



PHPM The Liaison

April 2010

Grants Since March

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New Submissions:

Linda Burhansstipanov, Native American Cancer Research Corporation (sub through **Tom Becker**), CDC 2010 Special Interest Project, “Native American Special Events’ Impact on Cancer Screening”

Philippe Thuillier, OHSU Presidential Funding, “Molecular Mechanisms for PPARalpha role as a tumor suppressor gene in Skin Cancer”

Please notify Mark Derby at 4-0181 or by email at derbym@ohsu.edu if you intend to apply for a grant or for more information about the stimulus funding.

**Tomi Mori selected as a 2010 Fellow of the
American Statistical Association**

Biostatistics Division head Tomi Mori has been selected as a 2010 Fellow of the American Statistical Association. The ASA is the largest statistical organization in North America, with over 18,000 members working in a broad range of fields such as social justice issues, environmental risk assessment and (as in Tomi’s program here at OCTRI), human-subject based clinical and translational research.

Tomi’s selection as an ASA Fellow is a significant achievement. Given annually, the number of those selected as Fellows is limited to no more than one-third of 1% of ASA membership. Nominated by their peers, ASA Fellows are members of established reputation. In the letter of award, Cynthia Z. F. Clark (Chair, Committee on Fellows) stated that Dr. Mori had “been selected as a 2010 Fellow for...outstanding contributions to the statistical profession.”

Last year, with co-director Dawn Peters and their team of statisticians, Tomi Mori’s Biostatistics & Design Program supported 126 scientific investigators; assisted those investigators with 181 research projects; and published over 33 articles in scientific journals. Without our Biostatistics & Design Program, OCTRI could not possibly meet its investigators’ growing need for analytical support.

Thank you, Dr. Mori – and congratulations on your well-deserved honor!

To read the whole article, please visit the OCTRI website:

<http://octristaffnews.wordpress.com/2010/04/29/tomi-mori-selected-as-fellow-of-the-american-statistical-association/>



The Department of Public Health and Preventive Medicine— Faculty and Staff

NEWS

Publications

- Campbell, B.K.**, Tillotson, C.J., **Choi, D.**, Bryant, K., DiCenzo, J., Provost, S.E., Zammarelli, L., Booth, R.E. & **McCarty, D.** (2010). Predicting outpatient treatment entry following detoxification for injection drug use: The impact of patient and program factors. *Journal of Substance Abuse Treatment*, 38 (4), Supplement 1, S87 – S96.
- Capoccia, V., **McCarty, D.** & Schmidt, L. (2010). Closing the Addiction Treatment Gap: A Priority for Health Care Reform. Exclusive Commentary. Spotlight on Poverty and Opportunity. Posted May 3, 2010. <http://www.spotlightonpoverty.org/ExclusiveCommentary.aspx>
- Ling, W., Tai, B., Jacobs, P., Hillhouse, M., Hasson, A., Freese, T., Sparenborg, S., **McCarty, D.**, Weiss, R., Saxon, A., Cohen, A., Straus, M., Brigham, G., Liu, D. & McLaughlin, P. (2010). From research to the real world: Buprenorphine in the decade of the CTN. *Journal of Substance Abuse Treatment*, 38 (4), Supplement 1, S53 – S60.
- Martino, S., Brigham, G.S., Higgins, C., **Gallon, S.**, Freese, T.E., Albright, L.M., Hulsye, E.G., Krom, L., Storti, S.A., Perl, H., Nugent, C.D., Pintello, D. & Condon, T.P. (2010). Partnerships and pathways of dissemination: The National Institute on Drug Abuse – Substance Abuse and Mental Health Services Administration Blending Initiative in the Clinical Trials Network. *Journal of Substance Abuse Treatment*, 38 (4), Supplement 1, S31 – S43.
- Rieckmann, T.R.**, **Fuller, B.E.**, Saedi, G.A. & **McCarty, D.** (2010). Adoption of practice guidelines and assessment tools in substance abuse treatment. *Substance Abuse Treatment, Prevention, and Policy*, 5(4), doi:10.1186/1747-597X-504. <http://www.substanceabusepolicy.com/content/5/1/4>
- Tai, B., Straus, M.M., Liu, D., Sparenborg, S., Jackson, R. & **McCarty, D.** (2010). The first decade of the National Drug Abuse Treatment Clinical Trials Network: Bridging the gap between research and practice to improve drug abuse treatment. *Journal of Substance Abuse Treatment*, 38 (4), Supplement 1, S4 – S13.
- Rosenberg KD**, Hembroff L, Drisko J, Viner-Brown S, Decker K, Lichter E. “New Options for Child Health Surveillance by State Health Departments.” TN: 115290
- Wei MY**, Giovannucci EL. Vitamin D and multiple health outcomes in the Harvard cohorts. *Mol Nutr Food Res*. 2010;54:1-13. 2010 May 19. [Epub ahead of print]PMID: 20486209
- Dennis McCarty served** as a guest editor for a special issue of the *Journal of Substance Abuse Treatment* celebrating “A Decade of Research by the National Drug Abuse Treatment Clinical Trials Network”.

