds Ridley misleading. Like most science books written for readers who have little or no science background, *Genome* simplifies its highly complex subject. The book suggests that our genetic make-up determines health and behavior.



Sharon Kardia

"I see genes as building blocks that work through a constant interplay with the changing environments of our day-to-day lives. It's not nearly as set in stone as people think," says Kardia, an associate professor of epidemiology as well as director of the School of Public Health's Public Health Genetics Program and co-director of the Michigan Center for Genomics and Public Health. "For the vast majority of us, our genomes are like the notes in a complex sym-

phony. Depending on who is playing the music and what instruments play what parts, the same musical notes can sound tremendously different."

The only popular science book Kardia recommends is *Genetics and the Manipulation of Life*, by Craig Holdrege, which explains how context is a crucial player in the relationship between genes and life.

This past summer Kardia read two books seemingly unrelated to her field. Both *The Secret Life of Bees*, by Sue Monk Kidd, and *Lucky*, by Alice Sebold, explore the healing process undergone by abused women. *Bees* is about a young white woman's struggle to escape her traumatic childhood with an abusive father. *Lucky* is a memoir about the author's brutal rape during college, and the long recovery that followed.

Reading the two books affected Kardia deeply. "These are very real accounts of life experiences that many women have and bury deep within themselves," she points out. "These stories bring to light how we can all learn from each other. If it's true that one out of four women has been abused, why aren't we talking about it as a public health issue?"

The two books have also affected the way Kardia thinks about her work. Both Sebold and the protagonist of *Bees* deal with trauma through drug use, smoking, and drinking—all strategies that are detrimental to the human body. "The health consequences of these events can be substantial," says Kardia. "Traumas that prompt such behavior shouldn't be a secret that further isolates and continues to hurt people."

Kardia, who studies the gene-environment interactions of chronic diseases, now wonders whether scientists who research women's health issues aren't missing something.

Recently she asked over a dozen colleagues who study the contributions of addiction and stress to health whether they inquire about people's abuse histories. "The resounding answer was no. The issue seems to be too complicated, too personal, and often even hidden from the affected person.," she says.

**"If it's true that one out of four women has been abused, why aren't we talking about it as a public health issue?"**

The Sebold and Kidd books have reinforced Kardia's belief that a person's environment plays a central role in health, and that genetics researchers shouldn't focus solely on the role of genes in health and disease. "If public health geneticists are really interested in improving people's health, we have to be ready to include the whole person in our studies—warts, sounds, and all," she contends. "Is it a pie-in-the-sky ideal? Of course it is, but working toward such ideals is what makes our work relevant." ■

*Elizabeth Baskerville is a student in the University of Michigan Residential College.*

## SPH Professor Becomes Michigan's Chief Medical Executive

For years, Matthew Boulton has balanced at least three jobs—two at the University of Michigan School of Public Health, where he is a clinical associate professor of epidemiology and director of the Preventive Medicine/Public Health



**Matthew Boulton**

Residency, and one at the Michigan Department of Community Health in Lansing, where he is state epidemiologist and director of the Bureau of Epidemiology. Last January, Boulton added a fourth position to that list: chief medical executive for the state of Michigan.

"I now serve as the lead scientist for the state health department," he explains. "Some states are moving in this direction, where they merge the state epidemiologist and chief medical executive into a single position." This concept fits nicely with his principal objective, says Boulton, "which is to ensure that we use our scientific and technical capabilities to inform public health policy and programs. I'm very interested in improving those technical scientific capacities and strengthening the public health work force at the same time."

Shortly after becoming chief medical executive, Boulton spoke to *Findings* about his new job.

**Findings:** What health threats do you see looming in the near future? What keeps you awake at night?

**MB:** As a backdrop, certainly chronic diseases are the leading causes of morbidity and mortality in this country, and I think that we need to develop additional capacities to address chronic diseases. With regard to acute situations, I think emerging infectious diseases pose a significant threat—things like avian flu, SARS, monkey pox, West Nile Virus, and other newly emergent infectious diseases—and ensuring that we have the systems in place to detect and respond to sudden outbreaks of these diseases. In August and September of 2002, when Michigan had the second most West Nile cases in the country, my office received 35,000 calls in a two-month span of time. I can tell you, hospitals, physicians, and the public demand a response from public health. To marshal the resources to respond to that huge influx of inquiries is very challenging.

**"Various people have estimated that we need somewhere between 4,000 to 5,000 more epidemiologists working in public health in this country. It's a rough estimate, but any way you cut it, we're very, very short."**

**F:** How do you go about training the public health work force to cope with these issues?

**MB:** Addressing the future problems of the public health work force needs to be a joint endeavor between the

public health system and the UM School of Public Health. It's been estimated that a significant portion of the existing public health work force will retire in the next ten years—some people say 40%. Of the existing work force, somewhere around 80% don't have formal training in public health. So there are some tremendous deficiencies that have to be dealt with, and I think the School of Public Health is going to be key to that, both in and outside of Michigan.

**F:** Is recruitment going to be a big issue with public health, as it is with nursing, for instance?

**MB:** I think so. Generating enough student graduates to both replace the retiring workers and also to expand and fill the need is daunting—again, various people have estimated that we need somewhere between 4,000 to 5,000 more epidemiologists working in public health in this country. It's a rough estimate, but any way you cut it, we're very, very short. I think it will be a struggle to generate enough graduates to fill this need. And these are the people that are going to build the surveillance systems and are going to respond to these many emerging infectious diseases, so they're critical to future public health efforts.

**F:** Speaking of surveillance systems, Michigan just launched a new one. What's it like?

**MB:** It's one of the most advanced electronic surveillance systems in this country—maybe the most advanced. When Joe Henderson, the CDC's associate director for terrorism preparedness and response, testified before the U.S. House Select Committee on Homeland Security, he brought up the Michigan Disease Surveillance



System. We conceptualized it about four years ago, even pre-9/11, so when the funding came, we were ready to go, and we've been working on it the last three years. I've chaired the surveillance system development committee for the state, and several SPH graduates have been directly involved in its development. It's a secure, web-based communicable-disease reporting system, so data can be entered by local health departments, labs, and others via the web. It has

**"In August and September of 2002, when Michigan had the second most West Nile cases in the country, my office received 35,000 calls in a two-month span of time."**

GIS capability and will map down to the street address, and eventually even perform geospatial analysis on reported cases. It has threshold alerts so that when it receives a certain number of cases in a specific amount of time, it can then compare those numbers to historical data for that disease. If the number of cases surpasses a pre-determined threshold, the system automatically sends e-mails and faxes out to alert people. It is simply amazing. ■

## FUTURE Findings

### A Worldwide Network of Care

Countless times a day, in every corner of the world, patients receive hospital care for various conditions and are released. "But at discharge," asks **Brant Fries**, professor of health management and policy, "is anyone asking whether these patients can walk? Whether they're continent? Do they have someone to help out at home? Can they shop for themselves?" Until such questions are routinely asked, Fries claims, the potential social, cognitive, and physical impairments underlying many medical conditions will go undiagnosed, and patients will continue to suffer unnecessary medical emergencies.

Fries has a solution. The creator of the Resident Assessment Instrument, or RAI, a patient-assessment system mandated for use in every nursing home in the United States, and increasingly in use worldwide, Fries is now working with a network of international colleagues to develop a suite of instruments designed to assess patients who need other types of care, including home care, assisted living, palliative care, and chronic pediatric care. Fries points out that with home care patients, for instance, "things like loneliness are issues, while in other settings, violence and the risk of suicide can be issues."

To develop the new instruments, Fries founded interRAI, a nonprofit international network of 45 researchers from 23 countries. In

**"With home care, things like loneliness are issues, while in other settings, violence and the risk of suicide can be issues."**

the past seven years, the group has devised nearly a dozen assessment instruments that gather data on everything from mobility and continence to religious involvement, memory patterns, eyeglasses, and home environment.

Despite their different nationalities, the members of interRAI have been able to reach consensus on those issues that are universally relevant to patient care. But the instruments are designed so that any nation using them

has 5% "wiggle room" with which to ask questions unique to that country.

To date, interRAI assessment-instrument manuals have been translated into multiple languages and are in use in countries as disparate as Canada, France, Estonia, Australia, Korea, and the United States.



**Brant Fries**

interRAI distributes the assessment systems free of charge to any government or organization that wants them and agrees to acknowledge the authors, honor the interRAI copyright, and, most importantly, give interRAI all data that it receives through using the systems.

Already, Fries's portable computer holds data for 12 million individuals worldwide. He and his colleagues are already using the data to analyze and compare quality measures, payment systems, patient-screening methods, and care in long-term care institutions and programs throughout the world. "We have an enormously large agenda." Ultimately, Fries, a mathematician by training, plans to use the data to develop best-practice statements that can lead to improved patient care worldwide.

When he first came to Michigan 20 years ago, Fries hoped to develop some program that the state of Michigan could use. He little imagined he would develop systems that would be implemented nationwide, or that they would form the basis for an international network of assessment instruments. But he's happy they have. "Now," he laughs, "nothing less than the whole world will do!" ■



*“From the beginning, we have conceived the school’s new building complex as a crossroads of intellectual activity, of research and teaching, of academe and community. This concept reflects the school’s longstanding tradition of interdisciplinarity and heralds our future direction. As disciplines begin to share perspectives, they will change. Contributing old disciplines will grow stronger, and new disciplines will evolve. The Crossroads is designed to foster these ends at their optimum.”*

Noreen M. Clark,  
Dean and Marshall H. Becker  
Professor of Public Health

# Building on a Legacy

Construction begins on The Crossroads, the School of Public Health’s major new facility.

