

UNIVERSITY OF MICHIGAN SCHOOL OF PUBLIC HEALTH

FINDINGS

SPRING 2022



[INSIDE >](#) A daughter's promise | Leading during a pandemic | The lasting impact of Paul B. Cornely

Findings is published twice each year by the University of Michigan School of Public Health.

Dean F. DuBois Bowman

Creative Director Michael Kasiborski

Editor Bob Cunningham

Art Director/Designer Aimee Andrion

Project Manager Whitney Vojtkofsky

Contributing Writers Nardy Baeza Bickel, Amy Crawford, Destiny Cook, Laura López González, Andrea LaFerre, Chinyere Neale, Cristina Zamarron

Contributing Photographers Eric Bronson, Brian Lillie, Daryl Marshke, Peter Smith, Scott C. Soderberg, Austin Thomason

Cover photo by Daryl Marshke



Copies of *Findings* may be ordered from the editor. Articles that appear in *Findings* may be reprinted by obtaining the editor's permission. Send correspondence to Editor, *Findings*, School of Public Health, University of Michigan, 1415 Washington Heights, Ann Arbor, MI 48109-2029 or send an email to sph.findings@umich.edu. *Findings* is available online at publichealth.umich.edu/findings.

©2022 University of Michigan

To opt out of receiving the print version of *Findings* and read our publication exclusively online at publichealth.umich.edu/findings, email us at sph.optout@umich.edu. Include Opt-Out in the subject line and your full name in the text.

Regents of the University of Michigan

Jordan B. Acker, Huntington Woods
Michael J. Behm, Grand Blanc
Mark J. Bernstein, Ann Arbor
Paul W. Brown, Northern Michigan
Sarah Hubbard, Okemos
Denise Ilitch, Bingham Farms
Ron Weiser, Ann Arbor
Katherine E. White, Ann Arbor
Mary Sue Coleman, *President*

The University of Michigan, as an equal opportunity/affirmative action employer, complies with all applicable federal and state laws regarding nondiscrimination and affirmative action. The University of Michigan is committed to a policy of equal opportunity for all persons and does not discriminate on the basis of race, color, national origin, age, marital status, sex, sexual orientation, gender identity, gender expression, disability, religion, height, weight, or veteran status in employment, educational programs and activities, and admissions. Inquiries or complaints may be addressed to the Senior Director for Institutional Equity, and Title IX/Section 504/ADA Coordinator, Office of Institutional Equity, 2072 Administrative Services Building, Ann Arbor, MI 48109-1432, 734.763.0235, TTY 734.647.1388. For other University of Michigan information call 734.764.1817.



Contents

SPRING 2022 | VOLUME 37, NUMBER 2



FROM THE DEAN

- 1 Taking a holistic view of public health

ON THE HEIGHTS

- 2 Anderson named a Presidential Leadership Scholar
- 2 Eisenberg receives 2021 President's Award for public engagement
- 3 With \$13M grant, researchers to track cancer risk from environmental exposures
- 4 Michigan among four in-state universities to receive \$18.5M to expand sequencing for COVID-19
- 5 New \$13.8M center to study infectious disease, preparedness
- 5 Supporting transformative food systems
- 5 Lopez named an inaugural fellow in anti-racism program

FEATURES

- 6 **Public Health IDEAS**
New interdisciplinary initiative to tackle major public health issues
- 12 **A daughter's promise**
Doctoral candidate is shaping field of dementia research
- 18 **Silver linings**
Critical knowledge gained from COVID-19 pandemic proves invaluable to alumni
- 25 **7 Ways the pandemic changed global public health**

THE LONGVIEW

- 28 Community Room named in honor of public health pioneer Paul B. Cornely

RESEARCH IN FOCUS

- 30 Research identifies 55 dangerous chemicals in building materials
- 31 End-stage kidney disease patients show increased risk of infection, mortality from COVID-19
- 31 Combatting vaccine hesitation by identifying, targeting 'fence-sitters' early in pandemic
- 32 After-school program promoting youth empowerment, Black culture helped reduce violence
- 32 Study of pathogens in environment offers clues to spread of disease
- 33 Michigan Public Health in the news

STUDENT VOICES

- 34 Our a-maize-ing students in snapshots
- 36 Turning to flexible master's programs to widen their impact in public health

ALUMNI

- 38 Alumna's research takes a dive into depths of health mis- and disinformation
- 40 Class Notes
- 40 In Memoriam
- 41 Storyline

BACK COVER PHOTO: From left, Public Health Student Assembly Senate members Maya Rodemer, Kate Liang, Gabriel Cortez, Caleb Green, and Reem Fawaz. PHOTO BY PETER SMITH

[From the Dean]

Taking a holistic view of public health



“No matter what comes next, the Michigan Public Health community will be at the helm, charting a path toward solutions that create a healthier world for all.”

When talking about public health these days, it's almost impossible not to mention COVID-19. But while the pandemic is a frequent and recurring topic on the nightly news, the podcasts we listen to, and the websites we visit, it's far from the only pressing public health issue facing our country and our world.

In a field as wide and varied as public health, we learn to focus on multiple topics at once, taking a holistic view of the myriad factors that affect our health and wellness. We're adept at addressing the immediate issues at hand while looking toward the future with an eye on preventing the next challenge. And we understand that different public health issues are often intertwined, impacting one another and the health outcomes of the communities we serve.

