

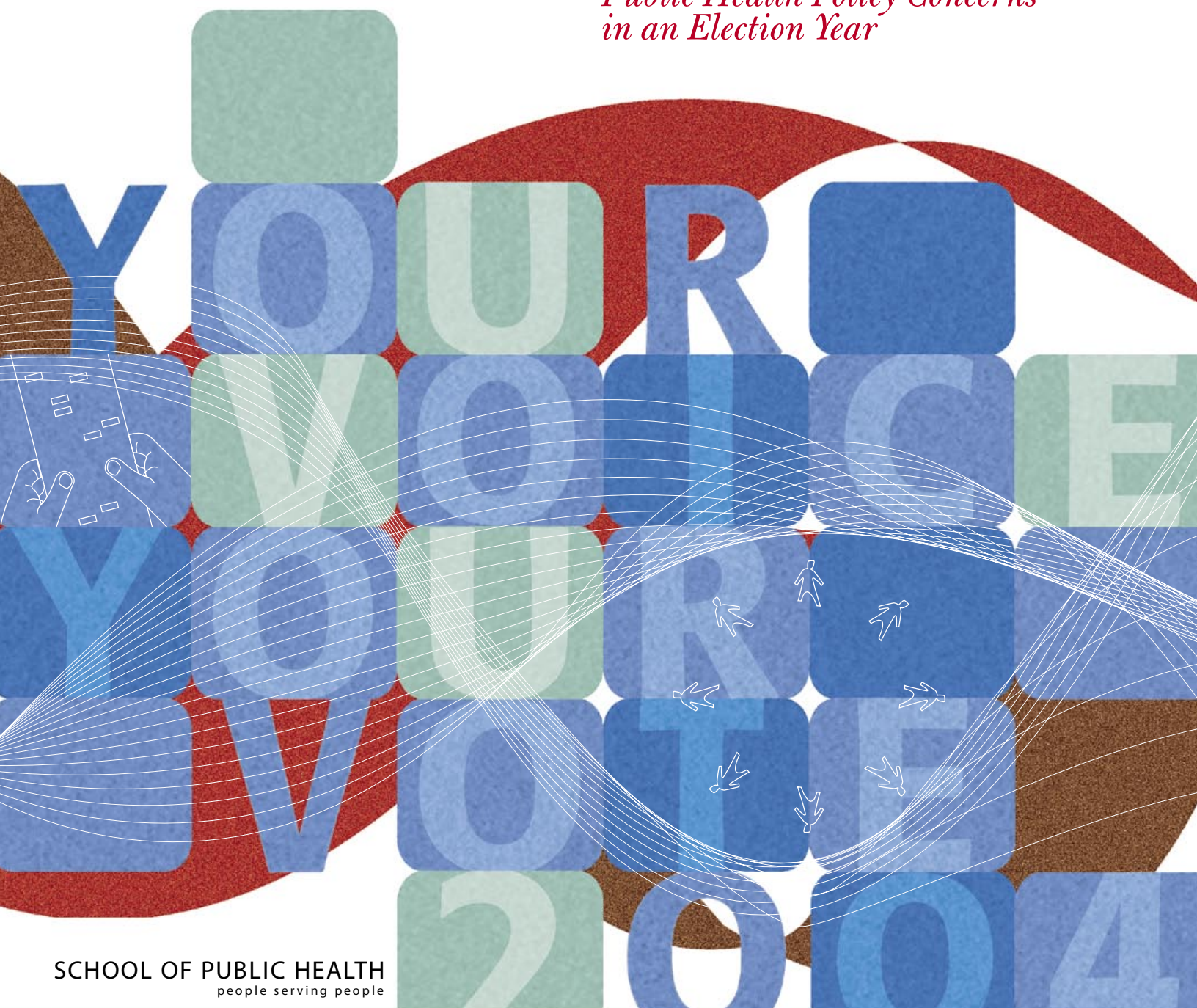
Fall 2004

# Healthviews

A MAGAZINE FOR UIC SCHOOL OF PUBLIC HEALTH ALUMNI AND FRIENDS

IN THIS ISSUE

*Public Health Policy Concerns  
in an Election Year*



SCHOOL OF PUBLIC HEALTH  
people serving people

**UIC** University of Illinois  
at Chicago

# Healthviews

A MAGAZINE FOR UIC SCHOOL OF  
PUBLIC HEALTH ALUMNI AND FRIENDS

Fall 2004

*Public Health Policy Concerns  
in an Election Year*

Healthviews is published annually for alumni, faculty, students, and friends of the School of Public Health at the University of Illinois at Chicago.

Susan C. Scrimshaw, PhD, Dean  
Pamela Ippoliti, Editor

For inquiries, feedback, or comments, please contact the Office of Development:

Susan L. Mennenga  
Assistant Dean for Development  
312-355-4501  
smenneng@uic.edu

Janet Beauchamp  
Associate Director for Development  
312-996-0760  
janetb@uic.edu

Pamela Ippoliti  
Director of Communications  
312-996-2139  
ippoliti@uic.edu

School of Public Health Website:  
<http://www.uic.edu/sph/>

Design  
Maria Flores

Photography  
Roberta Dupuis-Devlin  
Pamela Ippoliti  
Allan Stern

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Dean Susan C. Scrimshaw presented UIC's Public Health Appreciation Award to Senator Richard J. Durbin at Commencement 2004 in recognition of his ongoing advocacy of public health issues.

## From the Dean

Never before has the voice of public health been so essential in setting national and global policy. We are living in an age when our society and our world are vulnerable to dangers from all sides. We are struggling to deal with naturally occurring epidemics, the resurgence of diseases we had once thought conquered, and environmental hazards. We must also be prepared to respond to deliberate acts of terrorism and sabotage, to health disparities that divide our nation, and to diseases that can destroy entire countries. The special tools of public health—disease prevention, health promotion, and population-based approaches—are vitally needed to pursue improvement of quality of life, both here and beyond our borders, in a humane and cost-feasible manner. Our government also needs the vision and commitment necessary to support and deploy these resources.

The University of Illinois at Chicago School of Public Health is actively involved at the local, regional, national, and international levels in a broad array of initiatives aimed at understanding and solving today's health problems. We consider all our work in research, service, and education to be incomplete, however, until our findings have achieved functional recognition through the implementation of policies that serve the communities and individuals who have shared their time, information, and experience with us to help enhance our knowledge and practice of public health.

Our faculty members have taken the opportunity of this election year to consider selected policy issues that have an impact on everyone's health. I have used my own article in the magazine to discuss the need for policymakers to take the long view on health promotion and disease prevention and to continue funding prevention, especially when it is working. Dr. Bernard Turnock looks at the effects fiscal sleight-of-hand approaches are having on our public health infrastructure. An article on our Chicago Project for Violence Prevention explores an extremely successful program that has radically reduced the number of violent deaths in some of our most troubled neighborhoods here and is now expanding to assist cities beyond Chicago. Dr. Susan Curry reviews effective measures for improving the health behaviors of millions of people, and Dr. Youfa Wang suggests steps we can take to combat the obesity epidemic. Dr. David DuBois advocates for the need for caution in care as we set about launching mentoring programs for our youth. Our Center for the Advancement of Distance Education describes the arsenal of technological resources being built today to improve public health tomorrow, and our environmental and occupational health scientists present a sampler of the investigations they are conducting to help us move toward safer, cleaner workplaces and a safer, cleaner world. Dr. Arden Handler highlights our Maternal and Child Health Epidemiology Program and its preparation of analytic experts to lead data-based decision-making to promote the health of mothers, children, and families.

We hope that this issue of *Healthviews* magazine will encourage the reader to consider public health policy concerns and the ways in which they need to be addressed in election year 2004 and beyond.

Susan C. Scrimshaw, PhD  
Dean

# Funding the Absence of Disease

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Susan C. Scrimshaw, PhD

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The biggest challenge to the health of the public is the short-term view of funders and policymakers. This is caused by several factors, in particular too few public dollars and too many demands on those scarce resources. When these issues are combined with the fact that many public health measures will make a difference after, not before, the next election, it is easy to see why it takes real courage and vision to enact such measures.

With a sluggish economy, the difficulty politicians face in attempting to raise taxes, and increasing demands for spending on “unavoidables” such as fire and police protection, prisons, and our legal system, it is not surprising that something that looks as if it can be postponed, such as health services, and even higher education, is cut, and cut again.

One of the problems faced by policymakers is that, when public health measures succeed, nothing happens. It is difficult to justify spending money to prevent something which may not occur. When a public health problem does occur, it is often treated as a crisis, and more is spent on addressing it than it would have cost to prevent it in the first place. Professor Bernard Turnock’s book, *Public Health: What It Is and How It Works*, describes many of the cost savings of prevention.<sup>1</sup> For example, lung cancer treatment costs \$29,000 per patient, as compared with the relatively minor costs of stopping tobacco use. AIDS treatment costs at least \$75,000 over a lifetime. Inadequate immunization for rubella can cost \$354,000 over the lifetime of an infant affected during its mother’s pregnancy.

Not long ago, in 1989, Chicago paid the price of neglecting prevention. Because vaccinating children against measles had been neglected, there were 2,282 cases of measles and eight children died. A major vaccination campaign in response led to only 625 cases the next year, and only a handful in the past few years. Problems in both health and higher education are conveniently invisible until they reach crisis proportions. At that point, intervening is often like turning around a large ocean liner—it is both time consuming and expensive. The symptoms are clear. Ninety million Americans cannot read beyond an eighth grade level.<sup>2</sup> More than half of Americans are seriously overweight. A society in which people are not well educated is crippled in its ability to function economically and democratically. A society without an adequate

health workforce—and in which a large proportion of the population is developing chronic diseases such as diabetes—is a society headed for economic trouble.

The foundation of a healthy public is prevention. Engaging in even a few positive health behaviors can make a life-long difference for individuals. Many of these begin very early, indeed even before birth, with the mother’s health behaviors. Nearly half of the leading causes of death in the U.S. in the year 2000 were attributable to underlying behavioral causes. Tobacco use ranked first, accounting for 18 percent of deaths, followed by poor diet and physical inactivity, excessive alcohol consumption, microbial agents, toxic agents, motor vehicle accidents, firearms, sexual behavior, and illicit drug use.<sup>3</sup> Negative health behaviors not only lead to death, but they can also cause years of costly disease and disability along the way.

We have ample public health evidence of the importance of preventive approaches. The Centers for Disease Control and Prevention, along with other groups in the Department of Health and Human Services such as the Health Resources and Services Administration and the National Institutes of Health, decided eight years ago to form a Task Force to Develop Evidence-based Guidelines for Community Preventive Services. To date, the task force has published ninety-five recommendations as part of *The Guide to Community Preventive Services (Community Guide)*. Prepared by the independent task force and supported by the Centers for Disease Control and Prevention, the *Community Guide* is generally recognized as the gold standard for effectiveness reviews of population-based interventions. The *Community Guide* provides public health decision-makers with essential and readily accessible information about what works, how well, for whom, and in what settings in terms of population-based interventions designed to improve health and prevent disease, illness, and injury.

I was a member of the task force from its inception in 1996 until early 2003. Early in its existence, the priorities for topics to be examined were discussed in great detail. While specific diseases were recognized as important, and indeed, many are under examination by the task force, the decision was made to focus on overarching behaviors which affect people’s susceptibility to multiple disease entities. These include tobacco use, sexual behavior, diet, physical activity, illicit drug use, and factors in the socio-cultural environment.



Preventive work in these key behavioral areas is already underfunded and is subject to continual additional budget cuts. The tobacco settlement funds, intended to help states help victims of tobacco use and to prevent a new generation from smoking, have been used only fractionally for those purposes in most states, including Illinois.\* Schools have virtually eliminated physical activity, while providing less than healthy lunches. Funding for AIDS prevention is scarce, and education about safe sex is controversial and often not funded or carried out. Yet, the *Guide* contains recommendations for improving the health of people and communities which are based on sound scientific evidence of effectiveness. (For more information, visit [www.thecommunityguide.org](http://www.thecommunityguide.org). Also, look for *The Community Guide: What Works to Promote Health*, the first hard-copy version of the *Community Guide*, which will be published in late 2004.)

