

AT THE CENTER OF IT ALL



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DOUBLE WHAMMY



Putting two degrees to good use

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SPHHP's doctoral program in community health and health behavior studies the complex relationships linking individuals with their communities: their health-related behaviors, culture, the natural and built environment, the health system, and socioeconomic factors.

Community and behavior

Change came to the School of Public Health and Health Professions (SPHHP) this spring as it witnessed the transition of a doctoral degree program to a new department under a new name.

The SPHHP Ph.D. program in community health—housed until last semester in the Department of Social and Preventive Medicine (SPM)—has become a doctoral program in community health and health behavior in the Department of Health Behavior.

Although the name change seems subtle, Gary Giovino, chair of the Department of Health Behavior, says the implications are far from mere semantics. Officially

integrating the doctoral program into the Department of Health Behavior—already the home of seven of the program's nine primary faculty—will put a stronger focus on the community's role in influencing the choices people make that affect their health.

“This realignment and clarification in our degree programs strengthens the school and makes us better,” says Lynn Kozlowski, dean of SPHHP.

“We can attribute about 50 percent of deaths in the United States to behavioral factors such as tobacco use, poor diet, physical inactivity, substance use, alcohol abuse, violence and high-risk sexual behaviors,” Giovino says. “These behaviors are influenced by factors operating at both the individual and community levels.”

In the City of Buffalo, he says, many people eat poorly because

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A spirit of optimism

The School of Public Health and Health Professions has seen many people working hard to prepare us for accreditation through the Council on Education for Public Health (CEPH).

Our ongoing self-study, just recently submitted to CEPH as part of the accreditation requirements, is not a document in which we focus on dreams for the future. It's an accounting and assessment of where we are, and a chance to develop concrete plans and a process by which to implement them. I am proud of how we've conducted the self-study and are preparing for accreditation, from start to finish. The report allows us to recognize our successes as well as accurately gauge and describe areas in which we must improve.

Just a few examples:

- Students have become engaged as full members of key committees, such as the Academic Affairs Committee.
- We have improved our M.P.H. program by supporting each concentration with faculty-student advisory committees and by listening to feedback from students and making changes in courses as needed.
- We have worked hard to develop a core curriculum that serves all students in the school.

One challenge is that the CEPH does cast an eye on non-public health (allied/health professionals) programs, taking the position that those who graduate from such accredited programs must master a certain depth and breadth of public health knowledge beyond their major concentration. Our new core curriculum provides an innovative way to fulfill this requirement and will also provide opportunities for public health students to better understand disability as an important issue.

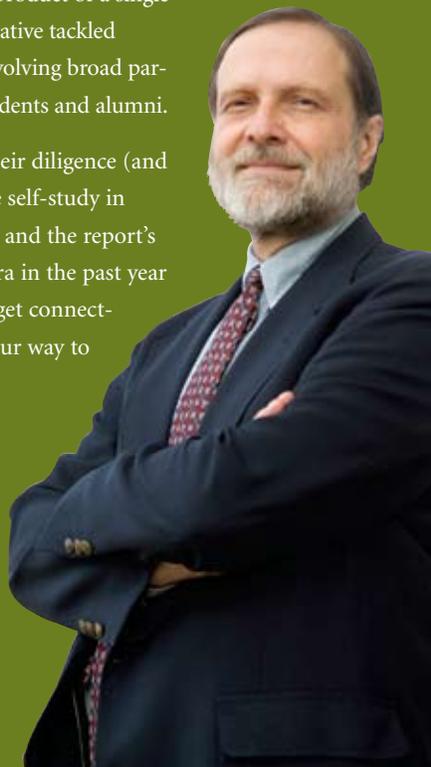
The completed work is not the product of a single author—it is a school-wide initiative tackled through a systematic process involving broad participation from faculty, staff, students and alumni.

I want to thank everyone for their diligence (and good nature) in completing the self-study in record time for May's site visits and the report's early April deadline. Our mantra in the past year or so has been "get accredited, get connected, get better." We are well on our way to hitting all three.

Sincerely,



Lynn T. Kozlowski, Ph.D.
Dean



Dean and chair positions filled

Lynn T. Kozlowski, professor and chair of the Department of Health Behavior and interim dean of the School of Public Health and Health Professions since September 2007, was appointed dean of the school in December.

An international leader in the field of smoking cessation, Kozlowski joined the faculty of the School of Public Health and Health Professions in 2006 to head the new Department of Health Behavior. He previously was professor and head of biobehavioral health in the College of Health and Human Development at Pennsylvania State University.

Kozlowski's primary research interest is smoking and health. He has published more than 100 papers in the field, which is a major focus of the health behavior department.

A graduate of Wesleyan University, Kozlowski holds two master's degrees and a doctorate from Columbia University.

Prior to his tenure at Penn State, Kozlowski taught at the University of Toronto for 10 years and was on the staff at the Addiction Research Foundation in Toronto for 11 years. He was head of the foundation's Biobehavioral Research on Tobacco Use unit when he joined Penn State's biobehavioral health faculty in 1990.