In this issue of Findings, we share more about how we take this holistic view at

Michigan Public Health. Our faculty, staff, students, and alumni continue to lead crucial pandemic response efforts in Michigan, across the country, and around the globe. At the same time, our community is taking a leading role in solving other important public health challenges.

Our school recently launched Public Health IDEAS, a research initiative that will focus on improving urban health and preventing firearm injuries with new intention. Our community is also shaping groundbreaking research on dementia. And our alumni are rethinking the future of our health care system in light of the pandemic's enormous impacts on the field—and this is just a snapshot of the incredible work taking place.

At times, the number of public health issues we're facing can seem overwhelming, but I don't view it that way. I see a community of dedicated leaders constantly innovating

and striving to build a better future. I see teammates and peers willing to collaborate and bring the best of their expertise together to serve communities. And I see scholars, students, and professionals looking ahead to address the next public health challenge before it even arrives.

Much has changed in recent years, but one thing remains constant: No matter what comes next, the Michigan Public Health community will be at the helm, charting a path toward solutions that create a healthier world for all.

A handwritten signature in black ink, reading "D. Bowman".

—Dean F. DuBois Bowman

[On the Heights]

Anderson named a Presidential Leadership Scholar

Riana Anderson, assistant professor in the Department of Health Behavior and Health Education at the School of Public Health, was one of 60 scholars named to the 2022 Class of Presidential Leadership Scholars (PLS) program in January.

Scholars serve as a catalyst for a diverse network of leaders brought together to collaborate and create meaningful change in the United States and around the world as they learn about leadership through the lens of the presidential experiences of George W. Bush, Bill Clinton, George H. W. Bush, and Lyndon B. Johnson.

The class was selected after a rigorous application and review process. Scholars were chosen based on their leadership growth potential and the strength of their personal leadership projects aimed at improving the civic or social good by addressing a critical challenge or need in a community, profession, or organization.

Over the course of several months, Scholars will learn from former presidents, key former administration officials, and leading academics. They will study and put into practice varying approaches to leadership and develop a network of peers who can help them make an impact in their communities.

The latest class joins an active network of more than 350 Scholars who are applying lessons learned from the program to make a difference in the communities they serve. Examples of these Scholar-led efforts include addressing the opportunity gaps that exist around early childhood education, healthy communities, and entrepreneurship within the Hispanic community; providing employment opportunities and mentorship to veterans; and deploying much needed resources globally in the wake of COVID-19.

Since the program began in 2015, Scholars have consistently reported remarkable growth in skills, responsibilities, and opportunities



for impact. For example, 96% of Scholars reported significant growth in their sense of purpose and role since beginning PLS. ■

Eisenberg receives 2021 President's Award for public

Faculty member Marisa C. Eisenberg was presented with a presidential award for public engagement, recognizing her contributions to significantly impact society and address the challenges communities face every day.

Eisenberg, associate professor of Epidemiology in the School of Public Health and associate professor of Mathematics and Complex Systems in LSA, received the 2021 President's Award for National and State Leadership from the University of Michigan. It honors individuals who provide sustained, dedicated, and influential leadership and service in major national or state capacities.

Eisenberg was nominated for her contributions to the public health response amid the COVID-19 pandemic, specifically her work modeling trajectories of the pandemic and generating predictive scenarios to help state policymakers determine next steps in the response.

Her work has not only been integral to the response efforts but has been untiring for two years as she continues to present weekly forecasts to state leaders and meet regularly with policymakers, said Belinda Needham, who nominated Eisenberg for the award.

"As we enter the third year of the COVID-19 pandemic, Dr. Eisenberg's commitment to serving the nation and the state of Michigan

is as strong as it was in February of 2020, when she first started modeling trajectories of the pandemic," said Needham, associate professor and chair of the Department of Epidemiology. "Her work with policymakers at all levels has helped ensure that our leaders have the information they need to protect the public's health. Furthermore, her work with journalists has helped provide the public with the information we need to protect ourselves.

"I can't think of anyone more deserving of this award."

"I'm honored to receive this award," Eisenberg said, noting that the dedication to the work she witnessed throughout the pandemic has been inspiring. "I'm deeply

With \$13M grant, researchers to track cancer risk from environmental exposures

Heavy metals such as lead, industrial pollution from steel mills, coal-fired power plants, or oil refineries are “forever chemicals” that don’t break down in the environment. How much are Michigan residents exposed to these environmental contaminants and what does this mean for their risk of developing cancer?

A new study from U-M School of Public Health and Rogel Cancer Center researchers will describe and quantify the impact of known and suspected environmental exposures on cancer risk. The program, called MI-CARES, or Michigan Cancer and Research on the Environment Study, is funded through a \$13 million grant from the National Cancer Institute.

“Many communities experience a disproportionate disease burden because of failed governmental stewardship of local environments and the prioritization of private enterprise over health protection,” said principal investigator Celeste Leigh Pearce, professor of Epidemiology at the School of Public Health. “With growing awareness of the health threats of these decisions, it’s essential to put greater focus on



environmental contaminants and public health safety.”