As a society, we are having trouble spending some money now to prevent spending much more in the future. Why? We have already considered several reasons: long-term savings are not seen as justifying short-term spending; budgetary constraints; and social pressures, such as bar and restaurant owners fearing the loss of business if tobacco is banned in such places. Another reason is that sometimes different sources pay for prevention and the consequences of not engaging in prevention. A cut in an outpatient clinic budget can result in higher inpatient costs, but the two are not always managed as a continuous entity.

As a society, we have not come to terms with the need for prevention and health care access for everyone. We have not understood that the large numbers of uninsured and underinsured people in the U.S. today are running risks which we often must cover. We don't turn babies out of neonatal intensive care units, yet we limit prenatal care access which could prevent some premature births.

We do turn away some adults from treatment. Like the many African and Asian AIDS patients we see on television, dying with no hope of treatment, low-income Americans may receive free cancer screening but often get no follow-up treatment for the problems detected by that screening. We know that poor people and many Latinos, African Americans, and Native Americans are dying prematurely because of lack of access to quality care, among other factors.<sup>4</sup> The costs to our society as a whole are enormous, economically, morally, and emotionally.

We need the courage to take the long view. We need the courage to fund the absence of disease, today, tomorrow, and in the years to come. Chicago's Health Commissioner, Dr. John Wilhelm, likes to recall a time when he was working with Project Hope in Northeast Brazil. The mayor of the town where Dr. Wilhelm was working installed a sewer system, instead of the visible public buildings dear to the hearts of his predecessors. The sewer system was virtually invisible, but would make a difference to the health of that community for years to come.

As a society, as policymakers, and as a public health community, we must cooperate in taking the long view to health. We must spend pennies now to save many dollars later. We must understand that a healthy society is safer for everyone, more productive economically, and a better place to live. We must invest in that future.

In Chicago today, the Departments of Streets and Sanitation, Public Health, Water Management, the Park District, and others are cooperating with new vigor in mosquito control. It costs money to pay workers to apply larvicide to prevent mosquito larvae from becoming adult mosquitoes which could carry the West Nile Virus, yet this activity is credited in part with the reduction of West Nile cases in the Chicago area in 2003, as compared with 2002. This costs around a million dollars, but only a few cases of West Nile would exceed that cost. Are people aware of fewer mosquitoes than there otherwise would have been? Probably not. Are they aware of fewer cases of West Nile Virus? Hopefully, yes. Will they thank the policymakers who appropriated the funds for the larvicide? I hope so.

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Susan C. Scrimshaw, PhD, dean

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\*In one notable exception, Arkansas used tobacco settlement money to fund a new school of public health.

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# Funding for Public Health

## *One Hand Giveth While the Other Taketh Away*

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*Bernard J. Turnock, MD, MPH*

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A little money devoted to public health has always gone a long way, reaping huge benefits in terms of improved health status and quality of life. Yet, despite the accomplishments and benefits achieved over the past century, less than one percent of all health spending supports population-based public health activities. Advocates have long argued that public health activities generated by the state and local governmental agencies comprising the public health infrastructure are woefully underfunded.

In recent years, however, two developments provided an unprecedented opportunity to increase support for the public health infrastructure. Beginning in 2002, more than \$1 billion annually has been channeled to state and local public health agencies for bioterrorism preparedness, and it is likely that several more years of support can be anticipated. This represents about a 20 percent increase in federal support for population-based public health services and comes on the heels of the arrival of even more massive funding available for health purposes through the 1998 settlement with the major tobacco companies.

Illinois, including Chicago, now receives more than \$250 million annually in tobacco settlement funds and another \$50 million each year for bioterrorism and emergency preparedness and response. The \$300 million total is about three times the amount of state general revenue funding appropriated to the state health agency in Illinois and twenty times the amount of state support for the public health infrastructure.

Despite these developments, concerns regarding an inadequately funded public health infrastructure persist. How can this occur amidst the two largest public health funding opportunities of this century or the last? Several economic and political forces appear to be at play, resulting in tobacco settlement funding being diverted to many non-health related purposes and federal bioterrorism funds supplanting state and local support for public health activities.

Critical in Illinois and many other states are state budgets in heavy deficit mode, threatening significant reductions in state general revenue funding for the state health agency and local public health departments now and in future years. The budget crisis in Illinois, for example, prompted the enactment of early retirement programs that resulted in the displacement of many middle- and senior-level staff within the state health agency. The net effect is an environment conducive to supplanting state and local resources with tobacco settlement and federal bioterrorism preparedness funds. Although federal guidance specifically prohibits supplanting state and local resources, supplanting has become an issue in nearly all states and large cities.

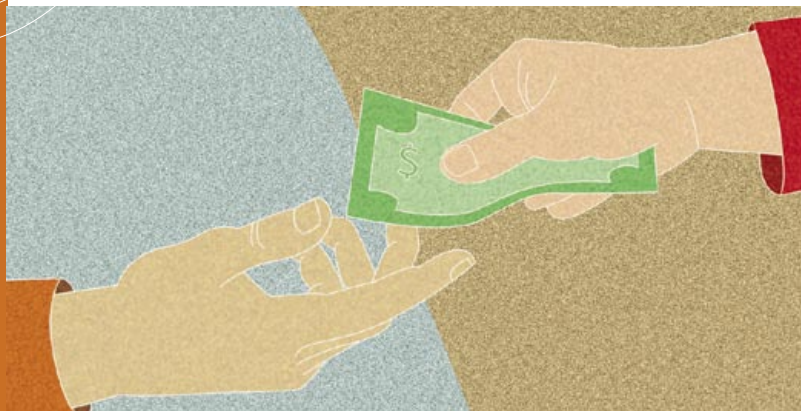
For tobacco settlement funds, supplanting takes a somewhat different form. In Illinois, only a small portion is directed toward tobacco-related health problems. Most is used to plug gaps in other parts of the state budget or even to provide politically popular rebates to taxpayers. Tobacco settlement funds are viewed as a fiscal and political windfall rather than repayment to the state for past and future damages caused by tobacco use. This windfall plugs holes in public budgets and subtly encourages state and local governments to reduce investments in the public health infrastructure using state and local funds.

While federal bioterrorism preparedness funding has begun to enhance the public health infrastructure, the experience in Illinois and other states demonstrates that systems take time and need sustained support. Even with several years of early work to develop the health alert network and upgrade disease surveillance systems, it will be several more years until these systems are completed, fully functional, and integrated into a national network. The development of a comprehensive public health workforce preparedness system will also take several years, as will true multi-state planning. It is unrealistic to believe that these systems can be up and running after only a year or two of funding.

The influx of tobacco settlement and federal bioterrorism funds represents an incredible opportunity for improving the public health system. Unfortunately, much of that opportunity has already been lost and what remains will face serious challenges in the days that lie ahead.

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*Bernard J. Turnock, MD, MPH, clinical professor, Community Health Sciences Division, and director, Center for Public Health Practice*



# Chicago Project Prevents Violence by Changing Lives Positively

Gary Slutkin, MD, a research professor in the Epidemiology and Biostatistics Division, specializes in epidemics. As director of the San Francisco tuberculosis program in the 1980s, Slutkin saw the cure rate for tuberculosis among the infected population go from 50 percent to 95 percent. San Francisco's program is now considered a model for citywide TB programs.

In 1987, Slutkin was recruited by the World Health Organization (WHO) to assist in the effort to apply public health approaches to the global AIDS epidemic. Under his direction, methods for evaluation and measuring results were developed and are now used in over seventy countries. Slutkin, working with WHO, also supported the Uganda AIDS control program in the early 1990s. Uganda is the only country in Africa that has reversed its AIDS epidemic.

In 1995, Slutkin turned his attention to another epidemic that was claiming lives in his own hometown—the epidemic of violence in Chicago. In collaboration with Chicago civic and community leaders, and after working with the Centers for Disease Control and Prevention to learn the latest thinking on approaches to violence prevention, Slutkin launched the Chicago Project for Violence Prevention and subsequently its CeaseFire program. The project is a public health initiative that has undertaken the development of a systematic plan for the reduction of violence in some of Chicago's most troubled communities—a plan that is now being used to address urban violence in cities beyond Chicago.

Slutkin approaches violence in the same manner he has approached other health and behavioral epidemics. He concentrates on identifying the underlying causes and then focuses on the interventions most likely to have the greatest impact. He also carefully documents and measures progress to determine the most effective methods of combating the problem.

CeaseFire concentrates on collaboration with law enforcement, clergy outreach, youth outreach, public education, and community mobilization as key components. Community involvement around a defined strategy is also essential. Project leaders act as technical consultants, and each community remains responsible for its own decision-making. In each neighborhood, a lead organization assumes responsibility for forming a community coalition to develop and implement the plans the members decide upon. The initiatives, which take into account



Mayor Richard M. Daley (center right) and Dr. Gary Slutkin (center left) lead a CeaseFire march in a Chicago neighborhood.

what has worked in other areas, are based on what is most needed in each community and what approaches are most suited to having a sustainable impact locally.

CeaseFire is having a major impact in Chicago. A *Chicago Tribune* editorial noted, "In neighborhoods where CeaseFire has been active—organizing its increasingly visible street marches against gun violence—shootings have declined by an average of 45 percent."

A *Chicago Sun-Times* editorial, entitled "A Worthy Investment to Stop the Shooting," said, "...judging by the stunning success over the past three years of CeaseFire, an outreach program that defuses urban hot spots partly by having outreach workers drawn from those areas counsel potential shooters into the early morning hours, behavior modification is the way to go. Implemented in West Garfield Park in early 2000 under the aegis of the Chicago Project for Violence Prevention, [CeaseFire] reduced shootings there by the end of the year by 67 percent—from 43 cases in 1999 to 14—and continues to keep them down. In Grand Boulevard, shootings between 2000 and 2002 were down 67 percent from 88 to 29."

CeaseFire has captured the interest of Governor Blagojevich's administration, and Slutkin is working on grants to extend the program beyond Chicago to Maywood, Aurora, and Rockford.

CeaseFire is not only preventing tragic losses in terms of human lives destroyed and communities shattered. Also of importance to a state like Illinois with a strapped budget, studies show that each shooting costs an estimated \$35,000 in medical care and \$137,000 in criminal justice costs.

# Filling the Gap between What We Know and What We Do

## *The Public Health Imperative for Health Behaviors*

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Susan Curry, PhD

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Every hour as many as 85 Americans die prematurely from diseases caused by tobacco use, inactivity, and poor nutrition. According to the Centers for Disease Control and Prevention, tobacco use, unhealthy diet, physical inactivity, and excess alcohol consumption account for nearly 40 percent of mortality in the United States.<sup>1</sup> In addition to the tragic human costs, the economic costs are tremendous. Spending on preventable diseases associated with these behavioral risk factors (e.g., cardiovascular disease, cancer, stroke, diabetes) accounts for up to 70 percent of health care expenditures in the United States.<sup>2</sup>

The good news is that we can do something about this. We have effective programs for smoking cessation, improving healthful eating, and increasing physical activity. Moreover, moderate and achievable changes at the population level can make a big difference. For example, estimates are that if on average Americans each lost 2.2 pounds in the next year, we could see a 25 percent reduction in obesity.

Of course, behavior change is influenced not only by behavior change programs, but also by national and local policies (e.g., school lunch policies, workplace smoking bans), our environment (e.g., sidewalks and walking trails, the availability of healthful foods in our local markets), organizational policies (e.g., health insurance coverage decisions), and interpersonal influences (e.g., advice from our health care professionals, the opinions and behaviors of important people in our lives). We also know that strategies that work to improve one behavior can work for other behaviors. A unified public health policy approach to deal effectively with all key health risk behaviors is possible.

