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Improving health for populations and individuals

impact

Winter 2010



COOPERATION AND CRISIS

An emergency plan that
links key resources, no
matter where they are



TO THE CORE

New public health
coursework goes online



BREATHING EASY

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All grown up

Founded only six years ago, UB's School of Public Health and Health Professions has been awarded full accreditation by the Council on Education for Public Health, qualifying it for membership in the Association of Schools of Public Health.

The new accreditation covers the school's public health side; the school's health professions programs—occupational therapy and physical therapy—are already fully accredited by their respective professional bodies. But it is the school as a whole that joins the 42 other accredited public health schools around the country.

The School of Public Health and Health Professions also joins the Columbia University Mailman School of Public Health and the State University of New York at Albany School of Public Health as the only fully accredited public health schools in New York. It is one of only three in the country to combine public health with health professions.

This important milestone fills a void. Previously, there was no accredited school of public health between Albany in the east and the University of Michigan in the west and Ohio State University and the University of Pittsburgh to the south. Buffalo has earned its star on the map.

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Reaching others

For the past few years, and especially in 2009, our main focus at the school has been on securing accreditation from the Council on Education for Public Health. As you will know from the cover of this newsletter, we succeeded in that mission. Now it's time for us to tell the world about ourselves.

As it happens, the University at Buffalo recently launched a campaign to tell friends and neighbors, future students and graduates—in the region, throughout New York State and around the nation—what guides its course. UB's mission can be distilled to two words: "reaching others." And as the School of Public Health and Health Professions introduces itself as one of the 43 accredited schools of public health in the U.S., we think that message is a good place to start.

Our work in every part of the school reaches others directly as individuals and indirectly as populations. Graduates of our professional programs in physical therapy and occupational therapy sometimes deliver rehabilitative care in the most immediate way one can reach another, literally to touch and make better.

Graduates of our master of public health program fan out around the world to try to deal with problems that degrade the health and well-being of communities or larger populations—educating villagers in a developing region about practical water sanitization systems or, closer to home, developing better ways to use nicotine replacement therapy for smoking cessation.

Graduates of our masters and doctoral programs are reaching others through helping to create new knowledge that affects people's lives and well-being.

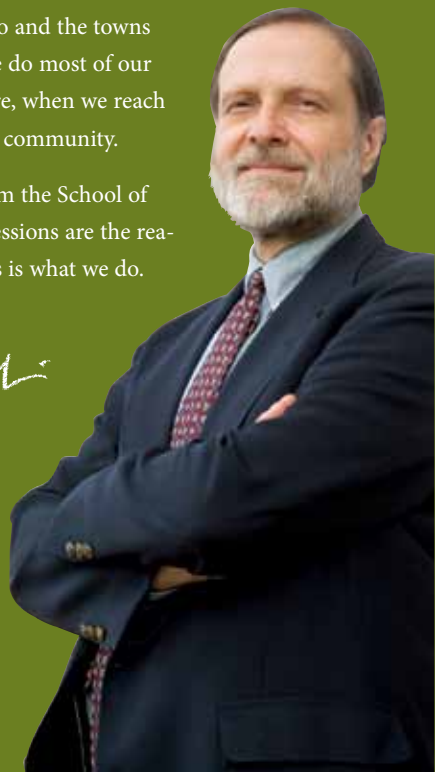
And, of course, we start our work where we live. It is in the neighborhoods of Buffalo and the towns of Western New York where we do most of our training and research and where, when we reach others, we are helping our own community.

The people we reach out to from the School of Public Health and Health Professions are the reason we're here. Reaching others is what we do.



Sincerely,

Lynn T. Kozlowski, PhD
Dean



Dean Kozlowski greets J. Warren Perry, SPHP's first dean, and ABC News health editor Richard E. Besser (center).

ABC's health editor headlines Perry Lecture

Richard E. Besser, senior health and medical editor for ABC News and former interim director of the Centers for Disease Control and Prevention, gave the keynote address at the 21st annual J. Warren Perry Lecture on Nov. 13. Besser shared timely insights on how the United States develops vaccines and communicates vital information about public health crises.



Perry, the first dean of the school, greeted Besser and attended the awards ceremony afterward for faculty and students (photo, left). Before the lecture, students presented posters in the atrium of the Biomedical Research Building (see photo below).

