

HISTORIC STEPS



Tracing the origins of the founding departments in SPHHP

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LESSONS FOR LEADERS



It's back to school for Western New York's health care leadership

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DR. STUDENT



Resident in combined program juggles multiple interests

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Orchard Park resident Charles Phillips, (left), relies on his daughter, Susan Phillips as his primary caregiver. Sue participated in a support and training program for caregivers administered in part by the School of Public Health and Health Professions.

Photo: Nancy J. Parisi

Taking Care

In New York State, friends and family members caring for loved ones with chronic health problems—young and old, sick or injured—are the unsung and often unsupported heroes of our health care system. These caregivers provide over two billion hours of “free” care at an annual equivalent value of more than \$20 billion statewide.

In reality, these services are anything but free. Over half of caregivers who care for someone over 18 years of age also work or have worked, and have had to make significant adjustments to their personal and professional lives to accommodate their caregiving role. Caregiving is also identified as a risk factor for such health problems as a weakened immune system, and it may double the

risk for such chronic illnesses as depression and anxiety.

To help alleviate the growing need for caregiver support, SPHHP and the Erie County Caregiver Coalition received a grant from the Community Health Foundation of Western and Central New York (CHF). Part of the grant was earmarked to develop a curriculum and training program called Powerful

Tools for Caregivers (PTC) that specifically supports the training of class leaders to teach caregiving courses.

Powerful Tools for Caregivers was envisioned as a practical way to help people deal with the stressful challenges of looking after a loved one. For \$25, caregivers take six weekly sessions lasting two and a half hours and revolving around

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Farewell and prosper

With this issue of *Impact*, I must say good-bye. I am leaving the School of Public Health and Health Professions to assume the position of vice chancellor and chief executive officer of the University of Nevada Health Sciences System. Although I am excited to undertake this new challenge, it is difficult to leave a school and a community where I have so many, many friends.

I have been a member of the faculty in the Department of Social and Preventive Medicine since 1985 and I have been associated with what is now the School of Public Health and Health Professions since 2001, when I became interim dean. I am extremely proud to have been present at the creation of the school as it now exists.

As I finish my tenure here, I am happy to tell you that the school has been named an associate member of the Association of Schools of Public Health and has been accepted as an applicant for accreditation by the Council on Education for Public Health, which is an independent agency recognized by the U.S. Department of Education to accredit schools of public health.

Since 2005, the school has expanded its master of public health program by adding concentrations in health behavior and environmental health; we've created separate doctoral programs in epidemiology and in community health; and we are adding departments to fill out our disciplinary coverage of public health issues.

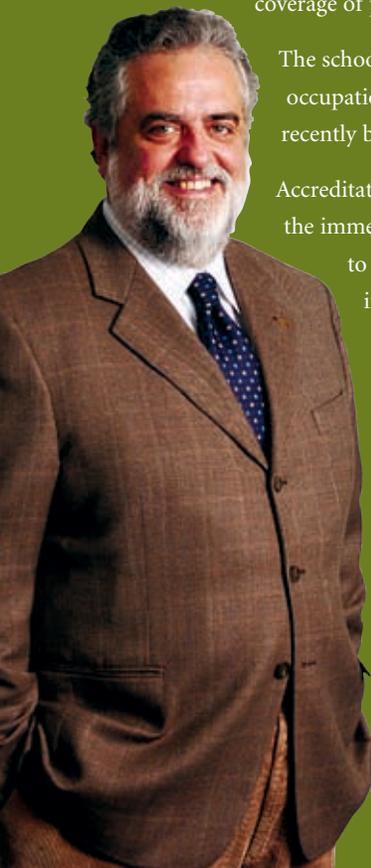
The school's health profession programs in occupational therapy and physical therapy have recently been separately reaccredited.

Accreditation as a school of public health is the immediate goal, but the school has more to accomplish. I will watch with great interest as the school makes itself one of the top publicly funded schools of public health. This is just the beginning of your quest for excellence.

Sincerely,



Maurizio Trevisan, M.D., M.S.



Interim Dean Named

Lynn T. Kozlowski, professor and chair of the Department of Health Behavior and an international leader in smoking cessation research, has been named interim dean of the school effective Sept. 24. Kozlowski, who joined UB last year from the College of Health and Human Development at Pennsylvania State University, will succeed Maurizio Trevisan, who is leaving to take a position at the University of Nevada.

A national search for a new dean for the school will be launched in the near future, with the goal of having that individual in place as soon as possible.

Dean's Advisory Committee

The SPHHP Dean's Advisory Committee (DAC) was established this past spring to support the school's mission of excellence in teaching, research and service by assisting in advancing its fundraising objectives and providing advice and

counsel in key areas, including organization and planning; community interaction and integration; student interaction; and articulation of workforce needs and trends. The following are current committee members:

- **Arthur R. Goshin**, DAC chair, President/CEO, Healthy World Foundation
- **Anthony J. Billittier IV**, Commissioner of Health, Erie County Department of Health
- **Michael W. Cropp**, President and CEO of Independent Health
- **Ann F. Monroe**, President, Community Health Foundation of Western and Central New York
- **Alphonso O'Neil-White**, President and CEO, Health Now New York
- **Margaret Werick-Paroski**, Executive Vice President and Chief Medical Officer, Kaleida Health
- **Raymond Sweeney**, Executive Vice President, Healthcare Association of New York State

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SPHHP Speakers Bureau

Did you know that you can request an expert SPHHP faculty member from our Speakers Bureau to speak at your next function? Our faculty provide exciting, educational presentations on such various cutting-edge health information topics as biostatistics, community health, exercise and nutrition, health behavior, physical and occupational therapies, and social and preventive medicine.