Travel

Dennis McCarty chaired the CTN Steering Committee Meeting April 19 and 20 in Albuquerque.

Emeritus Professor Mitch Greenlick gave the opening plenary presentation at the CTN 10th Anniversary celebration in Albuquerque on April 21.

PHPM News (continued)

Barbara Campbell, Holly Fussell, Steve Gallon, Marisa Gholson, Ana Hilde, Lynn Kunkel, Dennis McCarty, Traci Rieckmann, Joanne Weidemann participated in the CTN Steering and Blending Meetings in Albuquerque April 19 to April 23.

Panel Presentation:

McCarty, D. Moving practice to science. Panel presentation. Moving Science to Practice to Improve the Quality of Behavioral Healthcare. The quality of Behavioral Healthcare Conference. Clearwater, FL: April 14, 2010.

McCarty, D., Saitz, R. & Gonzales, J. Strategies for getting NIH funding: Writing effective concept papers and grants. Pre-conference workshop. The quality of Behavioral Healthcare Conference. Clearwater, FL: April 12, 2010.

Poster Presentation:

McCarty, D., Roman, P., Gustafson, D., Molfenter, T., Abraham, A., Rieckmann, T. & Capoccia, V. Implementing evidence-based practices for addiction treatment: A systems change strategy. The Quality of Behavioral Healthcare: A Drive for Change Through Research. Clearwater, FL: April 14, 2010.

Departures (by Mary Quick [formerly Gilpin])

My last day at PHPM is July 2nd. By then, I will have been in PHPM for almost 3 years, I am sad to go, but excited for what is to come. I started as an intern for Holly and Traci in 2007, right after I graduated from PSU. Dennis and Holly both wrote me LOR's for school and I am happy to say that I am going to Cal State Long Beach for 3 years and then onto UCSB for my PhD for 3 years. It is a joint program for School Psychology. I have recently been informed that Dennis' wife Sara also received her Master's at CSULB.

Hopefully after I finish my program I will be doing research as a School Psychologist in suicide intervention among adolescents, substance use and bullying among adolescents.

Oregon Prevention Research Center (PRC) Center for Healthy Community (CDC) Site Visit May 10-11th, 2010

Andrea Washington, Jean Smith, Diane Green, and Shantrice Jones flew from the CDC office in Atlanta, GA to Portland to meet with the Oregon PRC team. Monday May 10th, the Atlanta guests attended a lunch in held at the Northwest Portland Area Indian Health Board (NPAIHB), the Center's main partner. During lunch, the visitors were able to meet with OHSU faculty, staff, and students, as well as directors and project staff at the NPAIHB. Lunch was followed by a round table discussion on the Centers Core Research Project, (Tribal Noise-induced Hearing Loss Prevention), Tribal Vision Impairment Prevention wrap-up discussion, Education and Training, Infrastructure, and Evaluation.