Besser spoke enthusiastically to a full-capacity crowd in Harriman Hall and stressed the importance of transparent, proactive communication in successful public health outreach. After studying diarrheal diseases in Bangladesh and directing pediatrics at the University of California-San Diego, he also worked for the San Diego County health department on controlling pediatric tuberculosis. During his 13 years at the CDC, he led a national campaign to prevent antibiotics overuse and, most recently, led the center's Coordinating Office for Terrorism Preparedness and Emergency Response that was charged with coordinating the national response to the H1N1 influenza virus outbreak.



[Continued on Page 8]

A common response

SPHHP faculty develop an emergency preparedness planning resource that spans borders

In an emergency—a fire, a terrorist attack, a blizzard—any one municipality, county or state may not have the resources to respond quickly and effectively. A catastrophe in one area will often send people fleeing into neighboring locales.

Disasters do not obey jurisdictional boundaries. And agencies preparing for disasters should not limit their planning to include only resources within a single jurisdiction.

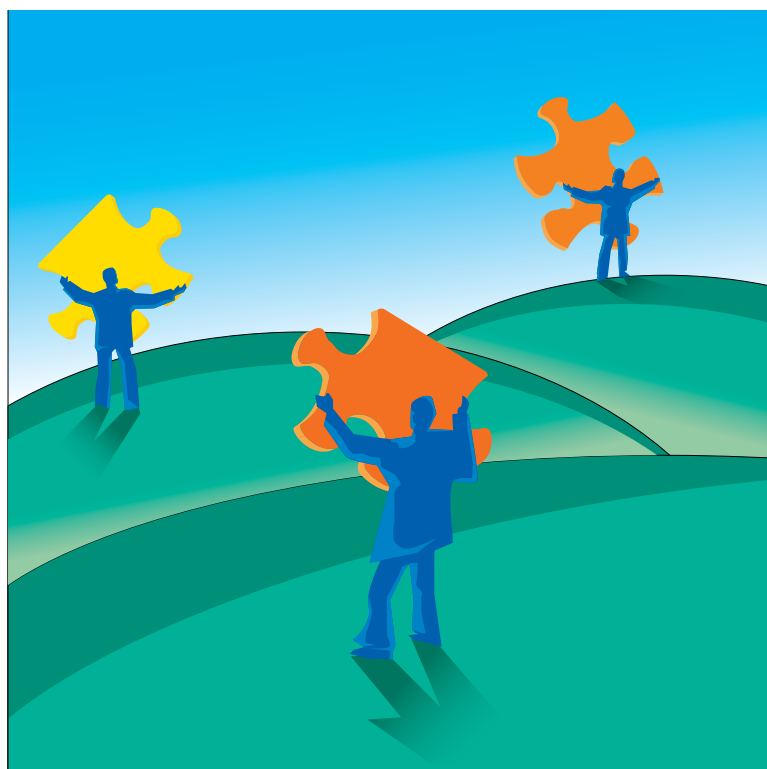
With that in mind, two faculty members from the School of Public Health and Health Professions recently completed a digital Guide to Multijurisdictional Collaborations, a tool that public health and emergency management officials can use as a resource in developing agreements specifying how personnel and resources will be shared during a disaster.

“Disasters don’t stay within jurisdictional lines, so when disasters occur, they don’t respect our political subdivisions,” says Gregory Homish, assistant professor of health behavior, who drafted the document with Donald W. Rowe, public health liaison and director of the school’s Office of Public Health Practice. “If

there is no plan prior to a disaster, it’s very difficult to mobilize resources that cross these boundary lines. How do you communicate across boundaries? Different agencies use different radio frequencies. There are also liability issues. If you’re borrowing resources from another township, who is responsible in terms of liability? During a disaster, there’s really no time to be dealing with all the paperwork.”

Mutual aid agreements are especially important in rural areas where resources are typically scarcer, says Rowe, who helped co-found the Western New York Public Health Alliance, a regional not-for-profit public health partnership comprising eight county health departments. Having served for 17 years as public health director for the Genesee County Health Department, he knows that even simple resources—such as buses—are often in short supply in less-densely-populated regions.

Research shows that following an emergency centered in an urban location, people flee in droves to outlying regions where they feel safer, making their way through rural areas. Cooperative disaster planning helps ensure a smooth evacu-



ation, with all jurisdictions involved offering the same services to victims.

“If you go to one county and they say, ‘Here’s what we do for you,’ and another county says, ‘We don’t do any of that,’ you have conflicting expectations,” Rowe explains.