Lectures range from 15 to 45 minutes, and our experts are more than happy to visit your organization in the greater Buffalo area and beyond. For details on the Speakers Bureau, visit www.sphhp.buffalo.edu/speakersbureau to fill out an online form. You also can print out the form page and mail it to: SPHHP, University at Buffalo, 435 Kimball Tower, Buffalo NY 14214.

Earliest days

The departments that formed the **School of Public Health and Health Professions in 2003** brought their own histories, some quite long. Taken together, these are now the school's heritage. What follows is the first of a series that will tell the stories of the school's founding departments.

We start with the early history of the Department of Social and Preventive Medicine because it is the oldest. It happens—in part through serendipity and in part through the genius of individual scientists and administrators—that Buffalo has a storied tradition of excellence in epidemiology in which the department has played an important role. The tradition is older than the department and even the university.

In 1843, three years before UB was founded, Austin Flint, M.D., who would be one of the founding faculty members of the UB Department of Medicine in 1846, was sent by Erie County's superintendents of the poor to investigate a deadly outbreak of fever in the tiny settlement of North Boston. Although his detailed report, published in 1845, failed to identify the source of the infection, it was a very early example of what would become the science of epidemiology. In 1873, he reinterpreted his observations in a classic paper, "Relations of Water to the Propagation of Fever," delivered at the first annual meeting of the American Public Health Association.

UB started teaching courses in public health hygiene in the medical school in the early 1890s and in 1919 established a Department of Hygiene and Public Health—the direct ancestor of today's Department of Social and Preventive Medicine. The department became a scientific hotspot in the 1950s and '60s, housing a remarkable number of pioneering epidemiologists. It was the subject of an issue of the *American Journal of Epidemiology* in 1997.

In that publication, Warren Winkelstein, a former member of the department who

went on to be dean of the School of Public Health at the University of California-Berkeley, detailed a number of important epidemiological studies done in Western New York, from Flint's paper through the 1950s, and described the circumstances that converged to put Buffalo at the center of the development of modern epidemiology. These included the establishment of an epidemiological research program at Roswell Park Cancer Institute in the 1930s, the creation of the Erie County Health Department in 1948, and the development of research facilities in the Chronic Disease Research Institute at UB's Department of Preventive Medicine and Public Health in the early 1950s.

These three institutions formed a research infrastructure that attracted a group of young scientists who would influence the development of epidemiology and public health during the second half of the 20th century, including, in addition to Winkelstein, Milton Terris, Michel Ibrahim, Abraham Lilienfeld and Saxon Graham, who was department chair from 1981-1991.

Among much significant epidemiological work produced by scientists associated with these institutions in the 1940s, '50s and '60s are a classic case-control study of smoking and lung cancer conducted at Roswell Park and published in 1950; a study of the age distribution of female breast cancer that provided important insights into its possible relation to endocrine factors; an early study of air pollution that led eventually to the establishment of federal air pollution standards; and the Buffalo Health Study, one of the first community-based health

studies conducted among a random sample of a population. Data from that study, conducted in the early 1960s by Winkelstein, have been the basis of work by current department faculty member Joan Dorn.

In 1967, the department established a master's-degree program in epidemiology. The first two graduates were Robert Wallace, who went on to a distinguished career at the University of Iowa, and Phillip Nasca, who was recently appointed dean of the State University of New York at Albany School of Public Health. Nasca is a past president of the American College of Epidemiology, as were former UB faculty members Abraham Lilienfeld and Michel Ibrahim (who was dean of the University of North Carolina School of Public Health).



UB's Chronic Disease Research Institute, located on Main Street, was the site of epidemiologic research in the Department of Preventive Medicine and Public Health.

Also in 1967, the department changed its name to the one it bears today, Social and Preventive Medicine. Now part of one of the youngest schools of public health in the U.S., the department had already played an important role in the science of public health before it found its new home.

—Judson Mead

Learning to lead

Graduates of the Community Health Foundation's Health Leadership Fellows Program—CEOs, administrators and SPHHP alumni alike—have the tools to deliver better person-centered care to their communities throughout Western New York.

By sharpening health care delivery skills at the top levels of the industry, the program is an important way in which the Community Health Foundation continues its mission to seek out and support health care improvements for frail elders and children living in poverty.

In September 2005, the inaugural class of 32 fellows was chosen from across a 16-county service area in Upstate New York. The program connects leaders and other professionals in the health care industry in order to share best practices in person-centered care. The third and final cohort will graduate in April 2009.

The University at Buffalo School of Public Health and Health Professions received a grant from CHF to direct and administer the program, which is coordinated by Virginia Oehler, an organizational consultant and health care management expert based in Kimball Hall on the South Campus.