**N**ext time you’re browsing the Internet, take a peek at major changes underway at the University of Michigan School of Public Health. The webcam at [www.sph.umich.edu/about/renovation/](http://www.sph.umich.edu/about/renovation/) shows how part of the old SPH I building and its connector bridge to SPH II have been demolished, making way for a premier new facility. The seven-story tower over Washington Heights will house modern research, teaching, and collaborative working areas. It’s scheduled to open in time for winter term 2006.

This novel facility, The Crossroads of Public Health, is about much more than bricks and mortar: it represents the capstone of a three-part initiative to foster innovations in research, teaching, and service. First, the school has established a network of academic research centers designed to facilitate interdisciplinary approaches to complicated problems. Second, it has launched an ambitious program to recruit a new generation of junior faculty with the potential to be tomorrow’s public health leaders and to change the way we think about health and disease. The new building project will serve as a state-of-the-art crossroads where these and other initiatives can be fully realized.

Before construction, SPH was housed mainly in two separate buildings, constructed in 1941 and 1971, respectively. Connected by a third-floor, steel-framed glass walkway that leaked when it rained, the school’s research, teaching, and service programs had outgrown all available space. The student body had doubled since the last physical expansion of the

school, and research had increased nearly five-fold. The older of the two buildings was outdated and lacked the infrastructure needed in today’s technologically dependent world.

The new facility is designed by Centerbrook Architects and Planners, LLC, of Connecticut, and was approved by the University of Michigan regents in 2003. Renovation and construction work began in the fall of 2003, as builders first braced the portion of SPH I that would remain standing, in preparation for demoli-

**Work will shift across the street in early 2006, when the remaining portion of SPH I will undergo complete renovation.**

tion of the south and east wings. A groundbreaking ceremony took place in October 2003, with Kimberlydawn Wisdom, MD, Michigan’s first surgeon general and an SPH alumna, among the participants.

Modern laboratories, classrooms, interactive areas, and community-focused research space will be housed in the new facilities. By late 2005, cars will once again be able to drive along Washington Heights, this time under the graceful arches of the new building. Work will shift across the street in early 2006, when the remaining portion of SPH I will undergo complete renovation for teaching, research, and administrative use. It should be ready for occupancy in early 2007. ■



## Naming Opportunities For The Crossroads

The construction and renovation project associated with the new SPH facility offers a broad and dynamic range of naming opportunities for donors who, through their generosity, can associate their names with the vital work that will be carried out in particular areas or rooms in the complex. Among the numerous opportunities available to donors are:

- **The new research tower**
- **Laboratory modules**
- **Research tower lounges**
- **The CyberCafé**
- **Department conference rooms**
- **Departmental reception areas**
- **Postdoctoral student offices**
- **Student carrels**
- **The renovated SPH I auditorium**

In a true partnership between public and private support, these naming gifts will complement the university and the school commitment to the project.

The building project is part of the UM SPH campaign, which will be officially announced in May 2004.

For additional information about the campaign, naming opportunities in the new SPH facilities, or other campaign priorities, please contact Lori Rebhan at rebhan@umich.edu or 734.764.5416.

## High Cost of Prevnar™ Vaccine Affects Physician Practices

**T**he high cost of the life-saving Prevnar™ vaccine for young children has affected how doctors choose to provide it, and caused some to steer parents to public vaccination clinics, a new University of Michigan–led study has found.

While the vast majority of nearly 700 children’s doctors surveyed in the study are recommending the vaccine, which protects against bacterial meningitis and other diseases, almost one in three harbors concerns about the cost—especially if many children they see don’t have insurance that covers their shots. Doctors were surveyed in 2001, one year after the vaccine was recommended for use by the American Academy of Pediatrics.

The findings, published in the September issue of *Pediatrics* by UM researchers and the Centers for Disease Control and Prevention, have immediate implications for the parents of today’s toddlers, who may learn they have to pay out-of-pocket or travel to another location to get the \$260, four-shot series that’s recommended by the CDC for all children under age two. Both options are sizable obstacles for many families, and may mean some children don’t get vaccinated.

**Ironically, children with private insurance are most likely to be affected by this trend.**

“We need to make sure that our health-delivery and vaccine-financing systems do not work as a barrier to children receiving their immunizations,” says Gary Freed, MD, MPH, a co-investigator of the study. Freed is a professor of health management and policy in the School of Public Health;



he is also the Percy and Mary Murphy Professor of Pediatrics and Child Health Delivery and director of general pediatrics in the School of Medicine. He directs the Children’s Health Evaluation and Research (CHEAR) unit at the UM, where the study was conducted. CHEAR has a CDC grant to study vaccine issues.

The study results may foreshadow further problems and “fragmentation” of vaccination practices as other pricey but effective children’s vaccines come on the market, says lead author Matthew M. Davis, MD, MAPP, an assistant professor of pediatrics at the UM Medical School.

“Vaccines are some of the most cost-effective tools that we have for protecting children’s health,” Davis emphasizes. “Historically, they have been inexpensive, and physicians have been willing to absorb the cost of stocking them or even providing them to underinsured patients. But the cost of Prevnar is eroding physicians’ efforts to provide it in their clinics. And in general, vaccines are becoming more

like other medications on the market—ones that are expensive but have profound benefits.”

Although more insurance plans likely cover Prevnar now than when the survey was conducted in 2001, Davis says he still has patients in his practice whose private insurance does not cover the vaccine.

Prevnar’s effectiveness is not in question, says Davis. It prevents infections by *Streptococcus pneumoniae* bacteria that cause tens of thousands of potentially deadly bacterial meningitis and bloodstream infections each year, and untold millions of painful ear infections. That’s why parents have clamored to get kids vaccinated with Prevnar since its approval in the year 2000. New CDC data show that despite major shortages, 41 percent of children under age 3 had at least three doses of it by 2002.

But the new study shows that because of Prevnar’s unprecedented cost, many doctors—especially those in smaller practices or who see many children whose insurance doesn’t

cover Prevnar—are reluctant to treat it like any other vaccine.

Ironically, Davis notes, children with private insurance are most likely to be affected by this trend.

Such children, whose parents' employer-sponsored insurance plans may not cover Prevnar because of its cost, may be ineligible to receive the federally-funded vaccines provided at no cost to children with Medicaid, no insurance coverage, or other qualifications under the CDC's Vaccines for Children program. VFC vaccines can be given at doctors' offices or public clinics.

Some states supplement VFC's coverage by purchasing vaccine that doctors can administer to children in private insurance plans that don't cover all vaccines, or to all children regardless of insurance status. But, Davis says, the high cost of Prevnar appears to be a hurdle for some states in the current budget crunch, and they have left it off their lists of subsidized vaccines.

This "patchwork" system of vaccine coverage was the subject of a recent Institute of Medicine report that called for more uniform coverage, partly on the basis of evidence from the UM CHEAR unit. The IOM report also advised Congress to require private insurance plans to cover all CDC-recommended childhood vaccines, with a subsidy from the federal government. ■

## FUTURE Findings

### The Perils of Life on the Road

Among occupations in the United States, truck drivers have the highest number of injuries and illnesses causing time away from work. "It's a very dangerous occupation," says **Arthur Oleinick**, associate professor of environmental health sciences. "It's not just traffic accidents, it's having to load and unload trucks, plus all the problems of working in bad weather."

An expert in occupational health law, Oleinick is principal investigator of a study aimed at understanding truck driver injury patterns. Dan Blower, an assistant research scientist in the Truck and Bus Safety Analysis Division of the UM Transportation Research Institute, is working with Oleinick on the study, which is funded by the National Institute for Occupational Safety and Health. Oleinick and Blower are basing their research on data from compensation claimants from trucking firms in Ohio, as well as the Ohio commercial driver's license file, the Federal Motor Carrier Management Information System, and the U.S. Census.

"The scientific community has relatively little information on the factors contributing to the high rate of truck driver injury," Blower notes. Toward that end, he and Oleinick are working to determine how various factors—including the type of trucking operation, the fleet size of the motor carrier, and the type of truck operated—may contribute to injuries among truck drivers.

A "truck" is defined as any vehicle 26,000 pounds or greater that is "for hire." There are two basic kinds of trucks, Oleinick explains—"cab-over," in which a truck driver sits directly above the engine, and conventional trucks, where the engine is in front of the driver's cabin. "When you're in a cab-over," says Oleinick, "you're sitting on top of the engine, and there are lots of vibrations. Studies suggest this leads to low back pain. If we confirm this in our study, the data may indicate some way to prevent this through truck-design changes."

In a study conducted in collaboration with SPH graduate Nguyen Trong Nghia, MPH '03,

Oleinick found that knee injuries lead to longer periods of disability in truck drivers than in other individuals. Oleinick suspects this is because truck transmissions are manual and often contain as many as 15 to 18 gears, "thus requiring a lot of shifting using the right leg." If the right knee is injured, a truck driver cannot work.

Ultimately, Oleinick hopes the study will increase researchers' knowledge of specific injuries. "It may also increase our knowledge of whether certain truck design elements lead to specific injuries."

The chief difficulty of the study is methodological. "The technical problems of linking large administrative databases remain formidable, even in this day of very fast computing," Oleinick explains. "For example, information on race is not routinely collected by workers' compensation agencies because it is irrelevant to the determination of coverage, but race has been shown to influence the accessibility and provision of medical care in some settings, and is therefore important for studies of outcomes."