Homish and Rowe’s project, supported through more than \$100,000 in grants from the Western New York Public Health Alliance, was part of that group’s larger effort to establish an Advanced Practice Center to serve as a national model for rural public health and emergency preparedness. The funding came to the alliance through

the National Association of County and City Health Officials, which had received the money from the Centers for Disease Control.

The guide has already generated significant Web traffic. Besides making the document available on the Internet, the researchers have shared their work with local, state and national public health and emergency planning officials. Homish recently discussed the tool at a conference of the Kansas Public Health Association.

“This is a tool for the entire nation to use,” Homish says.

—Charlotte Hsu

Core curriculum goes online

What is at the core of public health? The answer to that at the School of Public Health and Health Professions has been four years in the making, involving much of the faculty, and resulting in the new Foundations of Public Health online core curriculum.

Introduced in September, the 12-module Foundations series promotes a foundational knowledge of public health and its subdisciplines, while conveying the ways in which the disciplines of the various health professions represented within the school contribute to public health goals. The modules are delivered through ULearn, the university's online source of course and classroom materials. Each module includes a PowerPoint presentation with audio voice-over, references to supplemental readings, a quiz and an evaluation instrument.

Originally the vision of the school's founding dean Maurizio Trevisan, who left in 2007, development of the core curriculum was accelerated under the leadership of dean Lynn T. Kozlowski. The Foundations series helps fulfill the school's mission, and it contributed to the school's recent accreditation by the Council on Education for Public Health.

According to Dale Fish, associate dean for academic and student affairs, the council rarely encounters a school for both public health and health professions, "It's quite unusual for a school to invest in more than public health," he says. "The accrediting body looks

very carefully at whether these students and faculty outside traditional public health are invested and knowledgeable in public health. That fits with

on the health professions. Most notably represented are exercise and nutrition sciences and the rehab sciences—physical therapy and occupational ther-

students. The curriculum is currently a requirement for newly admitted graduate students who are in disciplines outside of public health, as well as entering



"We want all of our students and indeed our faculty and staff to appreciate the histories and cultures of both public health and the health professions."

—Dale Fish, associate dean for academic and student affairs

the core curriculum beautifully, particularly in the public health focus area."

Fish noted that the curriculum was built along a two-way street. "We want all of our students and indeed our faculty and staff to appreciate the histories and cultures of both public health and the health professions. The 12 modules include a substantial module

apy. The public health-oriented student can learn about the health professions within the Foundations series, but it is predominated by the capacity for those outside public health to learn about public health as a career and a profession and a series of disciplines."

The Foundations series has initially been made available to the school's faculty, staff and

juniors in exercise science.

"Both undergrads and grads are beginning to find this core curriculum an expected part of their education," says Fish. "That's going to increase as we move forward. We had to demonstrate that all of our students will indeed have a foundational knowledge of public health, and that they will have an understanding of their chosen

disciplines—sometimes outside the traditional public health arena. Foundations is meant exactly to do that.”

The other two focus areas that are being prepared for the Foundations online series to be introduced next fall are in evidence-based practice and communication and professionalism.

The road to determining the content for the core curriculum went in a number of directions in the early stages. Fish recalls the hesitancy on the part of many faculty because of the huge collection of academic programs and a brimming schedule.

According to Paul Wietig, the clinical assistant professor who was recruited to coordinate the curriculum, the faculty initially came up with more than 100 areas that they felt were important to include.

“Over 100 essentials was going to be difficult to manage,” he says. “So the faculty came together with the steering committee and worked from 160 down to 70, distilling it to what we call the core 25 that everyone could buy into.”

Last summer, the project went into high implementation gear, fueled by a Josiah Macy Jr. Foundation grant, the volunteer assistance of clinical instructor Douglas Frye (who was instrumental in designing and coordinating the site) and faculty members who stepped up to deliver a 12-part presentation of the Foundations modules.

“Because there was no given

formula, we as a school defined what Foundations was about—that’s a very important part of this,” reasons Wietig.

Fish marvels at the togetherness that the experience has inspired within the faculty. “Our culture has gone from one of almost pure silos with each discipline to breaking down those silo walls and having faculty respect one another and collaborate actively with one another across the disciplines. That is really exciting.”