Gary A. Giovino, professor of health behavior, has been named chair of the Department of Health Behavior.

Giovino is a specialist in the patterns, determinates, consequences and control of tobacco use, and has

served as interim chair of the department since 2007. He has worked on smoking research at Roswell Park Cancer Institute's former Department of Cancer Control and Epidemiology; at the University of Rochester; and as an epidemiologist in the Centers for Disease Control and Prevention's Office of Smoking and Health. In 2001, Giovino became director of Roswell's Tobacco Control Research Program and held that position until coming to UB.

Genetics in the classroom

Lara Sucheston, who holds joint appointments as assistant professor of biostatistics at UB and in the Department of Cancer Prevention and Control at Roswell Park Cancer Institute, has been selected to participate in the Geneticist-Educator Network Alliance (GENA), a national educational project funded by a National Science Foundation grant.

Now in its third year, GENA develops master geneticist-educator partnerships



Sucheston to design teaching strategies related to standards and misconceptions in genetics. By decreasing the time required for scientists to prepare for outreach, GENA hopes to maximize the effective and meaningful interaction between the geneticists and students. The alliance is a partnership of the American Society of Human Genetics, the Genetics Society of America, the National Science Resources Center and the National Association of Biology Teachers and is designed to be an

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Positive effects

Within three kilometers from ground zero of one of history's most devastating wartime events, the Radiation Effects Research Foundation (RERF) headquarters is busy working the numbers on population-based studies of survivors of the Hiroshima and Nagasaki atomic bomb detonations.

The RERF conducts a variety of statistical, epidemiological, clinical, and basic science research through its Adult Health Study (AHS) and Life Span Study (LSS) cohorts. The Adult Health Study involves a cohort of more than 20,000 living survivors of the Hiroshima and Nagasaki bomb blasts. There are approximately 77,000 survivors still alive in the LSS cohort. RERF also monitors mortality causes and cancer incidence of children (born between 1946 and 1984) of those survivors.

Established as a nonprofit foundation in 1975, the RERF was primarily a U.S. research entity in Japan immediately following World War II. Today, it is the pre-eminent multidisciplinary radiation exposure research facility in the world and is funded by the Japanese Ministry of Health, Labor and Welfare and the U.S. National Academy of Sciences, under contract with the Department of Energy.

Randy Carter, professor and associate chair of biostatistics in the School of Public Health and Health Professions, is a veteran consultant at the RERF. The current system at RERF for estimating radiation doses is the dosimetry system, which uses physical measures like distance and shielding only to calculate doses. Carter travels to Japan several times a year to work with RERF statisticians on methods to incorporate biological effects into the calculations and thus improve the dosimetry system.

Carter and the RERF's statistics department work on methods, models and software that analyze the survival data—such as cancer death rates—of the bomb survivors. Their goal is to develop more accurate summaries of the subtle and complex radiation effects

seen in the survivors; these reports would try to answer many important and challenging statistical problems that remain after more than 50 years of analyzing atomic bomb survivor data.

“RERF estimates of the effects of radiation are used around the world to set limits on radiation exposure, but there have been long-held concerns about over-estimating safe limits because of error in survivors' recall of their location and shielding at the time of the bomb,” Carter says.

Carter also directs the Population Health Observatory (PHO), a relatively new center at SPHHP dedicated to conducting population-based research. Faculty and student researchers at the PHO conduct statistical investigations with several local organizations, and the RERF represents a major international collaboration.

Since 2006, the PHO has collaborated with the RERF to develop statistical methods to adjust for measurement error in estimates of radiation doses suffered by atomic survivors in Japan. The PHO also works with RERF scientists on other studies involving health data from cohorts in Japan and Western New York.

Outgoing Ph.D. students Austin Miller, '09, and Carmen Tekwe, '09, have made large contributions to the UB-RERF collaboration; they visited the RERF twice overseas, and RERF researchers served as members of their dissertation committees.



The Memorial Cenotaph at Hiroshima Peace Memorial Park in Japan holds the names of those who were killed by the world's first atomic bomb attack in 1945.

Last year, Tekwe spent three months in Hiroshima working with Carter and RERF researchers on the dosimetry database as part of her dissertation project. Her work involves extending a class of causal models, called MIMIC models (Multiple Indicators, Multiple Causes models), to adjust for the error in dose estimates that results from survivor recall error. Miller's work focused on using biological effects of exposure to better estimate individual doses. He presented his final results in Japan in January; Tekwe's talk was a year earlier. “All the feedback I've gotten suggests that their work is highly valued by RERF statisticians,” Carter says.

—Lauren N. Maynard

[continued from page 1]

they reside in urban “food deserts” that lack access to fresh fruits and vegetables. Others fail to exercise because they don’t feel safe walking in their neighborhoods. He’s even seen local children blocked from school playgrounds by high fences. These are the sorts of things that the “new” program is interested in studying.

“Health is determined by a multitude of factors that operate at multiple levels,” says Giovino, explaining that combining community health and health behavior under the umbrella of a single doctoral program will facilitate research on the complex interplay between both topics.