MI-CARES will enroll at least 100,000 people from diverse racial and ethnic backgrounds who live in environmental hotspots throughout Michigan. The program will target the Detroit metropolitan area, Flint, Grand Rapids, Kalamazoo, Lansing, and Saginaw, but enrollment will be open to all Michiganders ages 25-44. Participants

Flint is one of several Michigan cities whose participating residents will be enrolled in MI-CARES.

will be followed over time through surveys as well as blood and saliva samples to track environmental exposures and cancer biomarkers.

“With MI-CARES, we will examine well-established carcinogens such as certain components of air pollution and metals, but also focus on environmental contaminants with less data available to adequately assess risk, including per- and polyfluoroalkyl substances, or PFAS. We will also study their effects together,” said co-principal investigator Bhramar Mukherjee, professor and chair of Biostatistics and professor of Epidemiology at the School of Public Health and associate director for quantitative data sciences at Rogel.

The MI-CARES team spans five departments within the School of Public Health as well as the Center for Health Communications Research at the Rogel Cancer Center, demonstrating the broad range of commitment and expertise within the University of Michigan. ■

engagement

grateful, both for the opportunity to contribute to the COVID-19 response and for the truly incredible teams that I’ve had the privilege of working with, both at U-M and at the state level.”

She added that she hopes the relationships born of the COVID-19 response will continue to help institutions thrive.

“There have been so many new collaborations built—both within U-M, and between U-M and our government and community partners,” she said. “I hope that these partnerships will continue to grow and strengthen even beyond our COVID-19 response work.” ■



Eisenberg

“
Eisenberg’s work with
policymakers at all
levels has helped ensure
that our leaders have
the information they
need to protect the
public’s health.”

— BELINDA NEEDHAM,
associate professor and chair of the
Department of Epidemiology



Michigan among four in-state universities to receive \$18.5M to expand sequencing for COVID-19

Four Michigan universities will receive \$18.5 million in federal funds over the next two years to collect and analyze genomic data to address emerging infectious disease threats and enhance the state's ability to respond to those threats.

The University of Michigan, Michigan Tech University, Michigan State University, and Wayne State University will use the funding to increase sequencing capacity in the state starting with SARS-CoV-2 and then other infectious disease threats with the potential for broad community spread, the Michigan Department of Health and Human Services (MDHHS) announced earlier this year.

Funding for the Michigan Sequencing Academic Partnership for Public Health Innovation and Response (MI-SAPPHIRE) is through a CDC Epidemiology and Laboratory Capacity grant MDHHS received.

MI-SAPPHIRE activities will include sequence generation and analysis such as sample collection and sequencing, data processing, storage and sharing, and data interpretation and analytics.

"The COVID-19 pandemic has highlighted the importance and need for genomic sequencing, surveillance and epidemiology capacity, both globally and right here in Michigan," MDHHS Director Elizabeth Hertel said.

"The MDHHS Bureau of Laboratories (BOL) has rapidly expanded its efforts to identify COVID-19 variants since the start of the pandemic to support public health actions. MI-SAPPHIRE will allow our state to expand sequencing and analysis capacity and the number of pathogens that undergo routine sequencing, and ensure we are sampling diverse geographic areas across the state."

MDHHS has been a leader in national sequencing and genomic epidemiology as the national center for tuberculosis sequencing, PulseNet foodborne pathogen regional center, and SARS-CoV-2. The state generates more than 25,000 genomes per year for bacterial and viral organisms. Partnerships with the four universities will allow for the scalability of capacity and response for SARS-CoV-2 and other pathogens.

The MDHHS BOL has sequenced 23,000 COVID-19 samples since March 2020. The University of Michigan lab has also conducted sequencing throughout the pandemic to provide information about COVID-19 variants circulating in the state.

Sequencing projects at Michigan will be led by Emily Martin and Betsy Foxman at the School of Public Health and Adam Luring and Evan Snitkin of the Medical School. ■

New \$13.8M center to study infectious disease, preparedness

As researchers around the world continue to combat the COVID-19 pandemic, most agree on one issue: If history is any indication, there's another pandemic coming.

"Since 2000, we've had three coronaviruses that are new to humans cause outbreaks or the current pandemic," said Aubree Gordon, an infectious disease expert at the School of Public Health. "And we've had three influenza viruses try to make the jump from animals to humans, and one succeeded. What's the likelihood that we see another pandemic in our lives? The likelihood is pretty high."



To better prepare for it, maximizing Michigan's breadth of scientific expertise and collaboration across campus and supporting the increase of human and lab infrastructure, the University of Michigan Biosciences Initiative is awarding \$13.8 million over five years to the new Michigan Center for Infectious Disease Threats. The center, led by Gordon, will allow researchers from public health, engineering, medicine, evolutionary biology, and social sciences to work across disciplines on issues key to infectious disease preparedness and response, including public health workforce development, increasing lab capacity, expanding protein production for disease-testing capacity, and adding testing of zoonotic pathogens.

"The overall objective of the center is to connect researchers here on campus and better prepare the University of Michigan, both locally and globally, for pandemic preparedness and response, to create a community here on campus revolving around infectious disease," said Gordon, associate professor of Epidemiology. "The center will create synergies across our multiple schools and departments and make us competitive for the recruitment of scientists to fill critical research area gaps." ■

Supporting transformative food systems

A new fellowship from an interdisciplinary group of schools, colleges, and programs at the University of Michigan will assist an incoming group of master's degree students who plan to study food systems. Students who are part of the Transformative Food Systems (TFS) Fellowship will study methods for constructing transformative food systems that are equitable, health-promoting, and ecologically resilient.