A priority of the Macy grant is to make Foundations available to the community and to other academic institutions. Work is being done to easily disseminate the curriculum in such venues. Fish says the program will be piloted for potential use in continuing education in public health environments. “There is a huge amount of expertise in the public health arena and only about a half of public health’s workforce has been formally trained in public health per se—so there is a need for this kind of foundational understanding in these arenas,” he notes.

Wietig believes that a new standard has been set with Foundations. “As we continue our outreach as an accredited school, we want to show to a wider venue what public health is about. When other schools consider using this process, they’ll look to the University at Buffalo and to what the School of Public Health and Health Professions did.”

—Jim Bisco

Arthur Goshin MD, MPH

Founder/President/CEO, HealthyWorld Foundation
Chair, Dean’s Advisory Council, SPHP

Q. What led you to establish the HealthyWorld Foundation?

A. My original interest in medicine was linked to my concerns about health problems in communities of poverty, both in the developing world and in the U.S. Through work as a trustee of the international organization Freedom from Hunger, I came to realize that the combination of my own unique skill set, motivation and interests had the potential to contribute to finding new solutions to seemingly intractable health problems.



Q. What has your time working in the health care industry taught you about the importance of a public health education?

A. While most health problems are experienced by individuals, many of these problems are also common across populations. I’ve learned that the potential for significant collective health impact lies in the common identification of causes and solutions, and that prevention and early intervention are critical to reducing or eliminating the problem’s adverse effects.

Q. What are your long-term goals for the foundation and its partnerships?

A. My foundation (<http://www.healthyworldfoundation.org>) is working in India and Uganda. I have four areas of interest: clinics, infectious illness, chronic illness and health product distribution. My goal is to identify and help develop innovative and impactful interventions in these four areas that can then be perfected and distributed on a large scale.

Q. Why did you choose to serve on the Dean’s Advisory Council at the School of Public Health and Health Professions?

A. I first became active with the Department of Social and Preventive Medicine as a student 44 years ago because of my personal and career interests in public health. 2010 is my 40th year on the faculty. The dean and I thought that my skill set in organization building and my interests in public health, global health, and the health professions could be of value to SPHP’s development.

Q. What can an entrepreneurial mindset or model contribute to public health?

A. It’s a constant and unrelenting search for solutions to seemingly intractable problems. It’s an experimental orientation or mindset—more to the general than the specific, more directional than static, more macroscopic than microscopic—that all public health problems are solvable now.

No longer a pipe dream

UBreatheFree is the smoke-free policy rolled out in August to help clear the air on all three UB campuses.

In an effort to address one significant facet of the health and wellness of its community, UB launched its first-ever smoke-free policy on August 1. Smoking is prohibited in buildings and on the grounds, including green spaces and parking lots, on the university's three campuses. For the first year, smoking is permitted in areas of parking lots located more than 100 feet from buildings.

Gary Giovino, chair of the Department of Health Behavior, has been a key member of UBreatheFree's organizing committee since it first met a few years ago to start brainstorming ideas for the no-smoking campaign.

UBreatheFree Supporters are volunteer students, faculty and staff from all over campus, including SPHHP MPH students and Giovino; he works with Sharlynn Daun-Barnett, the alcohol, tobacco and other drug prevention specialist for Wellness Education Services in Student Affairs, who does the bulk of the training. Supporters spread the word about UB's smoke-free campus policy, explain to smokers why campuses are going smoke-free and provide people interested in quitting with resources, on and off campus.

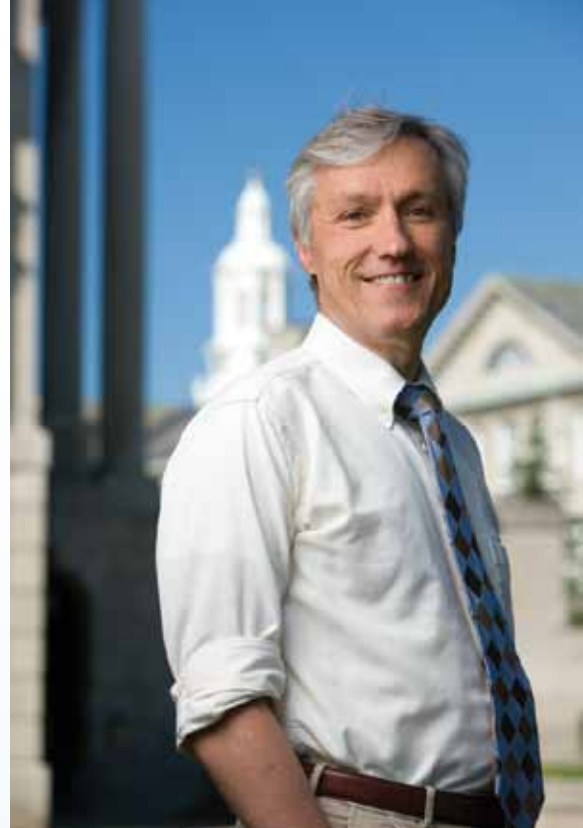
The Wellness and Work/Life Balance unit in University Human Resources, in collaboration with the Employee Assistance Program, began offering smoking cessation coaching and nicotine replacement therapy in September 2008. Katherine L. Frier, who heads Wellness and Work/Life Balance, is