With help from research associate Clarissa Liebler, MPH '03, and other colleagues, Oleinick is cross-linking 17 "very large" data files in order to create analytic files to study injury occurrence and outcome. To date, the researchers have identified nearly 7,200 claims believed to



**Arthur Oleinick**

**"Truck driving is a very dangerous occupation."**

be from truck drivers. Oleinick believes the study has identified approximately 86% of drivers in the data. The 14% not identified is "small enough not to skew the results," he adds. "I couldn't find an existing analytic file, so I'm creating one by linking information scattered in a number of administrative files." Oleinick expects the study to continue through at least June 2005. ■

## New Book Sheds Light on U.S. Health Insurance Crisis

Catherine McLaughlin believes that a lack of consensus among researchers helped doom the push for national health coverage a decade ago.

Policy makers couldn't get a cohesive sense of which Americans lacked coverage and why, nor how many would be covered under different scenarios, much less how much it would cost, because of a lack of clear research on the issues, she says.



Millions of Americans don't have insurance to cover routine or special medical procedures.

Both then and now, myths tend to be taken as facts—beliefs like “universal coverage by itself would eliminate health disparities” and “a worker's decision to remain uninsured has no effect on anyone else,” says McLaughlin, director of the Economic Research Initiative on the Uninsured

The initiative is a UM-based research effort working to examine the issues of the uninsured through rigorous economic analysis. In its third year of a \$9 million grant from The Robert Wood Johnson Foundation, the initiative recently launched a book outlining ERIU-commissioned research on what is known and what is unknown about the uninsured.

McLaughlin and a panel of ERIU participants presented top-10 myths about the uninsured at a book launch event in February at the National Press Club in Washington, D.C. Attended by approximately 100 policy analysts, policymakers, and members of the media, the event was hosted by the Urban Institute Press, publishers of the new ERIU book, *Health Policy and the Uninsured*.

Among the topics addressed in the book are:

- *Who lacks health insurance in the U.S.* This discussion includes an examination of continuous and sporadic coverage to try to understand who is always with or without insurance and who is sometimes without insurance. More than half of the newly uninsured regain coverage within six months, while others go without for more than five years, a distinction missed by the most commonly used data sets measuring the uninsured.

and people who want coverage but cannot get it because of insurance underwriting practices or the labor market.



MCLAUGHLIN

- *How the labor market factors in to insurance issues.*

Though health insurance matters in people's decisions to retire or change jobs, very

little research has been done to determine the extent to which people choose particular jobs or industries because of coverage availability or the extent to which they are afraid to change jobs because of fear of losing coverage. Also the book examines why part-time jobs rarely offer insurance.

- *How lack of insurance affects health status.* The book points out that very few controlled studies exist that allow detailed analysis of a causal relationship between health insurance and health status. Further research is necessary to understand for which individuals the lack of insurance is a primary cause of poor health. For many individuals, more important determinants of health are socioeconomic status or chronic disease status.

McLaughlin has studied various health economics topics since joining the SPH faculty in 1983. Her current research interests are focused on the uninsured, managed care, market competition, and employer and employee benefit choice. ■

For more information about the book, including a full list of myths on the topic of the uninsured, visit ERIU's website at [www.umich.edu/~eriu/events/bookpage.html](http://www.umich.edu/~eriu/events/bookpage.html).

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### A lack of consensus among researchers helped doom the push for national health coverage a decade ago.

(ERIU) and professor of health management and policy at the University of Michigan School of Public Health.

- *Why people do not have health insurance.* The book looks at the many reasons people lack coverage, including people who do not buy insurance because they do not think they need it

## Grade Inflation Remedies Needed, Says SPH Professor

**V**alen Johnson, a professor of biostatistics at the School of Public Health, completed a statistical analysis of grades at a major university and found what he believes is conclusive evidence of grade inflation. But that was the easy part. Johnson says the more complex concern is deciding how to solve the problems that stem from grade inflation and its underlying cause—grading disparities.

In his new book, *Grade Inflation: A Crisis in College Education* (Springer Verlag, 2003), Johnson, a former Duke professor, explains what he found in an analysis of student grades given in the 1998–1999 academic year at Duke University. In short, instructors in natural sciences

Additional findings include:

- Professors who gave higher average grades were almost twice as likely to get higher evaluations from their students than those who graded lower. The ratings students give professors jumped when the grade students expected to get increased from B to A.

are incentives, both in enrollment figures and student evaluations, for professors to grade higher. Meanwhile, giving lower grades causes headaches. Lower grades lead to lower faculty evaluations, difficulty in building rapport in the classroom, and office hours filled with angry students argu-

**Professors who gave higher average grades were almost twice as likely to get higher evaluations from their students.**

- Students were twice as likely to sign up for classes where students averaged an A- than those with a B average. Johnson designed a web-based experiment in which students evaluated the courses they were tak-

ing about their grades. “There’s just really no incentive for a faculty member to give a low grade,” Johnson said.

Among possible solutions that Johnson suggests in his book are: encouraging university-sponsored discussions among faculty members about grading practices; implementing flexible grading curves that press instructors to give certain numbers of high, middle, and low marks; and allowing professors who grade harder to drop some of their lowest course evaluations.

He also says schools could base their graduation honors on a weighted grade-point average, adjusted for the varying grading practices of instructors, and could give students the option to report adjusted GPAs on their transcripts.

Johnson got involved in studying grade inflation when he was invited to sit on a Duke committee discussing the issue about six years ago. Through that involvement, he saw how difficult it is to design remedies, as many suggestions anger students and faculty members and provide less-than-perfect results. ■

*UM News Services*



**Giving lower grades causes a variety of teaching headaches, including lower evaluations, lack of rapport in the classroom, and angry students worrying about their GPAs.**

grade tougher than those in the humanities, and students gravitate toward disciplines and courses known for easier grades.

“The theme is that disparities in grading influence many educational decisions,” said Johnson.

ing, and also could look at average grades of classes they had not taken. Students tended to sign up for classes with higher average grades.

- Because students tend to take classes perceived as giving easier As, and professors receive better evaluations after giving higher grades, there

## Religion Guides Views of Fertility Treatment in Middle East

For the past two decades, Marcia Inhorn has used medical anthropology to study infertility and in vitro fertilization in the Middle East—where Israel and Lebanon are home to some of the highest per capita numbers of in vitro fertilization centers in the world.

in Egypt are part of a 2003 book, *Local Babies, Global Science: Gender, Religion, and In Vitro Fertilization in Egypt* (Routledge).

Egypt's first fatwa, or religious proclamation, on medically assisted reproduction came in 1980, not long after the first IVF baby was born in

countries including Iran, Iraq, Lebanon, Afghanistan, and India, concur with Sunni religious authorities about the strict prohibition on third-party donation.

But in the late 1990s, an Iranian leader issued a fatwa stating egg donation “is not in and of itself legally forbidden.” Inhorn notes that since Shi'ites practice a form of individual religious reasoning called *ijtihad*, various Shi'ite religious leaders have come to their own conclusions.

Shi'ites who are strict in their interpretation of third-party donation in IVF believe the couple should get approval from a religious court first, and the husband needs to do a *muta'a*, or temporary, marriage with any egg donor so the child is not born out of wedlock. However, since a married Shi'ite Muslim woman cannot marry another man, sperm donation from a man other than her husband is regarded as akin to adultery.

Middle Eastern societies expect all married couples to produce biological children, since legal adoption as it is practiced in the West is prohibited in both Sunni and Shi'a Islam. In the absence of adoption and gamete donation, infertile Muslim couples in countries such as Egypt have no choice but to turn to in vitro fertilization using their own gametes.

Inhorn serves as director of the Center for Middle Eastern and North African Studies, part of the University of Michigan International Institute. ■



New and expectant mothers at a clinic in Egypt.

In the Muslim world, reproductive technologies can clash with deeply held religious beliefs about the importance of biologically based kinship, family life, and parenthood.

In qualitative, ethnographic interviews with nearly 400 patient couples, Inhorn, an associate professor of health behavior and health education with a joint appointment in the Department of Anthropology, has identified major differences in cultural attitudes toward reproductive technologies between Shi'ite Muslims in Lebanon and Sunni Muslims in Egypt. Results of her work

in England. More than 90 percent of Egypt's citizens practice Sunni Islam.

Sunni religious rules state that IVF is allowed, but that since marriage is a contract between a husband and wife, no third party should intrude into procreation, thus prohibiting such things as sperm or egg donation.

Most leaders of Shi'a Islam, the minority branch of Islam found in

**In the Muslim world, reproductive technologies can clash with deeply held religious beliefs about the importance of biologically based kinship, family life, and parenthood.**



## Religion Is Key to the Health and Well-Being of African Americans

**A** new, comprehensive study based on nearly 20 years of research shows conclusively that for African Americans, religion is the greatest determinant of personal assessments of the quality of life and overall health.

University of Michigan researchers Robert Joseph Taylor and Linda Chatters, an associate professor of health behavior and health education, and scientist and author Jeff Levin released these findings in a book—a first of its kind to empirically document the range, patterns, functions, and consequences of religious involvement for representative samples of the population. The authors spent nearly 20 years conducting their own research on these issues, as well as tapping into data from various researchers about religion and African Americans.

“Both individually and collectively, religious African Americans and black churches have been a force for good in the lives of people as expressed in individual-level indicators (lower rates of depressive symptoms in churchgoers) and in population-level indicators (mortality and morbidity profiles) of health and well-being,” says Chatters, who has a joint appointment in the UM School of Social Work, where Taylor is a professor and associate dean for research.