Day two of the site visit consisted of a visit to the Warm Springs Indian Reservation in Warm Springs Oregon. Bill Lambert, Tosha Zaback, and Linda Howarth accompanied our three guests to the reservation. More discussion on the Noise-induced Hearing Loss Prevention project was discussed on the drive, along with Collaborations and Partnerships. They group had an enjoyable lunch with the Elders where the CDC workers were able to meet and get to know some of the Warm Springs community members. They also met with Carol, (pending CDC National Community Committee Representative), for a tour of the reservation and a discussion on the Warm Springs community. A visit to the Warm Springs Museum wrapped up the afternoon before the journey back to Portland.

Ms. Smith and Washington stayed in town for the rest of the week to attend the CDC PRC booth at the Community Campus Partnership for Health Conference held at the Marriott Downtown Waterfront Hotel. Tom Becker, PI of the Oregon PRC, attend the conference, and Jessica Kennedy joined the CDC PRC booth to promote the Center for Healthy Communities, at OHSU.

Documentary by Jay Kravitz Broadcast on OPB

"If we all searched our family histories, we would find that at some point, we have all been touched by the tragic disease tuberculosis.
Jay D. Kravitz, M.D., OHSU Global Health Center

The documentary, 'White Plague' was broadcast on May 17th on *Oregon Experience*. Following the broadcast, the film became available for viewing, along with out-takes, on the OPB.org website.

The general concept for the Oregon Public Broadcasting film, 'White Plague,' was conceived about 10 years ago, when Eric Cain, the Producer of 'Oregon Experience,' and Jay Kravitz shared a dinner conversation about the most fascinating and challenging work in which Jay was involved, supervising the care of tuberculosis patients.

This set in motion a series of interviews and historical sleuthing. The documentary features our esteemed late Dr. Harold Osterud, Professor Emeritus, Department of Public Health and Preventive Medicine, Jay Kravitz, and many other local public health professionals, as the program tracks the history of TB in Oregon over the past century.

People contract TB from all walks of life...and all the countries of the world. Sometimes those, who are most ill, have the fewest, clear clinical findings and sometimes those who have significant findings are not very ill at all.

In the field of TB, one never knows what to expect! That is part of the fascination with this disease. Sometimes the exception seems more common than the rule.

Presented are the challenges and rewards of diagnosing patients who may be quite ill; recovery occurs over time...Over time, because the healing process is long - many months - and sometimes quite arduous. The inputs of many disciplines and resources are required.

In the US, TB control programs require a collaboration that includes federal dollars; public health officials at The Centers for Disease Control and Prevention, and at state and county health departments; laboratories, researchers, epidemiologists, pharmaceutical companies, clinicians, patient advocates, and political will. All play key roles in countering this infectious disease that dates back to antiquity.

But, the true heroes are public health nurses, who through guile, determination, great skill, and compassion – with a bit of legal authority to back them up - convince patients, who are often too sick to understand or resistant patients who are afraid of strangers representing the government demanding access to their homes, about why they must allow someone watch them swallow their pills, sometimes daily, for 6 to 9 months...what we refer to as directly observed therapy. Our public health colleagues should be commended for their dedication to the cause: to help sick people heal, while at the same time protecting the public welfare.



Oregon Bike Summit - Friday, June 4th

The Oregon Bike Summit is THE opportunity of the year to network with Oregon's top bicycle advocates and active transportation professionals. Learn about national and state legislative issues, connecting active transportation and health care, growing cycling tourism in Oregon, and hear from incoming BTA Executive Director Rob Sadowsky about what lies ahead for the BTA and for bicycling in Oregon. Register today!

Be a part of the work behind the scenes of the Bike Summit! Every year the BTA needs help hosting the summit from registration to workshop to tear-down.

Learn more by contacting Volunteer Organizer [Michael O'Leary](#) at 503-226-0676 x17.

Urgent Nationwide Alfalfa Sprout Recall

<http://www.fda.gov/NewsEvents/Newsroom/PressAnnouncements/ucm213136.htm> Fri, 21 May 2010

Raw Alfalfa Sprouts Linked to Salmonella Outbreak in 10 States. • This recall affects raw alfalfa sprouts packaged and labeled as: Caldwell Fresh Foods alfalfa sprouts - 4-ounce plastic cups and one pound plastic bags and in 2-pound and 5-pound plastic bags in cardboard boxes with sticker affixed with the printed words "Caldwell Fresh Foods"; Nature's Choice alfalfa sprouts - 4-ounce plastic cups; California Exotics brands alfalfa sprouts - 5-ounce plastic clamshell containers. No other alfalfa sprouts are implicated in the outbreak.

