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### Advances 2002-2003 Annual Report

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- John Finnegan, Jr., Associate Dean for Research and Academic Affairs

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- Susan Bartlett Foote, Head, Division of Health Services Research and Policy
- Debra Olson, Associate Dean for Public Health Practice Education
- William Toscano, Head, Division of Environmental and Occupational Health
- Mary Story, Associate Dean for Student Affairs
FROM THE DEAN

As 2003 draws to a close, I am pleased to report the University of Minnesota School of Public Health is enjoying positive momentum in the face of the state’s budget crisis, which led to historic cuts to the University’s funding. Sponsored research funding continues to grow and student enrollments are at all-time highs.

Both trends reflect growing recognition of the importance of the field of public health and the vitality of our School. On the following pages, with stories highlighting our three-pronged mission to educate, conduct research, and connect with communities, you will get a glimpse of the exciting directions in which we are headed.

We are embracing the latest technology in our educational efforts and as a result are reaching students all over the globe. You can read about these exciting developments on page 8. And our faculty members are making a difference in the lives of our students. A prominent local businesswoman recently spent an afternoon walking around the University campus and asked several students to name a professor who changed their lives. One of the students named SPH associate professor Wendy Hellerstedt, who teaches courses in reproductive epidemiology and women’s health. Hellerstedt is this year’s winner of the Leonard M. Schuman Award for Excellence in Teaching, the School’s highest teaching honor. She is among our many talented faculty who are shaping the future of public health.

The outstanding faculty and staff who lead our research programs are tackling some of the most pressing issues of our time, including access to care, chronic disease prevention, the infectious disease, the obesity epidemic, and more. The challenges of public health are not simple, and they can be politically charged. It is therefore imperative that we advance the knowledge base and scientific underpinnings of public health programs and policy. Read how our faculty members are doing just that beginning on page 4.

Connecting to the public health community is a critical part of the School’s outreach activities. As you can see on page 13, the School’s Center for Public Health Education and Outreach conducted hundreds of courses last year to keep those on the front lines protecting the health of communities up to date on the latest public health issues.

The publication of this annual report marks the end of my third year as dean at the University of Minnesota School of Public Health. I came to Minnesota because I saw an amazing opportunity to be part of a truly exceptional school. We enjoy strong working relationships with numerous external stakeholders, including the Minnesota Department of Health, the Minnesota Public Health Association, as well as many corporate and community partners. Alumni and friends of the School continue to make many important contributions to our success. Students, faculty, and staff are exceptionally talented and highly motivated. Bottom line—the school is robust. We have the momentum, the ingenuity, and the energy to continue to advance our mission and the field of public health.

Mark Bower
Dean and Professor of Practice in the School of Public Health

Research Funding

With $48 million in sponsored awards from the National Institutes of Health in 2003, the SPH remains number one in NIH funding among schools of public health located at public universities.

In FY03, the SPH brought in 16 percent ($82.9 million) of all University of Minnesota grants and contracts, second only to the Medical School.

Invited Speakers

Julie Gerberding, director of the Centers for Disease Control and Prevention, delivered the commencement address to the 2003 SPH graduates.

D.A. Henderson, who is credited with leading the World Health Organization effort to eradicate smallpox and who currently serves as special advisor to Health and Human Services Secretary Tommy Thompson, received an honorary doctor of laws degree from the University and delivered the School’s annual Gaylord Anderson Lecture.

Faculty Awards and Appointments

Donna Arnett and Bradley Carlin were named Mayo Professors in Public Health; an honor bestowed on SPH faculty for outstanding accomplishments.

Kathleen Thiede Cali received the SPH Community Service Award in recognition of her involvement in community-based initiatives aimed at eliminating health disparities.

Lynn Eberly was appointed to the Board of the Medical Follow-Up Agency: Institute of Medicine.

Susan Bartlett Fote was appointed by the Secretary of the U.S. Department of Health and Human Services to serve on the Medicare Coverage Advisory Committee.

Jean Forster received the Outstanding Public Service Medal from the Minnesota Public Health Association, as well as numerous awards for leadership in community-based initiatives aimed at eliminating health disparities.

Faculty and Staff Honors

Jean Forster was named Mayo Professor in Public Health.

Point of Pride

Kelli Komro received the 2003 Early Career Award from the Society for Prevention Research, given in recognition of major advances to the field of prevention science during the first decade of one’s career.

Danne Neuemark-Sattler received the Lori Irving Award for Excellence in the area of Eating Disorder Prevention and Awareness from the National Eating Disorders Association.

Cheryl Perry received the Research Laureate Award from the American Academy of Health Behavior; the highest honor bestowed by the Academy on an individual.

William Riley was awarded the School’s Charles N. Hewitt Creative Teaching Award.

Mary Story received the 2002 Betty Hubbard Maternal and Child Health Leadership award and the 2003 Max Seham Award in Social Pediatrics for her work and leadership in childhood nutrition.

Selected Publications


Indoor Air Pollution

Uncovering the Dangers of Indoor Air Pollution

Jaya is a 35-year-old woman living in Bangalore, India. Like most of the poor women in her country, her days are spent in a one-room straw and cement home. Like most Indian women, she doesn’t smoke. So why, when tested, do the lungs of this woman appear to be those of a 65-year-old? “Women in developing countries like India do all of the cooking,” says Gurumurthy Ramachandran, professor of environmental and occupational health. “They work in poorly ventilated homes with traditional fuels like wood, coal, and kerosene, which are very dirty and harmful to the lungs.”