From this optimistic perspective, here are a few important public health policy priorities to consider:

- Increase access to and demand for state-of-the-art, individual-level behavior change programs. Telephone quit-lines for smoking cessation work, and people use them. Illinois is one of thirty-seven states that sponsor a quit line (1-800-QUIT-YES). Why not leverage the infrastructure that is in place for tobacco to provide resources and assistance related to diet and physical activity? Of course, telephone support alone is not very effective. These individual-level resources need to be accompanied by active mass media campaigns that create



demand, enhance motivation, and reinforce changes that individuals make.

- Make addressing health risk behaviors a “standard of care” in health care delivery. In a speech in 2002, Secretary Thompson of the U.S. Department of Health and Human Services stated, “The alarming growth rates of preventable diseases also point to how out-of-whack our health care system is in America. We wait until people get sick before providing care. We invest mostly in developing technology or medicines to keep the sick living longer, rather than preventing them from getting sick in the first place. This doesn’t make sense. We need to strike a better balance between preventive care and treatment.”<sup>3</sup> One or two minutes devoted to health behavior change during a routine medical visit can really make a difference. For example, patients whose doctors discuss obesity and weight loss with them are nearly three times as likely to lose weight than patients who are not advised to lose



weight.<sup>4</sup> Yet, data just released by the Centers for Disease Control and Prevention show that as recently as 2000 only 40 percent of doctors told their obese patients to lose weight.<sup>5</sup>

■ Changing the “standard of care” begins with the training of health care providers. If addressing health risk behaviors is an expected competency during training, it is more likely to be a standard of care during practice. A recent Institute of Medicine report<sup>6</sup> recommends providing an integrated, four-year medical school curriculum that would require medical students to demonstrate competency in applying appropriate interventions to influence patient behavior.

■ Apply successful policy strategies from tobacco use to other behaviors. We have had remarkable success in tobacco policy using taxes and regulations. Revenue from taxes can pay for the infrastructure and mass media campaigns needed to increase access to and demand for effective behavior change interventions. Taxes collected

on foods can subsidize prices on healthful foods. Monies collected from the use of roadways can be devoted to creating physical environments that encourage walking and other activities that help us increase our physical activity levels. Moreover, taxes have direct effects on behavior. When taxes on tobacco products go up, fewer youth start smoking and more adults quit smoking.

With regard to regulations, clean indoor air laws and regulations for smoke-free workplaces lead to reduced rates of tobacco use.<sup>7</sup> These approaches could be applied to other behaviors. For example, requiring point-of-purchase information about the foods we are eating can help us make more informed choices in fast food restaurants. Encouraging physical activity as an integral part of our days can happen through mandated daily physical activity in public schools.

Over ten years ago Dr. Geoffrey Rose wrote, “The knowledge that we already possess is sufficient, if put into practice, to achieve great health gains for all and to reduce our scandalous international and national inequalities in health.”<sup>8</sup> It is truly a public health imperative to make this statement an anachronism.

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Susan Curry, PhD, professor, Health Policy and Administration Division, and director, Health Research and Policy Centers

School of Public Health faculty along with colleagues across UIC are involved in many cutting-edge studies related to health behavior change. These include work being conducted through the Health Research and Policy Centers that examines the impact of tobacco taxes on youth cigarette consumption, studies of exercise adherence among older adults, evaluations of community-based walking clubs and nutrition classes, a nation-wide evaluation of youth tobacco cessation programs, and a study of healthful eating programs for children and families in Chicago Public Schools.

Note: Portions of this article were presented by Dr. Susan Curry at an American Cancer Society and Institute of Medicine Symposium on June 30, 2003.

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# The Obesity Epidemic

## *Why We Should Be Worried and What We Can Do about It*

*Youfa Wang, MD, PhD*

Obesity is associated with increased morbidity and mortality. The major health consequences of obesity include type 2 diabetes, cardiovascular disease, hypertension, gallbladder disease, certain types of cancer, and psychosocial dysfunctions. Obesity has become a global epidemic, and both industrialized and developing countries are affected by it. Childhood and adolescence, which are key times for individuals to form lifelong eating and physical activity habits, are considered as two critical periods for the development of this condition. Overweight children are likely to remain obese as adults. Thus, obesity prevention in children and adolescents is a public health priority.

Obesity has become the second leading preventable cause of disease and death in the United States, second only to tobacco use. Obesity is likely to become the leading cause soon if no effective approaches to controlling it can be implemented. The total direct and indirect costs attributed to obesity amounted to \$117 billion in the year 2000. Currently, two-thirds of American adults and one-third of American children and adolescents are overweight or obese. The prevalence of obesity and overweight among U.S. children and adolescents has more than doubled since the 1970s, while the prevalence of obesity has increased fourfold—and the rates continue to rise. The prevalence of overweight and obesity increased from 15 percent in 1971-74 to 26 percent in 1988-94 and 30 percent in 1999-2000. Minority and low-SES groups are disproportionately affected. During 1971-1994, for the lowest SES group, the prevalence tripled (increased from 10 percent to 29 percent) while for the highest SES group, the prevalence did not quite double (13 percent to 22 percent).

Recent data indicate that schoolchildren in Chicago, particularly in the Chicago Public Schools, have a much higher prevalence of obesity than at the national level. Whitman and colleagues surveyed 1,700 households in six Chicago community areas. They found that two-thirds (58-68 percent) of the children in five of the six areas were overweight or obese. Their reported overall prevalence in Chicago (58 percent) was much higher than that at the national level (30 percent) and that in New York City (43 percent). Recently in our ongoing school-based obesity prevention study in four Chicago Public Schools, we



found that 42 percent of the fifth through seventh graders were overweight or obese.

Obesity is the result of a number of biological, behavioral, cultural, social, and environmental factors and the complex interactions among these variables that affect energy balance. Numerous studies have examined the influence of individuals' eating and physical activity patterns and biological factors on the development of obesity. Excessive energy intake is a primary risk factor for obesity, although the specific aspects of intake responsible are controversial. Dietary factors such as diet composition, energy density, fat intake, snacks, soft drinks, and portion sizes have been linked with obesity. Physical activity may be the most important factor in explaining the increase

of obesity in the U.S. and many other countries. Increasing evidence shows that American adults and children are engaged in much less physical activity than previously. For example, nearly half of young people do not regularly engage in vigorous physical activity, and one-fourth report no vigorous physical activity. Walking and bicycling by children aged five through fifteen dropped by 40 percent between 1977 and 1995. Among high school students, daily attendance in physical education (PE) classes declined from 42 percent to 25 percent during the first half of the 1990s. Recent national survey data show that among ninth through twelfth graders, 48 percent are not enrolled in PE, and the enrollment drops from 74 percent for ninth graders to 31 percent for twelfth graders. On average, American children spend four hours per day watching TV, playing video games, or using computers.

In recent years, the important role played by broad environmental factors in the obesity epidemic has received increasing recognition. Modern industrialized societies provide their residents with abundant food at relatively low costs. Numerous opportunities exist to reduce energy expenditure at work, at school, and in the home, and all three venues facilitate sedentary lifestyles. The current environment in the U.S. has been characterized as “obesogenic.”

In the past, great attention and emphasis have been focused on obese patients and those who are at high risk to deal with the condition. In recent years, however, there has been a growing consensus among public health professionals that government, society, and local communities should play an active role in addressing the obesity problem, which has now become a public health crisis. We suggest the following policy measures and programs:

- Create a supportive environment that encourages physical activity, e.g., accessible recreation facilities, safer streets and parks, and convenient public transportation systems.
- Modify existing policies and develop new ones to promote healthy eating and reduce overconsumption of energy, e.g., restrictions to be placed on food advertising and marketing and fiscal incentives and disincentives to promote consumption of healthy foods such as vegetables and fruits and reduce consumption of foods that are high in fat, sugar, and energy content.
- Schools are a key setting for promoting lifelong habits of healthy eating and physical activity. Young people should be provided with healthy food and adequate opportunities

## School of Public Health Receives Grants to “RAP” Childhood Obesity

The Robert Wood Johnson Foundation and the Otho S.A. Sprague Memorial Institute have provided grants to a faculty team to develop “Rapid Anthropological Assessment Procedures for Preventing Childhood Obesity.” Created by Susan C. Scrimshaw, PhD, and Elena Hurtado, MPH, in the 1980s, Rapid Anthropological Assessment Procedures, or “RAP,” are based on anthropological methods used to assess health beliefs, behaviors, and programs from the community perspective. “RAP” has been applied to health problems ranging from AIDS to reproductive health and aging. This project will assess individual and community perceptions of obesity and prevention strategies and will work with community members and health care providers to create a version of “RAP” for planners, researchers, and policymakers to use in developing and evaluating intervention strategies to address childhood obesity. Investigative team members include Dr. Scrimshaw, Noel Chávez, PhD, RD, LDN, Myrtis Sullivan, MD, MPH, and Youfa Wang, MD, PhD.

for physical activity through physical education classes and recess while in school.

- Strategies to tackle obesity need to be incorporated into existing health promotion programs, particularly those aimed at preventing other chronic diseases such as cardiovascular disease and cancer.
- Underserved population groups should be provided additional support by local, state, and federal governments and other organizations.
- Organizations and agencies at the community, regional, national, and international levels should work in a coordinated manner to develop and implement comprehensive and integrated programs and policies.

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*Youfa Wang, MD, PhD, Department of Human Nutrition, College of Applied Health Sciences and adjunct assistant professor, Epidemiology and Biostatistics Division*

# Mentoring for Our Youth

## *The Need for Caution in Care*

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*David DuBois, PhD*

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I can still vividly recall my first day as a mentor to a nine-year-old boy, Marcus, through my local community's Big Brothers/Big Sisters program nearly three years ago. Even as a psychologist who specializes in working with children and as a researcher who has studied mentoring programs, I found myself wondering about the most basic of concerns. Would he like me? Would I like him? Marcus was preoccupied with his own concerns. Upon being reassured that I planned on us being friends for a long time, Marcus persisted in wanting to know just how long: "Can it be forever?"

Forever is not a word that most youth such as Marcus end up associating with their mentors. The unfortunate reality is that as many as half of all volunteer mentoring relationships last no more than a few months. These premature endings rob young persons of the opportunity of having a positive adult role model and advocate who could put them on the path to a brighter future. Of even greater concern is that disappointing experiences with a mentor leave many at-risk youth with a diminished sense of self-esteem and trust in adults. In short, they appear worse off for having participated in a mentoring program.

Given these realities, I could not help but have mixed feelings recently as Congress authorized the first installment in President Bush's plan for a massive \$450 million expansion of mentoring programs for youth over the next three years. The budget approved for this current fiscal year includes \$50 million for mentoring of at-risk middle school students and \$50 million to provide mentors to children of prisoners. Funds are to go to local schools and community agencies for the purposes of establishing new mentoring programs and supporting the continued operation of those already in place.

The power for positive change that is inherent in a close bond between a young person and a caring adult is undeniable. I have experienced it firsthand with Marcus. As a researcher, however, I know that there is an equally great need to unravel the complexities of how to design mentoring programs that can harness this power in an effective and safe manner.

If the Bush administration is guilty of a "quick fix" mentality regarding the promise of mentoring programs for addressing the needs of today's youth, it is surely not



alone. Unbridled enthusiasm for mentoring permeates our contemporary society. It is found in places as lofty as the mission statements of prominent national youth organizations, such as America's Promise, founded by General Colin Powell, and those as mundane as the ubiquitous public service announcements that beseech us to offer our time as mentors. These appeals are hard not to like. They tap directly into our desire as humans to nurture and support young people, especially those who are most vulnerable and in need of adult guidance.