The book, *Religion in the Lives of African Americans: Social, Psychological, and Health Perspectives* (Sage Publications, 2004), analyzes different forms of religious involvement, including formal religious participation and private devotional activities. The authors compiled empirical evidence from the social, behavioral, and health sciences that examines



**For African Americans, religion is the greatest determinant of personal assessments of the quality of life and overall health. This is true for both individual-level indicators and population-level indicators.**

the role of religion in coping with daily-life problems and in providing spiritual and emotional comfort and tangible aid.

Some major findings reveal:

- Religion is especially important for particular groups of African Americans such as women, the elderly, and Southerners, who demonstrate higher levels of religious activity than their counterparts.

- Some religious activities, such as praying and receiving support from church members and pastors, are indispensable in coping with major life problems such as declining health, relationship difficulties, and life transitions.

- Clergy are instrumental in providing access to information, resources, and people to help church members solve life problems.

- Harmful social interactions, such as gossiping and factional disputes, which occur within churches have a negative impact on social cohesion and interpersonal relationships. ■

*UM News Services*

**Both individually and collectively, religious African Americans and black churches have been a force for good.**

# Alumni Network

## 1960s

**James L. Ash**, MHA '65, has retired to Illinois following a 35-year career in hospital administration. Most recently, Ash was president and CEO of Cottage Health System in Santa Barbara, California.

Following a 28-year career with the United States Public Health Service, where he worked primarily with the National Institute for Occupational Safety and Health, **Arvin Apol**, MPH '64, MS '65, has turned his energies to volunteer work. In 2002, he organized an 11-member team that went to El Salvador to assist in rebuilding homes destroyed by earthquakes the previous year. He also oversaw construction and renovation of a series of buildings to be used as an alcohol and drug rehabilitation center in Ozd, Romania. "After the fall of Communism, many individuals [in Romania] are without work, and there are now a lot of alcohol and drug problems," he reports. This spring, Apol and his wife plan to volunteer in Mexico. Apol is a past president of both the American Conference of Industrial Hygienists and the Pacific Northwest Section of the American Industrial Hygiene Association.

## 1970s

A past president of the American Public Health Association, **Caswell A. Evans Jr.**, MPH '72, DDS, is director of the National Oral Health Initiative within the office of the U.S. Surgeon General. Last spring, the Surgeon General's office issued a National Call to Action to Promote Oral Health, aimed at reminding the public that oral health is inextricably linked to general health, even though the health care system treats it other-

wise. "I often describe oral health as an out-of-body experience," Evans told *The Nation's Health* when asked about the Call to Action. "The system acts as if the jawbone isn't connected to the toe bone."



TALA

In the past year, **Heikki Tala**, DDS, MPH '72, PhD, has given the keynote address at Thammasat University, Thailand, during the first international meeting of the Global Network for Systematic Health Care; and, under the auspices of the World Health Organization, conducted a seminar with nine Iranian dentists at Shahid Beheshti University in Tehran. Most recently, Tala, an associate professor in health administration at the University of Helsinki, Finland, launched a project at the SunDarb Company in Shanghai, China, to build a prototype of a proprioceptively derived unit for dental and oral health care based on the philosophy of Dr. Daryl Beach, an American dentist who spent nearly 50 years in Japan. "Michigan's School of Public Health education has really paid off professionally," Tala notes, "and given me an exceptional opportunity to work on five continents in close to 40 countries."

The Delmarva Foundation for Medical Care, Inc., has appointed **Paul R. Roberts**, MPH '74, as project director of the foundation's new multi-year, multi-million dollar contract award from the State of California to perform as the state's External Quality Review Organization (EQRO) under regulations promulgated by the federal Center for Medicare and Medicaid Services. Under Roberts's direction, the new CA-EQRO will

evaluate and report on the quality of care provided to 3.2 million Medi-Cal enrollees by 21 contracted managed care organizations.



BRILLIANT

**Larry Brilliant**, MD, MPH '77, is a 2004 recipient of a Public Health Hero Award from the School of Public Health at the University of California, Berkeley. The awards acknowledge individuals and organizations for their contributions and commitment to promoting and protecting the health of the human population. Brilliant is founder of the Society for Epidemiology and Voluntary Assistance, an international nonprofit organization devoted to sight-giving, diabetes prevention, and community development programs around the world.

A clinical associate professor at the University of Buffalo Medical School, **Arthur Goshin**, MPH '75, MD, is also director of the newly established Center for the Advancement of Community Health Care, in Buffalo. At last year's Department of Health Management and Policy Alumni Biennial Institute, Goshin gave a talk entitled "Buying for Quality: The Insurer Role in Promoting Excellence."



PESTRONK

**Robert Pestronk**, MPH '79, is president of the newly created Public Health Law Association. Launched last summer during the second annual Public Health Law Conference held by the Centers for Disease Control and Prevention, the association provides a network through which people interested in public health law can share information and data. A non-attorney,

## FUTURE Findings

### From a Child's Perspective: The Social and Emotional Impact of Surgery to Correct Eye Alignment

By Mary Beth Lewis

People call it lazy eye, wall eye, wandering and even shifting eyes. Such negative connotations for strabismus, a common condition affecting eye alignment in roughly two out of 100 children, intrigued a team of University of Michigan researchers, who decided to study the psychosocial impact of the condition on children who underwent surgery to correct their eye alignment.

"I've always been interested in patient outcomes," says **Patricia Wren**, assistant research scientist in the Department of Health Behavior and Health Education. "And I don't think we pay enough attention to the quality of life of children." Together with colleagues David Musch of the Departments of Epidemiology and Ophthalmology and Visual Sciences, and Steven Archer of the Department of Ophthalmology and Visual Sciences, Wren launched a study to determine how children and their parents assessed nonclinical changes—in social settings, for example—that may take place after corrective surgery for strabismus.

Wren and Musch had worked with ophthalmologists and physicians in the past to



**Patricia Wren**

performed corrective eye surgeries in 98 pre-teen patients. All of the surgeries were conducted at the UM Kellogg Eye Center. The patients were first seen over an 18-month period from February 2000 through August 2001.

of Pediatrics to more completely assess the impact of medical treatment on the lives of children and their families.

"We need to learn at what age children can answer for themselves," Wren believes. She says that the asthma research community centered in SPH is "leading the charge in wanting to make improvements in child health from the child's perspective." These improvements center on such issues as anxiety, depression, social relations, and a child's sense of positive well-being.

"The ophthalmology research community has some catching up to do," Wren says. And that's a condition she hopes to change. ■

*Mary Beth Lewis edits the School of Public Health website.*

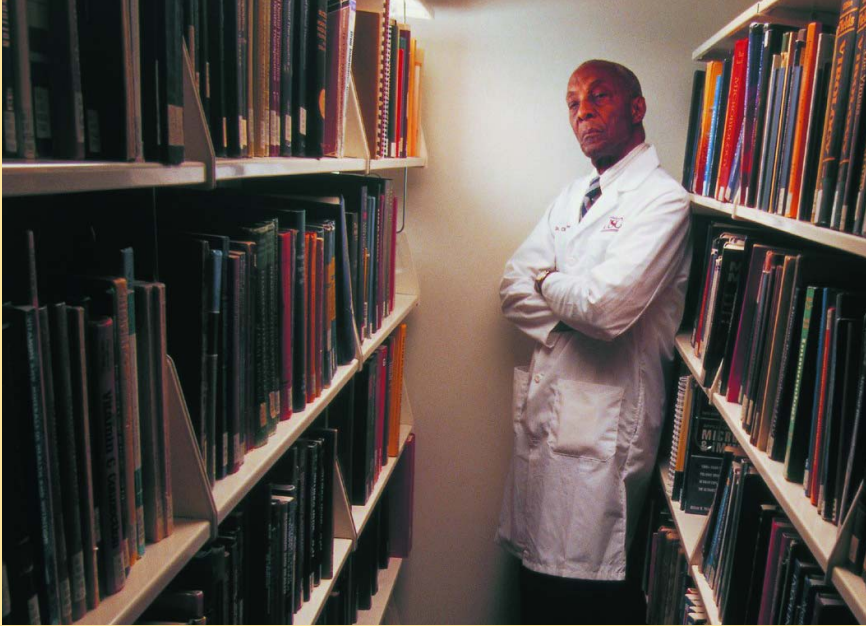
**"I don't think we pay enough attention to the quality of life of children."**

collect quality-of-life and other psychosocial measures as an adjunct to standard clinical data. In their 2003 study, "Quality of Life Improvements Following Childhood Strabismus Surgery," they found that "substantial and statistically significant improvements were observed in social, emotional, and functional measures" after eye-alignment

Wren and colleagues hope this pilot study will help garner support from the National Eye Institute for a larger project, in which they plan to expand the demographics of the patients with strabismus. She says her work, which relies on pre- and post-operative interviews, builds upon the ongoing "Functional Outcomes Project" promoted by the American Academy

# Clifton Dummett, DDS

An outspoken critic of racial segregation looks back on his long fight for equality.



Lou Jones Photography

**C**lifton Dummett, DDS, MPH '47, was 28 years old when he became dean of Meharry Dental School in Nashville, Tennessee, in 1947—the youngest person ever to be named dean of a United States dental school. But two years later, Dummett quit the job. Wearing a tailored suit and his signature bow tie, he stood before the combined faculties of Meharry Medical College and Dental School on a sweltering June afternoon

and announced, “Since I respectfully disagree on principle with my president, I hereby tender my resignation ...effective immediately.”