While identifying the cause of chronic respiratory diseases isn’t difficult, alarmingly little research has been done to address a problem that also affects millions of women in Southeast Asia, Latin America, and Africa. That prompted Ramachandran to lead an in-depth study to measure both indoor air pollution and its effects on lung health. After conducting field studies in 230 Indian homes in two cities, Ramachandran’s team found that women who use kerosene are exposed to harmful airborne particles at twice the level of those who use liquefied petroleum gas (LPG)—a fuel option that is as clean as natural gas, which is used throughout the developed world. “But it gets worse,” he explains. “In India the levels of outdoor air pollution are so high, they affect the quality of indoor air. So LPG homes have 10 times the amount of harmful particles than LPG homes in developed countries. That amount becomes 20 times worse in kerosene-burning homes.”

They also found that women in traditional fuel-burning homes have significantly deteriorated lung function, worse than the researchers had anticipated. “I was shocked at how bad it was,” says Ramachandran.

To get a better picture of these health effects, Ramachandran is collaborating with SPH colleagues. He has enlisted Bruce Alexander to lead an epidemiological study of 500 additional women and is working with William Toscano, head of Environmental and Occupational Health, to measure chemicals within the lungs.

Making the Work Environment Safer for Nurses

Work-related violence is a major public health problem. Homicide accounts for the third major cause of occupational fatality, overall, and is the second major cause for women. While there has been some research in the area of work-related homicide, little is known about non-fatal work-related violence.

Susan Goodwin Gerberich, professor in Environmental and Occupational Health, is working to change that. She has directed the first major occupational-level research efforts aimed at understanding not only the magnitude and consequences of work-related violence against nurses but also the risk factors for physical assault. Her interest in studying nurses was prompted by an analysis of Minnesota workers’ compensation records, which showed that women had an assault rate twice that of men. “Based on those findings, I wanted to access a major occupational population that we knew was at risk,” says Gerberich, who directs the Center for Violence Prevention and Control. Her target population became all licensed registered (RN) and practical (LPN) nurses in Minnesota.

The study was not limited to just physical assaults but also included non-physical violence such as threats, verbal abuse, and harassment. Because little is known about this topic, Gerberich estimated conservatively that five percent of nurses experience work-related physical assaults per year. Her study found a more troubling reality. Per year, 13 percent of Minnesota nurses experience physical assaults and 38 percent experience non-physical violence. “Those numbers don’t account for multiple assaults and non-physical violence events against the same individual,” she adds.

Patients were found to be the primary perpetrators of physical assaults, while patients and coworkers contributed to non-physical violence events. Certain factors were also associated with decreased risks of assaults, including bright lighting and equipping nurses with cell phones or portable alarms.

Gerberich plans to use these findings as a basis for further in-depth research, which includes evaluation of relevant interventions. “The more we understand the factors associated with assaults against nurses, and test the efficacy of various strategies, the more effective we will be in helping to decrease the violence problem in this profession.”

On the Leading Edge of HIV Research

In the last year, Biostatistician Jim Neaton and his colleagues have made news not just for their findings on HIV treatments but also for taking on a pharmaceutical company that threatened to abandon research it deemed too costly to continue.

Prescribed interruptions in antiretroviral therapy—or “drug holidays”—have become increasingly common in HIV treatment and have been the center of some debate. The Community Programs for Clinical Research on AIDS (CPCRA) recently reported the results of a study that found no benefit in treatment interruptions for those with drug-resistant HIV infection. Neaton directs the Statistical Center for the CPCRA and statisticians who work with him, Kathy Huplier-Hullskj Bradt and Gary Collins, authored the report. Their study showed that interruptions in patients with advanced HIV may in fact hasten disease progression for those whose treatment has been rendered significantly less effective by the development of resistance to multiple anti-HIV drugs.

continued on page 6
Neaton became involved with another treatment trial called SILCAAT when the pharmaceutical company Chiron announced a “business decision” to pull funding because the study they were sponsoring would take longer and be more expensive than expected. Chiron initiated the study to determine if the immunomodulator interleukin-2 (IL-2), which Chiron developed, could suppress the onset of AIDS in patients with advanced HIV. Nearly 2,000 people at 137 clinical sites in 11 countries had enrolled in the study. “Chiron was simply going to abandon them,” says Neaton.

After several months of negotiations, the University of Minnesota, the National Institutes of Health (NIH), and Chiron reached an agreement whereby Chiron would fund the study through the University of Minnesota for significantly less than originally planned but hand over complete control of the study to the researchers, including Neaton. In addition, Chiron agreed to transfer the study's investigational new drug to NIH. Through the School’s Coordinating Centers for Biometric Research (CCBR), Neaton assumed the study's coordination, statistical, and data management functions. The CCBR plays a similar role for ESPRIT, the largest HIV treatment trial to date. ESPRIT is investigating the use of IL-2 among patients with less advanced HIV. Together, ESPRIT and SILCAAT involve more than 6,100 patients in 25 countries.

Neaton is confident that the SILCAAT study is in better hands as it enters another five years of patient follow-up, and that the combined results of ESPRIT and SILCAAT will significantly advance knowledge about HIV treatments.