The response went beyond everyone's initial expectations. "We're building a cadre of professionals who know how to be a voice for those without voices," says Ann Monroe, president of CHF. The program was originally shopped around to several interested universities,



Karen Brown, director of outpatient rehabilitation for the Catholic Health System, says the Health Leadership Fellows Program was an eye-opening experience. Photo: Nancy J. Parisi

but Oehler credits outgoing dean Maurizio Trevisan with offering his school as a base of operations.

"SPHHP is gaining a national reputation for innovative work on the societal level," Monroe says. "This gives our program cachet, and offers us resources." Other partners include the Cornell Cooperative Extension, and Syracuse University's Leadership Institute and Maxwell School of Citizenship and Public Affairs.

After being grouped into teams of six, the fellows participate in an 18-month program of monthly residency sessions on communication, individual leadership, and managing organizational change led by a nationally recognized faculty of health care consultants, industry leaders and academics. During four "inter-sessions" they collaborate on team projects and evaluate their own organizations. Each fellow must also complete a "360-degree"

personal assessment with an assigned mentor.

"It's not counseling, it's coaching," Oehler says. Many top administrators, no matter what their industry, tend to feel isolated from their co-workers or employees. "They are hungry for intellectual challenges, feedback, and peer-to-peer relationships," Oehler says. "This program provides leaders with the setting and resources to reach the next level."

Because of that isolation, during the "360" some participants found themselves unaccustomed to the program's level of honesty, whether it was directed toward their leadership styles, communication skills or health care competencies. For Theresa Stephan Hains, director of student health at Buffalo State College, some of the constructive criticism hit home. "I wasn't aware of how I was coming across to colleagues," she says. Although the initial experience was humbling, Hains used the assessment to strengthen her workplace relationships.

Karen Brown, director of outpatient rehabilitation for the Catholic Health System and alumna of SPHHP's physical therapy department, is in the current cohort. "It has already helped me increase my level of

awareness—now I'm better at delegating tasks and creating a more participative environment administratively," she says. Both Hains and Brown also learned new strategies to improve the use of electronic medical records and other technology at their respective workplaces.

As part of their final residency phase prior to graduation, each team must design a health care project that demonstrates mastery of five core competencies outlined by the Institute of Medicine at the National Academies of Science: delivering patient-centered care, working as part of interdisciplinary teams, practicing evidence-based medicine, focusing on quality improvement and using information technology.

Hains' team, for example, chose the issue of obesity in children in their project, titled "The Three S's: Student, Staff and Self Learning Wellness Together." The project demonstrates how increased awareness of nutrition and physical activity could help personnel in the Buffalo Public Schools become better role models for students, as part of the existing Buffalo Public School Workplace Health Promotional Initiative.

Society's need for strong leadership continues to grow as funding shrinks for training, recruitment and leadership

development. "No one in health care today—even the most proficient hospitals and non-profits—is prepared to provide the kind of support needed in the 21st century," Monroe says.

The challenges ahead, some new and some existing, include the area's so-called "brain drain" and a lack of resources and funding to invest in existing leadership talent. As the community begins to benefit from the fellows' new skills and self-awareness, best practices come

"SPHHP is gaining a national reputation for innovative work on the societal level."

—Ann Monroe, president,
Community Health Foundation of
Western and Central New York

full circle: "A healthier community will attract new leadership," Monroe says.

After the funded portion of the program has ended and the final cohort is graduated, a Fellows Action Network will be established to help alumni stay connected and support them as they apply their new skills to their own organizations.

So far, the consensus from the CHF's current and graduated fellows and their instructors is that the teamwork encouraged by the program is vital to the region's public health. There may be nothing more important than sustainable collaboration—a dedicated, long-term engagement that gets leaders involved at all levels of their organization—for solving the region's health care challenges.

—Lauren Newkirk Maynard

Michael W. Cropp, CEO, Independent Health

Q: What do you see as the most serious public health challenges we face today? In 10 years?

A: The most serious public health challenges we face are related to creating a culture of health in our communities. We need to be able to address the risk factors of heart disease—smoking, diabetes, high cholesterol, obesity and physical inactivity—as cardiovascular disease is far and away the leading cause of morbidity, mortality and costs incurred in our health care system. This is true today and will continue to be the case 10 years from now. We will also be seeing more and more issues arise in the next decade related to infectious diseases. This is in both the viral realm, as indicated by the bird flu epidemic concerns, and in terms of infections due to the indiscriminate use of antibiotics and the emerging trends of resistance.

Q: Why is it important to have a local public health school?

A: Having a local public health school is important for several reasons. First, I believe that we are going to increasingly need to see the thinking and discipline involved in public health brought into leadership roles in health care—in both the clinical and administrative sides. Appropriate resource allocation should take into consideration the public health needs of the community. We have a great opportunity here with the degree of collaboration that exists between payers, providers and the university to be able to create a first-rate public health school with access to information throughout the community about disease prevalence and incidence.

Q: What is your personal interest with respect to SPHHP?

A: I have always had a public health perspective in my practice and in my various roles with health plans. I strongly believe that with more clinical and administrative leaders in health care with the proper public health training and perspective, the more likely the health care system will deliver on the promise of improving the health of the population we serve.

Q: How might the school best serve the community through our research and education?