Meharry’s president, M. Don Clawson, had endorsed a regional plan promoted by 11 southern governors to ensure institutional segregation in all professional schools in the South. Although the plan would have brought much-needed financial support to both the medical and dental schools

at Meharry, Dummett couldn’t stomach it. “My basic philosophy regarding regional schools...my adverse opinions of racially separate regional schools are contrary to general opinion,” he told his audience.

Dummett, now 84, has never regretted his decision. Nor has he wavered in his devotion to racial equality, particularly in the dental profession. A 1947 graduate of the School of Public Health’s program in dental public health, Dummett was a key proponent of the movement to remove race restrictions in the American Dental Association. He also played a major role in breaking the color line in organized dentistry and in lifting racial restrictions in the profession in 1962. To honor these achievements, the Ohio Dental Association awarded Dummett its prestigious Callahan Memorial Medal last fall.

Dummett was born in British Guyana and came to the U.S. in 1936 to study dentistry at Northwestern. He went on to become a noted scientist, ethicist, historian, and author, as well as a distinguished contributor to dental education. He retired from the University of Southern California in 1990 and today lives in southern California with his wife, Lois. Their son, Clifton Jr., is a dentist, as was Dummett’s father.

Last fall, Dummett spoke to *Findings* about his career.

*“Few white dentists accepted black patients. Dental academia was pretty much closed to black teachers and students.”*

**Findings:** You came to the United States from Guyana in 1936, and you studied dentistry and public health dentistry in the early 1940s, when most U.S. universities were racially segregated. How did you cope?

**Clifton Dummett:** At that time, segregation was the law of the land, so to speak. In general, I found segregation practices most distasteful, yet some dental schools admitted qualified persons regardless of race. Northwestern was one of those, although about 40% of the students came from the South. However, I found that people respected you if you respected yourself. That was my experience at Northwestern and at Michigan.

**F:** How did you deal with the effects of racial segregation in your own life?

**CD:** I fought it. Of course, resistance took many forms, and there was always danger in noncompliance. In the South, several black dentists had their homes bombed. Others were threatened. Black dentists, even more so than physicians, were active, very active, in trying to overturn the barriers created by segregation laws.

**F:** How did segregation manifest itself in dentistry?

**CD:** Few white dentists accepted black patients. Black dentists were excluded from membership in mainstream dentistry's constituent organizations. Dental academia was pretty much closed to black teachers and students. The National Dental Association was formed by black dentists because they could not join the American Association.

**F:** You've recently been honored for your work in the movement "to change restrictions on race" in dentistry. How did you help bring about this change?

**CD:** As editor of the National Dental Association, I was responsible for writing a resolution to the American Dental Association (ADA), in which I indicated that the American Medical Association and the American Nurses Association had gone a good way toward eliminating segregation, and the ADA could do no less. It was on the basis of that resolution that in 1962 the ADA insisted upon full implementation of the ADA constitution, which required that all qualified individuals be given access to membership.

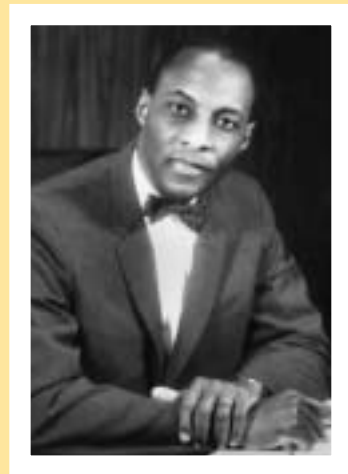
**F:** What principal challenges does the field of dentistry face today?

**CD:** The practice of dentistry today is much farther advanced than it was in the mid-20th century. The kinds of services being done in cosmetic dentistry, orthodontics, periodontics, prosthodontics, and oral surgery require specially trained dentists. Such specialized services are costly. Ways need to be found to make medical and dental care affordable to all who need it.

**F:** When you look back on the past, what are your thoughts?

**CD:** After all these years it's a matter of some consolation that things have changed. You see, the young people of today have no idea what it was like. ■

*"Black dentists, even more so than physicians, were active, very active, in trying to overturn the barriers created by segregation laws."*



Clifton Dummett was 28 when he became dean of Meharry Dental School.

## FUTURE Findings

### Breast Cancer and the Environment: What Risks Exist?

**B**reast cancer, the most common cancer among women, causes 41,872 deaths per year in the United States. On average, the disease is responsible for 135 per 100,000 new cases annually in U.S. women. But in Marin County, California, 190 women per 100,000 contract the disease. Why the discrepancy?

**Christine Erdmann**, assistant professor of epidemiology, pulls out a stack of business cards—336, to be exact. Collected from residents of Marin County, each card

known breast cancer risk factors—for example, early age at menarche, late age at menopause, family history—are not modifiable,” Erdmann explains. Environmental factors, on the other hand, can change. “I’m interested in modifiable risk factors,” she says.

In response to the rise in breast cancer incidence in Marin County, Erdmann and a team of researchers are working with community members to develop a study to examine personal environmental factors in breast cancer risk. To date, the researchers have pilot-tested a questionnaire and solicited ideas from the community. They are also devising calculations to help understand how much of the excess incidence of breast cancer may be due to known risk factors. “We’re further defining the problem and also trying to address community concerns about environmental factors,” says Erdmann.

In a separate study funded by the National Institute of Environmental Health Sciences and the National Cancer Institute, Erdmann and a team of scientists are examining genetic and environmental determinants of puberty to see whether these may contribute to breast cancer risk. “It’s an innovative way to look at the problem,” she says, particularly because early age at menarche—that is, the onset of menstruation in girls under the age of 12—is a known risk factor for breast cancer.

Over the next six years, Erdmann and her colleagues will study a cohort of approximately 400 girls who are currently seven and eight years old and participate in the Kaiser Permanente of Northern California health plan. Through questionnaires, physical examinations, and biospecimens, the researchers will seek to determine if links exist between environmental factors—such as radiation, organochlorines, and phytoestrogens—and mammary development. A companion study will examine the influence of a similar set of environmental compounds on mammary development in animals and cell culture.

In a third project, Erdmann is collaborating with breast surgeon Maira Caleffi of Port Alegre, Brazil, in a study aimed at understanding the biological mechanism underlying the relationship between exposure to polycyclic aromatic hydrocarbons, or PAHs, and breast cancer risk. PAHs are the products

**“I’m interested in modifiable risk factors.”**

of incomplete combustion of organic materials, or, as Erdmann puts it, “burnt stuff. Anything organic that burns can form PAHs, a class of about 200 compounds, many of which are carcinogenic.”

Women in southern Brazil, in particular, are exposed to large quantities of PAHs because they eat a lot of meat that’s been barbecued over wood-burning pits. Erdmann and Caleffi are collecting breast tissue and other samples as well as questionnaire data from 120 women in the region, some of whom have cancer and are undergoing mastectomies and others who are cancer-free but are undergoing elective breast surgery. Erdmann hopes to determine whether higher gene-expression levels of CYP1B1, a phase-one enzyme, are related to increased PAH-DNA adduct formation. “The hypothesis is that CYP1B1 transforms PAH exposures to reactive intermediates that can then bind with DNA and potentially lead to mutations which could potentially lead to cancer,” Erdmann explains. The study, funded by the United States Department of Defense Breast Cancer Research Program, will continue through 2005. ■



**Christine Erdmann, with some of the 336 ideas submitted by Marin County residents to explain the rise in local breast cancer rates**

holds one individual’s best guess as to why there is an apparent rise in the incidence of the disease. “Bad luck,” reads one card. “X-rays in shoe stores,” says another. Still another suggests, “Fluoridated water.”

In fact, there are a huge number of variables that can contribute to breast cancer risk, says Erdmann, who is currently conducting three studies designed to evaluate environmental factors in breast cancer. “Most

Pestronk, who also directs the Genesee County Health Department in Flint, Michigan, reports, "Those in research and practice are discovering that improved public health has its roots in the law."

## 1980s

**Michael C. Roach**, MHSA '80, MCO, of Chicago, Illinois, has opened his own law firm specializing in health information privacy and security issues, corporate compliance, and business contracting issues for health care clients. He is also principal in a new health care regulatory compliance consulting firm, AMR Consulting LLP.

**David Paquette**, MHSA '80, MLO, is director of HIV/HCV Services for the Maricopa County Department of Public Health in Phoenix, Arizona.

For his work establishing the Health in the Arts Program at the University of Illinois School of Public Health, in Chicago, **David Hinkamp**, MPH '80, MD, has received a 2003 Jazz Journalists Association award for "Service To and Beyond Jazz." The program Hinkamp established provides health care and preventive services to musicians and others working in the arts.

**D. Scott Navarro**, MHSA '82, DDS, has received the Israel Shulman Award for Meritorious Service from the American Association of Dental Consultants, an organization of dentists who serve as consultants to dental insurance carriers. Navarro is vice-president of professional services and dental director for Delta Dental Plan of New Jersey.



WRIGHT

**Terri Wright**, MPH '83, program director for health policy with the W.K. Kellogg Foundation, has been elected to the executive board of the American Public Health Association, where she is also a member of the Maternal and Child Health Section. Prior to joining the Kellogg Foundation, Wright was bureau chief of Child and Family Services and director of Maternal and Child Health with the Michigan Department of Public Health.



ZIEL

**Susan Ziel**, MPH '84, was recently appointed president-elect of The American Association of Nurse Attorneys (TAANA) and will serve as the association's president in 2005.

An organization of over 400 nurse attorneys from across the United States, TAANA aims to identify and influence health law and policy issues and serve as a resource for the health care and legal communities. Ziel is a member of the Health Care Practice Group of Krieg DeVault LLP, in Indianapolis, where she is primarily responsible for representing and advising health care clients in the areas of health care compliance, fraud and abuse, third-party reimbursement, professional licensure and credentialing, peer review, and business transactions.