“While technical in focus,” says Lazovich. “These new methodologies could suppress the onset of AIDS in patients with advanced HIV. Nearly 2,000 people at 137 clinical sites in 11 countries had enrolled in the study. “Chiron was simply going to abandon them,” says Neaton.

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Working Toward a More Accurate Picture of Health Insurance Coverage

As funds for public insurance programs become more strained, the need for a clear understanding of the nation’s uninsured becomes more important. To gain a more accurate picture of the uninsured, researchers at the School's State Health Assistance Center (SHADAC) have been working with the U.S. Census Bureau to improve the way it analyzes and reports data from the Current Population Survey (CPS), one of the nation’s most utilized sources of socioeconomic information.

SHADAC collaborated with the U.S. Census Bureau to determine the accuracy of public CPS data regarding health insurance coverage. Based on the strength of SHADAC's findings, the Census Bureau revised its method of calculating estimates, increasing its standard errors by 55 percent.

“The Census Bureau was being too lenient in its calculations,” says SHADAC research fellow Michael Davern, who directed technical aspects of the collaboration. “By increasing the standard error, estimates of uninsured Americans have significantly improved.”

The need for accurate data becomes even clearer when considering that CPS estimates are used in designing the federal formulas that distribute roughly $1 billion a year to public programs. SHADAC analysis revealed that between 1999 and 2002, random survey error contributed to fluctuations of nearly $10 million per state in State Children's Health Insurance Program allocations. “In a time of severe budget deficits and rising health care costs, it is critical for policymakers to be able to distinguish real change in insurance coverage dynamics from random fluctuation due to survey error,” says SPH assistant professor Lynn Blewett, who directs SHADAC.

“While technical in focus,” says Blewett. “These methodological improvements will affect policies that in turn will affect health care for millions of individuals. We are fortunate to have funding from the Robert Wood Johnson Foundation to focus on the policy implications of health services research.”

Educating About the Risks of Indoor Tanning

A worrisome trend among teens is the desire to maintain a suntan year round. Hence, indoor tanning has become increasingly popular. This spurred epidemiology professors DeAnn Lazovich and Jean Forster to study the ways in which the indoor tanning industry is regulated and consumer awareness of the links between indoor tanning and skin cancer.

Although a minor’s access to indoor tanning is regulated by state laws and local ordinances, compliance among business owners is low. In a study of Minnesota and Massachusetts tanning businesses, Lazovich and Forster found that when buying tanning sessions, teens reported that they were asked for parental permission less than 35 percent of the time. In addition, more than 80 percent of those businesses sold sessions to teens posing as customers.

In attempting to discover the reasons behind the indoor tanning habits of teens, Lazovich and Forster found that children whose parents had used an indoor tanning booth in the past year were much more likely to have tried indoor tanning themselves. They also found that teens and parents who tanned were less knowledgeable about skin cancer risks than their low-risk counterparts. “These results suggest that an effective indoor tanning intervention might be family-based,” says Lazovich. “It should try to change the tanning practices and beliefs of not just teens but also their parents.”

To address the business side of the issue, Lazovich, Forster, and colleagues developed Equipping Leaders of Indoor Tanning Establishments (ELITE), an intervention designed to increase compliance of tanning businesses with regulations, especially those regulations designed to restrict access to underage buyers. The researchers are also pursuing funding to establish clearer links between indoor tanning and skin cancer. “Most studies in this area pre-date contemporary indoor tanning equipment,” says Lazovich. “We need to investigate the industry in its current state to accurately understand the health risks associated with it.”
**Distance Learning Courses Expand Classroom Walls and Minds**

A freshman learning about the perils of alcohol from older students. A biostatistics study group made up of students living in the United States, Spain, and Kenya. A classroom discussion that spans four time zones. These are all scenarios brought to reality in a pioneering crop of School of Public Health distance learning courses.

The first online course of its kind, Alcohol and College Life, helps students navigate the pressures of freshman year. The course draws on research, accounts from real-life students who share their stories, and the teaching expertise of School of Public Health professor Jim Rothenberger. Rothenberger was one of the School’s first instructors to pursue the merits of Web-based instruction. Well loved by students, he is also the recipient of numerous teaching awards. “No matter how much technology we put between him and the students, Jim always comes through,” says Alexander. “He’s a born teacher.” Students must agree: “No matter how much technology we put between him and the students, Jim always comes through,” says Dana Cruzen, manager of Survey Research Studies. “We gain a knowledgeable, contributing member, and he’s able to develop his skills in the arena of corporate health care research.”

With a successful inaugural year, the program has more than doubled its sponsors. This will open the program to more students, giving them an invaluable learning opportunity as well as a helpful resource in funding their education.

**New M.S. Program Connects Students to Top Researchers**

Recognizing that textbooks and classroom attendance alone are not enough to make students top health care experts, SPH faculty have redesigned the master’s program in Health Services Research, Policy, and Administration. The program—which focuses on the organization, financing, and delivery of health care services—rolled out its revamped curriculum for the 2002-2003 academic year.

The highlight of the new curriculum is a training program in which students work at various health care organizations and state agencies. In addition to working with top researchers on real-world projects, students earn a salary and qualify to have a portion of their tuition paid.

Faculty used their industry ties to recruit the initial employers, which represent a mix of nationally recognized private and public organizations: Children’s Hospitals and Clinics, HealthPartners Research Foundation, Ingenix, Minnesota Department of Health, Minnesota Veteran’s Administration, Park Nicollet Institute, and Stratis Health.