Open to applicants who identify as underrepresented, first-generation or low-income, TFS Fellows can enroll in master's programs within the School of Public Health's Department of Nutritional Sciences, School for Environment and Sustainability (SEAS), or Taubman College's Urban and Regional

Planning (URP) Program. The fellowship is set to begin with two cohorts of master's students who enroll in Fall 2022 and Fall 2023.

"Students who are selected as TFS Fellows will be equipped with the knowledge to build resilient and equitable food systems," said Andy Jones, associate professor of Nutritional Sciences. "We want to prepare the next generation of more diverse food systems leaders and researchers." Jones is one of several co-directors of the program.

Supported by a stipend, summer travel award, and tuition scholarships, TFS Fellows will participate in food systems-specific classes and complete a field experience project in addition to their master's program requirements. ■



Lopez named an inaugural fellow in anti-racism program

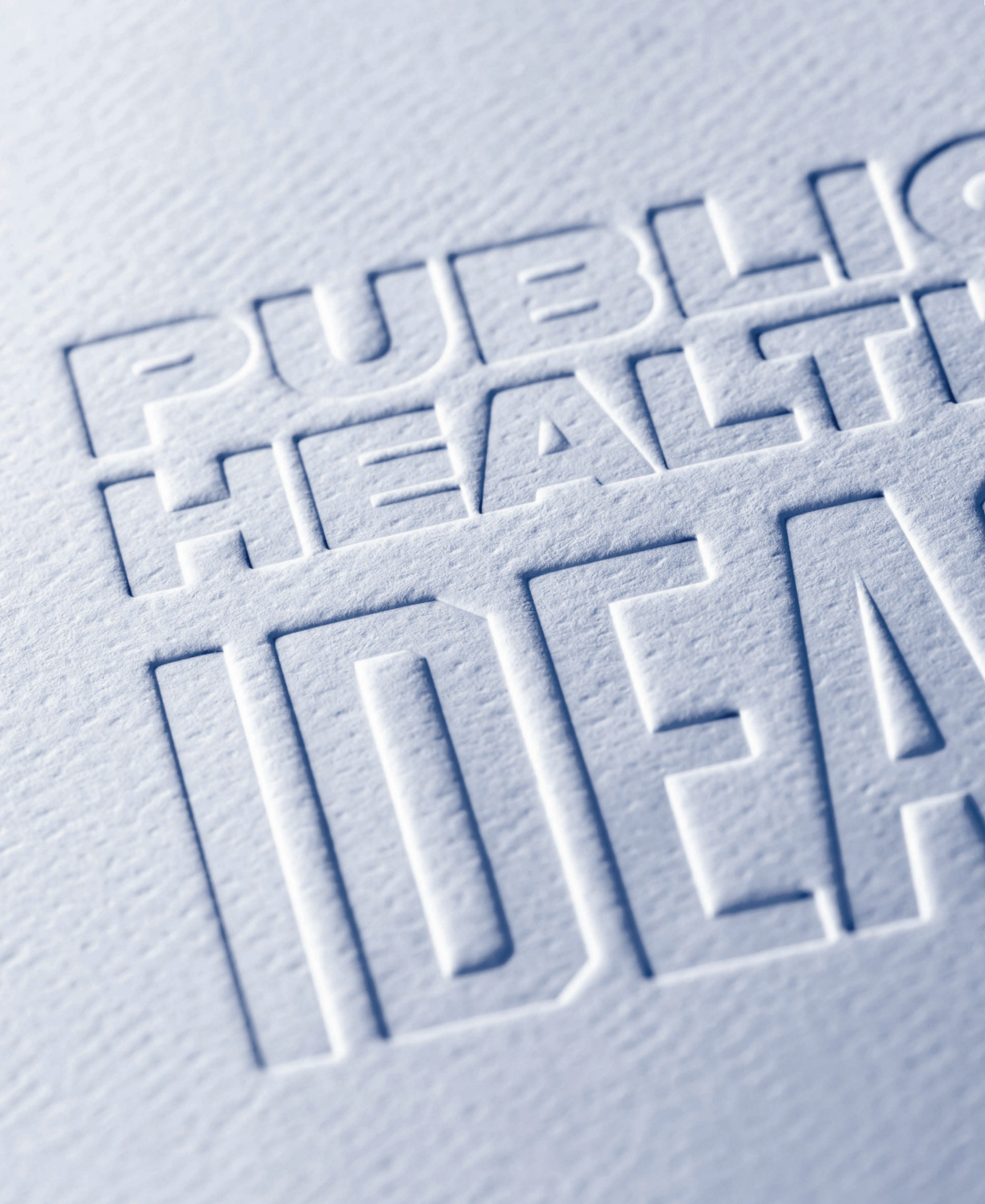
The Anti-Racism Collaborative—a strategic space for University of Michigan community engagement on research and scholarship on anti-racism—has named five faculty members from across the university as Research and Community Impact Fellows.

The inaugural class of fellows includes William Lopez, assistant professor of health behavior and health education in the School of Public Health. Fellows were selected based on their established track record of research and relationships with community partners on work that challenges systemic racism.