There is good reason, however, to be wary of the philosophy that "more is better" when it comes to mentoring programs. A meta-analytic review of the youth mentoring literature that I conducted recently with several other researchers underscores this need for caution. Our findings suggest that the typical mentoring program has failed to deliver substantial benefits for participating youth in important areas such as self-esteem, behavioral adjustment, or school achievement. The promise of mentoring began to be clearly evident only when we focused on a much smaller subgroup of programs that adhered to an identified set of best practices. Hallmarks of these programs include rigorous screening and training of mentors, careful matching of youth with adults who have similar interests and backgrounds, systematic monitoring and supervision of relationships by program staff, and support for mentors to work as a team with the parents of youth.

There is also the stark reality that demand for mentors is far ahead of the supply. The most sought-after programs such as Big Brothers/Big Sisters have lengthy waiting lists. Boys like Marcus often must bide their time for more than a year before finally being paired with a mentor. To date, research has only just begun to shed light on what programs can do to entice more qualified adults to volunteer and what steps can be taken to help them forge beneficial and lasting relationships with youth once they have taken this step.

We should think of the current status of mentoring programs as being akin to that of a promising new therapeutic drug or medical procedure that is still in an experimental stage of development. There is no equivalent of FDA approval for mentoring programs. If there were, perhaps no more than a handful of select programs would have realistic hopes of qualifying. This does not mean that we should not invest further in mentoring programs.

## First Annual Summer Institute Focuses on Public Health Preparedness

The School of Public Health's Mid-America Public Health Training Center and Illinois Public Health Preparedness Center held the First Annual Summer Institute June 28-July 2, 2004 at the School of Public Health.

Focused on public health preparedness, the week-long institute provided intensive training on topics ranging from crisis leadership and mental health's role in disaster response planning to forensic epidemiology and surge capacity. A comprehensive fee of \$50 allowed participants to attend any selection of the twelve course offerings. Over 150 professionals from the fields of public health, health care, law enforcement, emergency preparedness, bioterrorism, agriculture, law, and education took advantage of the opportunity for professional growth, educational enrichment, and networking while also finding time to enjoy Chicago in the summer. States represented were Illinois, Indiana, Iowa, Kentucky, Michigan, New York, North Dakota, Ohio, Utah, and Wisconsin.

For information on future program offerings, visit the Mid-America Public Health Training Center website at <http://www.uic.edu/sph/maphtc/>.

When they succeed, they can have profoundly positive effects on both youth and mentors alike. I like to think this has been the case in my relationship with Marcus. Although I moved to another state this past year, we continue to share a close bond through regular phone calls and occasional visits.

Still, returning to my medical analogy, few, if any, would support the widespread distribution of a new drug for children at such an early stage of its development without careful accompanying study. H. L. Mencken once observed, "Every problem has a simple answer that is wrong." Those who seek to promulgate mentoring programs for our nation's at-risk youth without simultaneously investing resources in understanding their potential to do both good and harm would do well to heed this admonition.

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David DuBois, PhD, *associate professor, Community Health Sciences Division*

# The Center for the Advancement of Distance Education Builds Technology Today for Better Public Health Tomorrow

As we prepare to meet the public health challenges, both known and unknown, of the 21st century, the role of the Internet in knowledge exchange and data management can hardly be overestimated.

Internet technologies have become increasingly crucial to developing and supporting a prepared, productive, and educated public health workforce. The Center for the Advancement of Distance Education (CADE), a self-supporting unit within the School of Public Health, has achieved a national reputation as a pioneer and leader in online training, communication, and research services in the public health sector.

Distance education is just one of CADE's broad range of specialist activities. The center is also heavily involved in live presentation webcasting, data analysis and reporting, course registration and learning management system development, video recording and web archiving of conferences, online survey and questionnaire production, and self-paced interactive training modules on topics such as health, nutrition, and risk assessment. CADE's Active Server Pages (ASP) programmers build online, database-driven applications that are customized to the specific needs of each project.

CADE is structured around four technology groups: Data Systems Development, Multimedia and Webcasting, Research Data Management, and Web Design, Development and Education Systems. Most CADE projects require integration across these groups through coordinated teams supervised by project managers.

As Monahan notes, a common goal underlies the center's assorted activities: "The technology and expertise behind our project development are complex, but we strive to deliver learning tools and web-based systems that require minimal technological facility on the part of the end-user. Years of working with public health audiences have reinforced the importance of creating Internet experiences that are user friendly."

Many programs and centers within the School of Public Health at UIC have worked with CADE to develop their online presence. According to Bernard J. Turnock, MD, MPH, clinical professor in the Community Health Sciences Division and director of the Illinois Public Health Preparedness Center, "CADE has been a valuable partner for our center from its inception. CADE has helped us construct the information infrastructure necessary to reach public health workers, identify their needs, enhance their skill levels, and recognize their competency."

"Our ability to be innovative is due entirely to the technical support we have received from CADE," says Leslie Nickels, MEd, program director for continuing education at the Great Lakes Centers for Occupational and Environmental Safety and Health, for which CADE has supplied webcasting services, an online registration system, and website development. "Because of the expertise of the staff and technical resources available through CADE, the Great Lakes Centers' continuing education and outreach have been able to bring essential information to health and safety professionals, govern-



Website demonstration in CADE's conference room.

CADE develops distance learning solutions to meet a variety of educational, training, research, and administrative needs for university, government, and non-profit organizations. Under the dynamic leadership of director Dr. Colleen Monahan, an adjunct faculty member in the Community Health Sciences Division, CADE has grown rapidly since its formation in 1998. The center currently employs over thirty people from diverse professional backgrounds in statistics, computer programming, media, and education.



Dr. Colleen Monahan (front left) leads an interactive webcast in CADE's state-of-the-art production facility.

ment officials, public health workers, and underserved populations both locally and globally.”

CADE is currently collaborating with SPH epidemiologists and other research faculty across campus to provide online data collection, data quality checking, and multivariate statistical analysis using the browser-based software SAS/IntrNet. Deborah Rosenberg, PhD, MPH, research assistant professor in the Epidemiology and Biostatistics Division, cites CADE's “capacity to store and manage large datasets, coupled with ongoing data analysis support” as crucial to the success of her Pregnancy Risk Assessment Monitoring System (PRAMS) data analysis project.

CADE also produces webcasts, delivers online training, and provides technical assistance and services to federal government agencies and national public health organizations, such as the Health Resources and Services Administration's Maternal and Child Health Bureau, the Centers for Disease Control and Prevention, and the Association of Schools of Public Health. State and local health departments, such as the Illinois Department of Public Health, the Missouri Department of Health and Senior Services, and the Chicago Department of Public Health, have contracted for programming-driven education systems.

CADE has been developing a learning management system and providing online training for the Chicago Department of Public Health. Jeff Kaliner, MSED, the department's director of training and education for the Bioterrorism Preparedness Program, comments that “CADE provides excellent service and a knowledgeable

staff and fosters a helpful relationship. . . . We are building from the ground up, and the partnership with CADE has been terrific.”

A substantial technological infrastructure supports these highly varied projects. The center operates its own subnet of servers, houses a state-of-the-art webcasting production studio, and maintains audio-video editing suites with the latest digital facilities.

CADE recently assisted with the installation of satellite downlink capabilities in the School of Public Health auditorium and can stream those signals into live webcasts. Evolving needs within the field of public health and the ongoing push for improved quality of service drive the implementation of new technology at CADE.

Known for her passion for the latest electronic gadgets and devices, even Monahan promotes a balanced philosophy on the advantages of faster, more powerful equipment: “Technology should be employed to advance the core values of public health, not substitute for them. Internet communications, in particular, can help to build and strengthen the public health community through more efficient workplace opportunities, enhanced performance skills, and improved data management.”

### **MPH Program at Rockford Collaborates with New Center for Excellence in Rural Health**

Rockford MPH students now have new opportunities to gain additional training and to conduct research projects in the emerging public health field of health disparities. The MPH Program at the UIC College of Medicine at Rockford has been designated as a Center of Excellence in Rural Health funded through a grant for Excellence in Partnerships for Community Outreach, Research, and Training from the National Institutes of Health Center on Minority Health and Health Disparities. The Rockford-based center supports the advancement of health disparities research and training through the development of innovative community partnership models, particularly in rural and underserved communities. For more information about the center, go to: [www.rhp.rockford.uic.edu/rhp](http://www.rhp.rockford.uic.edu/rhp). For information on the Rockford MPH Program, visit the Newsroom on the School of Public Health website at: <http://www.uic.edu/sph/news.htm>.

# Toward Safer, Cleaner Workplaces and a Safer, Cleaner World

## *A Sampler of Initiatives in the Environmental and Occupational Health Sciences*

### **EOHS Team Researches Sources of Newly Regulated Pollutant**

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*Peter Scheff, PhD*

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The U.S. Environmental Protection Agency (EPA) regulates the quality of the air we breathe under the authority of the Clean Air Act. Through this legislation, the EPA monitors and controls the levels of six criteria air pollutants and is required to review and update their National Ambient Air Quality Standards (NAAQS) on a five-year cycle.

The most recent revision of these standards involved the addition of a new NAAQS for particulate matter smaller than 2.5 micrometers in diameter (PM<sub>2.5</sub>). Because of their small size, PM<sub>2.5</sub> can penetrate to the deepest regions of the lung, and exposure to these particles has been associated with a wide variety of adverse health effects ranging from exacerbation of a pre-existing illness (such as asthma) to increases in hospitalization for coronary artery disease to premature death. Recent monitoring data in the Chicago metropolitan region show that current levels of PM<sub>2.5</sub> exceed the annual NAAQS for PM<sub>2.5</sub> and that we will likely be designated as nonattainment for this new standard.

Doctoral student and EPA scientist Michael Rizzo and I are conducting research here to look for ways to identify the sources of PM<sub>2.5</sub> in our region. By using a combination of mass-balance and multivariate factor analytical models, we are able to quantify the contribution of specific sources to measured PM<sub>2.5</sub> concentrations. Sources responsible for elevated PM<sub>2.5</sub> in the Chicago region include fossil fuel and wood combustion, motor vehicles, local industries including steel mills and petroleum refineries, soils and road dust, road de-icing salt, and photochemically generated particles including sulfate, nitrate, and organic carbon.

Our work will directly support the regional planning that will be required for the development and implementation of a regional control strategy for this newly regulated pollutant.

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*Peter Scheff, PhD, professor, Environmental and Occupational Health Sciences Division*

### **Chemical Hazards and Cellular Function in the Human Body**

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*Daniel Tessier, PhD*

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The goal of our research in the Molecular and Cellular Toxicology Laboratory is to describe how chemical hazards interfere with the biochemistry of cellular function in the human body. We are particularly interested in the ability of toxicants to disrupt cell signaling pathways critical to cellular growth regulation and stress responses. Through these studies, we wish to better understand the health consequences of long-term, low-level exposures to chemical hazards in environmental and occupational settings. Because humans are exposed to a complex and ever-changing mixture of chemical substances, ascribing health effects to specific chemical compounds poses substantial challenges. The mechanistic approaches we use in the laboratory permit us to link individual toxicants to specific biological phenomena related to disease states. In particular, we are interested in diseases currently on the rise, such as asthma and prostate cancer. One current project in our lab is focused on the toxicity of welding fumes to lung epithelium, as we investigate mechanisms underlying various respiratory diseases associated with welding activities. Another project is investigating the effects of endocrine-disrupting pesticides on cellular growth and function in the human prostate.