“Having Donovan on the Ingenix survey research team is a win-win situation,” says Dana Cruzen, manager of Survey Research Studies. “We gain a knowledgeable, contributing member, and he’s able to develop his skills in the arena of corporate health care research.”

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**SPH Launches Dual Degree in Veterinary Medicine and Public Health**

Developed in response to the critical national need for more veterinary public health professionals, the new dual Doctor of Veterinary Medicine/Master of Public Health (DVM/MPH) degree program is one of the first in the United States that enables students to complete work for both degrees in just four years.

Offered for the first time in the 2002-2003 school year, the innovative MPH curriculum is designed so that students working toward a DVM at any accredited veterinary college nationwide can earn a dual Master of Public Health degree from the University of Minnesota School of Public Health.

“Anthrax and West Nile virus demonstrate the interrelation of animal and human health,” says School of Public Health Dean Mark Becker. “Our goal is to help prepare professionals who can safeguard and enhance public health through their understanding of disease control in animal populations.”

Students take public health coursework through online learning programs and during the summers of their veterinary training, including the three-week Public Health Institute offered each spring by the School. They also complete a field experience and a master’s project.

“Before this program officially began, some of our veterinary students began taking public health courses in anticipation of a dual degree,” says Will Hueston, professor and director of the University’s director of Center for Animal Health and Food Safety. “In fact, our students have been urging us to offer this program as soon as possible.”

“When presented with the opportunity to pursue my MPH as a veterinary student, I jumped at it,” says Courtney Ikuta, a current student in the program, who last year completed a field project at the Veterinary Public Health Unit of the United Nations Food and Agriculture Organization. “Anthrax and West Nile virus demonstrate the interrelation of animal and human health,” says School of Public Health Dean Mark Becker. “Our goal is to help prepare professionals who can safeguard and enhance public health through their understanding of disease control in animal populations.”

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Acclaimed Project Northland is Working in Chicago

Developed by School of Public Health professors in the early 1990s, Project Northland is a nationally recognized intervention program aimed at reducing alcohol use among adolescents in rural areas, who, by virtue of their geography, are typically white. In the last two years, researchers have taken Project Northland to Chicago neighborhoods, establishing the largest community-wide alcohol prevention project of its kind to be funded in a racially diverse urban area.

Project Northland Chicago—led by primary investigator Kelli Komro and fellow Division of Epidemiology investigators Cheryl Perry, Traci Toomey, Rhonda Jones-Webb, and Carolyn Williams—focuses on sixth- to eighth-grade students in 60 Chicago public schools and their surrounding neighborhoods. “Preventing early onset of alcohol use is very important, but also very difficult,” says Komro. “This has been an alcoholic drink, their parent or guardian gave it to them. “Findings like these demonstrate why parent education and involvement are key components of our intervention,” says Sara Veblen-Mortenson, director of family and school initiatives for Project Northland Chicago.

“We’ve really had to take time to build trust,” adds Bosma. “But it’s paying off now. We have a sense of what’s going on in these neighborhoods and what we need to do to make positive changes.”

SPH alumnae and current SPH mentor Haiyun Fan at a mentor program kick-off event.

Mentor Program Helps Prepare Next Generation of Public Health Leaders

Sometimes it’s what students learn outside the classroom that starts them on a successful career. Connecting students with leaders in the public health field is the role of the SPH Mentor Program, one of the largest and most successful programs of its kind nationwide.

The program has grown by double digits every year since its inception in 1995. During the 2002-2003 academic year, 120 students were matched with professionals representing 63 organizations from all sectors of the public health field, including the Mayo Clinic, 3M, and the World Bank. “A force behind the program’s momentous growth is mentors recruiting other mentors and generating enthusiasm for the program,” says program director Sharon Goodyear, who adds that new organizations are signing on every year. “The program’s reputation is growing and employers are increasingly seeing the benefits of participating.”

Students appreciate the benefits as well. Mentoring relationshipshave brought students into workplace activities not commonly open to outsiders, and led many to refine their career goals. International students have been especially grateful for the chance to learn about navigating the American public health system. “It’s a tremendous help for them to network with someone in their chosen field, even for an hour once a month,” says Goodyear.

Making connections in a vast, fluid field like public health is crucial for students in determining which job is right for them. Goodyear says the program has helped students to become more strategic about their field placements and given them new direction in their careers. Most rewarding for her is to see students become mentors themselves, after graduating and gaining some professional experience.

Haiyun Fan was a student in the mentor program two years ago. Now, thanks in part to the guidance she received from her mentor, she’s an advanced biostatistician in the pharmaceutical division of 3M. She says she decided to become a mentor because she wanted to give back to the program. “It wasn’t long ago that I had questions about starting my career,” says Fan. “I’d like to help students who are in that position now.”

10 University of Minnesota School of Public Health

Partnering with the Girl Scouts to Build Strong Bones

Bone fractures due to osteoporosis are a major health problem among older women. One important way to prevent fractures as an adult is to build bone density in adolescence. School of Public Health professors Simone French and Mary Story are working to build strong bones and life-long healthy habits in young girls. They are collaborating with local Girl Scout troops on Cal-Girls, a program to help fifth- and sixth-grade girls increase their calcium intake and bone-building physical activity.