"U-M scholars play a critical role in building and maintaining partnerships with local and national communities to address pressing racial issues in our society," said Tabbye Chavous, director of the National Center for Institutional Diversity.

Lopez is the author of the award-winning book, "Separated: Family and Community in the Aftermath of an Immigration Raid" (Johns Hopkins University Press, 2019) and teaches courses on the fundamentals of public health, including the health impacts of law enforcement violence.

Through engagements with undergraduate student groups and graphic artists, he also is working to develop high school discussion guides for books authored by faculty of color. ■



New interdisciplinary initiative to tackle major public health issues



MORE THAN HALF OF THE WORLD'S POPULATION CURRENTLY LIVES IN URBAN AREAS—and experts predict more than two thirds of its inhabitants will live in cities by 2050. Between infectious and noncommunicable diseases, climate change, violence, and countless other issues, city dwellers face unprecedented social, financial, environmental, and physical challenges that impact health and safety.

And in urban and rural areas alike, firearm violence and injury continue to plague communities, becoming one of the most persistent and pressing public health crises in the United States.

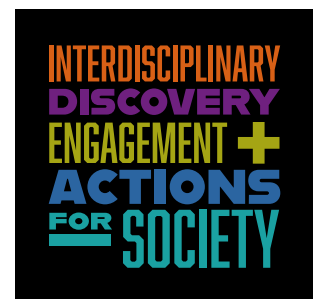
These are just two of the big problems that Michigan Public Health is now focusing on with more intention.

In October 2021, the school announced a \$1 million investment to establish a new Public Health IDEAS initiative that aims to advance research and engagement in key areas and achieve meaningful, lasting impact. IDEAS is an acronym representing Interdisciplinary Discovery, Engagement + Actions for Society.

"Michigan Public Health is uniquely positioned to address some of the world's most urgent, complex, and far-reaching public health challenges," Dean F. DuBois Bowman said. "While we have experts at the school who focus on these research areas, the intent of this initiative is to bring together a diverse group of researchers and students from across disciplines who can contribute unique perspectives and move projects forward."

Among the public health challenges the school will tackle first are urban health and firearm violence and injury. In the coming months, the school will announce two additional priorities that will fall under this initiative.

"Our work must be bold. We must target our actions with urgency to address short-term challenges, while paving a way to long-term transformation," Bowman said. "Together, we can build a better future."





Public Health IDEAS for Creating Healthy and Equitable Cities



“For too long, public health has been left out of important decisions around cities. Public health must be at the table alongside urban planning and urban governance to ensure equitable and healthy cities for all.”

—ROSHANAK MEHDIPANAH



“These last two years have highlighted how public health issues impact urban areas in a very unique and significant way.” —LU WANG

Between the pandemic, climate change, and social unrest, the last two years have highlighted the unique challenges faced by those living in increasingly crowded cities around the world.

Led by Roshanak Mehdipanah and Lu Wang, an interdisciplinary team of Michigan Public Health faculty is working on identifying sustainable strategies to address health equity and improve the health of urban communities across the globe, with a focus on social determinants of health such as housing affordability, poverty, racism, and physical, environmental, and nutritional factors.

“At the School of Public Health, we have people working on the impact of air and noise pollution, water quality, housing and neighborhood poverty, social and environmental health, and many other areas that impact the health of people in urban areas,” said Wang, a professor of Biostatistics. “We’re in a unique position to connect these experts together to find sustainable ways to improve health in cities large and small.”

Equity is a key component of these efforts. “We’re seeing residents get priced out of large cities around the world,” said Mehdipanah,

an assistant professor of Health Behavior and Health Education. “These include nurses, teachers and firefighters—all key individuals in making sure that cities are able to function and thrive. We need to change this.”

By working with policymakers, community members and other key stakeholders, Wang and Mehdipanah believe the school can become a leader in providing the data evidence and policy recommendations needed to build healthier and more equitable cities.

FACULTY LEADS

Roshanak Mehdipanah is an assistant professor of Health Behavior and Health Education. She is passionate about the built environment, urban design, urban health, public policy, health equity, and community development.

Lu Wang is a professor of Biostatistics. Her research focuses on statistical methods for evaluating dynamic adaptive decision rules and personalized health care. She works on a range of public health topics, from HIV and cancer research to environmental health sciences.



According to
2010 census data,
80.7%
of the US population
resides in urban areas.



Researchers recently evaluated the impact of truck noise in a residential Detroit community where many trucks were being rerouted as part of the new Gordie Howe International Bridge construction.



Researchers created a heat vulnerability map for the state of Michigan to help policymakers and community organizations focus their efforts on strategies that help cushion the blow of changing climate.



More than
50%
of the world's population
currently lives in urban areas.



A trio of University of Michigan studies shows that urban and suburban neighborhoods that provide opportunities for socialization, physical activity, and intellectual stimulation may help preserve older adults' cognitive health.



"Urban heat islands" occur when cities replace natural land cover with dense concentrations of pavement and other surfaces that absorb and retain heat. This increases energy costs, air pollution, and heat-related illness and death.





Public Health IDEAS for Preventing Firearm Injuries

“For so many years, firearm violence prevention work has been underfunded. We have not seen the kind of dedicated research that we see in other fields, but that’s starting to change, and the University of Michigan and the School of Public Health are at the forefront, trying to use science to help find data-driven solutions to this nationwide crisis.”