A: I think the school can be a unique and effective resource, particularly if it produces graduates with a practical set of skills for population health assessment and process improvement who are capable of moving into health care leadership positions.



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several areas of support and training: effective communication, self-care, stress reduction, conflict resolution and problem solving.

Caregivers create “action plans” and participate in group and individual counseling to help them cope with feelings of guilt, depression, anger and other emotional fallout from daily life. They also receive “The Caregiver Helpbook” to reference after the classes end.

Sue Phillips, a primary caregiver who works full time, decided to try the courses when caring for her frail 91-year-old parents became “exhausting and overwhelming.”

“I felt alone in the world,” she says, “and had trouble juggling my job while caring for my parents: running errands, picking up medications, taking them to the doctor.” According to the Family Caregiver Alliance, 65 percent of older adults are solely dependent on friends and family for their long-term care.

Edallia Jakobsche, a caregiver who had to move back to Buffalo from Maryland to care for her infirm mother, appreciated the wealth of local resources the program provided. “At every class there were dozens of handouts on the table to take with you.”

Since its inception in 2004 in Erie and Niagara counties, the program has expanded throughout New York State and into Ohio. To date, UB has trained 36 of the class leaders in Erie County, and more than 300 caregivers have graduated statewide.

Classes are scheduled to accommodate a variety of work schedules, and are held at different times and locations throughout Western New York in cooperation with a host of social services agencies and community organizations.

“The community response has been very enthusiastic,” says Michael Noe, SPHHP associate dean for community relations

and clinical affairs. Noe was a member of the first cohort of class leaders in Erie County trained by experts from the Mather Lifeways Institute on Aging, a nonprofit organization that conducts quality-of-life research and develops education programs on aging for health care professionals. The institute helped promote the Powerful Tools for Caregivers format; while Noe was instrumental in securing the CHF grant and continues to be active in the program.

One of the best aspects of the Mather Institute’s “train the trainer” program, Noe says, is that a network of new instructors and caregiving classes can be sustained into the future. Four local master trainers (Noe is one) now prepare new class leaders in this area and elsewhere in New York State.

Miriam Callahan Oster, project coordinator at the ECDSS Caregiver Resource Center, reports that not only have caregivers benefited from the courses, but the seniors who have received their care are happier and more well-adjusted. In addition to adult and elderly care, Powerful Tools for Caregivers helps participants learn how to better handle children with chronic diseases, disabilities or developmental disorders.

Noe has seen his share of similar transformations in the caregivers—the program’s target group. “I’ve seen visible changes in participants in just six weeks,” he says. “It’s truly gratifying to see someone physically and emotionally overwhelmed become more buoyant, more confident.”

Phillips believes that the program reached her on many levels. “I no longer feel like I’m doing this on my own. My instructor helped me see that taking care of my parents while they’re still alive is a privilege, not a burden. It was an incredibly nurturing experience, and I discovered many caregiving resources I hadn’t known about before taking the course.”

—Lauren Newkirk Maynard

Caregiving Heroes

November is National Family Caregiver Month, and last year Erie County Senior Services named two area couples as Caregivers of the Year. Theresa and Thomas Pilkington of Tonawanda and Rose and Joseph Gardner of Buffalo were honored for the care they provide their parents. Both couples attended Powerful Tools for Caregivers (PTC) classes and are inspiring role models for other caregivers. This year’s Caregiver Recognition Day will be held on Nov. 27 from 10 a.m. to 2 p.m. in the Rath Building Lobby, 95 Franklin Street, Buffalo.

Caregivers interested in receiving support can call 858-2177 or e-mail caregiver@erie.gov to register for these upcoming PTC sessions:

Elderwood at Rosewood
76 Buffalo St., Hamburg
Oct. 9-30, Nov. 13, 20; 6 p.m.-8:30 pm

St. John’s Lutheran Church
3512 Clinton St., West Seneca
Oct. 9-Nov. 13; 5 p.m.-7:30 p.m.

Kenmore United Methodist Church
32 Landers Rd., Kenmore
Oct. 16-Nov. 20; 6:30 p.m.-9 p.m.

Buffalo VA Medical Center, Room 412B
3495 Bailey Ave., Buffalo
Oct. 29, Nov. 5, 19, 26 and Dec. 3, 10;
noon-2:30 p.m.

Elderwood at Glenwood
5271 Main St., Williamsville
Nov. 5-Dec. 10; 6 p.m.-8:30 p.m.

American Red Cross
Blood Services Building, Room 4,
786 Delaware Ave., Buffalo
Nov. 2, 9, 16, 30 and Dec. 7, 14;
10 am-12:30 p.m.

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- **Deborah A. Freund**, former Provost and Distinguished Professor of Public Administration at Syracuse University
- **Michael F. Noe**, Associate Dean, SPHHP

See the interview with DAC member Michael W. Cropp in the new Community Partners column on Page 5.

SPHHP named associate member of ASPH

The Association of Schools of Public Health (ASPH) deans welcomed the School of Public Health and Health Professions as an associate member school in August. The school, led by Dean Maurizio Trevisan, began the accreditation process with the

Council on Education for Public Health in July and currently is in the study phase of accreditation.

Welcome new faculty!