**James C. Chang**, MS '85, is an emergency management coordinator with Duke University Hospital in Durham, North Carolina.

Last fall, **Jules I. Schwartz**, MPH '86, PharmD, received the Distinguished Alumnus Award from his undergraduate university, the University of Toledo. Schwartz, a former professor at the University of Toledo and in Boston, is currently employed in the Clinical Pharmacology Department at Merck Research Laboratories, New Jersey.

A Wayne State University assistant professor in emergency medicine at Detroit Receiving Hospital, **Mary Grzybowski**, MPH '89, PhD '94, was the lead author on a study regarding the management of acute myocardial infarction in the October 8, 2003, issue of the *Journal of the American Medical Association*.

## 1990s

An expert witness in cases involving environmental exposures to mold, asbestos, solvents, pesticides, and other chemicals, **Victor S. Roth**, MPH '92, MD, spoke last September at a CLE International seminar on mold and fungus litigation. Roth is a clinical assistant professor of environmental sciences at SPH and a physician with the UM MWorks



ROTH

Occupational Health Program. He frequently performs forensic legal record reviews, has authored several book chapters and journal articles, and serves on the editorial board of *Occupational and Environmental Medicine Report*.

# Life on the Hill

*Danielle Turnipseed tackles tough issues in her first year as a legislative assistant to U.S. Senator Elizabeth Dole.*

**D**anielle Turnipseed, MHSA '00, MPP '00, is not one to let an opportunity slip by. So when she hosted a visit by Elizabeth Dole to Duke University back in 1997, Turnipseed, then president of her class at Duke, made sure the two found time to chat. In the course of their conversation, Dole, then president of the American Red Cross, learned that Turnipseed was interested in health care and planned to attend the University of Michigan after graduation. The two women stayed in touch, and a couple of years later, when Dole came to Ann Arbor to give a talk, she got in touch with Turnipseed, who was by then a second-year student pursuing joint degrees in health management and policy and public policy.

Something clicked, because when Dole launched her campaign for the United States Senate the following year, she asked Turnipseed to join her staff. After Dole won the North Carolina seat in 2002, Turnipseed went to Atlanta to work as a consultant, thinking her brief stint of “doing something different” was over. But Dole had other ideas. In March 2003 the senator hired Turnipseed to be her legislative assistant for health and aging. “I’m the one that’s got the job that 1,200 other people applied for!” Turnipseed says today.

“It’s a fairy-tale story, if you will,” she adds. Born in New York, educated in North Carolina and Michigan, Turnipseed never envisioned herself on Capitol Hill, let alone as one of the few African-American women working for the Republican party. She gives Dole credit for having had both the vision and the tenacity to hire her. “I’m sure that there are other people who could have stepped into this position, could have brought legislative experience, but she saw something and agreed

to invest some time in me, too. She’s really good in that respect,” Turnipseed says.

Not that it’s been easy to leap into the legislative process. Having spent three years in the private sector before joining Dole’s staff, Turnipseed had to learn to operate in a “a different time frame” and under different circumstances. “Here there are so many traps you have to run. It’s more than just having a good idea or a good bill—it’s political feasibility, it’s trading votes, it’s the budget, it’s legislative procedures. It’s a lot.”



**Danielle Turnipseed**

Her days are full. During the legislative season, Turnipseed may attend four to five constituent meetings a day as well as a legislative staff meeting, a policy luncheon or briefing, and possibly a Senate hearing—in addition to the daily haul of memos, letters, constituent calls (she gets at least 20 a day), and meetings

with colleagues. She’s often at her office until seven or eight in the evening, and when Dole has a speaking engagement that touches on health care, Turnipseed goes with her. She meets with Dole as often as once a day to discuss both health and aging issues.

Last fall, Turnipseed found herself at the center of one of the biggest stories of the Congressional season, the Medicare-reform bill. Dole had campaigned on the need for a prescription-drug bill and wanted to find a way to provide relief to seniors who were, in

Turnipseed’s words, “cutting their pills in half or going broke or simply not buying the medication they needed.” It fell to Turnipseed to advise Dole on whether the bill Congress ultimately hammered out was worth supporting.

With just one weekend to work through the 678-page bill in its final form, Turnipseed drew on tactics she’d learned at SPH. “You look and you see what the effects would be for lower-income individuals, folks that need the most assistance. That’s where the core fundamentals of the policy training I had came into play. You say, what are the alternatives? What else is in there? What are some things that we may not be able to stomach, and is it worth it? Do you hold back on the whole bill for something that maybe is not exactly what you want?”

In the end, she concluded that the bill was a “good starting point. You have to think about the greater good,” she says. A day later, Dole voted in favor of the landmark reform.

As she tackles some of Dole’s other key health issues—chief among them the problem of the uninsured, especially in North Carolina’s rural population—Turnipseed relies heavily on her Michigan training. She’s in e-mail contact



with several of her professors “at least once a week” and is actively involved in alumni recruiting.

Her advice to public health students who are interested in getting to Capitol Hill is to network. “Go above and beyond the call of duty. Find out about nursing issues, facilities issues, regional health care issues, international health, women’s health, neonatal care, prostate cancer. Get deep in whatever interests you and try to become an expert.” Above all, she insists, don’t make assumptions about what you can and cannot do.

## With just one weekend to work through the 678-page bill in its final form, Turnipseed drew on tactics she’d learned at SPH.

“I’m always thinking, even now, of the next step. One thing that this job has done is it’s given me a broader perspective about things that are out there and things that I can do. Push the limits and exceed even your own expectations. Adapt and be ready for whatever comes your way,” Turnipseed says. She takes her lead from her boss, the first woman in history to be elected to the U.S. Senate from the state of North Carolina. “Senator Dole continues to break those glass ceilings. She’s big on the empowerment of women,” Turnipseed notes, adding, “and she also brings women along with her.”

One of those is Danielle Turnipseed, whose number-one job right now, she says, “is to give my boss what she needs.” ■

## IN MEMORIAM

• • •

**R**obert A. Bowman, professor emeritus of health behavior and health education, died January 15, 2004, in Racine, Wisconsin, at age 89. He was born in Racine in 1914 and graduated from the University of Wisconsin-Milwaukee in 1937. He went on to earn a master’s degree from Marquette University and a second master’s as well as his PhD from the University of Michigan.

In 1949, following an early career as a biology teacher and head of the science department at Cudahy High School, Wisconsin, and as a consultant in health education in central Michigan, Bowman joined the faculty of the UM School of Public Health. He retired in 1980. During his three decades at SPH, he served as assistant to the dean and secretary of the faculty for 10 years, and was a consultant in health education to several state and national organizations, among them the Indian Health Service and the Migrant Health Branch of the U.S. Department of Health, Education and Welfare, and the American Cancer Society of Michigan. He also directed research programs in health education for the Cancer Control Program and the Migrant Health Program of the U.S. Public Health Service.

Bowman played a key role in the education of over 750 SPH students who went on to hold positions of leadership throughout the world at every level of government, in voluntary health agencies, and in the World Health Organization. Students valued Bowman as a good listener and a sage counselor and mentor.

“Bob was one of the early specialists in health education media and materials, and he developed a state-of-the-art media laboratory in the school,” said Scott Simonds, professor emeritus



of health behavior and health education and a former colleague of Bowman. “His work had particular relevance for students abroad, who were just launching the

field of health education in their respective countries.”

A member of several state and national organizations, Bowman served as president of the Michigan Public Health Association and president of the Great Lakes Chapter of the Society for Public Health Education. He held various offices in the American Public Health Association, and for several years was editor of *Health Education Monographs*, a leading health education journal.

Among his many honors and awards, Bowman was named a Distinguished Fellow of the Society of Public Health Education, a Distinguished Alumnus of the University of Wisconsin-Milwaukee, and an Honorary Life Member of the Michigan Public Health Association, and was inducted into the Washington Park (Wisconsin) High School Hall of Fame.

Bowman’s wife, the former Helen Elizabeth Schneider, died in 1995. He is survived by his sister-in-law, Marjorie Bowman; three nieces and seven nephews; and numerous cousins. ■



JOHNSON

After more than 15 years' service to the state of Michigan, most recently as state medical director with the Michigan Department of Community Health,

**David Johnson, MD,**

MPH '93, has accepted a position as director for scientific and medical affairs at the Aventis Pasteur U.S. site in Swiftwater, Pennsylvania. Aventis Pasteur focuses exclusively on vaccine research, development, production, and distribution, and is international in its reach. Johnson reports that he is "very excited" about the opportunity to concentrate his professional energies on immunizations.

**Dorothy L. Faulkner, PhD '94,** has joined the faculty of the New York Medical College School of Public Health in Westchester County, New York.



SHIPP

The Ohio State University College of Optometry has appointed **Melvin D.**

**Shipp, DrPH '96,** as its

new dean. Prior to his appointment, Shipp was a professor at the University of Alabama–Birmingham School of Optometry. A retired captain in the U.S. Naval Reserves, Shipp served on active duty as chief of optometry service in the Naval Hospital at Port Hueneme, California, from 1972 to 1976. Among other national appointments, he is a member of the National Eye Institute in Bethesda and the National Research Council/Transportation Research Board in Washington, D.C. Only the second optometrist to receive the DrPH degree and the first to do so through the highly competitive Pew Health Policy Doctoral

Fellowship Program at the University of Michigan, Shipp has served as a consultant, panelist, and grant reviewer for the Food and Drug Administration, the Health Resources and Services Administration, and the National Institutes of Health, among other federal institutions. He is the only optometrist to have received a Robert Wood Johnson Health Policy Fellowship, during which he completed a one-year congressional fellowship as a health legislative assistant in the U.S. Senate.