one of the human resources representatives on the UBreatheFree steering committee. Her office was tasked with expanding smoking cessation services and marketing the policy to employees in collaboration with Wellness Education Services' programs for students. Wellness and Work/Life Balance maintains the UBreatheFree Web site for the campus and monitors the hotline (645-SMOKE) and e-mail address (nosmoke@buffalo.edu) with Wellness Education Services to review questions and concerns about the policy.

The campaign partners are also working with the School of Pharmacy and Pharmaceutical Sciences on the "Quit Coach" program—three months of free, customized support for those trying to quit smoking. Frier organized tabling events on campus to promote smoking cessation and information about the policy, including information sessions for visitors at UB Stadium during football games.

There has been a noticeable change in the number of smokers on campus. Giovino recalls seeing a woman step onto the curb near a UB parking lot, burning cigarette in hand. "When she realized that she was about to leave the parking lot, she put out her cigarette," Giovino says. "I've also seen people purposely cross the street to smoke near a butt collector in a parking lot."

The committee's expectations are that as people become better informed about the policy and smoking cessation options,



Health behaviorist Gary Giovino, co-chair of the UBreatheFree campaign at UB, is a firm believer in the health benefits of quitting smoking.

incidences of smoking will decrease to the point where there is a smoke-free culture on campus much like the one in public buildings throughout New York State. The UB ban has attracted both positive and negative input from employees and students, but the overwhelming majority of feedback has been positive.

Many of the negative comments are from employees who take issue with the removal of the wall-mounted cigarette butt collectors at the exits and entrances of campus buildings—a measure that Giovino encouraged the committee to adopt to facilitate compliance. While compliance is not 100 percent, the UBreatheFree committee is working to solve those problems.

"We expect that because of this policy, some people won't develop lung cancer and die prematurely," Giovino says.

Frier agrees, adding, "We believe that in time, people won't remember when one could light up on campus."

—Lauren N. Maynard

A new take on vitamin C

Sepsis is a leading cause of death in critical care units worldwide. Bacteria overwhelm a patient's body, triggering a systemic inflammatory response and causing problems ranging from changes in blood flow to organ dysfunction. But can something as simple as vitamin C reduce mortality from sepsis?

That's the question John X. Wilson, a professor of exercise and nutrition sciences, is asking and answering in a \$1.4 million study funded by a four-year grant from the National Center for Complementary and Alternative Medicine.

So far, his results are promising. Wilson and team members in his laboratory have found that in mice and rats with sepsis, the right amount of vitamin C can postpone or reverse blockage of capillaries and stop degradation of the endothelium, a process that can lead to edema formation.

Wilson, who received a PhD in comparative physiology from the University of Toronto

in 1982, began studying sepsis in the 1990s.

"I was very distressed that so many people were dying of sepsis despite the fact that in a developed country like our own, there are tremendous resources to treat people," Wilson says. "It was just a scandal that people are getting excellent care, lots and lots of intensive care, and yet many people with sepsis still die anyhow. We should be able to do better for those patients."

Wilson's line of inquiry is important today as the population of older people, who are at greater risk for developing sepsis, grows. His past research includes exploring how nutrients such as folic acid can help neutralize the effect of inflammatory insults such as bacterial toxins that, without treatment, can lead to dangerous changes in cell functions.

Wilson and his colleagues also completed pioneering work in tracking how vitamin C is absorbed and travels around the human body.

In his latest study on vitamin C, which began in 2008, Wilson is examining the effectiveness of vitamin C in combating symptoms of sepsis, and the mechanisms by which the nutrient achieves benefits.