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*Daniel Tessier, PhD, assistant professor, Environmental and Occupational Health Sciences Division*

## Designing Ergonomic Interventions for the Fire Service

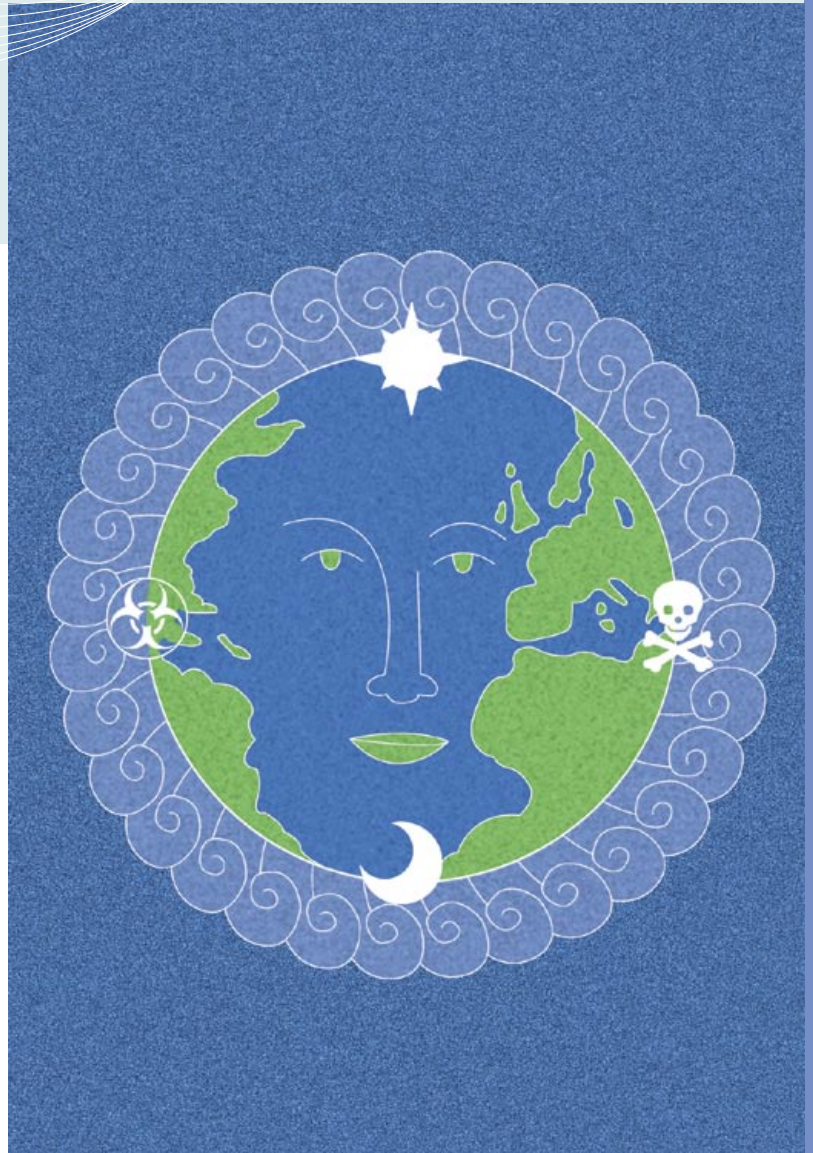
*Karen Conrad, PhD, MPH*

The fire service remains one of the most hazardous industries in this country. Its work-related injury rates and total annual costs exceed those for most other occupations. Musculoskeletal injuries are consistently the major type of firefighter injury, particularly in emergency medical service (EMS) operations, which are much more frequent than fire suppression. The tasks performed during EMS runs contain many of the risk factors associated with musculoskeletal injury: lifting, bending, pulling, twisting, awkward postures, and heavy workloads. Back injuries are common and costly. Unfortunately, few studies have analyzed the biomechanical issues surrounding EMS activities.

Paul Reichelt at the School of Public Health and I, along with co-investigator Steve Lavender from Ohio State University, are conducting a National Institute for Occupational Safety and Health-funded research study entitled “Designing Ergonomic Interventions for the Fire Service.” This four-phase study involves the design, building, laboratory testing, and field testing of new/re-designed ergonomic equipment and associated work methods used during EMS activities. These activities focus on the transfer/transport of patients, such as carrying patients down a staircase during a rescue operation. We are using a participatory ergonomic process, engaging fire chiefs and firefighter/paramedics from suburban Chicago fire departments throughout all phases of the study.

This spring, we tested the new/modified equipment compared to its currently used counterpart equipment with teams of firefighter/paramedics in a laboratory setting located in the School of Public Health. Based on the lab results, the new equipment that shows a biomechanical advantage over the current equipment will then be field tested in actual practice by fire departments.

Our goal is to create EMS equipment and related task methods that not only reduce biomechanical loads on the body but that the fire service wants to use in the



performance of EMS operations. By partnering closely with the fire service, we hope to see our work translated into practice and ultimately a reduction in the frequency and severity of musculoskeletal injury.

*Karen Conrad, PhD, MPH, research associate professor, Health Policy and Administration Division*

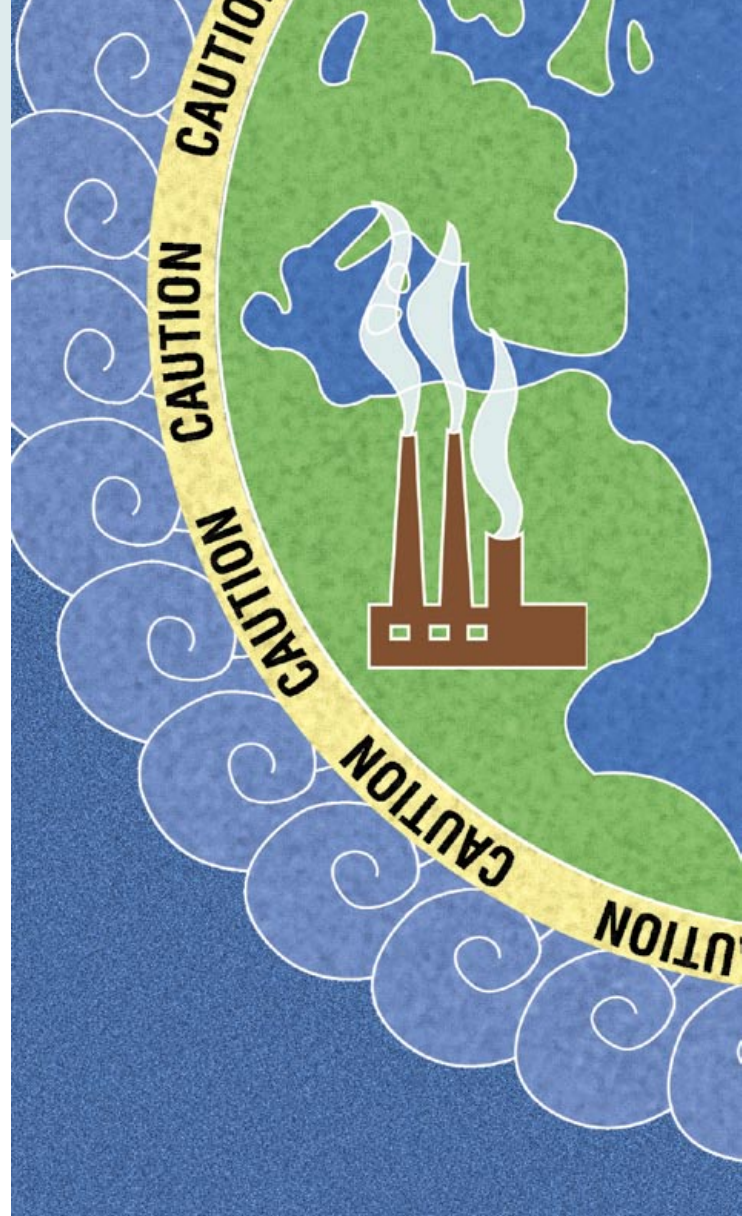
## Deciphering the Past to Foresee the Future in Occupational and Environmental Health

Nurtan A. Esmen, PhD

I am working on two major problems that have occupational and environmental health significance. The first and perhaps the biggest problem is the exposure reconstruction and fundamental exposure analysis of the largest occupational cohort mortality study ever attempted, with a study population in excess of 200,000. We are one of the institutions involved in the study funded by Pratt and Whitney, a subsidiary of United Technologies. The study was initiated as a result of a Glioblastoma Multiforme (a rapidly deadly brain cancer) cluster in a jet engine manufacturing plant. The University of Illinois team (Drs. Esmen, Cetinkunt, Dardynskaia, Franke, Lacey, and Scheff and Ms. Kennedy; University of Pittsburgh team: Drs. Marsh and Lieberman and Ms. Buchanich) is investigating the exposures that should be candidates for the epidemiologic association with brain cancer, as well as exposures that should be included in the cause-specific mortality analysis of other cancers.

In this research, we are analyzing a literally mountainous amount of information, estimated to be about 23 million pages, to define the industrial operations in seven facilities on a monthly basis from 1952 to 2001. Due to its size and the diversity of exposures or operations it will evaluate, this study will be able to address a large number of questions related to cancer epidemiology. In fact, the study has already been extended to include genetic epidemiology, in which tumor fingerprints are considered. We are also preparing to conduct experiments with selected chemicals and reaction products to see if genetic fingerprints for tumor cell lines can be replicated *in vitro* (in collaboration with Dr. Lieberman). The methods developed in this study, and its potential impact on cancer epidemiology, are laying important groundwork for understanding some occupationally and/or environmentally induced cancers.

The second problem I am focusing on is related to interpretation of sampling results in occupational health studies. All retrospective health studies depend on information gathered from happenstance records, samples, and/or classifications. While the uncertainties and errors generated by such shortcomings are inherent in this type of data, these shortcomings were not as important as the more immediate problems being solved over the past fifty years or so. Today, for many reasons, including the fact that people are living longer and healthier lives, the requisite refinements in interpreting such data pose



theoretical challenges. Very high exposures and a relatively short temporal difference between exposures and responses in the past are now replaced by relatively minimal exposures and potentially very long incubation times with poorly understood biological responses from healthy but aged subjects. The mathematical problems in constructing the required predictive models are daunting, but the solutions will be equally exciting and rewarding. Given the fact that almost all of our well-validated occupational health data (and by extension, environmental health data) pertain to healthy young white males, understanding the health effects of occupational and environmental exposures as they relate to other populations is of universal importance.

Nurtan A. Esmen, PhD, professor, Environmental and Occupational Health Sciences Division

## Growing Levels and Risks of an Emerging Pollutant Group

*An Li, PhD*

For many decades, human society has intentionally introduced numerous synthetic organic chemicals into the environment. Some of these have greatly improved our quality of life, but have also caused various detriments to human health and the ecosystem. Persistent organic pollutants (POPs) have raised tremendous concerns because they are resistant to natural breakdown or degradation processes and thus have long lifetimes. Many of them are also bioaccumulative and some are toxic, endocrine disrupting, and/or carcinogenic. The goal of research on the environmental transport and fate of POPs is to understand their behavior in the environment, including the various physical, chemical, and biological processes these chemicals are subject to, and to discover the relationship between their behavior and their intrinsic properties and/or chemical structures.

In my lab, we are investigating an emerging group of POPs known as polybrominated diphenyl ethers (PBDEs). They are a type of flame retardants widely used in numerous consumer products such as furniture, electrical appliances, computers, vehicles, and plastics. The widespread uses of PBDEs have made them globally ubiquitous. Due to the similarities with PCBs in physico-chemical properties and expected impact, PBDEs are now widely recognized as the "PCBs of the future." In human blood, milk, and tissues, PBDE levels have doubled every five years, and they are now about 100 times higher than thirty years ago.

Our project is the first one funded by the U.S. Environmental Protection Agency on PBDEs in the Great Lakes and the first systematic study focusing on the long-term history of PBDE pollution in the region. The major objective is to establish the chronology of PBDE input into the Great Lakes via atmospheric deposition, and the major approach is to analyze segmented sediment cores. The results obtained will be compared with those reported in air, water, fish, and other media of the Great Lakes and beyond. Thus the overall behavior of PBDEs can be depicted. The results will also greatly enhance our basic scientific understanding of POPs. We also intend to study the sources of PBDEs in the region and their levels in residential homes. Findings from these studies, along with those from toxicological research, will provide essential data for quantitative assessments of human exposure and risks.

*An Li, PhD, associate professor, Environmental and Occupational Health Sciences Division*

## Lead Safe Chicago—Initiatives to Eliminate Childhood Lead Poisoning

*Leslie Nickels, MEd*

Lead poisoning is a devastating, yet completely preventable disease which can result in serious health problems for children and adults. In 1999–2000, Chicago had an estimated 53,355 children believed to be lead poisoned (*Draft Report from the Lead Safe Chicago Summit March 2003*), the highest number in the nation. Additionally, in Chicago, we know why and how children are being poisoned by lead.