Fifteen participating Girl Scout troops are making Cal-Girls activities a part of their meetings for the next two years. These activities—which count toward Girl Scout patches and badges—include making “Calci-Yum” snacks, taking Bone-Builder Breaks for fun physical activities, and performing in the KALC Radio Show with Calcy the Cow, who answers questions about why its important for young girls to get enough calcium and exercise. The Cal-Girls staff also partnered with a local 4-H chapter to offer participating Girls Scouts a week-long summer day camp filled with similar activities. To encourage healthy behavior at home, girls and their parents can access helpful information from the Cal-Girls Web site and complete take-home activities.

Bone fractures have lived through the two-year study will help determine the program’s effectiveness in increasing bone density. “Research has shown that only three of 10 6- to 11-year-old girls meet daily calcium recommendations, and only 25 percent of adolescent girls get regular amounts of physical activity,” says French, who is leading the study. She hopes the Cal-Girls program can help to change those statistics and eventually become available to more Girl Scout troops, perhaps nationwide.

“This has been a wonderful experience for us,” says Jennifer Freeburg, vice president of program for the Girl Scout Council of Greater Minneapolis. “The University of Minnesota researchers have done an excellent job of tying hands-on activities to our badges and designing a team approach to help the girls set goals together.”

“We chose to work with the Girl Scouts because their philosophy of promoting healthy behavior and self-esteem dovetails nicely with the Cal-Girls program,” says French. “The partnership is working out just how we hoped it would.”

Minneapolis Girl Scouts practice for the KALC Radio Show with Calcy the Cow.

PROJECT NORTHLAND

University of Minnesota School of Public Health

OUTREACH
Advising Government on Medicare Pricing

The most contentious subject in current Medicare reform debates is whether traditional fee-for-service Medicare should engage in direct premium competition with private health plans. Advocates of increased competition, who believe that current levels of Medicare spending are unsustainable, say that competition will result in higher quality care and lower government costs. Opponents worry that direct price competition will threaten the viability of traditional Medicare. The answer to this debate depends, in large measure, on the degree to which Medicare beneficiaries are sensitive to differences in out-of-pocket premiums when they choose a health plan.

Bryan Dowd and Roger Feldman, professors in the School’s division of Health Services Research and Policy (HSRP), have been providing technical assistance on Medicare reform to government agencies for nearly 15 years. Most recently, they have been working with the Centers for Medicare and Medicaid Services (CMS). Feldman and Dowd were the first to estimate the price sensitivity of Medicare beneficiaries using national data. Their latest study, commissioned by the Centers for Medicare and Medicaid Services (CMS), found that for every $10 increase in premium, a plan lost 4 percent of its M+C market share. The individual-level study found similar results, and also showed that some individuals would switch altogether to the fee-for-service sector.

What does this mean for the current debate over Medicare? Dowd says it shows that Medicare beneficiaries are in fact sensitive to out-of-pocket premiums, which makes arbitrary increases in premiums more difficult for health plans. Says Dowd: “These findings suggest that increased price competition in Medicare would help keep prices close to a health plan’s true costs.”

“Many members of Congress appear ready to try competitive pricing for Medicare,” adds Feldman. “Recent debate over adding drug coverage to the Medicare benefit package may prompt them to try competitive pricing in selected markets.”

The School’s Center for Public Health Education and Outreach helps prepare those who work on the front lines of public health.

Center for Public Health Outreach and Education is Avenue for Life-Long Learning

Although Adam Sekely doesn’t always consider himself a member of the public health workforce, as a hydrologist for the Minnesota Pollution Control Agency who often oversees the clean-up of hazardous materials, he is on the front line of protecting the public’s health.

Sekely expanded his knowledge on important public health issues and saw firsthand the importance of his role in protecting communities from harm.

“The training I receive through the School of Public Health not only keeps me informed of the latest public health issues, it also teaches valuable skills I use in protecting the public from contaminated soil and ground water,” he says.

The Center for Public Health Education and Outreach is a bridge to the public health community. In 2003, the center offered hundreds of continuing education programs for public health professionals, helped to plan and execute numerous workshops, oversaw the highly successful 2003 Public Health Institute, and collaborated with universities and agencies in other states on public health programming.

Public health professionals from the Minnesota Department of Health and other state agencies, as well as professionals whose work takes them into the realm of public health (first responders, hazardous waste managers, etc.), see the center as an avenue to either explore the public health aspects of their job or keep current on latest developments in the field of public health.

This work is made possible through numerous training grants from the Centers for Disease Control and Prevention, the National Institute for Environmental Health Sciences, Occupational Safety and Health Administration and the Health Research Services Administration, to name just a few.

“The Center for Public Health Education and Outreach is an avenue for public health professionals to be life-long learners,” says Debra Olson, associate dean for public health practice education. “Whether someone is new to the field and looking for public health fundamentals or is on the front lines and looking to stay on top of emerging public health issues, we have something for everyone.”

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Lisa Griffin Vincent acknowledges that in many ways her background—in nursing, kinesiology, and clinical research—seemed to be leading her down a path toward epidemiology. But as she became increasingly aware of the importance of understanding the health care system and its relationship with clinical trials and treatments, Vincent switched her focus and became a Ph.D. candidate in Health Services Research, Policy and Administration.

In August she became senior director of clinical research at Minneapolis-based Medtronic Neurological. Now she takes the perspectives she gained in the Division of Health Services Research and Policy into the workplace, directing the company's clinical research from Phase II human trials through regulatory approval and into post-marketing studies on health outcomes and economics.