Healthy and Empowered Youth (H.E.Y.) Project (by Nichole Hildebrandt)



The Healthy and Empowered Youth (H.E.Y.) Project, housed at Sho-Ban Jr./Sr. High School, had the assistance of two Longhouse Media Group professional filmmakers on Saturday, May 8th. The clinic was open to native youth living in or around the Fort Hall Indian reservation. We had 18 native youth who attended the clinic from 10am - 3pm. Students who attended were from three different High Schools: Sho-Ban Jr./Sr. High School, Highland High School, and Century High School. The youth learned filming skills like directing, interviewing, and operating professional grade video and audio equipment. These skills will help them share healthy messages by creating public service announcements and short films. The youth involved in the H.E.Y. project are also interested in filming and interviewing people to help preserve Sho-Ban culture and tradition. The H.E.Y. Project Manager, Nichole Hildebrandt, is currently working with a community advisory committee and the cultural committee to determine how the students should move forward with their filmmaking interests.

During the Saturday filming clinic students enjoyed pizza and viewed short films showcasing native youth in the Fort Hall community and films made by native youth from other communities. All of the students who attended said they were interested in continuing to learn more about at least one of the following: filming, acting, creating background music, film/photo editing, researching stories, interviewing and creating photographs. Six of the youth who attended the clinic on the 8th were so eager to learn more-- they convinced the professional filmmakers (and Mrs. Hildebrandt) to take them so they could film and photograph during the Indian Relay races and Pow-wow, both separate locations and events. The additional six hours with the youth was beneficial and allowed the youth to express their different perspectives of the events-- those that are important in the eyes of the youth. Overall, the filming clinic created a learning opportunity for everyone involved. The skills taught during the clinic will help the youth involved in the H.E.Y. Project as they create their perspectives via film, photography, and discussion with peers.

Watch for the youth films/public service announcements this summer and in the coming years. We have two different PSAs awaiting release and likely another two short films to come from the May 8th filming clinic. The H.E.Y. Project works specifically with native youth who are in 8th-12th grade, but we have welcomed younger students to attend special filming sessions as we've seen some eager and excited youth want to participate. The H.E.Y. Project will participate in the June 6-July 16 Sho-Ban Jr./Sr. High School summer school and will also host a special filming clinic July 26-August 14th. If you have any questions about the H.E.Y. Project, please contact Nichole Hildebrandt at hildebrn@ohsu.edu. The H.E.Y. Project is funded by a grant (YEPMP090037-01-00) from the Department of Health & Human Services.

Article about public health in the May 6, 2010 issue of the New England Journal of Medicine

Please see the article entitled "Why We Don't Spend Enough on Public Health" by David Hemenway, Ph.D. attached to the end of this newsletter.

MPH Program News

Upcoming MPH Thesis Defenses

The Department of Public Health and Preventive Medicine announces the following MPH Thesis Defenses :

Seth O'Neal

Surveillance for Taenia solium parasitic infection in Oregon

June 14, 2010 ; Seminar: 2:30 p.m. – 3:30 p.m.
Campus Services Building, Room 679

Allison Buti

Measuring attitudes of first- and fourth-year medical students towards patients with alcohol and other drug abuse disorders

June 16, 2010, Seminar: 10:30 a.m. – 11:30 a.m.
Campus Services Building, Room 679

Questions: call 503.494.2012

Call For Volunteers and OMPH Symposium Update

From SW Clinic Student Coordinators: Amity Chu, Anne Smeraglio, and Sarah Webber

SW Community Health Center is a free/sliding scale clinic in the SW Portland area that is run entirely on the volunteer efforts of MDs, Residents, and Students where you can practice your history taking, physical exam, and presentation skills. It a wonderful experience working alongside excellent teachers for a grateful community!