—JUSTIN HEINZE

For decades, the federal government has had a moratorium on funding for firearm-related research. Over the past 10 years, that has begun to change, opening the doors for researchers at the University of Michigan and beyond to tackle this widespread and devastating public health problem.

Led by Justin Heinze, an interdisciplinary team of experts is approaching the firearm injury epidemic through a public health lens that promotes prevention through data-driven and evidence-based intervention, engages community members and other stakeholders, and focuses on health equity across populations at risk for firearm injury.

“The NIH, the CDC, and the Department of Justice all have new research funding available for those wanting to understand firearm injury and violence,” said Heinze, an assistant professor of Health Behavior and Health Education. “Our scholars are well-positioned to apply for and enact some of the funding to answer some of the questions that we were not able to answer before.”

With a multi-faceted problem such as firearm violence, it is necessary to bring together experts from different areas

to explore the problem from different perspectives and try to find impactful, sustainable solutions. Through their collective efforts, the goal is to help understand, prevent, and respond to firearm injury and death.

“What I most want to see happen with this initiative is the development of a sustainable infrastructure,” Heinze said. “I want us to engage in new research and see excitement around that research. I want to pull in new students at the undergrad, graduate, and post-graduate levels. I hope to see what we start over the next two years flourish into a thriving community of practitioners and researchers, all with the same goal of preventing firearm violence.”

FACULTY LEAD

Justin Heinze is an assistant professor of Health Behavior and Health Education. He studies developmental transitions, social exclusion, and school safety. He is currently examining the social determinants of health and risk behavior in adolescence and emerging adulthood, including substance use, anxiety, and youth violence.

Justin Heinze, faculty lead for
Public Health IDEAS for Preventing
Firearm Injuries, recently received a

\$2.2M grant

to assess the effect of community-driven,
vacant lot remediation, and reclamation
efforts on reductions in firearm-related
injury and mortality.



Firearm injuries

are the leading cause
of death for US children and
adolescents (ages 1–19).



45,222
firearm-related deaths
in the US in 2020—
roughly 123 people a day.



A 2019 study from the
University of Michigan and
Harvard University found homicides
and serious injuries caused by
firearms dropped in Detroit communities
where the demolition of blighted
buildings took place.



The Michigan Youth Violence
Prevention Center, based in the
School of Public Health, received a

\$6 million grant

from the CDC to support researchers
in partnering with communities on
innovative projects that
aim to reduce youth firearm violence.



Firearm-related injuries
are among the

top 5

leading causes of death
for people ages 1–64
in the United States.



6 out of 10
firearm deaths are
suicides.



A daughter's promise



DOCTORAL CANDIDATE IS SHAPING
FIELD OF DEMENTIA RESEARCH

By Laura López González

AMERICAN SOCIETY IS AT A CROSSROADS. The number of people diagnosed with Alzheimer's disease in the United States is projected to double by 2050. Meanwhile, the country is growing older, and within roughly 10 years, the US Census Bureau predicts that the elderly will outnumber the young for the first time in American history.

PHOTOS BY SCOTT C. SODERBERG



For University of Michigan School of Public Health doctoral student Sara Feldman, dementia isn't just something she studies, it's something she lives as a full-time caregiver. Today, she's working to give future families living with dementia one of the greatest gifts of all: choice.

"She might not remember you," Barbara said gently to her young daughter, Sara.

Nearby, a set of suitcases stood packed.

The pair were getting ready to see Barbara's parents—retirees who had traded the harsh Brooklyn winters for Florida's perpetual summer. Sara and her mother visited from their home in Colorado every chance they could.

But Sara's grandmother had been diagnosed with Alzheimer's disease, a form of dementia, shortly after Sara was born. In people who have the disease, the brain begins to shrink and brain cells die, leading to a decline in thinking, physical, and even social skills that can limit a person's ability to live independently. Although some medications may help slow or temporarily improve symptoms, there is no cure for the disease.



Sara with
her mother
Barbara

So, each vacation south came with Barbara's tender warnings to her little girl.

"You know," Barbara would say, "she might not remember your name."

"It was my mom preparing me for what I might see because dementia—and, specifically, Alzheimer's disease—is progressive," said Sara, now an adult. "We didn't know what we were walking into every time."

Still, as a young child, Sara wasn't worried.

"I was more focused on playing with her, and she was really good at playing," she said.

"But as I got older, I realized my grandmother couldn't follow through on things. She couldn't drive, eat, or shower on her own. She wandered and frequently became lost and, over time, lost the ability to communicate and respond to stimuli.

"When she transitioned to a nursing facility, it became very evident that she was sick in some way, even at my young age."

Parts of the woman who Sara remembers for her big belly laugh and a love of makeup began to slip away. The trips to Florida got harder.

"As sad as it was," Sara said, "it made me really joyful to be with her because I loved spending time with my grandmother even when she couldn't recognize me."

Just barely a teenager, Sara had come to understand that the specter of dementia had haunted her family for two generations.

When she was 13, Sara Feldman turned to her mother, Barbara, and made a promise.

"If you're ever in a situation like grandma," Sara told her mother, "I don't want you in an institution. I want you at home, and I'm going to do everything possible to make that happen."