Thinking about the economics of treatment and care early on is crucial, says Vincent, 42. And to do that, it's essential to understand how the health care system works, from access to care to insurance to the flow of referrals.

"My studies at the University of Minnesota School of Public Health helped me on a methodological and theoretical level to think about how a treatment is used in the real world," says Vincent, who finished her dissertation in January 2003. "If you have the perfect treatment but it's never utilized, then you haven't achieved your mission."

Emily Hansen, as a student in the Environmental Health program, took an air pollution course that she remembers as challenging. Lately, it's been coming in handy.

In August, Hansen, who received her M.P.H. in October 2002, began an Association of Schools of Public Health fellowship at the Centers for Disease Control and Prevention in Atlanta. As part of the CDC's Environmental Public Health Tracking Branch, she's researching air pollution and asthma, and looking at ways to connect data between environmental hazards and chronic health problems in order to build a framework for future research hypotheses.

Hansen says her experiences at the University of Minnesota School of Public Health offered her enormous opportunities. She's grateful for the School's mentor program and required field experience, both of which connected her with officials at the Minnesota Department of Health. Hansen worked there during her last year of school, developing a program in birth defect surveillance. That experience—and her master's thesis on environmental and public health surveillance—helped her land the coveted CDC fellowship.

"When I entered the program I wasn't sure what I wanted to focus on," says Hansen, 27. "It allowed me to be flexible and try out several different areas. It put me in a place where I can work effectively with different professionals."

Pam DeShaw had already had a lengthy career as a registered nurse when she entered the Division of Epidemiology's Community Health Education program in 2000. Having worked since 1982 in the emergency room at Fairview-University Hospital's Riverside campus in Minneapolis, DeShaw found that many members of the area's growing Somali community would come to the ER for their basic medical needs.

Through her course work, DeShaw focused her M.P.H. studies on developing and evaluating outreach programs for immigrant communities. "I came out excited to make a difference," she says. "And not afraid because I had a strong foundation of learning."

Now the December 2002 graduate is taking the skills she learned in the classroom back to the community, through different projects that offer health education to Minnesota's Somali community.

Among her many undertakings are health classes for Somali women and a survey of Somalis about their use of the emergency room. She plans to develop an education program incorporating videotaped classes on different health topics aimed specifically at the Somali audience.

And, even though it was daunting for the 57-year-old DeShaw to return to school (amid mostly younger classmates), she's found that her age and experience have helped her gain the trust of the Somalis she works with. "The older you are, the more respected you are," she says.

Lisa Griffin Vincent

An Liu arrived in the United States and at the University of Minnesota in 1997. But it wasn't until 2001, when she started course work in the Division of Biostatistics, that he found a home here.

"It's a good atmosphere," says the 33-year-old, who received an M.S. in biostatistics in March 2003. "Not only for studying but for friendships and living."

Liu had an introduction to biostatistics as an undergraduate at China's Nankai University. He came to the University of Minnesota to study water resource science, developing skills in mathematics and statistical modeling. Still, biostatistics was fairly new to him when he switched programs.

"It's challenging but very interesting to me and very rewarding," Liu says. "Statistics; it's not just techniques, not just math. It's kind of a thinking process. You can apply statistical thinking to almost anything."

In summer 2002, Liu began work as a biostatistician at St. Paul-based 3M Pharmaceuticals. His work includes designing clinical trials, analyzing the data collected, and assisting in the regulatory approval process.

"He's grateful not just for his biostatistics education, but also for the School's career services and mentor program, which matched him with a mentor who worked at 3M. "He's now my supervisor," Liu says.
Chair in Pediatric and Community Health and is the recipient of the 2003 Josie R. Johnson Human Rights and Social Justice Award.

Sue Deinard is a graduate of the University of Minnesota School of Nursing and has worked at the University of Minnesota Hospital and Clinic and Fairview-University Medical Center for more than 40 years in inpatient neurology and neurosurgery, and in outpatient neurology, dermatology, and surgery.

Amos Deinard says he wishes to “blend a commitment to children with the vision of public health from the vantage point of a faculty member within the University.”

Amos Deinard is an alumnus of the University of Minnesota Medical Center for more than 40 years in inpatient neurology and neurosurgery, and in outpatient neurology, dermatology, and surgery.

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Amos and Sue Deinard: Bridging the Practices of Medicine and Public Health

Many professionals in the medical field are just beginning to understand the importance of viewing their work from a public health perspective. Increasing debate on how to best address infectious diseases, the obesity epidemic, and access to health care is underscoring the need for physicians and nurses to have a grounding in public health practices.

Understanding the cultural and environmental factors that impact patient health has long been the focus of Amos and Sue Deinard, who through an endowed gift support the Amos and Sue Deinard Public Health Fellowship Fund. Established in 2002, the fund supports University of Minnesota Department of Pediatrics residents or fellows who wish to earn a Masters of Public Health or nurses pursuing a degree or certificate at the School of Public Health.

Amos Deinard is an alumnus of the University of Minnesota Medical School and the School of Public Health. He was director of the Community-University Health Care Center for 15 years and is a long-time faculty member in Pediatrics and Epidemiology. He holds the Ruben-Bentson Professorship in Surgery.

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Michael Ciresi: Advancing the Mission of Public Health Preparedness

Since it began, just days before the terrorist attacks of September 11, the Center for Infectious Disease Research and Policy (CIDRAP) directed by SPH faculty member Michael Osterholm, has been a trusted national source for information on issues surrounding infectious diseases, bioterrorism, and food safety.