The Center for Excellence in Environmental Health of UIC's Great Lakes Centers (GLC) for Occupational and Environmental Safety and Health is working on two major projects to address this problem. The center serves as a member of the Lead Safe Chicago Task Force, a group consisting of stakeholders including community and housing representatives, child health advocates, government officials, realtors and property owners, and representatives of the insurance and financial industries that grew out of the March 2003 citywide summit to end childhood lead poisoning. The goal of the task force is to develop and implement a plan to eliminate childhood lead poisoning in Chicago by 2010. I chair the subcommittee on education.

The second initiative, a research project shared by the Center for Excellence in Environmental Health, the Chicago Department of Public Health, and the Howard Area Community Center, aims at assessing the effectiveness of using community health outreach workers in reducing exposure to environmental hazards in the homes of families with children under seven years old. Workers collect baseline data; conduct home assessments for environmental hazards including lead, radon, carbon monoxide, and asthma triggers; provide education and supplies for eliminating or reducing exposures; and conduct follow-up visits to assess implementation of control strategies.

Through the various centers and programs of the GLC and the Environmental and Occupational Health Sciences Division, faculty and staff members are committed to providing educational and technical support on issues of lead poisoning and lead poisoning prevention.

*Leslie Nickels, MEd, program director for continuing education, Great Lakes Centers for Occupational and Environmental Safety and Health*

# SPH Faculty Members Advance Field of Maternal and Child Health Epidemiology

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Arden Handler, DrPH

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The University of Illinois at Chicago School of Public Health is one of the few schools of public health in the nation to have specifically dedicated MPH and PhD programs in maternal and child health (MCH) epidemiology. Led by Arden Handler, DrPH, professor, Community Health Sciences Division/MCH and Deborah Rosenberg, PhD, research assistant professor, Epidemiology and Biostatistics Division, these two degree programs were developed in response to a national call to increase the number of individuals who can assist state and local public health agencies in strengthening their data and analytic capacity related to the health of women, children, and families.

The field of MCH epidemiology emerged as a distinct focus area in state and local health agencies beginning in 1986 when the Centers for Disease Control and Prevention (CDC) and the Health Resources and Services Administration (HRSA) began assigning MCH epidemiologists to public health agencies. These individuals serve as senior scientists to provide state and local MCH agencies with the analytic leadership necessary to engage in data-based decision-making to promote the health of the MCH population.

Handler, along with Rosenberg and Joan Kennelly, PhD, MPH, RN, research assistant professor, Community Health Sciences Division/MCH, have played a leading role in shaping this field for well over a decade. Their contributions began in the early 1990s with the development of the Enhanced Analytic Skills Program (EASP), later known as Data Enhancement for Accountability and Leadership in Maternal and Child Health (DEAL-MCH), a national certificate program aimed at enhancing the analytic skills of state MCH professionals. In addition to directly training a cadre of MCH epidemiologists, Handler, Rosenberg, and Kennelly used their experience to develop a workbook on *Analytic Methods in Maternal and Child Health*, published by the Maternal and Child Health Bureau/HRSA. Colleen Monahan, DC, MPH, director, Center for the Advancement of Distance Education (CADE), is also an editor of the workbook. The workbook has been through several printings and is used as a resource by MCH data practitioners and as a text by several MCH graduate programs throughout the nation.



In 1996–1997, Handler, Kennelly, and their colleague Stacie Geller, PhD, associate professor in the College of Medicine, conducted an evaluation of the national CDC/HRSA Maternal and Child Health Epidemiology Program. As part of designing the evaluation, these researchers defined the new field of MCH epidemiology in the following way:

MCH epidemiology is “the systematic and ongoing collection, analysis, and interpretation of population-based and program-specific health and related data for the purpose of identifying and assessing the distribution and determinants of the health status and needs of the maternal, infant, child, and adolescent populations, leading to the development of appropriate and targeted interventions.”

This definition has provided increased recognition for MCH epidemiology as a field distinct from other specific epidemiologic fields within MCH such as perinatal epidemiology and child injury epidemiology.

Most recently, Rosenberg, Handler, and Kennelly have been funded by the CDC to conduct a comprehensive evaluation of the current patterns of MCH epidemiologic capacity and functioning within state health agencies and to produce a report which specifies models of effective MCH epidemiology. The UIC MCH epidemiology team also continues to participate on a variety of committees, expert panels, and task forces focused on enhancing the analytic skills of the MCH public health workforce. Rosenberg is currently lead faculty member in a national training course in MCH epidemiology sponsored by HRSA/CDC, and Handler and Kennelly are members of the National Action Alliance, a partnership of major MCH organizations which is addressing strategic issues for advancing the field.

According to Dr. William Sappenfield, director of the MCH Epidemiology Program at CDC, "The team at UIC has consistently provided outstanding leadership in developing the field of MCH epidemiology. Clear evidence of this leadership is Dr. Handler's receipt of the National MCH Epidemiology Award for Effective Practice at the National Level in 2000 and her invited presentation on 'What is the History of MCH Epidemiology?' at the 9th Annual MCH Epidemiology Conference on December 11, 2003 in Tempe, Arizona."

Although the MPH and PhD programs in maternal and child health epidemiology at the UIC School of Public Health only entered their third year in fall 2003, they have already started producing MCH epidemiologists. Dr. Michael Kogan, head of the Office of Data and Information at the Maternal and Child Health Bureau, says, "It is evident that this program is on the path for success. One graduate of the program is currently working at the Chicago Department of Public Health as an epidemiologist, and a current doctoral student is also working there as an epidemiologist focused on infectious diseases. An additional doctoral graduate from the Maternal and Child Health Program received a CDC/HRSA MCH Epidemiology Training Fellowship and was assigned to the Mississippi State Department of Health. This is a remarkable track record and reflects the commitment



Deborah Rosenberg, PhD, and Arden Handler, DrPH, review text of *Analytic Methods in Maternal and Child Health*.

of the faculty to ensuring that graduates enter the MCH epidemiology workforce."

The MPH and PhD programs at UIC are unique in that they are implemented jointly by both the Community Health Sciences Division and the Epidemiology and Biostatistics Division. Faith Davis, PhD, professor of epidemiology, observes, "Students benefit from the dual emphasis on epidemiologic methods and planning cycle skills so that they can clearly see the link between data analysis for the purposes of assessment, planning, evaluation, and policy development."

These two programs are looking forward to continued growth and to playing a significant role in training future MCH epidemiologists for state and local health agencies across the nation.

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Arden Handler, DrPH, professor, Community Health Sciences Division

# A Snapshot of the UIC School of Public Health Today



## Mission

The School of Public Health is dedicated to excellence in protecting and improving the health and well-being of the people of the metropolitan Chicago area, the state of Illinois, and the nation, and of others throughout the world. The school achieves this mission by: educating scientists, professionals, and the public; conducting research to develop solutions to public health problems; providing public health service; and formulating public health policy.

**Students** : 651

**Faculty Members** : 106

**Staff Members** : 257

**Total Endowment** : \$810,500.51

**Total Research Dollars** : \$31,884,379.16

## Degrees Offered

Master of Public Health (MPH)

Master of Science (MS)

Doctor of Philosophy (PhD)

Doctor of Public Health (DrPH)

## Diversity among Students by Division

Community Health Sciences (CHS), Epidemiology and Biostatistics (E&B), Environmental and Occupational Health Sciences (EOHS), and Health Policy and Administration (HPA)

	CHS	E&B	EOHS	HPA
Asian/Pacific Islander	16%	42%	23%	19%
Black	14%	6%	21%	17%
Hispanic/Latino	11%	3%	4%	9%
Race/Ethnicity Unknown	3%	2%	7%	3%
White	56%	47%	45%	52%

## Centers, Institutes, and Service Programs of the School of Public Health

### Air Pollution Training Institute

Website: [http://www.uic.edu/sph/glakes/ce/airpollution/air\\_pollution\\_distance.htm](http://www.uic.edu/sph/glakes/ce/airpollution/air_pollution_distance.htm)

### Center for the Advancement of Distance Education

Website: <http://www.uic.edu/sph/cade>

### Center for Public Health Practice

Website: <http://www.uic.edu/sph/cphp>

### Chicago Project for Violence Prevention/CeaseFire

Website: <http://www.ceasefirechicago.org/>

## Meet the Dean's Advisory Council for 2004–2005



**Whitney Addington, MD, MPH, FRCP, MACP**  
*Chair,  
ACP-ASIM Foundation Board  
of Trustees and  
Senior Executive,  
Chicago Metropolis 2020*



**Rodney P. Musselman, DrPH, MPH**  
*Environmental and Occupational Health Consultant,  
R. P. Musselman, Inc.*



**Fred Benjamin, MPH**  
*Consultant in Health Care Management*



**Don Turner**  
*President Emeritus,  
Chicago Federation of Labor, AFL-CIO*



**Jan R. Douglas, MPH**  
*Managing Director,  
Marsh Risk Consulting*



**Pamela J. Turbeville**  
*Chief Executive Officer,  
Navistar Financial Corporation*



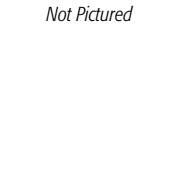
**Bill S. Forcade**  
*Attorney at Law,  
Jenner & Block, LLC*



**Gregory A. Vanderlaan**  
*Vice President,  
Arcadis G&M, Inc.*



**Peter Karahalios, MS**  
*President,  
NEBO Systems, Inc.*



*Not Pictured*  
**Duke Miglin**  
*President,  
Miglin Properties*

## Introducing the School of Public Health Alumni Association Board of Directors 2004–2005

### President

**Georgeen Polyak, PhD '95**  
*Director of Public Health,  
Village of Oak Park*

### Vice President

**Barbara E. Giloth, DrPH '00**  
*Director, Program Development,  
Advocate Charitable Foundation*

### President Elect

**Uche S. Onwuta, MS, MPH '97**  
*Chief Epidemiologist,  
Kane County Health Department*

### Secretary

**Sarah Deardorff Carter, MPH '00**  
*Projects Coordinator,  
Health Research and Policy Centers  
University of Illinois at Chicago  
School of Public Health*

### Directors

**John Marshall Tar, PhD, MPH '82**  
*President & CEO,  
Comprehensive Quality Care, Inc.*

**Nikhil G. Prachand, MPH '02**  
*Epidemiologist,  
Chicago Department of Public Health*

**Kimberly Porter, MPH '95**  
*Cancer Information Analyst,  
American College of Surgeons  
Commission on Cancer*

**Nicole E. Stoller, MPH '03, CHES**  
*Projects Coordinator,  
Illinois Prevention Research Center  
Health Research and Policy Centers  
University of Illinois at Chicago  
School of Public Health*

**Sherry E. Weingart, MPH '80**  
*Senior Projects Coordinator,  
Center for Public Health Practice  
University of Illinois at Chicago  
School of Public Health*

# Perspectives from Division Directors

## Community Health Sciences

Noel Chávez, PhD, RD, LDN

The 2003–2004 academic year has been notable not only for numerous achievements by our faculty and students but also for developments in the division's programs.

Among examples of faculty activities of note, David DuBois, PhD, was recently awarded a three-year grant from the National Institute of Mental Health for development and evaluation of a youth mentoring program. The research will involve working with Big Brothers/Big Sisters of Metropolitan Chicago to further develop and evaluate Girl World Builders, an innovative mentoring and health promotion program for young adolescent girls.

Arden Handler, DrPH, was awarded the 2003–2004 Golden Apple Award for Excellence in Teaching by students of the School of Public Health, and was named as an editor for the *Maternal and Child Health Journal's* special issue on the National Fetal and Infant Mortality Review Program.