Paul Wietig recently joined the faculty as core curriculum coordinator. This summer Wietig retired from the Amherst Central School District, where he served as deputy and acting superintendent since 1998.

Biostatistics: **Albert Vexler**, research assistant professor; **Lara E. Sucheston**, research assistant professor.

Exercise and Nutrition Sciences: **Dan Ramsey**, assistant professor; **David Mandeville**, lecturer.

Health Behavior: **Gregory G. Homish**, assistant professor; **Marc T. Kiviniemi**, assistant professor.

Rehabilitation Science: **Kathleen McNerney**, research assistant professor.

Social and Preventive Medicine: **Amy E. Millen**, research assistant professor; **Heather Ochs-Balcom**, research assistant professor; **Carole B. Rudra**, assistant professor.

Save the date

19th Annual J. Warren Perry Lecture, Friday, Nov. 2, 12:30 p.m.-3:30 p.m. SPHHP presents **Stanley P. Azen**, Ph.D., professor and co-director of biostatistics in the Department of Preventive Medicine at the University of Southern California (USC) School of Medicine, and one of the founding fathers of USC's graduate programs in biostatistics, epidemiology, molecular epidemiology and public health.



UB BELIEVERS is a new, broad-based advocacy group that has been created to help support the University at Buffalo and its plans to grow by 40 percent between now and the year 2020.

A larger UB will be better positioned for success and will have a greater impact on the prosperity and quality of life in Western New York.

UB Believers is composed of dedicated individuals with an important role to play in helping UB achieve greater prominence among the nation's leading public research universities. They include representatives from key constituencies, ranging from community leaders and alumni to parents, students and members of the faculty and staff.

Membership is free and open to all who want to support UB's growth to greatness. It is not limited to those who live in Western New York—we need the support of everyone who believes in UB. As a UB booster, you will receive regular email updates from the university on its plans, progress and legislative issues. You also will receive email communications asking you to become an active advocate on specific legislative and bud-

getary issues important to UB and its future that will be under consideration by Governor Eliot Spitzer and members of the New York State Senate and Assembly.



When requested to take action, you will be referred to a special UB Web site where you will be able to direct email to elected officials, using a prepared message or developing your own. You also will be able to encourage others to show they believe in UB by using the site to send them information about UB Believers and to encourage them to participate. If you are not a member, please join us.

TO JOIN UB BELIEVERS, PLEASE GO TO WWW.BUFFALO.EDU/UBBELIEVERS.

UBbelievers

Good habits for kids

What habits would you encourage in children that could prepare them to lead a healthy lifestyle? Impact asked a few members of the SPHHP faculty to talk about instilling health friendly habits in kids. They answer as experts in their fields—nutrition, physical therapy, occupational therapy and health behavior—and, for some, as parents.

Mary A. Matteliano, M.S.,
clinical assistant professor,
Department of Rehabilitation
Science

I can discuss this from several different perspectives—as an occupational therapist, as a mother who raised three children and now as a grandmother of three.

Children model their parents' behavior, so if parents are not practicing a healthy lifestyle, they cannot expect children to adopt good habits and behaviors readily. Nutritious foods can be fun and appealing, play is a child's occupation, and exercise—the ability to interact with the environment—is an intrinsic drive. Until we learn the habits of unhealthy eating, TV watching, and video-game playing, we strive to interact

with our environment in a healthy way.

I believe the best way to encourage healthy habits in children is to model these behaviors as parents. Parents need to provide opportunities for children to interact with the outdoors in meaningful ways. That may include family hikes, bike rides, nature walks, or just walking a pet on a regular basis. Children can help plant flowers and vegetables even if it is in a pot on a porch. Parents do not need to exhibit extreme behavior in order to get the message across. Take time every day to make yourself and your child healthier in small ways and the message will come home.

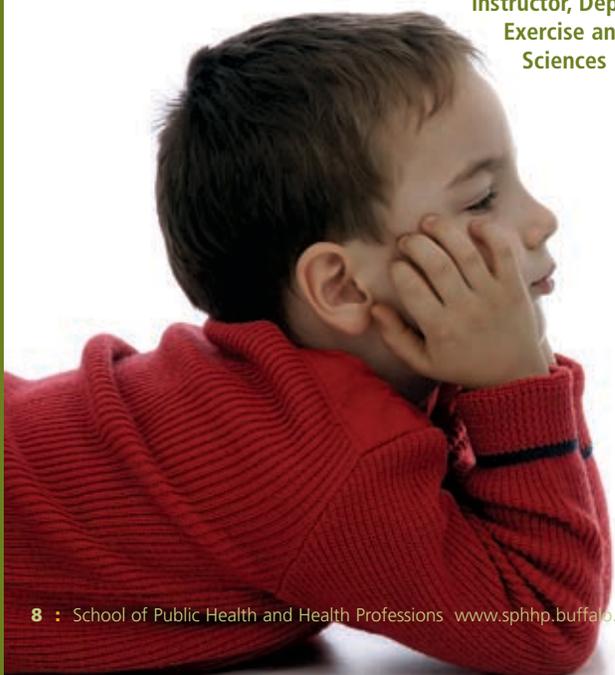
Candi S. Possinger, M.S., R.D.,
clinical coordinator, Dietetic
Internship Program; clinical
instructor, Department of
Exercise and Nutrition
Sciences

I think one of the most important things for children is role modeling. So my answer would be cooking and eating together as a family. I would even take that a step back from eating together, to having your children grocery shop with you to pick out healthy foods (especially fruits and vegetables). Then I would let them participate in the cooking process, as appropriate for their ages. We know that children who get more involved in food preparation tend to eat the healthier foods when they are placed on the table.