Transferring the program also clarifies its mission as distinct from the Ph.D. program in epidemiology, says Joan Dorn, interim chair of exercise and nutrition sciences and associate professor of social and preventive medicine.

“This move allows the SPM faculty to concentrate on epidemiological research in the more pure, etiologic sense,” she says. “Your classic epidemiologic research is looking at risk factors, behaviors and genetic makeup in populations to figure out what increases risk of certain diseases. Health behavior is more in the world of the social sciences.”

Epidemiology was originally linked to community health when the programs were in the School of Medicine and Biomedical Sciences, she adds, noting that SPM continued to administer the program long after it split off and grew into something much more than simply “applied epidemiology.”

Transferring community health to a new department not only creates a clearer division in the two programs, but also answers the requirement of the Council on Education for Public Health (CEPH), an independent

agency recognized by the U.S. Department of Education that accredits schools of public health, to have three distinct doctoral programs in public health—for UB, these are epidemiology, biostatistics, and, now, community health and health behavior. After a years-long review, SPHHP expects to earn full CEPH approval in fall 2009.

“Part of the feedback that we received during the accreditation process was that a community health Ph.D. program might be a more natural fit in our department of health behavior, given the subject areas and the people involved,” says Marc Kiviniemi, assistant professor of health behavior, who has helped shepherd the administrative aspects of transferring the program through SUNY.

“Creating a Ph.D. program for the department has always been in the ‘medium-term’ strategic plan for SPHHP,” he adds, noting the

Department of Health Behavior has been growing rapidly since being established three years ago. “In a sense, this has been in the vision since our department was created.”

Final approval from SUNY to transfer of the Ph.D. program came this spring—with further revisions and an official name change happening in the summer—after which the department will begin more aggressive student recruitment, says Kiviniemi, who also notes that a strong commitment to an apprenticeship-mentorship model guarantees that the program won’t ever grow too large.

The program’s first student is Kelly Kamm, a former research lab worker from Seattle with an M.P.H. from Johns Hopkins University.

“When I decided to go back to school, I knew I wanted to get into public health—not in a laboratory, but in the trenches, to really help make a change,” she says. “This is the only program I found that had that applied focus to it.”

After just one year, Kamm is already exploring survey data on women’s health collected in places as nearby as Buffalo and as far-flung as Vietnam through her involvement on projects led by faculty members Jean Wactawski-Wende and Jo Freudenheim, respectively.

—Kevin Fryling

SPHHP Doctoral Programs

In addition to the Ph.D. program in community health and health behavior, the School of Public Health and Health Professions offers four other doctoral programs:

Biostatistics

The doctoral program in biostatistics was established in 2004, but has its roots in the department’s original degree programs dating as far back as the 1950s. It unites statistical theory and methods with life sciences research ranging from the molecular (statistical genomics) to whole populations (epidemiology) to produce knowledge and understanding of biological processes.

Epidemiology

The doctoral program in epidemiology is the highest degree of training in epidemiology and readies graduates for research positions in academia, government, clinical settings or industry; teaching at the university level; and work in positions conducting epidemiologic research to prevent or control disease. There is also a dual Ph.D./M.D. degree program that combines intensive scientific training with medical school experience.

Exercise Science

Graduate programs in exercise science at UB are research oriented. Doctoral candidates can choose an emphasis in either applied physiology or nutrition, and can take courses and independent study that involve research opportunities in pulmonary, muscle, or cardiovascular physiology; metabolism and diet; and exercise nutrition.

Rehabilitation Science

The rehabilitation science Ph.D. is an interdisciplinary degree that addresses the functional limitations, disabilities, and societal limitations of persons that result from pathophysiology. Its program coursework draws from the departments of communicative disorders and sciences, exercise and nutrition sciences, the School of Nursing, rehabilitation medicine, and rehabilitation science (containing occupational therapy and physical therapy).



A world of collaboration

There are 89 World Health Organization (WHO) collaborating centers in the U.S., and more than 900 worldwide. The only U.S. center that deals with health in housing is located at UB; it is a joint effort of SPHHP and the School of Architecture and Planning.

The WHO maintains a network of what it designates collaborating centers, research institutions and programs—which can be as small as a research laboratory or as large as a ministry of health—that perform international research and development work relevant to WHO’s objectives.

The WHO designation does not come with funding, but it is more than an honorary imprimatur. One of WHO’s expectations for its collaborating centers is that they will indeed collaborate—with each other, where appropriate, and with others working on health issues in the same area of expertise. After a few years in hiatus, UB’s center is getting back into the conversation.

UB’s WHO collaborating center is the Center for Health in Housing, founded in 1988 by Harold Cohen, then dean of the School of Architecture and Planning. Under Cohen, the center ran projects in Latin America, provided technical support for the Washington, D.C., office of the Pan American Health Organization, and hosted visiting fellows.

When Cohen retired in 1996, former School of Public Health and Health Professions dean, Maurizio Trevisan, then chair of the Department of Social and Preventive Medicine in the School of Medicine and Biomedical Sciences, became director. Under Trevisan, the center focused on ecological indicators of neighborhood quality and their effect on individual health, which was an interest in the Buffalo Health Study that Trevisan was pursuing through the Center for Preventive Medicine.