Diagnosis cuts deep

Sara spent much of her 20s working on disability and health education and inclusion issues, first as an educator and then caseworker in Colorado, and then as far afield as Senegal, Tanzania, and India.

"I wanted to contribute to and engage with communities but also grow personally and professionally," Sara said of her time abroad. "Still, I realized within my work that I constantly hit this metaphorical wall in being able to do what I really wanted to do with the degree I had."

When Sara returned to the United States to pursue a Master of Public Health (MPH), the University of Michigan was a natural fit.

"I wanted a reputable public health program, which, of course, Michigan had," Sara said. "But I'm also interested in the social justice component of the work that I do by expanding opportunities for inclusion and equity, and that seemed to be a strong focus within the Department of Health Behavior and Health Education."

But four months into her MPH program in 2016, Sara received an email from a family friend in Colorado with whom Barbara had been living.

If you're ever in a situation like grandma ...
I want you at home, and I'm going to do everything possible
to make that happen."

—SARA FELDMAN



Sara and grandmother Irene

"I hate to do this, and I love your mom and our friendship," the email read, "but I'm being more of a caregiver for her than a friend. I can't be that person."

Sara had a little over a week to move her mother across country, from Colorado to Ann Arbor.

"I entered the second year of my master's program grieving, worried, and in crisis mode," she said. "In addition to acknowledging that I was losing more of my mother each day, I was also forced to evaluate how to be a full-time student who was also employed while also being a caregiver.

"And I was navigating the shifting roles of our mother-daughter relationship."

Barbara was eventually diagnosed with Alzheimer's dementia within six months after moving to Michigan to live with Sara.

Sara had expected the diagnosis given her family history and because of Barbara's increasing propensity, for example, to forget conversations, or to pay bills or close doors and even the occasional bowl of soup that found its way into a sock drawer.

"I remember one of my very first conversations with my mom's primary care provider years before she was diagnosed with Alzheimer's, but while she already had mild cognitive impairment," said Sara, who came to the appointment armed with a list of concerns about her mother's health that she had hoped to discuss with the doctor.

"He said I might be overthinking some of the concerns I had over my mother and just shrugged them off," Sara said. "Because we can't prevent or treat dementia—and because she didn't have all the more advanced dementia symptoms—the doctor was just sort of like, 'It's not time to have this conversation.'"

"It was dismissive. I would have really valued having those conversations about even her risk of dementia much earlier on, particularly given family history and her diagnosis of having mild cognitive impairment."

Still, Barbara's eventual Alzheimer's diagnosis cut deep: "It was like a thousand punches."

"I was a full-time graduate student also working part-time in a state that I'd never lived in before. I didn't know anyone. I didn't have a community. I thought, 'Well, now what?'"

Is DNA testing for everyone?

If a simple test could tell you whether you were at risk of an incurable disease 20 years from now, would you take it?

Scott Roberts' wife would not.

"She thinks it would just stress her out," said Roberts, professor in the Department of Health Behavior and Health Education at the University of Michigan.

Still, Roberts has spent much of his career working to answer that question regarding Alzheimer's disease.

Roberts was training as a clinical psychologist at Duke University when researchers there discovered the link between a gene called apolipoprotein E (APOE) and Alzheimer's risk in the 1990s.

Although one form of the gene is linked with a reduced risk of the disease, another more common type of the gene, APOE e4, can be associated with an increased chance of developing Alzheimer's. Still, it's a risk factor, not a given that someone with this version of APOE will have Alzheimer's one day.

Should this kind of genetic screening even be available to patients, the medical community began to wonder?

“

I just kept trying to say: You don't have to do this alone even though you are super-capable—there are resources out there. I think that resonated with her and made her more open to the idea of asking for help as opposed to trying to figure these things out on her own.”

—SCOTT ROBERTS
Professor, Health Behavior
and Health Education



Sara with Scott Roberts



Clockwise from left: Sara and Barbara with Elyse Thulin, PhD '22, playing Qwirkle; Sara with her furry companion, Simba; Barbara's garden sign in their backyard garden.

If it were available, would the results spark terrible depressions, some doctors worried? Or could patients use it to plan for their future—maybe take out better insurance or retire early to make the most of their time before they might get sick?

By 1999, Roberts had joined scientists from the University of Michigan and other institutions to work on the REVEAL study to find out. Ultimately, he said, more than 10 years of research showed no major risks for patients.

"If people do get bad news, they may have some initial distress, but they tend to get back to their baseline levels of depression and anxiety relatively quickly," said Roberts, who pointed to several caveats. For one, trained counselors disclose a person's genetic risk for Alzheimer's, unlike popular mail-order DNA testing services that provide similar information directly to the public without follow-up.

'You don't have to do this alone'

Sara began to consider shifting her career focus from disability generally to dementia while still in her MPH program, around the time of her mother's diagnosis. Colleagues in the Department of Health Behavior and Health Education quickly referred her to Roberts.

Given his experience, Roberts knew Sara, like all caregivers, couldn't do it alone. He also sensed that reaching out for support might not come naturally to fiercely independent Sara.

"I just kept trying to say: You don't have to do this alone even though you are super-capable—there are resources out there," Roberts said. "I think that resonated with her and made her more open to the idea of asking for help as opposed to trying to figure these things out on her own."