Probably more important, though, is exercising as a family. Children need to learn that physical activity is fun and enjoyable, as well as healthy for you. The younger you can instill these habits, the better for life-long behaviors.

Christine Pelkman, Ph.D.,
assistant professor,
Department of Exercise and
Nutrition Sciences

Children should get in the habit of preparing a variety of produce. Younger children can help wash and prepare fruits and vegetables. They should be exposed to a wide variety of berries, fruits, leafy vegetables, and vegetables of various colors and shapes. They can participate in buying them at local markets when they are in season, and from grocery stores, in fresh and frozen forms. As they get older, they can help prepare salads and cut fruits to eat as snacks. They can learn



how to sauté and stir-fry using onions, garlic, and other savory ingredients. Grilling fruits, such as peaches and pineapple, in the oven or on the barbecue, is simple. Learning to prepare fresh fruits and vegetables as part of most meals and snacks will lead to the development of lifelong healthy eating habits.

Karen J. Panzarella, P.T., Ph.D.,
clinical assistant professor,
Department of Rehabilitation
Science

The most important element in encouraging children to be healthy and fit is to be an appropriate role model for health and wellness. “Do as I say, not as I do,” does not work. Children need adult role models in school, home and the community who foster physical activity, fitness and healthy nutritional habits.

As a parent, one of the most important things you can do is limit television, video-game and computer time, and encourage outdoor activities. Leading by example is imperative. Family outings that encourage physical activity, such as bike riding, in-line skating or hiking during the summer months, and activities such as ice skating, bowling and skiing in the winter, teach children that physical activity is fun and can be quite varied.

Provide positive rewards and feedback for a child engaging in physical activities. New sneakers, a basketball or an evening of roller-skating with a parent will increase kids’ interest. Focusing on gains in activity and healthy choices for eating, rather than on weight loss,

will promote lasting lifestyle changes. One of the best activities we did this past summer was a neighborhood party that included games for both adults and children. Following the party, the adults said, “Why don’t we get together more often and play kickball with the kids—it was a blast!” Of course, the kids are geared up any time the adults appear on the front lawn with a kickball.

Gary Giovino, Ph.D.,
professor, Department of
Health Behavior

I encourage my children with words and, as best I can, by modeling healthy behaviors to: 1) practice nutritional excellence—eating a whole-foods, plant-based diet, by which I mean about 95 percent unprocessed plant foods, half of which are uncooked; 2) exercise for at least 30 minutes on four-to-five days each week, including stretching, resistance training, and aerobics; 3) be outside a little each day to get moderate amounts of sunshine and lots of fresh air; 4) avoid the toxins in tobacco, illicit drugs, and excessive alcohol consumption—actually, I recommend not drinking at all until they are 21; 5) be especially careful while driving; 6) abstain from sex until they are married; 7) form reciprocal relationships based on mutual trust and respect; 8) balance work and fun—but do the difficult things first; 9) have faith in God; and 10) enjoy living, loving and learning.

Of course, they don’t always do what I encourage. ::

Works in progress

Western New York Wellness Works

The Western New York Wellness Works initiative, led by associate professor Joan Dorn, is using \$1 million in state funding, with another \$500,000 on the way, to support work-site health programming by local companies. The project was launched in 2004 by State Senator Mary Lou Rath, and the New York State legislature recently announced a bill to take the initiative statewide. The \$2 million New York Wellness Works program will be administered by the New York State Healthy Heart Program and overseen by an advisory board to include SPHHP faculty.

“The excellent work done by the UB School of Public Health and Health Professions in administering the Western New York Wellness Works program has put them in a key role in expanding it,” Rath said in April.

The 11 participating companies should produce results for further analysis at UB sometime in November, Dorn says. So far, consistent measurement has been key to a successful on-site wellness program. “This project highlights the importance of proper evaluation,” says Cassandra Hoebbel, project director. Dorn and other social and preventive medicine faculty and staff have given presentations of Wellness Works to various regional and national groups. “The purpose of the program is to help companies figure out what works, as well as what isn’t as effective and should be avoided,” Dorn says.

Health Improvement Project (HIP)

This spring, SPHHP researchers began to see some positive outcomes at the close of HIP’s six-month pilot study to treat severe obesity. The 18 subjects in the study were split into four treatment groups and lost an average of 54 pounds. “It went extremely well,” says Cheryl Kennedy, HIP’s project manager. Fourteen of the 18 participants achieved at least a 10 percent weight loss, and 12 lost at least 15 percent of their body weight. “It’s most significant that this high of a percentage achieved at least the 10 percent, for a variety of health and physiological reasons,” Kennedy adds. Anything above that threshold helps balance cholesterol, and blood sugar and blood pressure levels.