The WHO center was quiescent for a few years during the formation of the School

of Public Health and Health Professions. When the WHO designation came up for renewal in 2007, then interim dean Lynn Kozlowski tapped John Stone, clinical associate professor of rehabilitation science, to steer it into the next era.

Stone was an obvious choice because the center, which has no funding of its own, must find its home where relevant work is already well established. Stone directs the Center for International Rehabilitation Research Information and Exchange, so he has both extensive international contacts and expertise in disseminating information.

Edward Steinfeld, director of the Center for Inclusive Design and Environmental Access (IDEA) in the School of Architecture and Planning, was named co-director. One of IDEA’s main focus areas is housing that is equally accommodating for persons with or without disabilities. Both Stone’s and Steinfeld’s centers are well-funded and productive legs for the newest incarnation of the WHO collaborating center to stand on.

Now more like a consortium than a single-focus enterprise, the Center for Health in Housing also comprises the work by Pavani Ram on sanitation and water supplies and the work conducted in the Center for Assistive Technology in SPHHP.

In addition to serving as a window for the world community on UB’s work in these broad areas, the center is also a portal for UB into health-in-housing work elsewhere, especially in the Americas.



UB’s Center for Health in Housing is reconnecting with the Inter-American Healthy Housing Network, which is currently organizing national conferences on responses to hurricanes and earthquakes.

When Stone took responsibility for the center, its former connections with a body called the Inter-American Healthy Housing Network were dormant. Serendipitously, through a long-standing connection at the Oswaldo Cruz Foundation (Fiocruz) in Rio de Janeiro, Stone found his way to Havana, Cuba, and to Carlos Barcelo, executive director of the network.

A few months later, Stone attended an Inter-American Healthy Housing Network seminar on natural disasters and housing. It gave him the opportunity to meet network colleagues and re-establish UB’s presence among them.

Stone came back to Buffalo with a folder full of fresh contacts and offers by representatives of other centers and the Pan American Health Organization to consult with UB on ways its Center for Health in Housing can re-engage with its fellow centers in Latin America.

—Judson Mead

Two means to a great end

Kim Rook, MPH '08, MSW '07, has been in school for more than a decade. The payoff is that she can now cross off several items on her life's to-do list:

- ☑ 1: Start a family.
- ☑ 2: Get a degree in social work and help people afflicted with HIV/AIDS.
- ☑ 3: Add a master's degree in public health.
- ☑ 4: Combine the knowledge from both degrees to do HIV/AIDS fieldwork around the world.

"I've always been interested in social work and international development issues," Rook says. Marrying early, she began a family and spent the next 10 years in school part-time, eventually earning an undergraduate degree in psychology from UB. Then she was finally ready to take her varied interests to the next level.

Rook entered the M.S.W. program in the School of Social Work as a part-time student in 2004, and a year later enrolled in the M.P.H. program in the School of Public Health and Health Professions, concentrating on health behavior and international health. She graduated with an M.S.W. in August 2007, and from the M.P.H. program the following spring.

Although the Department of Health Behavior didn't exist and there was no formal combined M.P.H./M.S.W. program, Rook found intelligent ways of fusing social work with public health. She fulfilled her field requirement for her M.P.H. through one of her social work field practicums at AIDS Alliance, a former Buffalo social services agency that provided supportive services for HIV-positive adults.

Rook also spent a month in Uganda working with a family planning organization to

Pavani Ram, assistant professor of social and preventive medicine with extensive interna-

Rook especially enjoyed Dean Lynn Kozlowski's health behavior class. "A lot of courses benefitted each other," she says. "I was exposed to different aspects of the same things in the two programs."

For instance, she took a social work class on health and disability that dealt with entitlement programs in the United States and New York state; the same topics were presented from a different angle in a health care organization class given by adjunct instructor Kristina Young in the Department of Social and Preventive Medicine.

Both social work and public health deal with changing people's behaviors, and the behavior-based coursework in both schools at UB have similar goals and foundations in psychology—Rook's undergraduate training—yet rely on different theories, models and methodologies towards those ends.

Rook spent her first year out of school in South Africa as a Peace Corps volunteer—another longtime dream—working on HIV/AIDS programs for a local government. Then she returned



Photo: Nancy J. Parisi

"It's been an exciting process, combining social work and public health in a way that helps others—both individuals and communities." —Kim Rook

develop community interventions for people with HIV and sexually transmitted diseases. The experience was the focus of her final M.P.H. thesis project.

tional experience, was her thesis advisor and has since become Rook's professional mentor.

In addition to Ram's guidance,



Villagers look on as Kim Rook (center), whom they referred to as a “mzungu,” or foreigner, draws water from the only water pump in the village of Nawangoma in Uganda, Africa. Many African villages are not fortunate to have their own pump.

to the U.S. and became a peer coordinator at Alianza Latina, a nonprofit that provides health promotion and prevention programs to urban Buffalo. Rook was in charge of running several educational outreach programs: hiring community “role models” to help with street-level distribution of HIV/AIDS resource brochures, condoms and safe-sex kits; building community relationships with her clients and with local businesses and social service agencies; and collaborating with a syringe exchange clinic to recruit high-risk clients for HIV prevention programs. She says her work in Buffalo has given her a better appreciation of the needs of people and their various cultures—especially the city’s rapidly growing immigrant culture.