CIDRAP’s doors only were open during this critical time because of the support of organizations like Robins, Kaplan, Miller, and Ciresi, LLP, which through its Foundation for Education, Public Health, and Social Justice has given a total of $850,000 to fund the work of the center.

Michael Ciresi, senior partner at the firm, believes CIDRAP plays a vital role in public health preparedness. “This center is having a national and international impact on our thinking about critical public health issues,” says Ciresi. “Dr. Osterholm’s experience and leadership make him eminently qualified to lead the center. He is one of the most sought after experts in the country on bioterrorism and other public health issues.”

Osterholm says that without Ciresi’s vision, CIDRAP would have remained “just a planning document and hopeful conversation. The center is now one of the nation’s leading voices in public health preparedness.”

John Pfrommer: Combining His Belief in Education and Public Health

“If people have the ability and are willing to work hard, money shouldn’t preclude them from developing to their full potential,” says John Pfrommer, who has established three scholarship funds for School of Public Health students, and who this past year became a member of the Trustees Society, which recognizes donors who have given a cumulative gift of $100,000 or more to the University of Minnesota.

Pfrommer’s belief in access to education comes from his own experience attending college and medical school on the military’s GI Bill and having received his M.P.H. at the urging of his superiors in the U.S. Air Force.

Pfrommer has been a strong advocate of public health and the treatment of populations (versus individuals, the traditional medical paradigm) since his days in both graduate and medical school. But it was his career as a flight surgeon and subsequent travels throughout the world for the Air Force that gave him a population health perspective that he believes made him a better physician.

When he later became an administrator of Air Force hospitals, Pfrommer continued to put his public health background to good use. “The military provides the ideal population in which to administer the basic public health tenet of prevention, whether you’re talking about infectious disease, mental health, or a host of other conditions,” he says.

Pfrommer has always been interested in the social aspects of medicine. He recalls his days as a University of Minnesota medical student in the late 1940s when president Harry Truman became the first national politician to support the notion of a nationalized health service. Pfrommer heard similar sentiments being echoed at the time by Minneapolis mayor Hubert Humphrey. “Those two ignited a belief I already had in the importance of public health,” he says.

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The School of Public Health is host to nationally and internationally recognized centers focused on high-caliber research, outreach, and training. Reflecting the breadth of research conducted within the School, these centers share a common goal of improving the health of all populations—and in doing so, they play a critical role in advancing the mission of the School.

Center for Environment and Health Policy (CEHP)
Interim Director: William Tuccaro
Focuses on improving the assessment, management, and communication of environmental health risks and fostering better environmental policy decisions.
www1.umn.edu/coa/research.html

Center for Infectious Disease Research and Policy (CIDRAP)
Director: Michael Osterholm
Strives to reduce illness and death from infectious diseases by conducting original, interdisciplinary research and by facilitating public policy refinement and the adoption of science-based best practices among professionals and the public.
www.cidrap.umn.edu

Center for Public Health Education and Outreach (CPHEO)
Associate Dean for Public Health Practice Education: Debra Olson
Identifies professional and public learning needs and develops strategies to meet them in partnership with School faculty and public health professionals.
www.cpheo.umn.edu

Center for Violence Prevention and Control (CVPC)
Director: Susan Gerberich
Facilitates interdisciplinary collaboration in research that can ultimately affect the prevention and control of violence.
www1.umn.edu/cvpc/

Center for Youth Health Promotion (CYHP)
Director: Cheryl Perry
Disseminates to schools and communities innovative youth health promotion programs and materials created in the Division of Epidemiology.
www.epi.umn.edu/cyhp/

Center on Aging (COA)
Director: Robert Kane
Fosters basic and applied interdisciplinary research and education in gerontology and geriatrics education, research, and service.
www.hsr.umn.edu/coa/

Midwest Ecological Risk Assessment Center (MERAC)
Director: Deborah Swackhamer
Integrates the emerging science of ecological risk assessment into existing environmental research and graduate education programs and serves as a centralized resource on ecological risk assessment for the Upper Midwest.
www.merac.umn.edu/

Minnesota Area Geriatric Education Center (MAGEC)
Director: Robert Kane
Pursues an interdisciplinary approach to advancing the quality and quantity of geriatric content in the health sciences.
www1.umn.edu/coa/MAGEC/magec.html

Minnesota Technical Assistance Program (MnTAP)
Director: Cindy McCornas
Helps Minnesota businesses implement solutions that maximize resource efficiency, prevent pollution, and reduce costs to improve public health and the environment.
www.mntap.umn.edu

Nutrition Coordinating Center (NCC)
Director: Phyllis Pirie
Develops, provides, and supports state-of-the-art methods and databases for researchers collecting and analyzing dietary data.
www.ncc.umn.edu/

Regional Injury Prevention Research Center (RIPRC)
Director: Susan Gerberich
Provides a multidisciplinary program for the prevention and control of injuries, including catastrophic and long-term disabling injuries, with attention to the rural environment.
www1.umn.edu/ehs/files/research.html

Research Data Assistance Center (ResDAC)
Director: Marshall McBean
Provides assistance to academic, government, and non-profit researchers interested in using Medicare and Medicaid data for their research.
www.resdac.umn.edu/