In sepsis, bacteria release toxins that alter the gene expression of endothelial cells, causing these

cells, which line the interior surface of blood vessels and control the passage of materials into and out of the bloodstream, to increase production of hydrogen peroxide.

Wilson and his team have found that elevated levels of hydrogen peroxide stimulate additional abnormal gene expression, leading to increased production of proteins that attract platelets that could clog capillaries. Another result is a decrease in the creation of junctional proteins that connect endothelial cells. This causes the endothelium to become "leaky," a precursor to edema.

Appropriate amounts of vitamin C—ascorbic acid—can help inhibit these destructive processes. Ascorbate reacts with hydrogen peroxide to generate water, restoring normal gene expression, Wilson says.

Vitamin C, if effective in combating symptoms of sepsis in humans, would be a particularly efficient treatment. Caregivers could deliver vitamin C using the same tubes through which critically ill patients who are unable to feed themselves receive other nutrients.

"We don't intend to cure sepsis with vitamin C," Wilson says. "Instead, we see vitamin C as one more adjuvant treatment. When people are diagnosed with sepsis, when they are in the intensive care unit because they're critically ill, they receive many treatments. Vitamin C could be added to the list.

"We're halfway through our study," he adds. "We've already had some exciting results. If we provide enough convincing evidence that vitamin C is effective in our models, and if we understand the mechanism of action of vitamin C in our models, that evidence can be used to support and justify a clinical trial of intravenous vitamin C in clinically ill patients."

—Charlotte Hsu



John X. Wilson in his lab in Farber Hall.

Following Besser's lecture, Dean Kozlowski recognized 29 faculty and students for teaching and research honors, including four student recipients of the J. Warren Perry Scholarship and Patricia Ohtake, an associate professor of rehabilitation science and recipient of the Outstanding Teacher of the Year Award. A list of all winners is available at www.sphhp.buffalo.edu.

Strong showing at APHA

The American Public Health Association, the oldest meeting for public health professionals, held its 137th Annual Meeting and Exposition in Philadelphia in November. Despite the bad economy and the H1N1 health crisis, it drew 10,500 people—including SPHHP students and faculty.

Katherine Dobson, a PhD student in epidemiology, was selected as one of only two 2009 Alcohol, Tobacco and Other Drugs Student Poster Award winners at the meeting for her poster titled "Impact of Hawaii's Smoke-free Law on Tourism and the Hospitality Industry," with Andrew Hyland, research associate professor of social and preven-



Dean Kozlowski (center) and SPHHP students pose with mini-buffaloes at the November APHA meeting in Philadelphia.

tive medicine, and Cheryl Rivard of Roswell Park Cancer Institute. Also attending were SPHHP faculty Gary Giovino, Gregory Homish, Marc Kiviniemi, Carl Li and Heather Orom and Donald Rowe. Rowe and Kiviniemi gave presentations.

Rowe, director of the school's Office of Public Health Practice, was enthusiastic about the 2009 conference. "It was one of our best ever," he says. "There's been a marked difference in student interest in SPHHP. Accredited programs open doors to employment, and UB's offer great value."



Georges C. Benjamin, executive director of the American Public Health Association, and Marcie Hyman, a UB MPH student in the Department of Health Behavior.

Faculty and department news

Dale Fish, associate dean for academic and student affairs, was interviewed on WBFO 88.7 FM in November about the supply of H1N1 vaccine and how accreditation will help the school meet public need. The interview is available online at www.wbfo.org.

The Department of Biostatistics in SPHHP, in conjunction with the biostatistics department at Roswell Park Cancer Institute, will launch a new MS program in Bioinformatics and Biometry in fall 2010. "Jeff Miecznikowski, David Gold and Song Liu worked hard on getting this approved by the state, with assistance from Arthur Michalek," says Alan Hutson, biostatistics department chair at SPHHP and RPCI. Gold, a research assistant professor, is also co-author on a new textbook titled "Bayesian Analysis of Gene Expression Data (Statistics in Practice)," published in September.

The biostatistics department has announced the spring lineup for its annual Distinguished Lecture Series. The speakers will be Richard Simon, chief of the Biometric Research Branch of the National Cancer Institute (Feb. 11, 4 p.m.); Ronald Brookmeyer, professor of biostatistics at Johns Hopkins University (TBA); Elizabeth Thompson, professor of biostatistics at the University of Washington (April 1, 4 p.m.); C.R. Rao of SPHHP (April 22, 4 p.m.); and Bradley Efron, professor of statistics at Stanford University (May 11, TBA).