Rook left Alianza this spring to embark on her next overseas adventure: two months in South Asia to develop an intervention for one of Ram’s studies on

how handwashing can prevent influenza, a prime example of a behavior change intervention. Rook’s job was to train the research team in Bangladesh to deliver the intervention to 100 rural households and to assist the research team in launching the study.

Now fully out in the world as a specialist in international public health who is also trained to practice social work interventions, Rook can see the value of getting her graduate degrees simultaneously in two fields that overlap so richly.

“This is what I feel I was born to do,” she says. “I knew I’d be happiest in the field, developing and delivering interventions and evaluating their effectiveness. It’s been an exciting process, combining social work and public health in a way that helps others—both individuals and communities.”

—Lauren N. Maynard

Ann Monroe

Executive director, Community Health Foundation of Western and Central New York



Monroe

Q: How does the CHF define its role in public health?

A: The Community Health Foundation is dedicated to improving the quality of life and health care for frail elders and children living in poverty in Western and Central New York. Our perspective is the same as that of a school of public health.

When we look at individuals and populations, we view medical care as only one part of the overall picture of their health. I feel strongly that our partners in the community, including those at the University at Buffalo, share a strong obligation to improve the quality of care and capacity for these populations. The solutions must be found together, in partnerships that capitalize on our unique strengths and that better support areas in which population health suffers.

Q: What are some of the challenges facing public health in Western New York?

A: Chronic health conditions undermine our community’s quality of life and escalate the cost of health care for all; they take as much work outside of the doctor’s office as inside. For example, diabetes patients require a holistic health care plan to treat all the primary and ancillary concerns affecting their health: their feet, eyes, blood sugar, etc. And they need community support to help them manage their daily diet, exercise and general lifestyle, which can be especially challenging for communities with limited financial resources. That’s where we need to focus—on treating the whole person so that their conditions are managed properly, while at the same time helping others avoid developing such conditions in the first place.

Q: How does the School of Public Health and Health Professions help the CHF’s mission?

A: Working with the School of Public Health and Health Professions is a perfect match for us, because your view also is holistic. We have a strong interest in the type of local public health leaders the school produces. We want to help it build capacity in its training and collaborative opportunities. I’d also like to see more health policy training at UB that would help make these macro-level changes. We need more leaders who understand policy and how it can work for the local community.

Q: In what other ways can the school further public health?

A: We need better indicators that use more sensitive population health data to help us focus our interventions where the need is greatest. An example is the rate of childhood asthma in Erie County, measured by the numbers of children hospitalized. The total is close to the federal government’s Healthy People 2010 goal, but within the county there are underserved communities that have very high incidences of asthma.

Moving forward

A psychologist who has studied health behaviors at UB's Research Institute on Addictions (RIA) for 22 years, R. Lorraine Collins made an ideal candidate for associate dean for research at the School of Public Health and Health Professions.

Since she made the move up Main Street to the South Campus a year ago, Collins has continued her work at the institute while absorbing the culture of the school; she looks forward to helping it become a nationally recognized center for public health investigation.

"The transition has gone very well for me," Collins says. She was looking for a new challenge and feels fortunate to have found it at SPHHP. She's also happy to stay in Buffalo because she enjoys the area and did not have to uproot her husband and daughter from a job and school.

Among Collins' top priorities is to grow the research portfolio and increase SPHHP's national visibility. Doing so, she says, will help the school fulfill its strategic and academic mission despite the tight fiscal climate.

"We want to keep moving forward with attracting the best faculty and students, with multidisciplinary projects, and with creating more opportunities to work with new partners here at UB and in the community," she says. "I think it's good to stay flexible, especially right now."

Another goal is to help link SPHHP's research with practical public health programs in the local community. Although Collins feels the school has done a great job at spreading the public health message locally, "we can always do more—there is always more need." Buffalo suffers from high rates of chronic disease and environmental hazards that require deeper connections between UB and the community partners and lawmakers who can make scientific solutions come to life.



R. Lorraine Collins, associate dean for research Photo: Douglas Levere

"We need to work with the community to demand better public health at the policy levels," she says, citing the recent bottled water tax, which overlooks the opportunity to tax sugar-laden soft drinks. "We can and do intervene at the individual level, which is what I'm trained to do as a psychologist;

but we must also contribute to advancing policies and laws that protect public health. The school can help train policymakers to better understand and improve these regulations."

SPHHP's newest dean is still an active investigator. Collins keeps close ties to the RIA with several active, federally funded

SPHHP: THE NEXT GENERATION

New faculty are the future at SPHHP, a place where research and mentoring happen at all levels. Here are just some of the school's many outstanding junior faculty who are up-and-coming stars in UB's constellation of high-impact researchers. Stories about other outstanding junior faculty are available online at <http://sphhp.buffalo.edu/news/newsletter>.