Jesus Ramírez-Valles, PhD, was named associate editor for *Health Education & Behavior* and is in a second term as a National Institutes of Health (NIH) AIDS study section member. He was also awarded a grant from NIH to conduct a feasibility study for an educational documentary to fight stigma towards HIV and homosexuality among Latinos.

Naoko Muramatsu, PhD, will be completing a sabbatical this next academic year at the National Institute of Public Health, Ministry of Health, Labor and Welfare, in Tokyo, Japan, and is developing collaborative projects with Japanese researchers on aging and long-term care. She is also co-organizing a conference on long-term care reform in Illinois scheduled for September 2004.

Tom Prohaska, PhD, and Susan Hughes, DSW, co-direct a NIH-National Institute on Aging (NIA) training grant for predoctoral and postdoctoral education, and successfully re-competed for the NIH-NIA Roybal Center, a randomized trial of comparative ways of reinforcing long-term maintenance of physical activity by older adults. Dr. Hughes also received the Wiley



Noel Chávez, PhD, RD, LDN, director (second from left), leads a class in nutrition for public health professionals.

Leadership Award from the Gerontological Health Section of the American Public Health Association.

Michele Issel, PhD, RN published a textbook, *Health Program Planning and Evaluation: A Practical, Systematic Approach for Community Health*, Jones & Bartlett Publishers, which has been well received in the evaluation community. Dr. Issel is also working with Dr. Kathleen Baldwin from the College of Nursing at Peoria on two training grants for public health nursing workforce development.

Michele Kelley, ScD, MSW, MA, along with CHS students Swapna Sawardekar and Jeannie Concha, presented their community social capital research results as part of a Maternal and Child Health Bureau, Health Resources and Services Administration webcast on faculty and trainee research on health disparities and cultural competence.

Nadine Peacock, PhD was awarded a Fulbright Fellowship to study HIV risk in young Kenyan women while she is in Kenya on a sabbatical this next academic year.

Bernard Turnock, MD, MPH, received the Excellence in Health Administration Award from the American Public Health Association in November 2003, and the third new edition of his text, *Public Health: What It Is and How It Works*, was released in January 2004.

I am leading the UIC SPH component of the Northeast Illinois Community Food Security Needs Assessment project funded by the Chicago Community Trust. In collaboration with colleagues at Chicago State University, the team is working with community agencies and organizations to identify those without access to adequate and acceptable food as well as to evaluate the current components and distribution patterns of the existing food system over the six-county metropolitan Chicago area.

Naomi Morris, MD, MPH, founder and director of the Maternal and Child Health (MCH) Program in CHS, as well as former division director, will be retiring at the end of December 2004. Dr. Arden Handler and I have been named as co-directors of the MCH Program.

CHS students have also contributed to our division's achievements. The Loretta Pratt Lacey Memorial Scholarship was awarded to Janine Lewis, a new DrPH student in the Maternal and Child Health Epidemiology Program who will begin in fall 2004. This award supports the studies of African-American doctoral students who are committed to addressing women's health issues in urban communities.

CHS has been fortunate to have Valentina Dodu, a school health program developer and trainer from the Ungheni region of Moldova, as a visiting research fellow for four months. She is sponsored by the Bureau of Educational and Cultural Affairs of the U.S. Department of State. During her time in Chicago, Ms. Dodu visited various school health programs and reviewed their operations as a means of improving comprehensive school health programs in Moldova.

The MCH Program of CHS currently has two physician fellows from Vietnam enrolled in the MCH MPH program. Drs. Duong Le and Ha Ngyuen work in

maternal and child health in Viet Nam and are sponsored by the Population Council. The Community Health Sciences Division is successfully growing its programs and units.

The regional MPH program based at the UIC College of Medicine at Peoria and coordinated through CHS graduated its first students in spring 2004. The regional directors of this program are Dr. Alina Fernández and Dr. Kathleen Baldwin.

CHS, along with the Survey Research Laboratory, the Graduate Program in Public Administration, and the Sociology Department, is offering a graduate survey research methodology concentration for master's and doctoral students beginning fall 2004. The concentration includes core courses and electives totaling fourteen credits. Dr. Fred Kviz is one of the faculty members for the concentration.

The Naomi Morris Center for Community Health Assessment and Evaluation is being realized. The purpose of the center is to provide assessment and evaluation services to and in collaboration with community-based organizations and state and local health agencies. The initial seed money and coordinator are currently being secured.

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Noel Chávez, PhD, RD, LDN, has served as interim director of the Community Health Sciences (CHS) Division since 2003. Dr. Chávez' research centers on the health and nutrition status, particularly of children and families, of Latinos and other under-represented groups. Related interests are the role of culture in nutrition and health, the changes in health and nutritional status that occur with migration, and the effects of these changes on health services use. Dr. Chavez' current research projects relate to Latino child health, social network influences on pregnancy outcome, measuring community and organizational capacity and protective factors, and community diabetes prevention.

## Environmental and Occupational Health Sciences

*Rosemary K. Sokas, MD, MOH, FACP*

The 2003–2004 academic year has been an eventful one for the division. We welcomed Dr. Nurtan Esmen, who joined us as professor of environmental and occupational health sciences in the division, with a joint research appointment in the Institute for Environmental Science and Policy at UIC. Dr. Esmen is an internationally renowned scientist who most recently served as chair of the Department of Occupational and Environmental Health at the University of Oklahoma School of Public Health and who, while on faculty at Pittsburgh University, had mentored Dr. Serap Erdal, assistant professor, as her doctoral thesis advisor. Dr. Esmen has assumed a leadership role within the division for mentoring faculty research efforts and continues his theoretical and applied projects in exposure reconstruction.

Dr. Erdal this year unveiled her welding exposure chamber, built in collaboration with and housed in the College of Engineering. Dr. Daniel Hryhorczuk was elected as an international member of the Russian Academy of Medical Science, in recognition of his outstanding research and its impact on the countries of the former Soviet Union. Dr. Richard Wadden continues to enrich the division as a professor emeritus. UIC SPH graduates Dr. Steven Lacey, Dr. Hak Sung Lee, and Ms. Kathleen Kennedy have returned in visiting research capacities. Our students have done spectacularly well this year, winning local, regional, and national scholarships.

We wished Delores Samuels a joy-filled and well-earned retirement, although many hearts were broken in the process. From her student years through to the present, she graced UIC for nearly fifty years and continues to advise and guide our students. Another major loss occurred on July 1, when Candy James retired. Please join us in wishing her much success in the many adventures she has planned. We were extremely fortunate to have welcomed Iraida Rios as our new EOHS academic coordinator in April. Iraida is a graduate of UIUC, with a BS in human development and family studies. She has spent the past five years in academic administration, most recently as counselor and academic advisor for the TRIO Academic Support Program at UIC, where she tracked 150 students throughout their academic careers, providing academic, financial, and career counseling.

Recent major gifts have enhanced the lives of our students. The Michael Bruton Workplace Safety Foundation fully endowed the scholarship fund that honors



Rosemary K. Sokas, MD, MOH, FACP, director, and a student at a division poster session.

the memory of the former CFL leader who died from a preventable occupational illness. This endowment allows student scholars to receive awards from the interest, providing a perpetual source of support dedicated to the preparation of professionals who will work to ensure that workplace tragedies become a thing of the past. Kimberly Hopp was selected this year as our second annual Bruton Scholar. UIC graduate Dr. Rodney Musselman created the Rodney Philip Musselman Educational Travel Fund to support student travel for professional development, and a gift in honor of faculty member Dr. Bruce L. Douglas allowed us to create the Bruce L. Douglas Teaching Assistants' Resource Suite, to better serve EOHS students when they teach. To add to the new student-centered atmosphere, Charles and Shirley Ettner contributed painting supplies, which the students used to prepare the new suite.

The division hosted the first of a renewed series of joint programs with the Illinois Department of Public Health Laboratories, packing room 110 to hear Dr. John Howard, NIOSH director, discuss the future of occupational health. We have also implemented a monthly Friday afternoon "tea" that welcomes students, staff, faculty, alumni, and future students to informally connect with each other. Please contact Jessica Hosley at [jhosley@uic.edu](mailto:jhosley@uic.edu) if you would like to be placed on the invitation list for these events.

Finally, we continue to be engaged in active outreach and service and have formed an Environmental Justice Partnership and Advisory Board to help guide us.

*Prior to joining the Environmental and Occupational Health Sciences (EOHS) Division in 2002, Rosemary K. Sokas, MD, MOH, FACP, served as associate director for science at the National Institute for Occupational Safety and Health where she coordinated science policy, co-led the NIOSH Health Care Worker Task Force, and facilitated collaborative work among NIOSH scientists and non-federal stakeholders through the National Occupational Research Agenda. Dr. Sokas' interests include development of research and training programs that promote safe and healthy working conditions for all, with emphasis on high-risk groups.*

## Epidemiology and Biostatistics

*Leslie T. Stayner, PhD*

I have just nearly completed my first year as director of the Epidemiology and Biostatistics Division. I accepted this position after twenty-three years of service with the National Institute for Occupational Safety and Health (NIOSH) of the Centers for Disease Control and Prevention (CDC), in Cincinnati. I chose to leave NIOSH for this position because I believed that there was a tremendous opportunity to build on what was already an excellent program in epidemiology and biostatistics at UIC. So far, I have not at all regretted my decision to take on this new challenge, although it certainly has felt daunting at times.

My first year has been literally a whirlwind of activity. I have often felt as though I were a student here myself, being new to and having so much to learn about academia. I appreciate having been aided in this learning process by our outstanding staff, faculty, and the Office of the Dean.

One of the primary activities that division faculty members and I have been engaged in this year is the recruitment of new faculty and staff. We are extremely fortunate to be in a position to make new hires at a time when the university as a whole has been forced to cut many programs. Our good fortune in this regard has resulted in part from my recruitment and, sadly, from the retirements of Drs. Edward Chen and Jacob Brody.

One new hire, who started on the same day as I, is Dr. Hakan Demirtas, hired as an assistant professor of biostatistics. Dr. Demirtas received his PhD in statistics from the University of Pennsylvania and has expertise in handling missing data and Bayesian statistics. I am also pleased to announce that we hired Ms. Elizabeth Budzik as assistant to the division director. We are currently seeking to fill four to five additional faculty positions. Thus far, we have filled one of these positions with the hire of Dr. Karabi Sinha as an assistant professor of biostatistics. Dr. Sinha received her PhD in statistics from the University of Florida and has expertise in sample survey design methodology. We have recently made several job offers to other candidates, so stay tuned for more news on this front!

In closing, I feel extremely excited about the challenges and opportunities our division will be facing in the future. We are currently involved in what feels like an explosion in growth in our faculty. This explosion will have many



Leslie T. Stayner, PhD, director (center), confers with a staff member and a student.

reverberations in terms of improvements in our curriculum and research opportunities for our students. In short, we in epidemiology and biostatistics are a division on the move, and the direction is clearly upward.

*Leslie T. Stayner, PhD, was appointed director of the Epidemiology and Biostatistics (E&B) Division in 2003. Before joining the School of Public Health, he worked for over twenty years with the National Institute for Occupational Safety and Health (NIOSH), most recently as chief of the Risk Evaluation Branch, also spending the previous year as a visiting scientist with the International Agency for Research on Cancer in the agency's Cancer Identification and Evaluation Unit in Lyon, France. Dr. Stayner's interests include occupational, environmental, and chronic disease epidemiology, epidemiologic methods, and risk assessment.*

## Health Policy and Administration

*Jack Zwanziger, PhD*

I have just completed my second year as director of the Health Policy and Administration Division, and I would like to report briefly on the progress we have made. Before discussing some individual milestones, I would like to say that I have enjoyed myself despite my terrible timing: I arrived just as the state of Illinois began to reduce its support for higher education (the obvious conclusion: never ask me for investment advice).