Allison MacKenzie, a certified strength and conditioning specialist, is the new undergraduate program director and academic advisor in the Department of Exercise and Nutrition Sciences. Prior to coming to UB, MacKenzie was a clinical assistant professor and cardiac rehabilitation program director at the University of New Hampshire.

Terry Mashtare has joined the Department of Biostatistics as a research assistant professor. Mashtare received his PhD from UB in February and is currently working as a master's level biostatistician at Roswell Park.



MASHTARE

The Department of Social and Preventive Medicine announces that noted epidemiologist and UB alumnus Robert Wallace will be the fourth Saxon Graham lecturer, presenting a seminar on April 16 at noon in 144 Farber Hall.

For more SPHHP news, go to www.sphhp.buffalo.edu.



The "SPHHP PHly," or Public Health fly, sports UB and SPHHP colors (blue and white for UB, salmon for public health) to commemorate the school's recent accreditation.

Tied by faculty member Donald Rowe, an avid fisherman, the fly was field tested in November in a Western New York stream, where it landed Rowe a 22-inch, 3-pound Atlantic salmon (which he then released).

Leaving a legacy

Your will, your values, your impact on the future

According to Leave a Legacy, a national organization that promotes planned giving, a recent study shows that about 80 percent of Americans give to charity on an annual basis, while only about 8 percent of folks have established planned gifts in support of their long-held charitable interests. Clearly, Americans are charitable. So why aren't more folks supporting their favorite charities through bequests?

Many people erroneously believe that a bequest to a charity has to be a big amount—a privilege reserved for the very wealthy. Contrary to popular belief, however, bequests to charities come in all sizes. As your favorite charity will likely tell you, any amount you give will be helpful and appreciated.

Some folks are also concerned that they won't have enough money to live on if they make a charitable bequest. It is important to understand that bequests are paid from whatever is left over after your death. Furthermore, it is quite simple to structure your bequest so that it is paid out of your residuary estate—meaning the charity receives its gift only after all of your payments to loved ones are made.

Using a bequest as a way to leave your mark on our world can make a tremendous impact. For example, here at the University at Buffalo, bequests from our donors have made it possible for hundreds of students to attend college, to receive a scholarship, and take that first step toward achieving the American Dream. Others have established professorships—

named in honor of the donor—that allow UB to recruit top-notch faculty to teach in Buffalo. Some have opted to support specific research initiatives to help eradicate diseases like Alzheimer's, cancer and high-blood pressure. While bequests to charitable organizations are small in number, their impact is dramatic.

If you support a charitable organization with an annual gift, I encourage you to contact that charity to learn more about your planned giving options. You can also call UB's Office of Gift Planning toll-free at (877) 825-3422 or go to <http://www.leavealegacy.org>.

—Wendy Irving, assistant vice president for gift planning, University Development



"It's as if we'd become happier in our skin. I have a sense that we better understand who we are for having built relationships around this common goal."

—Lynn T. Kozlowski, Dean of SPHHP

[Continued from Page 1]

"When the school was founded in 2003, the vision was to become accredited and join the first rank of public health schools in the country," says Lynn T. Kozlowski, dean of SPHHP. "I'm proud that we have accomplished this on our first effort."

Word of the accreditation decision came to Kozlowski by e-mail on Oct. 28. He was in a meeting and the e-mail from the ASPH was automatically routed to a junk-mail folder. Later in the morning he went through all of his unopened mail and... Happy day!

Kozlowski printed the official letter, called in Dale Fish, associate dean for academic affairs and a key leader in the accreditation effort, and handed him the good news. The two then prepared a note that was sent out to the entire school.

A week later they were on their way to the 137th annual meeting of the American Public Health Association ("the oldest gathering of public health professionals in the world"—see

Page 8) where the school would occupy a booth for the first time in the area reserved for ASPH members, what Kozlowski refers to as "the grown ups."

Accredited schools of public health provide MPH degree programs in each of five core public health areas: epidemiology, biostatistics, environmental health, social and behavioral sciences, and health services administration. They also must offer at least three doctoral degree programs. SPHHP offers highly regarded doctoral programs in biostatistics, epidemiology, and community health and health behavior.