**Jean Lakin, MHSA '97,** has joined St. Joseph Mercy Oakland, a 478-bed comprehensive community hospital in Pontiac, Michigan, as director of business development, marketing, and public relations. Prior to joining St. Joseph, Lakin was a system marketing manager at Henry Ford Health System. She has also held managerial positions with the Detroit Medical Center and Hallmark Cards. Lakin is an associate of the American College of Healthcare Executives.

Formerly the director of strategic and financial planning at POH Medical Center, Pontiac, Michigan, **Asad Mahmood Malik, MHSA '97,** is now controller at Saint Mary's Medical Center in Saginaw.

Last fall, **Deborah Salerno, MS '95, PhD '98,** designed a pair of exhibitions in Ann Arbor highlighting America's women physicians, among them Dr. Alice Hamilton, an 1893 graduate of the University of Michigan, who was one of the nation's first crusaders for worker safety and a world authority on poisons in industry. The exhibitions, on view at the UM Graduate Library,

Taubman Medical Library, SPH, and the Ann Arbor Hands-On Museum, were presented in conjunction with a National Library of Medicine exhibition in Bethesda, Maryland, honoring the lives and accomplishments of women in medicine. Salerno is manager of clinical communications at Pfizer Global R&D–Michigan Laboratories.

The Blue Cross Blue Shield of Michigan Foundation awarded **Jillian Henderson, MPH '99,** the 2002 first-place Excellence in Research Award for Students. Currently a PhD candidate in the Department of Health Management and Policy, Henderson published her award-winning paper, "Physician Gender Effects on Preventive Screening and Counseling: An Analysis of Male and Female Patients' Health Care Experiences," in *Medical Care*.

## 2000s

As director of operations for the Medstat Group in Ann Arbor, Michigan, **Jeff Philbrick, MHSA '00,** oversees operations for business intelligence and health care information technology projects for many of the largest health plans in the country. Medstat is a health care information company that provides market intelligence and benchmark databases, decision-support solutions, and research services for managing the cost and quality of health care.



PHILBRICK

**Patricia Heiler, MPH '01,** is a program coordinator for StayWell Health Management of Chelsea, Michigan.

# IN MEMORIAM

• • •

**W**alter D. Block, professor emeritus of human nutrition at the University of Michigan School of Public Health and associate professor emeritus of biochemistry at the Department of Dermatology, UM Medical School, died January 5, 2004, in Ann Arbor. He was 92.

Born in Dayton, Ohio, in 1911, Block received his bachelor's degree in chemical engineering from the University of Dayton and his master's and doctoral degrees from the University of Michigan in 1938. From 1939 to 1944, he served as an instructor in the Department of Biological Chemistry of the Medical School and as a research associate in the Rackham Arthritis Research Unit. He went on to become an assistant professor of biological chemistry in the Department of Dermatology of the Medical School, and in 1967



joined the faculty of the School of Public Health, where he taught until his retirement in 1982. From 1970 to 1976, Block was chair of the Nutritional Science Program in Rackham Graduate School.

Throughout his career, he served as a consultant and advisor to clinical and research laboratories in Michigan and Indiana. During the late 1940s, he was a commercial biochemical consultant for the Viobin Corporation in Springfield, Ohio. His many research interests included protein-calorie malnutrition, the role of standardized exercise on tissue-lipid distribution, triglyceride and carbohydrate metabolism in normal adults and in patients with coronary heart disease, and biochemical studies related to the Tecumseh (Michigan) Community Health Survey. He was the author or co-author of more than 250 scientific publications and several books, including the first textbook on the treatment of arthritis with gold

salts and a genetic study on amyloidosis in the Amish population of Bluffton, Indiana.

"His contribution to the field of nutrition was significant," said Anita Sandretto, assistant dean for academic affairs at SPH, who studied with Block in the 1960s. "Through his work on the Tecumseh Survey, Walter began looking at total cholesterol levels. He was a forerunner in this area of research and did path-breaking work in blood-lipid analysis. He implemented an extremely good quality-control system in his labs, and as a result, obtained consistently reliable results. Walter set high standards for students."

Block is survived by his wife, Thelma; his daughter, Mimi Block; and his son, Robert M. Block, as well as two grandchildren. Gifts in memory of Walter D. Block may be made to the University of Michigan School of Public Health. ■

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**Gretta A. Burchfield, MSPH '30**  
September 21, 2003

**David A. Vanderslice, MD, MSPH '37**  
June 26, 2003

**Maria Naples Sarno, MD, MPH '38**  
February 27, 2004

**Jean H. Gerende, MSPH '40**  
October 6, 2003

**Rachel S. Simmet, MSPH '41**  
November 25, 1995

**Paul M. Cook, DDS, MPH '42**  
July 14, 2003

**Harriet E. Baldwin, MPH '46**  
December 27, 2003

**M. Eileen Blanz, BSPHN '47**  
September 13, 2003

**Dorothy E. Hanna, no degree '49**  
November 4, 2003

**Aaron F. Parrish, MPH '53**  
November 19, 2003

**Maurice C. Kaser, MPH '56**  
September 13, 2003

**William C. Miller, MPH '57**  
January 29, 2003

**Hewlett Cooper, MPH '59**  
October 1, 2003

**Samuel John Wycoff, MPH '59**  
October 6, 2003

**Roy C. Perkins, MPH '60**  
November 4, 2003

**Stephen J. Pijar Sr., MPH '61**  
October 20, 2003

**Agnes Malec, MPH '65**  
October 29, 2003

**James R. Morgan, MPH '65**  
April 10, 1992

**Barbara R. Sattinger, MPH '56**  
August 27, 2003

**Herschel S. Horowitz, DDS, MPH '60**  
August 10, 2003

**Anthony R. Ceresko, MD, MPH '64**  
September 10, 2003

**Francis W. Donovan Jr., MPH '66**  
May 14, 1996

**Roland E. Erwin, MPH '66**  
September 7, 2003

**Betty Michelson Meyer, MPH '66, PhD '69**  
January 29, 2004

**James R. Webb, MPH '66**  
March 4, 2003

**Patrick D. Russell, MPH '69**  
February 16, 2003

**Kenneth F. Hunt, MPH '70**  
September 9, 2003

**Stephen C. Thomas, MPH '70**  
December 9, 2003

**Lawren Daltroy, MPH '74**  
September 22, 2003

**Kalyani Misra, MD, MPH '75**  
August 24, 2003

**Carol Ann Matisa, MPH '78**  
October 24, 2003

**Lucia Diana Moonman, MHSA '80**  
November 7, 2003

**Leslie Bluman, MPH '96**  
July 10, 2003

## FUTURE Findings

### Organ Transplants: From Research to Policy

It's not often that scientists get to see the results of their research turned into policy within a matter of years—or even months. But for SPH biostatisticians **Doug Schaubel** and **Robert Wolfe**, it's a routine event.

registry analyze its data with the goal of informing transplant policy and practice. “We want to find out how to allocate organs in order to get the best results, as well as the fairest results,” says Schaubel, who notes that

have deteriorated beyond the point where even a transplant could save them.

But in fact, says Schaubel, the opposite proved true. The most potentially “futile” transplants were those given to patients with the lowest MELD scores—that is, the healthiest patients. These individuals were more likely to survive for a period of time without a transplant, and would be at risk from the transplant surgery itself. Schaubel reported these findings last year, and officials are now working to revise transplant policy to reflect his findings.

Earlier this year, Wolfe co-authored a study in the *New England Journal of Medicine*, which showed that the traditional system for determining matches between kidney donors and transplant candidates was racially biased. The old system used genetic characters to match organs to candidates. The structure of the process was such that whites were more likely to get transplants than African Americans, who suffer three times the rate of kidney failure as whites do.

Because better immunosuppressants are available today, however, a precise genetic match-up is less critical. Using registry data, Wolfe deduced which genetic characters were most crucial to successful kidney transplants. “By luck, the marker most important to good outcomes also gave the least racial disparity,” he says. He reported the findings, and six months ago policymakers implemented a new system.

“This is huge stuff,” Wolfe admits. “At the risk of over-emphasizing my role in all of this, I believe that I’m personally responsible for many thousands of person years of life that wouldn’t be here if I hadn’t done the research I did. That’s neat.”

Says Schaubel, “It’s inspiring to be involved in research that makes such a difference. It saves lives, and it changes practice.” ■



**Robert Wolfe, left, and Doug Schaubel**

That’s because they study organ transplant data, and as Wolfe points out, “organ failure is an acute medical condition that leads to death very quickly.” Information that can help save lives is therefore processed rapidly, sometimes within weeks.

When an organ does become available, the decision as to who should receive it is based on policy set by national committees composed of physicians and other members of the medical community, ethicists, and patient representatives. In shaping policy, these committees draw primarily on statistical data. That’s where Wolfe and Schaubel, an assistant professor of biostatistics, come in.

The two scientists are affiliates of the University of Michigan’s Kidney Epidemiology and Cost Center (KECC), a collaborative research center devoted to the study of organ failure treatment, with a major focus on transplantation. Partially housed in KECC is the Scientific Registry for Transplant Recipients. Researchers working with this

at least 20% of those on wait lists for transplants die while waiting for an organ.