Rural Health Research Center (RHRC)
Director: Ira Moscovice
Conducts research and disseminates information that will help policymakers better address the unique health care needs of rural America.
www.hsr.umn.edu/rhrc/

State Health Access Data Assistance Center (SHADAC)
Director: Lynn Blewett
Helps states monitor rates of health insurance coverage, understand factors associated with uninsurance, and evaluate state policy initiatives.
www.shadac.org

Epidemiology Clinical Research Center (ECRC)
Director: Kristine Ensrud
Facilitates studies that conduct research in osteoporosis, diabetes, obesity, estrogen, exercise, and cardiovascular disease prevention.
www.epi.umn.edu/about/ecrc.shtm

Clinical Outcomes Research Center (CORC)
Co-Directors: Robert Kane and Marc Swintkowski
Offers an opportunity for clinical research faculty to develop projects that address the outcomes of care. CORC is a joint venture of the Medical School and the School of Public Health.
www.hsr.umn.edu/corc/

Data Collection and Support Services (DCSS) Center
Director: Phyllis Pirie
Assists Division of Epidemiology investigators with data collection and handling for health-related studies.
www.epi.umn.edu/admin/dcss.shtm

Evidence-based Practice in Community Health Center (EPC)
Director: Todd Rockwood
Supports SPPH research and partners with public health organizations in designing, conducting, and analyzing mail, telephone, and in-person surveys.
www.hsr.umn.edu/epc/publicinfo/researchcenters.htm

Health Services Research Survey Center
Director: Todd Rockwood
Supports SPPH research and partners with public health organizations in designing, conducting, and analyzing mail, telephone, and in-person surveys.
www.hsr.umn.edu/epc/publicinfo/researchcenters.htm

Managed Care Center
Director: Doug Whiteley
Supports research related to managed care organization and performance and develops educational activities related to managed care.
www.hsr.umn.edu/mcc/

Center to Study Human-Animal Relationships and Environments (CENSSHARE)
Director: R.K. Anderson
Creates opportunities to acquire, disseminate, and apply knowledge about the relationship between animals, humans, and their shared environment to improve the quality of life for all.
www.censhare.umn.edu/

Regional Emergency Medical Services Training Program (REMSEP)
Director: Todd Rockwood
Aids emergency medical services and their administrators in the delivery of quality prehospital care.
www.remsp.umn.edu

Developmental Disabilities Research Program (DDRP)
Director: Todd Rockwood
Conducts research and disseminates information on developmental disabilities and services to children and adults with developmental disabilities.
www.ddrp.umn.edu

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Directed program experiences are conducted within the School’s centers and include:

• University of Minnesota Center for Public Health Preparedness
• Midwest Center for Life-Long-Learning in Public Health
• Midwest Center for Occupational Health and Safety (CE)
• Midwest Consortium for Hazardous Waste Worker Training, partner
• Great Lakes Regional OTI Education Center, partner

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Director: Richard Crow
Documents the prognostic and diagnostic value of electrocardiography for epidemiological studies and clinical trials nationally and worldwide.
www.epi.umn.edu/research/index.shtm

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Centers
The following financial, enrollment, and employment figures reflect the School of Public Health’s positive momentum. Despite cuts in state funding, shown here over the last ten years, the School’s total revenues have increased almost 250 percent since 1993. This tremendous growth is due in great part to the School’s outstanding faculty, whose research attracts grants from a variety of funding agencies. Top-tier research and educational programs have contributed to a steady increase in student enrollment and kept faculty ranks consistently strong over the last decade.

### Revenue Sources

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<td>4,217,585</td>
<td>5,532,280</td>
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<tr>
<td>Indirect Cost Recovery</td>
<td>1,413,636</td>
<td>3,988,218</td>
<td>6,253,717</td>
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<tr>
<td>Other - Sales, Fees and Gifts</td>
<td>2,714,599</td>
<td>5,611,891</td>
<td>9,419,520</td>
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<tr>
<td>Grants</td>
<td>27,390,827</td>
<td>36,178,819</td>
<td>67,030,038</td>
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<tr>
<td>Total Revenue</td>
<td>38,443,820</td>
<td>51,807,405</td>
<td>92,713,102</td>
</tr>
</tbody>
</table>

*In 1993, tuition was included in the State Support.

**1993 source:** U of M Allocation sheet and U of M Institutional Reporting

**1998 source:** U of M Allocation sheet and U of M Academic Health Center reporting system

### Applications, Students, and Graduates

<table>
<thead>
<tr>
<th></th>
<th>1993</th>
<th>1998</th>
<th>2003</th>
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</thead>
<tbody>
<tr>
<td>Applications</td>
<td>620</td>
<td>544</td>
<td>759</td>
</tr>
<tr>
<td>Students</td>
<td>366</td>
<td>362</td>
<td>610</td>
</tr>
<tr>
<td>Graduates</td>
<td>167</td>
<td>148</td>
<td>148</td>
</tr>
</tbody>
</table>

**Source:** Association of Schools of Public Health 2002 Annual Report

### Faculty

<table>
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<th></th>
<th>1993</th>
<th>1998</th>
<th>2003</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tenured/Tenure-Track</td>
<td>72</td>
<td>62</td>
<td>71</td>
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<tr>
<td>Non Tenure-Track</td>
<td>17</td>
<td>30</td>
<td>30</td>
</tr>
</tbody>
</table>

**Source:** U of M Institutional Reporting

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