"We have a significant shortage of public health workers," Kozlowski says, "and this shortage challenges us in Western New York, in the state, in the nation and in the world. We will need more than 250,000 public health workers by 2020 to meet the world's health care needs—a challenge that is compounded by the impending retirement of nearly one-fourth of the current public health workforce. SPHHP now can ramp up its training of public health work-

ers and help deal with this shortage."

In addition to entry into the select circle of schools of public health, accreditation brings tangible benefits, including eligibility for certain types of funding that are available only to accredited schools and eligibility for graduates of the program to sit for the new certificate in public health (CPH) examination.

More generally, accreditation will help the school compete for public health students. "We want to be a program people want to get into," Kozlowski says. And if the program grows, its already significant impact in Western New York will increase as more students study and perform practicum projects in community settings.

Kozlowski says the accreditation process itself—the application, self-assessment, the two site visits, action on recommendations by those visitors—was beneficial for the entire school. "Although the accreditation was in public health, getting it done brought the whole school together," he says. "It's as if we'd

become happier in our skin. I have a sense that we understand who we are better for having built relationships around this common goal."

Among the members of the ASPH, the school is one of just a handful that complements public health with other health professions.

"Our MPH degree programs, coupled with health professions programs in exercise and nutrition sciences and rehabilitation science, and our affiliations with several other UB professional schools, make this school a valuable asset locally and beyond," Kozlowski says. "Our programs in assistive technology, occupational therapy and physical therapy indicate we are acutely aware that disability is a public health issue of critical and increasing importance."

So Buffalo has its star on the public health map. The school's youth was brief. Now to make its name.

—Judson Mead



EMPOWERING

A DAUGHTER TO CARE FOR HER DAD

Family is the front line in long-term care. So the School of Public Health and Health Professions and the Erie County Caregiver Coalition developed Powerful Tools for Caregivers, a training program for people providing informal care for the frail elderly or anyone with a disabling condition.

Theirs is the hard job. Our job is to help.

To see other ways the School of Public Health and Health Professions and UB reach the community, visit www.buffalo.edu/reachingothers.

The University at Buffalo is a premier research-intensive public 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.

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: RESIDENT EXPERT :

Connecting feelings with behavior

In public health and the health professions, we can't help people lead healthier, happier lives without addressing health behaviors.

For example, the effectiveness of physical and occupational therapy depends on whether people do the things their therapist tells them to. Given this, we have to figure out how to encourage healthier behavior choices. In the same way that creating new, effective medications requires a solid understanding of how the body works, to change behavior we have to understand how and why people decide to do (or not do) things that impact health and well-being.

Traditionally, researchers have focused on how and what people *think* about behaviors—do they think that exercising will have benefits or that smoking increases risk for health problems? My collaborators, my students and I conduct research to address something missing in this focus—how people *feel* about health behaviors.

Think about comfort foods. Almost everyone has foods they strongly associate with positive feelings (mine happen to be fried chicken and ice cream!). We eat comfort foods when we want to feel good, and the very way we define the concept is based on

how a health behavior—eating the food—makes us feel.

We call these feeling-behavior connections *affective associations* (affect is the scientific term for good or bad feelings and emotions people experience). Comfort foods are just the tip of the iceberg. Young adults report that embarrassment is a major barrier to engaging in safer sexual practices. One reason people don't complete fecal occult blood tests to screen for colorectal cancer is that they find the procedure disgusting. On a more positive note, long-term exercisers say that positive feelings from physical activity motivates them to stay active.

Our work has looked at how affective associations influence many different health behaviors. Our first study on affective associations showed that adults' feelings about physical activity were a key influence on whether or not they were active. More recently, we've shown that whether a person associates positive or negative feelings with fruits and vegetables predicts their intake; that young adults' feelings about alcohol use relates to whether and how much they drink; and that patients with a serious chronic illness are less likely to take their

medications when they associate negative feelings with the medication. One important point is that in all of these examples, the effect of affective associations on behavior holds even after accounting for the "thinking" factors that have traditional-

ly been used to understand health behavior.

We are now branching out to try to develop ways to change the feelings people associate with health behaviors. Although this is a very new area of research, the ultimate goal is to encourage people to associate more positive feelings with behaviors we'd like to increase (like fruit and vegetable consumption and physical activity). Accomplishing that goal would add a powerful tool for practitioners to encourage the behavior changes needed to promote public health and prevent illness.

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