SW Community Health Center is calling out for your help in the month of June. We have many shifts that need coverage and are unable to be filled by the MS1 and MS2 students. I have included the link for our current volunteer schedule and if you can fill in any of the gaps please respond to this email (webber@ohsu.edu) with your name, contact information, and whether or not you are a SW Clinic veteran. If you have never volunteered before we will get you an orientation before your shift. Any help you could provide is greatly appreciated!

Link to SW Clinic volunteer schedule: <https://spreadsheets.google.com/ccc?key=0AsEeD8T0X0-hdHVNRjZhNnhwa1JuVUVYYzjDTmJpMIE&hl=en>

This year's OMPH Program Symposium raised over \$200 and almost 100 pounds of food for the Oregon Food Bank. Over 170 public health students, faculty, staff, and public health partners participated in our event! **Congratulations to all our presenters and especially to the following MPH students awarded Outstanding Presentation:**

Nathan Trenholme for his Outstanding Poster in the Field Experience category: "Incidence of Influenza-like Illness in Oregon 2006 to 2009 Measured by Kaiser Surveillance, CDC Sentinel Providers, and Google Flu Trends"

Brigit Hatch for her Outstanding Presentation in the Research category: "Citizenship Documentation for Medicaid Eligibility: Effects on Oregon Children"

Why We Don't Spend Enough on Public Health

David Hemenway, Ph.D.

The field of public health has long been the poor relation of medicine. Medicine — in which most resources are used to help cure individual patients after they have become sick or injured or to help manage already-existing chronic conditions — is flashy, its master practitioners and innovators lionized, and its accomplishments widely celebrated. In contrast, public health — in which most resources are focused on trying to keep something bad from happening in the first place — is seemingly mundane, its efforts and prime movers often all but invisible.

Medicine is primarily a private good — the patient receives the main benefit of any care provided. Payments usually come from the individual patient and, in the developed world, from private and governmental insurance. Public health, on the other hand, provides public goods — such as a good sewer system — and relies almost exclusively on government funding. It is generally acknowledged that public health is systematically underfunded and that shifting resources at the margin from cures to prevention could reduce the population's morbidity and mortality. I believe there are four key reasons for such underfunding.

First, the benefits of public health programs lie in the future. Our brains are structured so that we use different neural systems when considering the present and the future.¹ The problems of temptation, procrastination, and im-

patience exist in large part because of the desire of the ancient part of our brain, the paralimbic cortex, for immediate gratification. Since it takes willpower to delay gratification, individually and collectively we sometimes underinvest in the future. People typically seek medical care because they want quick relief for immediate concerns — current illness or injury. Most public health measures, however, incur costs today but don't provide benefits until sometime in the future.

When considering a public health investment today (e.g., improving road safety, preventing mad cow disease, or limiting climate change) that will potentially yield benefits in the future, many politicians correctly understand that their administrations will bear the costs, but the benefits will be reaped on someone else's watch. They therefore put great effort into putting out today's fires and relatively little into preventing tomorrow's conflagrations.

Second, the beneficiaries of public health measures are generally unknown. Whereas medicine typically deals with identifiable people (patients), public health typically deals with statistical "lives." The medical care you receive is directed at helping you. Public health interventions, on the other hand, are aimed at improving the health of a group of people; when lives are saved, it's often unclear whose lives they were.

People have stronger emotional and moral reactions to the plights

of identifiable victims than to those of statistical victims.² In 1987, when 18-month-old Jessica McClure fell down a well in Texas, the country was enthralled. As a nation, we will spend tens of millions of dollars to save one Baby Jessica but are often unwilling to spend an equivalent amount to prevent the deaths of many statistical babies. We willingly provide resources for relief when publicized catastrophes affect specific individuals or communities, from New Orleans to Haiti. We are less willing to provide resources for the prevention of such widespread devastation. The scandal that people remember about Hurricane Katrina is not so much the lack of preventive measures (e.g., stronger levees) that would have averted the calamity but the inadequate rescue efforts.