The five-year, \$5 million clinical study is treating 120 enrollees in BlueCross BlueShield of Western New York and will continue to recruit participants until it is capped at 280 later this year. Remarkably, some subjects have stopped taking their glucose medications after only six weeks in treatment. The behavior therapy component (individual and group counseling) has been key, as have such motivational, incentive-based team activities as the new Walking Adventure Program, where teams of HIP participants compete against one another to walk the equivalent distances between Buffalo and several New York State landmarks during their daily routines.



Planning and practice

SPHHP student Reem Mustafa is finishing dual residencies in public health and internal medicine—and finding professional and personal fulfillment in both.

For Mustafa, a fourth-year internal medicine and preventive medicine resident and winner of the 2007 Outstanding Resident Teacher Award from the Office of Graduate Medical Education, improving outcomes for patients with chronic kidney disease (CKD) is at the top of her “to do” list.

and general preventive medicine offered by the Department of Social and Preventive Medicine and the School of Medicine and Biomedical Sciences.

The first two years of training are provided in the internal medicine residency program, followed by two years of training in preventive medicine, including the academic and practicum years. Upon completion of the program, the resident receives an M.P.H. or M.S. degree.

Mustafa sees her training and education split into three phases: internal medicine, her academic work and research at SPHHP, and the training in preventive medicine and population health.

A self-described “planner,” she is incredibly well-organized, looking after two children and a husband (also a doctor of internal medicine and UB graduate) in addition

to her rigorous academic coursework, research projects and clinical rounds. Most of her internal medicine rotations have been at Millard Fillmore Gates Hospital (MFGH), Erie

County Medical Center, Buffalo General Hospital and Buffalo’s VA Medical Center.

What Mustafa hadn’t planned on when she began her residency was discovering the value an M.P.H. in epidemiology had on her research interests in CKD. “Early on in my residency, I took a research elective and found I wanted to learn more about study design, statistics, and data analysis, in order to be more productive in my research,” she says.

Michael Noe, director of the combined residency program and associate dean for community relations and clinical affairs, played a significant role in Mustafa’s training. “He always wants you to have a clear plan as to what you want to do,” she says about his serious yet supportive approach.

Mustafa is applying her epidemiological training to one of her research projects, where she and her colleagues study data from hospital charts at MFGH to gauge physician awareness of CKD and the clinical guidelines to diagnose and treat it. Although the work is ongoing, her hypothesis is that the condition is still underdetected. Prevention and treatment vary for different patients, but whether they are hypertensive or diabetic, Mustafa says, the

main focus of medical care is to avoid end-stage renal disease, which can require dialysis or even a kidney transplant.

Research on the prevention of CKD in particular is relatively new, often taking a backseat to such chronic concomitant conditions as hypertension, diabetes, hyperlipidemia and coronary artery disease. Nearly 20 million Americans have CKD, and another 20 million are at risk of developing the disease, which is a major focus area of the Center for Disease Control’s Healthy People 2010 initiative.

Mustafa’s interests don’t begin and end with CKD; after graduating in November and completing a subspecialty in nephrology, she wants to study medical education, specifically continuing education for physicians. “Improving education at all stages of their careers can improve patient outcomes,” she says.

The M.P.H. residency has become one of Reem Mustafa’s capstone experiences at UB that has enhanced what she loves equally about medicine: teaching, research and clinical practice. When her training is over, she plans to enter academia and have the opportunity to do them all.

—Lauren Newkirk Maynard



M.P.H./M.D. student Reem Mustafa juggles research, course work and clinical practice. Photo: Nancy J. Parisi

Five years ago, Mustafa moved to Western New York from Jordan with a medical degree and enrolled in an accredited, four-year combined residency program in internal medicine

Special IRA opportunity in 2007

Alumni and friends play a vital part in the ongoing mission of public health education and outreach at the UB School of Public Health and Health Professions. Through your generous support, many of our most deserving students benefit from scholarships and other educational resources and opportunities that prepare them to become tomorrow's public health leaders.

You may be interested to learn that a special, but temporary, opportunity exists for

making outright gifts to the school. The Pension Protection Act signed into law in 2006 allows any individual age 70½ or older to contribute up to \$100,000 in 2007 from a traditional IRA—*free of federal income tax*—on or **before December 31, 2007**.

This one-time charitable IRA rollover opportunity lets you contribute up to \$100,000 in traditional IRA assets to charity in 2007; you can have such funds distributed to one or more charities to satisfy the

mandatory minimum distribution you may be required to take from your IRA this year. The distribution will come first from the taxable portion of your IRA, and the transfer of funds must be made directly from the IRA plan administrator to the charity.

If you wish to financially support SPHHP, we encourage you to consult with your IRA plan administrator or contact Wendy Irving, Assistant Vice President for Planned Giving, at (716) 829-2632, ext. 280 or toll-free at 877-825-3422.

Thank you for supporting educational excellence at UB and helping make a positive impact on this region's public health.

You can contribute to SPHHP online at www.sphhp.buffalo.edu (click on Alumni and Giving) or by using the return envelope in this issue of Impact. If you have any questions, please call Tracy Oun at 829-3434, ext. 421.