James A. Lenker
Assistant professor,
rehabilitation science

Lenker's research interests include outcomes research on assistive technology devices and environmental interventions for people with disabilities,

usability testing of consumer products (including assistive technology devices) and occupational ergonomics.

Lina Mu
Assistant professor,
social and preventive medicine

Mu's research focuses primarily on the

molecular epidemiology of malignancies in China, and explores environmental exposures in relation to cancers of the respiratory tract. Most recently Mu was principal investigator of a research project examining gene-environment interactions in the etiology of lung cancer, and co-investigator of a project examining molecular characterization of the insulin-like growth factor system in breast cancer.

Lili Tian
Associate professor, biostatistics
Tian studies goodness-of-fit testing,

skewed data analysis, order-restricted inference, inverse Gaussian models, design of clinical trials, longitudinal data analysis, survival and medical expenditure data analysis, generalized variable approach and statistical genetics. She is director of graduate studies in her department and is involved in several collaborative projects on cancer research, behavioral studies and health policy studies.

Gregory Wilding
Assistant professor, biostatistics
Wilding is assistant chair of the Department of Biostatistics at Roswell Park

projects. Through collaborations there and now at SPHHP, she continues her research on drinking restraint, malt liquor and marijuana use, psychosocial factors in substance use and women's issues. She also is a co-investigator along with RIA research scientist Christopher Barrick (principal investigator) on a study funded by the National Institute on Drug Abuse on knowledge exchange and skills training for therapists.

Her particular focus is on alcohol use and abuse in emerging young adults, aged 18 to 25. "Alcohol abuse is a huge public health problem," she says.

In May, Collins received a grant from the National Institute on Alcohol Abuse and Alcoholism to study the concurrent use of malt liquor—an inexpensive, high-alcohol beverage—and marijuana.

A lot of people who drink malt liquor, Collins says, also use marijuana. Similar to much of her past RIA work, the two-year study will consider the context of this substance abuse by using

a novel method involving cell phones. The 80 study participants will use a cell phone and an automated voice response system that they call every time they use either alcohol or marijuana, resulting in more accurate data and providing a systematic look at the situations in which one or both substances are used.

The study also includes random sampling of the participants' ongoing lives to provide a broader context for understanding their substance use. "Context through random sampling is a very important way of understanding raw data properly, because we can better understand behavior when given the background of when, where and why the person is using or not using a substance," Collins says.

Collins has been a pioneer in using cell phones to do random sampling. Research suggests that study participants are more comfortable, and thus more compliant, with the computerized system than when speaking to a live person.

—Lauren N. Maynard

Community in context

Communication is a critical factor in health behavior. Mass communication can sway populations toward better or worse health behaviors; interpersonal communication can have the same effect by different means.

Heather Orom, assistant professor in the Department of Health Behavior, studies the effect on health of communication and community context; her interests are in family-level communication about health and health disparities. She holds a doctorate in social and personality psychology from the University of Illinois-Chicago and recently completed her postdoctoral work at Wayne State University and the affiliated Karmanos Cancer Institute in Detroit.

Her work divides neatly between two sources of health problems: genetics, which produce health issues that descend through generations within families; and the environment, which imposes health concerns on families.

In the genetics-related realm, Orom has looked at how members of families communicate with each other about their shared genetic risks for a particular disease. In 2008, she published research in the journal *Cancer* showing that people who immigrate to the U.S. are two-thirds less likely to report a family history of cancer. Among a variety of explanations for this, she and her co-authors propose that in some instances beliefs about cancer as a shameful disease may contribute to secrecy within families leading to ignorance of family history.

In the instance of the environment imposing health stress on family communication, Orom has worked extensively with Rebecca Cline, formerly with the National Center for Vermiculite and Asbestos-Related Cancers at the Karmanos Cancer Institute and now at Kent State University, on the situation in Libby, Mont., a community of about 10,000 which is suffering the consequences of decades of asbestos exposure from what was once the world's largest vermiculite mine. The vermiculite there was contaminated with an especially toxic form of naturally occurring asbestos.

Orom explains that such a slow-developing manmade disaster produces social and family pressures very different from those produced by natural disasters that fall on everyone alike relatively suddenly. Technological disasters can create a dynamic that puts health and local economic interests in opposition. Victims of asbestos-related diseases can feel stigmatized to the point of silence about their conditions, even within families, which has a deleterious effect on health outcomes.

—Judson Mead



Orom Photo: Douglas Levere

Cancer Institute, an adjunct assistant professor at the UB School of Nursing and an assistant professor of oncology at Roswell Park. His research interests include re-sampling techniques, goodness-of-fit and permutation tests, distributional characteristics, copulas and tests of independence biostatistics.

Diane M. Wrisley
Assistant professor,
rehabilitation science

Wrisley has extensive experience treating adults with neurological deficits and has specialized in working with

people with traumatic brain injuries, and vestibular and balance disorders. She is specifically interested in evaluation and treatment techniques for persons with vestibular and balance dysfunction.