Third, in public health, the benefactors, too, are often unknown. Although public health efforts are recognized by some as having played a more important role than curative care in improving our country's health over the past century,³ the American public, through no fault of its own, has almost no idea what public health professionals and programs do. Public health has little news value — saving statistical lives doesn't make for good human-interest stories or photo ops. Public health also has few well-known scientists or leaders. Whereas many people have heard of such medical giants as Michael DeBakey and Christiaan Barnard, I would venture to guess that few

know about their contemporary, Maurice Hilleman, a researcher who developed more than 30 vaccines (including those for measles, mumps, and chickenpox) and who is credited with saving more lives than any other 20th-century scientist.

When people benefit from public health measures, they often don't recognize that they have been helped. In the United States today, it is easy for people to take it for granted when, on any particular day, they don't get sick at work (because of air-quality improvements), aren't poisoned (because the food is safe), or don't get run over (because the walkway has been separated from the road). In the few cases in which people do recognize that they've been helped by preventive measures, they rarely know who provided the benefit. In contrast, the help provided by curative physicians is more easily identified. So whereas grateful patients, in turn, provide much financial support for hospitals, there is generally no grateful public providing substantial support for public health initiatives.

Fourth, some public health efforts encounter not just disinterest but out-and-out opposition. Such initiatives often require societal change, which runs counter to the well-documented human characteristics of "status quo bias" and "tradition-bound resistance." Even the most successful

public health initiatives, such as the "great sanitary awakening" of the 19th century, which dramatically reduced the spread of tuberculosis, were met with fierce opposition.⁴

Societal change is hard, and it is especially difficult when it imposes costs on powerful special interests. In the past half-century, those opposing beneficial public health measures have included some of our most potent political lobbies, representing the interests of the alcohol, tobacco, firearm, automobile, coal, and oil industries. For instance, Americans who die before 40 years of age are more likely to be killed by an injury than a disease. In the early 1990s, firearms were the second-leading cause of injury-related death in the United States, killing 100 civilians per day. The Centers for Disease Control and Prevention (CDC) began spending a disproportionately small amount of money on this enormous issue — \$2.6 million (about a penny per person) on data collection and research each year. One CDC-funded study of violent deaths in the home showed that the presence of a gun in the household was a risk factor for such deaths.⁵ But congressional delegates on the CDC appropriations committee, bowing to the wishes of an outraged gun lobby, tried to shut down firearm-related activities at the CDC. Although initially unsuccessful, their attempt had such a chilling effect

that the CDC has effectively stopped funding research on this major public health problem.

In contrast, increases in resources for medical care are usually promoted rather than opposed by large special interests, from pharmaceutical and medical insurance companies to physicians, nursing homes, and hospitals.

Epidemiologists are taught to recognize and address the problems of systematic error. Hospitals are learning to detect and prevent systematic errors in providing medications and other practices. Similarly, our country needs to understand and try to correct systematic policy errors — including the tendency to underinvest in public health.

Disclosure forms provided by the author are available with the full text of this article at NEJM.org.

From the Harvard Injury Control Research Center, Harvard School of Public Health, Boston.

1. McClure SM, Laibson DI, Loewenstein G, Cohen JD. Separate neural systems value immediate and delayed monetary rewards. *Science* 2004;306:503-7.
2. Small DA, Loewenstein G. Helping a victim or helping *the* victim: altruism and identifiability. *J Risk Uncertain* 2003;26:5-16.
3. Evans RG, Barer ML, Marmor TR, eds. *Why are some people healthy and others not? The determinants of health of populations.* New York: Aldine de Gruyter, 1994.
4. Winslow CEA. *The evolution and significance of the modern public health campaign.* New Haven, CT: Yale University Press, 1923.
5. Kellermann AL, Rivara FP, Rushforth SB, et al. Gun ownership as a risk factor for homicide in the home. *N Engl J Med* 1993;329:1084-91. [Erratum, *N Engl J Med* 1998;339:928-9.]

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Syphilis and Social Upheaval in China

Joseph D. Tucker, M.D., Xiang-Sheng Chen, M.D., Ph.D., and Rosanna W. Peeling, Ph.D.

Syphilis, a sexually transmitted infection (STI) that was nearly eliminated from China 50 years

ago,¹ is now the most commonly reported communicable disease in Shanghai, China's largest city.²

No other country has seen such a precipitous increase in reported syphilis cases in the penicillin era.