### Improving HPA Educational Programs

HPA faculty have undertaken a far-reaching review of all MPH programs in HPA. We have had several faculty meetings and a divisional retreat to sharpen the educational goals of the various tracks. We now have a clear vision for these programs and are in the process of getting the administrative approvals required to implement these dramatic changes to our programs. We should begin to see the fruits of our labor in fall 2005 when some of these revisions will come on stream. Next year's letter will review these changes in detail. We are now beginning a similar review of the PhD program and expect to have re-defined all of our programs by the end of the 2004–2005 academic year.

### Public Health Informatics (PHI)

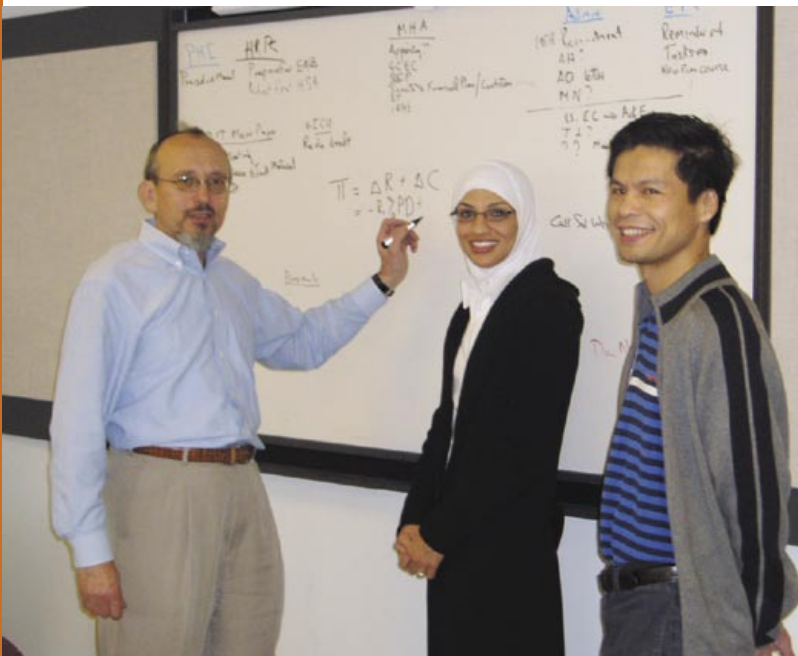
Professors Croke and Mensah have created the first completely online MPH in public health informatics. This area has been identified by the Institute of Medicine as a key new competence for public health professionals, and UIC is a clear leader with this program. The program is in its second year and has enrolled over fifty students from thirteen states and five countries in the MPH and the companion certificate program. UIC has also been invited by the Gates Foundation to compete in an international program to help several countries improve their public health informatics infrastructures.

### Changes

- Professors Bernard Baum and Phillip Forman have retired but are continuing to teach and advise students.
- Professor Robert Rydman passed away in July 2003.
- Professor John Lumpkin retired from the Illinois Department of Public Health and UIC to take on the position of executive vice president at the Robert Wood Johnson Foundation, the largest health care-oriented foundation in the U.S.
- Dr. Eric Whitaker, the current director of the Illinois Department of Public Health, has joined our faculty, as has Richard Sewell, a well-known member of the public health and health policy communities in the Chicago area. Dr. Benn Greenspan, CEO of the Sinai Health System, is retiring and will join the faculty in the fall.

I look forward to reporting on another eventful year in the next issue of this magazine.

*Jack Zwanziger, PhD, assumed responsibilities as director of the Health Policy and Administration (HPA) Division in 2002, having previously served as associate professor in Community and Preventive Medicine at the University of Rochester, where he also served as director of the Doctoral and Post-doctoral Programs in Health Services Research and Policy and as co-director of the Laboratory of Epidemiological and Outcomes Data. Dr. Zwanziger's interests relate to the use of different systemwide and intervention-specific approaches to increasing the efficiency and effectiveness of the health care system.*



Jack Zwanziger, PhD, director (left), and students discuss research project.



Susan L. Mennenga, Assistant Dean  
for Development

## Giving

Dear Alumni and Friends,

Today, public health professionals in particular must be prepared to address the complex challenges faced by the highly varied and often vulnerable segments of the public they serve. Our students must graduate with the background, skills, and education required to respond effectively to the multicultural perspectives of diverse populations, whether they are encountered in a local community or at the international level in this age of expanding globalization.

Underrepresented minorities now make up more than 21 percent of the United States' increasingly diverse population, yet minority members are seriously underrepresented in the ranks of our health professions.

We need to attract greater numbers of underrepresented racial and ethnic minorities to the field of public health and to build the resources to support them as they pursue advanced studies within their chosen disciplines. The University of Illinois at Chicago is recognized for its long and proud history of commitment to diversity among its faculty and students. The School of Public Health has built on this commitment since its inception, and I am very pleased to be able to report on some special funds that will help the school enhance its recruitment and support of minority students for the future.

The *Amuwo Minority Fellowship Fund* is named in honor of the school's associate dean for community, government, and alumni affairs, a dedicated advocate and mentor of minority students. The fund was inaugurated with a special celebration in honor of Dr. Shaffdeen Amuwo and will be used to encourage minority students to pursue careers in public health practice.

The *Scrimshaw Family Scholarship Fund for Hispanic and Latino Students* will reflect the decades of research and service Dean Susan C. Scrimshaw and her family have dedicated to improving the health of Hispanic and Latino families in the Americas. The fund will support students of Hispanic/Latino origin, descent, or identity who are committed to improving the health of their communities.

The *Loretta Pratt Lacey Memorial Scholarship Fund* honors a School of Public Health professor of community health sciences and one of Chicago's leading advocates for maternal and child health. The scholarship is used as an incentive to encourage applications from African-American students at the doctoral level whose studies focus on women's health.

If you would like to give a gift today that will continue to give tomorrow, please visit the "Giving" section on our School of Public Health website at [http://www.uic.edu/sph/development\\_now.htm](http://www.uic.edu/sph/development_now.htm) and consider supporting one of these funds or another fund that matches your interest. With thanks for your consideration,

A handwritten signature in black ink that reads "Susan L. Mennenga". The signature is fluid and cursive.

Susan L. Mennenga  
Assistant Dean for Development

## Giving News

### *Gala Evening Honors Shaffdeen A. Amuwo, Launches Amuwo Minority Fellowship Fund*



U.S. Congressman Danny K. Davis, Dean Susan C. Scrimshaw, and Shaffdeen A. Amuwo, PhD, MPH, at reception honoring Dr. Amuwo

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*Pamela Ippoliti*

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A crowd of over 200 guests gathered at the School of Public Health on the evening of June 11 to honor retiring Associate Dean for Community, Government, and Alumni Affairs Shaffdeen A. Amuwo with a reception, program, and dinner featuring a menu of Nigerian specialties.

Co-chairs of the event were U.S. Congressman Danny K. Davis, Nuru-Deen Owolopopo, MD, president and chief executive officer of Irok Obstetric and Gynecologic Services, and Dean Susan C. Scrimshaw.

Following a reception during which many guests contributed to the international ambiance of the evening by arriving in native dress, guests adjourned to the SPH

auditorium for a program celebrating Dr. Amuwo's distinguished career as an educator, advocate for minority education, and mentor to generations of students in public health.

SPH alumni Claude-Alix Jacob, MPH, and George R. Smith, Jr., MPH, opened the program by recalling the inspiration Dr. Amuwo had provided them during their studies and in their subsequent careers in public health.

A slide presentation created by Adedeji Adefuye, MBBS, MPH, and Selena Smith, BSA, from Dr. Amuwo's staff, highlighted his career and contributions to the School of Public Health where he has been director of the Diversity in Public Health Initiative since 1988. The goal of the program is to enhance the recruitment, admission, retention, and graduation of master's-

and doctoral-level students who come from multicultural backgrounds and whose races and ethnicities are under-represented in the health and public health professions.

Under Dr. Amuwo's guidance, the Health Careers Opportunity Program has developed systematic outreach that brings public health education to minority students and youth from elementary school through the undergraduate years and in turn encourages many of them to consider public health as a career possibility when they move on to graduate study.

Dr. Amuwo was also the architect of the UIC Health Professional Partnership Initiative, a part of the national collaboration by the Association of Schools of Public Health, the Association of American Medical Colleges, and the Robert Wood Johnson Foundation to improve the diversity of the health care workforce and reduce health disparities among those it serves.

Ewa I. Ewa, PhD, president of the Nigerian American Forum, presented Dr. Amuwo an award on behalf of the forum, citing his outstanding leadership and many contributions to the Nigerian American community in Chicago.

Congressman Davis gave Dr. Amuwo a Congressional Citation and remarked upon the leadership role he has played at the national level through service on congressional delegations on health care issues and participation in the African-American Caucus of the American Public Health Association. Dr. Owolopopo described Dr. Amuwo's many civic contributions and gave him a community service award in recognition of his commitment to support of others.

Dean Scrimshaw thanked Dr. Amuwo for his work on behalf of the School of Public Health, his colleagues on the faculty, and the Alumni Association. She emphasized, however, that "it is his generous and unceasing direction and mentoring, devoted to many generations of students, that we most honor this evening." Dean Scrimshaw presented Dr. Amuwo with a piece of art inscribed with words summarizing his career: ". . .for his years of dedication, care, and service to our students and for his vision and contributions to the elimination of health disparities through support of the public health workforce by advocacy for the education of underrepresented minorities."

Dr. Amuwo concluded the program by announcing the establishment of the Amuwo Minority

Fellowship Fund. "Many of our minority students at UIC are the first in their families to obtain college degrees and to pursue advanced study," he said. "This fund is intended to carry forward my life's work and to open the future for our students as they prepare to serve the public through public health."

Dr. Amuwo was subsequently honored during the "Disparities in Health Care" session of the 33rd Annual Rainbow Push Conference in Chicago. He and Dr. Brian Smedley, study director of the Institute of Medicine, received awards from Reverend Jesse Jackson for their contributions to the elimination of health disparities. In his citation, Reverend Jackson noted that Dr. Amuwo was being particularly honored for his continued efforts to advance education of minority and disadvantaged students for careers in the health professions.

### To Make a Contribution to the Amuwo Minority Fellowship Fund

Please send your check payable to the University of Illinois Foundation—Amuwo Fund to:

Susan Mennenga  
Assistant Dean for Development  
University of Illinois at Chicago  
School of Public Health (MC 923)  
1603 West Taylor Street  
Chicago, Illinois 60612-4394

To make a gift by credit card, please visit the Office of Development website at [http://www.uic.edu/sph/development\\_now.htm](http://www.uic.edu/sph/development_now.htm), call 312-355-4501, or email [menneng@uic.edu](mailto:menneng@uic.edu).

## Please Mark Your Calendar For . . .

# 2004

### *November 8* Reception at American Public Health Association Annual Meeting

Join the School of Public Health and other sponsoring Illinois public health organizations in the Skylight Room at the Smith and Wollensky Restaurant, 1112 19th Street, NW, Washington, DC, from 6:30 to 9:00PM to greet old friends and meet new ones. Hors d'oeuvres and a cash bar.

### School of Public Health Prepares to Launch Master of Health Administration Degree

Major trends, such as the aging of the population and the explosive growth in technologies, are resulting in rapid expansion of the health care sector. Increases in the complexity of the health services delivery system are disproportionately increasing the demand for health care managers. Employment of medical and health service managers is expected to grow in Illinois by 23.1% by 2008. This projection translates into 369 job openings per year in Illinois alone for the foreseeable future.

To meet this need, the Health Policy and Administration Division of the School of Public Health and the UIC College of Business Administration are collaborating to develop a program for individuals interested in pursuing a management career in health services or organizations such as hospitals, managed care plans, and long-term care providers. The Master of Health Administration (MHA) degree will be designed to provide students with an educational program that combines competence in management with an in-depth knowledge of the health care sector and of the management issues it faces. Application has been made to the Illinois Board of Higher Education for approval of this new degree program. For further information on the Master of Health Administration degree, please call Aimee Wiebel, Academic Coordinator, at 312-996-7816.