Tongjian You
Assistant professor,
exercise and nutrition sciences

You translates his focus on obesity and aging into studies of adipose tissue metabolism, metabolic and physical dysfunctions associated with obesity and aging, and metabolic and hormonal adaptations to diet and exercise.

Charitable gift annuities

A sane choice in an insane market

So here we are. As this story is written, the Dow is hovering around 8,000. When you read this, who knows where the numbers will be?

One positive result of the ongoing market fluctuation is the attention that charitable gift annuities have been garnering. You may have read about them in the news, as the benefits of gift annuities have been featured recently in the Wall Street Journal and Forbes.

Timing is everything, and this fiscal environment may be the best time to establish a charitable gift annuity. At the very least, you owe it to yourself to explore this unique opportunity to do well and do good.

A charitable gift annuity is a simple agreement between an individual and a charity (such as the University at Buffalo Foundation) in which the donor gives the charity a set amount of money. In exchange, the charity guarantees to pay the donor a fixed amount for the rest of his or her life. I know of donors who have collected annuity payments for decades—not a bad return!

To sweeten the pot, donors who establish charitable gift annuities also qualify for an

immediate tax deduction to offset income taxes. This, coupled with the guaranteed, fixed, lose-no-sleep-at-night returns, often have donors coming back to establish additional gift annuities.

Most charities adhere to rates recommended by the American Council on Gift Annuities. As an example, a 70-year-old wishing to establish a gift annuity would earn a solid and steady 5.7 percent. Let's say that this 70-year-old wanted to establish a gift annuity with \$10,000. He or she would receive \$570 per year for the duration of his or her lifetime, along with a nice tax deduction in the year that the annuity is established.

As an added layer of security, gift annuities are guaranteed and backed by the charity's assets. However, you should consider the size, strength and reputation of the organization before you set up a gift annuity. If you choose a long-standing well-established group, like the University at Buffalo Foundation, then you'll be in terrific shape.

Gift annuities can come in different shapes and sizes. For example, gift annuities can be established for one or two beneficiaries. The rates will be slightly lower for two-life gift

annuities, but they're still an attractive option for couples seeking income.

Individuals who are nearing but not quite ready for retirement may want to explore a deferred gift annuity. This arrangement allows a donor to set up a gift annuity now, while delaying the income until a later date. The longer a payment is deferred, the higher the rate of return. Many donors who expect to find themselves in a lower tax bracket after they retire find deferred gift annuities to be quite attractive. Another plus is the deduction that is earned immediately that helps to reduce current income taxes.

And not to forget, they're called charitable gift annuities for a reason. A portion of your contribution will be used in support of a philanthropic purpose in the future.

What's important to you when you think about supporting your alma mater through that contribution? Whatever you decide, the charitable gift annuity can make a difference in a way that fits your lifestyle. SPHHP's programs, students, faculty and staff will thank you for it!

—Wendy M. Irving Esq.,
assistant vice president for gift planning

Remember the School of Public Health and Health Professions in your will

Did you know that you can make a major impact on the future of the School of Public Health and Health Professions by including us in your estate plans? Call UB's Office of Gift Planning toll-free at **877-825-3422** to learn more about how you can support student scholarships, faculty development—or something that is near and dear to you.

If you plan to make a charitable gift by will, please think it through carefully. Then, meet with your attorney to discuss and update your will. Tell him or her exactly what you want to do. Be as clear as possible in describing what you want given to whom. If you prefer to remain anonymous, your gift will be kept completely confidential. But at the same time, recognition of your gift can encourage others to do the same.

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 829-6420.

[continued from page 2]

adaptable model for scientific societies in other disciplines.

Sucheston has been paired with Elizabeth Crispin, a teacher from McKinley High School in the Buffalo Public Schools. As part of her year-long commitment to the project, Sucheston will collaborate with Crispin on student success, curriculum development, and metrics, and will attend the first preparatory GENA workshop in June, in Seattle, Wash.

"This project is truly a community outreach in that this curriculum is developed and put in place for the purpose of being sustainable," Sucheston says.

SPHHP celebrates Commencement 2009

SPHHP held its 2009 commencement ceremonies on May 9 at UB's Center for the Arts. The school proudly grad-

uated 181 graduate students and 89 undergraduate students. **Robert M. Bennett**, chancellor of the New York State Board of Regents, was the commencement speaker, and degrees were conferred by **Robert Genco**, vice provost and director of UB's Office of Science, Technology Transfer and Economic Outreach, and SUNY Distinguished Professor.

In memoriam

Carlton R. Meyers, professor emeritus in the Department of Exercise and Nutrition Sciences, passed away on June 8, 2009. Meyers was beloved by students, fellow faculty and staff for decades. The Meyers family has requested that memorial donations be made to the Carlton Meyers Graduate Student Award in Exercise Science at 332 Squire Hall, 3435 Main Street, Buffalo, N.Y., 14214.