DONOR SPOTLIGHT

The caring clinician

Alfred T. Caffiero is one of the most prominent physical therapists and health care practitioners in Western New York. Throughout his distinguished 30-year career, Al's caring attitude, altruism, creativity, clinical insight, dedication to the profession, and inspiring degree of optimism have helped him educate and inspire his patients, colleagues and hundreds of physical and occupational therapy students in the UB School of Public Health and Health Professions.

"When you love what you do 24/7, you want to share all your knowledge and experiences with someone," Caffiero says. "Who better than with students who are eager to learn?"

Twelve years ago, Al was diagnosed with a slow-moving form of amyotrophic lateral sclerosis (ALS), commonly known as Lou Gehrig's

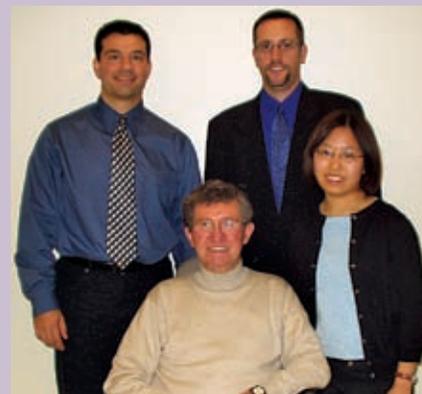
disease. Despite the gradual progression of the disease, Al's intellect, enthusiasm and sense of humor persist as he puts his life's work into overdrive. Following the diagnosis, he began sharing information on ALS research and his own treatment with professionals and other patients all over the world, and became involved with fundraising and research through the Muscular Dystrophy Association.

In 2001, several of Al's friends and colleagues established the Alfred T. Caffiero Foundation to provide annual cash scholarships to outstanding doctoral students studying physical therapy (DPT) at UB. A charity golf event also was organized. Funds from Caffiero and his friends, corporate and individual donors, and the annual Alfred T. Caffiero Golf Classic have raised more than \$70,000 for these scholarships.

Al continues to contribute to the school he loves, serving as adjunct PT faculty at SPHHP, while his former private practice, Western New York Physical and Occupational Therapy, provides clinical internships for PT and OT

students. Just this spring, he purchased white lab coats for each graduating DPT student for their first annual white coat ceremony—a defining moment for the students and their mentor.

"To care about the students and give them a day that will be remembered forever—that is the secret," Al says.



Al Caffiero (front) and past scholarship winners Peter Theodosopoulos (left) Richard Stinziano and Hoiwing Tang.

Tools for kicking the habit—for good

Nicotine replacement therapy—such as nicotine gum, nicotine lozenges or the nicotine patch—can help people quit smoking. These products are sold over the counter, without a health care provider's prescription. If you are considering using nicotine replacement therapy, you may find the following facts and suggestions useful.

This is a summary of information gathered by a group of smoking researchers and clinicians, of which I am a member. For a longer discussion, go my department Web site, sphhp.buffalo.edu/hb, click “Resources” and open the last item on that page.

- Nicotine replacement therapy (NRT) is a good tool to help you quit smoking. But NRT can't do all the work for you—you have to help—and it is not the only tool to help you stop smoking.
- Don't worry about the safety of using NRT to stop smoking: NRT is a safe alternative to cigarettes for smokers. Studies show that NRT does not cause cancer or heart attacks, even for smokers who already have had heart attacks or heart disease.
- Be cautious about using NRT while pregnant. Some studies suggest that pregnant women should try to stop smoking without the use of NRT, if they can. If you believe that you need NRT to stop smoking during pregnancy, talk to your health care provider.
- NRT is less addictive than cigarettes and it does not create a new addiction. While it is true that the nicotine in NRT products is addictive, smokers are already addicted to nicotine—they get a lot more nicotine from each cigarette they smoke than from any NRT product.
- How long should you use NRT? As long as you need to: using NRT longer than 8 to 12 weeks is not dangerous.
- If the amount of NRT you are using does not help you stop smoking, talk with your health care provider about (a) using more NRT, (b) using more than one type of NRT at the same time, (c) using other smoking cessation medicines at the same time, or (d) getting telephone or in-person advice on quitting tips.
- If NRT helps you stop smoking, but you go back to smoking when you stop using NRT, you should seriously think about using NRT again the next time you try to stop smoking.
- Make sure you are using the NRT—whether gum or lozenge or patch—the right way.
- If the cost of NRT is a concern, try to find a “store brand.” There is no reason to think that brand name NRT works better than store brands.
- Do whatever it takes to get the job done: it is not a weakness to use medicine to stop smoking.



Lynn T. Kozlowski
Photo: Douglas Levere

Lynn T. Kozlowski is professor and chair of the Department of Health Behavior and interim dean of the School of Public Health and Health Professions.

Improving health for populations and individuals
impact

The University at Buffalo is a premier public research university, the largest and most comprehensive campus in the State University of New York system. The School of Public Health and Health Professions is one of 12 schools that make UB New York's leading public center for graduate and professional education and one of five schools that constitute UB's Academic Health Center.

:: Interim Dean: Lynn T. Kozlowski, Ph.D. ::

:: Assistant Dean for Development: John P. Crawford ::

:: Project Manager: Judson Mead ::

:: Editor: Lauren Newkirk Maynard ::

:: Designer: Celine Tan ::

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