Statistically, it’s a challenge “to give the right information to the committees,” Wolfe notes. Randomized controlled clinical trials aren’t capable of solving many key issues, so the two researchers have developed a new methodology that helps reveal “the hidden randomized control clinical trial in registry data,” Wolfe says.

Currently, Schaubel’s primary focus is liver transplants. Of all the organs, he explains, “the liver is the one we are best able to quantify wait-list mortality risk.” Patients on liver-transplant wait lists are scored according to a system called MELD (Model of End-stage Liver Disease). Patients with acute liver failure are ranked first, and those with chronic liver failure are ranked in decreasing order of their individual MELD scores.

The hypothesis, says Schaubel, was that the sickest patients—those with the highest MELD scores—would be least likely to benefit from a liver transplant, since their health would

# What's New?

## NEWS, NOTICES & NETWORKING

**Y**our 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 Class Notes. 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.

Please complete this page and fill in the circles if the information you are providing is a change in address or title, if you know of job openings for students, and/or if you are willing to be a resource person for SPH students/alumni.

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- YES, I KNOW OF SUMMER INTERNSHIPS AND/OR REGULAR JOB OPENINGS FOR SPH STUDENTS/ALUMNI.
- YES, I AM WILLING TO BE A RESOURCE PERSON FOR SPH STUDENTS/ALUMNI INTERESTED IN MY PUBLIC HEALTH SPECIALTY AND/OR GEOGRAPHIC LOCATION

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IN THE BOX BELOW IS INFORMATION I WOULD LIKE TO SHARE WITH MY CLASSMATES IN CLASS NOTES.

**CLASS NOTE:**



## The Technology Connection

### SPH News on the Web

Between issues of *Findings*, be sure to visit [www.sph.umich.edu](http://www.sph.umich.edu) for breaking news from your school and program.

You'll find:

- Research headlines
- Events listings
- Alumni news
- Career links and postings
- And much more

It's all updated frequently at [www.sph.umich.edu](http://www.sph.umich.edu).

### To Contact Alumni

File this address in your e-mail address book and use it to contact SPH: [sph.alumni@umich.edu](mailto:sph.alumni@umich.edu).

If you request it, we'll forward your message to someone else in 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/news\\_events/59press.html](http://www.sph.umich.edu/news_events/59press.html)

## Career Networking

If you are new to the job market, exploring career options, or moving to a new city or state, consider networking among Michigan's 12,000 SPH alumni worldwide. Michigan's career network can provide you with alumni contacts in particular cities, states, regions, and countries, and in the various public health disciplines.

Visit our updated career services site at [http://www.sph.umich.edu/career\\_networking/index.html](http://www.sph.umich.edu/career_networking/index.html). Or log on to [www.sph.umich.edu](http://www.sph.umich.edu) and click on "Careers and Networking."

### If you are seeking a career or job change

Log on to [www.sph.umich.edu](http://www.sph.umich.edu) and click on Careers and Networking. The **UM SPH Job Bulletin** lists job opportunities in public health. The **Resume Directory** is an Internet resume posting site for the students and alumni of UM SPH, and it may be used by employers seeking highly qualified candidates to work in a variety of public health settings. Full- and part-time job opportunities, internships, and fellowships; links to a range of employment listings; and sites of interest by discipline, as well as job search strategies, can be found at the **SPH Career Services** site.

### If you are seeking to fill positions for your agency, company, or organization

Log onto [www.sph.umich.edu](http://www.sph.umich.edu) and click on Careers and Networking. The **Employers** section provides information on the most effective ways to identify talent to meet your organization's hiring objectives:

- View the online **Resume Directory** to browse resumes of our graduating students and alumni
- Post jobs and internships on the **SPH Jobs Bulletin**
- Take advantage of the school's on-campus recruiting options

### If you are interested in enhancing Michigan's Career Networking

Log on to [www.sph.umich.edu](http://www.sph.umich.edu) and register as a UM SPH Networking Contact. Networking contacts act as mentors in the field for students who are seeking information and feedback about internships, job searches, interviewing, and real-world experiences.

### For more information about Career Networking, contact

Shelagh Saenz, 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](mailto:sph.jobs@umich.edu)

## Datebook

### July 11–30, 2004

#### Graduate Summer Session in Epidemiology

Now in its 39th 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, including a downloadable registration form, contact Jody Gray at 734.764.5454, [umichgss@umich.edu](mailto:umichgss@umich.edu), or visit [www.umich.edu/epid/GSS](http://www.umich.edu/epid/GSS).

### November 6–10, 2004

#### APHA Annual Meeting

Join us in Washington! Visit our booth in the exhibit hall. Even if you're not registered for APHA, alumni and their guests are invited to Michigan's Keep-In-Touch reception on Monday, November 8, from 6:30 to 8 pm. Watch for details on the SPH website.

**For a complete listing of news and upcoming events, visit the School of Public Health website at [www.sph.umich.edu](http://www.sph.umich.edu).**

## NEW ON THE WEB

Consider these ways [www.sph.umich.edu](http://www.sph.umich.edu) can help you maintain vital connections to the University of Michigan School of Public Health:

#### STAY IN TOUCH WITH E-NEWS

If you're not receiving e-newsletters from UM SPH, sign up now. From the same alumni web page, you can update your alumni record with new employment and address information. It's all at [www.sph.umich.edu/alumni/index.html](http://www.sph.umich.edu/alumni/index.html)

#### CONSTRUCTION WEBCAM ZOOMS IN

Take a peek at exciting renovations and expansion at UM SPH. Our new webcam link has the picture in real time, at [www.sph.umich.edu/about/renovation/index.html](http://www.sph.umich.edu/about/renovation/index.html)

#### EXECUTIVE AND CONTINUING EDUCATION

Did you know the Michigan Public Health Training Center now offers mentored online courses in a variety of topics? Or that the 2004 Graduate Summer Session in Epidemiology will offer new courses related to epidemiology and health policy, nutritional epidemiology, biochemical markers, and infectious risks for the health care worker—and that you can get the application online? Your gateway to executive and continuing education opportunities at UM SPH is [www.sph.umich.edu/exec\\_ed/index.html](http://www.sph.umich.edu/exec_ed/index.html)

#### WEBCAST ON SARS: A CASE STUDY FOR PUBLIC HEALTH PREPAREDNESS

International experts who fought on the front lines of the SARS epidemic participated in a January 2004 symposium in Ann Arbor (see sidebar on page 27). Sponsored by the Academic Center for Public Health Preparedness at SPH, the symposium was designed to better prepare public health professionals to combat and control the next worldwide epidemics and pandemics. Watch video and slides from the presentations at [www.sph.umich.edu/bioterrorism/education/sarsjan20.html](http://www.sph.umich.edu/bioterrorism/education/sarsjan20.html)

#### LOOKING FOR A JOB OR A QUALIFIED EMPLOYEE?

The new UM SPH online Resume Directory from Career Services helps make connections between employers and qualified UM SPH alumni and recent grads. Alumni can post the information they want to publicize in this electronic resume directory, and employers can browse for prospective employees. Take a look at [www3.sph.umich.edu/resume/](http://www3.sph.umich.edu/resume/)

#### SUGGESTIONS FOR THE UM SPH WEBSITE?

We want to hear them! Send an e-mail to [sph.web@umich.edu](mailto:sph.web@umich.edu)

#### Dean's Advisory Committee

Karl Bartscht	William Krebs	Frederick Toca
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**NAME:**

**Darrah Sleeth**

**AGE:** 22

**HOMETOWN:** San Diego, California

**SPH DEGREE PROGRAM:**

MPH, industrial hygiene and environmental health

**GRADUATING CLASS:** 2005

**NAME:**

**Melissa Karjala**

**AGE:** 24

**HOMETOWN:** Ann Arbor, Michigan

**SPH DEGREE PROGRAM:**

MPH, health behavior and health education

**GRADUATING CLASS:** 2004

*You're first cousins and you're both attending the School of Public Health, where your Aunt Kelsey Hargesheimer also happens to work. How did all this come about?*

**Darrah Sleeth:** I actually didn't know Melissa was here! I was looking into public health at Michigan, and my mom said, "Oh, your Aunt Kelsey works there."

*What made each of you decide to go into public health?*

**Melissa Karjala:** I was here at Michigan doing biopsychology, and I had some colleagues who were going into public health, and they were talking about it. That was the first time I heard about it. I had been thinking about medical school, but public health seemed a better fit.

**DS:** I was a biology major as an undergrad in California, and I was considering medical school. And I had to take this one class in endocrinology, but it dealt a lot with public health. I'd always been interested in



**All in the family: cousins Melissa Karjala (lower left) and Darrah Sleeth (lower right), with their Aunt Kelsey Hargesheimer**

environmental studies, and then I got interested more in the medical field, and in public health I can do both.

*If you had the chance to talk about public health to an undergraduate biology major, what would you say?*

**MK:** A lot of people are thinking medical school, but medical school is so reactive to problems—you're just dealing with problems that are already there. Public health seems so much broader. You're getting problems beforehand. It just seems like you can make a bigger difference—coming from that end and approaching lots of people, as opposed to treating one person after they've had an accident.

**DS:** I feel the same way. I think even in the medical field, it would be really good if students got a lot of public health in their training.

*What did your mothers, who are sisters, say when they found out you were both going into the same field and studying at the same school?*

**MK:** Our aunt is the one who talks to everybody all the time. She was really excited.

*You're renting an apartment together—have you learned any family secrets?*

**MK:** We both go through chocolate chip cookies really fast!

**DS:** I think it's a family thing.

**MK:** Our Aunt Kelsey promised Darrah cookies for coming here, so she's brought by a batch or two. ■