Students visit state capital

Front row: UB OT students Regina Yazbeck, Jason Petrie, Tara Rudkoski, Danielle Pellegrino; Second row: Chris Perkins, Jamie Balmuth, Kelsey Zamoyski, Maureen Jones; Back row: Jeff Tomlinson, O.T.R., Janice Tona, O.T.R., Ph.D., Susan Nochajski, O.T.R., Ph.D., Derek Smaczniak

OT Day in Albany

Occupational therapy was on the docket in Albany this February when a group of nine OT students from SPHHP's class of 2011 lobbied their state legislators as part of the New York State Occupational Therapy Association lobby day. The students' visit to the state capital was supported by funds donated by Nancie Greeman, O.T.R., UB's first OT program director.

One of the key issues was to amend the Occupational Therapy Practice Act. The act is over a quarter century old and governs the requirements and parameters of practicing occupational therapy in New York State. Some of the proposed amendments included additions to the definition of occupational therapy; occupational therapy assistant recognition and provisions of protection from inappropriate responsibilities delegated by place of work; and continuing education credits becoming mandatory for occupational therapists to practice within New York.

The students were also briefed about several budgetary issues, including funding for enhanced adult day care programs and promoting public health by providing safe, healthy environments and physical activity for children through play.

Join UB Spirit in Ride for Roswell

The school would like to thank all those participating in the 14th annual Ride for Roswell on Saturday, June 27. Last year, we contributed 25 of the 161 riders representing the University at Buffalo and helped the UB Spirit Team raise over \$65,000 in support of cancer research and patient care programs at Roswell Park Cancer Institute.

For details visit: <http://sphhp.buffalo.edu/cycling/rfr2009/>

Nobel-winner Blumberg gives Saxon Graham lecture

Noted research physician **Baruch S. Blumberg** gave the annual Saxon Graham Lecture on April 16. The topic of his talk was "The Adventure of Science and Discovery." The next day, Blumberg gave the weekly Social and Preventive Medicine seminar, titled "Preventing Cancer with a Vaccine: Hepatitis B Virus and Primary Cancer of the Liver." Blumberg was awarded the 1976 Nobel Prize in medicine for his discovery in 1967 of the hepatitis B virus (HBV), a leading cause of liver cancers. His work on blood tests to screen for HBV and an effective vaccine for the virus has made a major impact on global public health and has saved millions of lives. Blumberg is a professor of medicine and anthropology at the University of Pennsylvania and is a distinguished scientist at the Fox Chase Cancer Center in Philadelphia.



Blumberg

The University at Buffalo is a premier research-intensive public university, a flagship institution in the State University of New York system that is its largest and most comprehensive campus. UB's more than 28,000 students pursue their academic interests through more than 300 undergraduate, graduate and professional degree programs. Founded in 1846, the University at Buffalo is a member of the Association of American Universities.

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: RESIDENT EXPERT :

Eating well, living well, being well

When Wegmans decided to bring its Rochester-based “eat well. live well. challenge” to 40 Buffalo-area companies this year, some of us at the School of Public Health and Health Professions recommended that the university get involved. The supermarket chain’s successful employee health promotion initiative is designed to encourage employees to improve their health through diet and exercise.

The health benefits of making even small positive changes to your diet and activity levels are striking, as research on obesity and disease and the positive effects of weight loss has demonstrated. Regular exercise—at least 30 minutes a day, five (preferably seven) days a week—and a diet low in fat and calories can reduce depression, high cholesterol and blood pressure; improve bone and joint health; prevent chronic diseases like diabetes, arthritis and cardiovascular disease; and reduce the risk of acute events like heart attack and stroke.

The “eat well. live well. challenge” is an educational wellness program where participants commit to eating at least five cups of fruits and vegetables per day, and to reach a goal of 10,000 steps per day. Teams of employees

at UB and other institutions recorded their steps and diet with pedometers and online. In return, they received recipes, tips and a dose of friendly competition during the eight-week contest.

I was initially intrigued with the program because its tenets encourage key lifestyle changes that can be achieved by anyone interested in losing weight and staying fit.

How do I know? I’m one of UB’s 300 “eat well. live well. challenge” participants, and a proud member of the School of Public Health and Health Professions team that led the university in taking the most steps and eating more of the “good stuff.”

Granted, five cups of food that don’t come from a vending machine or a pizza joint, and 10,000 steps a day may sound like a lot of work, but these goals can be met gradually by breaking them down into more easily formed habits and incorporating them into your daily life.

For instance, try parking farther away from your office. Go for a brisk walk with a friend during a scheduled break, or walk to reach a colleague instead of using the phone. Eat breakfast—the most important meal of the

day. Pack your lunch with a few servings of fruits and vegetables, and avoid high-calorie, low-nutrient snacks like chips and pop. Consuming food in small amounts throughout the day is not only better for regulating blood sugar (which keeps diabetes at bay), but it also provides a steady flow of dietary energy that keeps you alert and satisfied.

With nearly 60 percent of Americans now classified as obese or overweight, there is a pressing need to find more accessible programs like “eat well. live well. challenge.” that give people gentle incentives to change, the support they need and a sense of fun that will result in better compliance to their healthier lifestyle, and a longer, happier life.

Michael F. Noe is associate dean for community relations and clinical affairs and clinical professor of social and preventive medicine.



Michael F. Noe Photo: Douglas Levere