Sara credited Roberts for helping her navigate her mother's transition to a newly defined life—and the reimagining of her own future, helping her harness her passion for dementia into a research career that is at once fulfilling and allows her to provide the 24-hour care that her mother needs.

"He was the person who connected me to the health care system, to different health care providers, and the Alzheimer's Association," she said. "He has been by my side through thick and thin, good and bad, and throughout both my MPH and now my PhD career."

"I've learned from him, and I learned with him. I'm blessed to be able to work with him."

Round-the-clock responsibility

With Roberts' help in navigating resources and getting connected to local services and organizations, Sara enrolled Barbara in the Silver Club Program at the University's Turner Senior Center. The program organizes activities for adults living with dementia, such as art and fitness classes, and provides a chance to socialize.

The Silver Club, and programs like it, also provides caregivers like Sara some time off,

which she needs, said Elyse Thulin, a close friend and fellow doctoral student in the Department of Health Behavior and Health Education.

"Sara is awake into the late hours and is also up pretty early in the morning to try to get some work done before anyone else in the house is awake, which includes Barbara and her dog," Thulin said of Sara's beagle mix, Simba. "But when Barb's awake, Sara is generally spending time with her, both to keep her engaged and also because her mom cannot initiate tasks or entertain herself beyond playing games on her iPad."

For Sara, caregiving is a round-the-clock responsibility that involves thinking ahead to ensure her mother's well-being—from writing and calling Barbara's friends now that her mother can't do this herself, cooking and cleaning, and even hiding household chemicals and medicines to prevent accidents.

And it's about doing the little things her mom loves too. The pair eventually traded their Ann Arbor apartment for a home in Ypsilanti that could accommodate a paid live-in caregiver for Barbara if she ever needed one. There, Sara planted a huge vegetable patch. In the summer, a sign marked "Barbara's Garden" hangs near rows of peppers and tomatoes, including the tiny burst tomatoes, the main ingredient to one of Barbara's favorite pastas, which Sara often cooks her.

"Sara and Barbara are crazy about tomatoes," Thulin said.

“

Doing a PhD has turned out to be a beautiful part of my life—it changed my career path and, 100%, I did that for my mother. And I would do it again hands down.”

—SARA FELDMAN

Regulars and baristas at RoosRoast Coffee Shop in Ann Arbor know the mother and daughter duo by name.

“Her mom really enjoys going out for coffee, and so that’s something that Sara would build into their schedule—taking an hour or two to go to RoosRoast, have a coffee, look around, and chat with other coffee-goers,” Thulin said.

And when COVID-19 kept the pair out of their usual coffee haunts, Sara purchased espresso and milk steamers, and perfected how to make her mother’s morning latte at home.

“But that’s Sara,” Thulin said. “She just has this truly unique way of being with people and not just her mom. I can’t really explain it beyond just that she creates space for you to be whoever you are.

“You just really feel seen when you’re with her, and I think that’s part of why she’s so good at creating community—it’s her superpower—and not just for herself, but for her mom.”

Recently, Sara faced some unexpected health problems. Soon, neighbors, friends, and colleagues began showing up like clockwork to provide support, whether that was dropping off cooked meals as part of a meal train, delivering groceries, or even shoveling the driveway after winter snows. One neighbor, Nick, even volunteered to accompany Barbara on a flight to Colorado so Sara could have time focused on her health and surgeries while also allowing Barbara to stay with and visit friends.

“I’m not even sure Nick had ever been on a plane, but he did that to support Sara,” Thulin said. “Sara doesn’t like to ask for things, but I think she gives so much care and space to other people that when you feel like you can do something for her, you’re like, ‘Yes, please, let me help.’”

A ‘family affair’

Today, Sara has been keeping the promise she made to her mother as a child for the past

six years as her full-time caregiver. She’s also found her voice as a caregiver and advocate, increasingly speaking about her experience, including in academic journals.

But Sara is also using her experience as a full-time caregiver to help shape groundbreaking research on dementia at Michigan Public Health, including studies investigating how people react to the news that their brains bear biomarkers, or physical signs, strongly associated with Alzheimer’s disease and a possible Alzheimer’s dementia diagnosis in the future.

Today, because of Sara’s experience and advocacy, studies like these are—for the first time—capturing what early access to this kind of information means for future family caregivers.

“In a lot of our studies, our data has only been collected from the person who is getting tested,” Roberts said. “Sara feels like even if people in our studies aren’t symptomatic, they’re still often talking about dementia with loved ones—it’s a kind of family affair.

“Sara feels people should have the right to decide for themselves whether that information might be useful.”

Tears began to well up behind Roberts’ thick-rimmed glasses.

“She’s just been such a great research team member, and she’s just such a wonderful person,” he said.

If you had asked Sara 10 years ago if she would attempt to earn a doctoral degree, she probably would have laughed. Today, it’s changed her life and will potentially help change the lives of millions of future families that will have to confront dementia in the coming decades.

“Doing a PhD has turned out to be a beautiful part of my life—it changed my career path and, 100%, I did that for my mother,” Sara said. “And I would do it again hands down.”



SILVER LININGS

**Critical knowledge gained
from COVID-19 pandemic
proves invaluable to alumni**

By Amy Crawford

It felt like everything happened at once.

At first, the pandemic was far away. Then, all of a sudden, the Detroit area had become a hot spot for a disease that had only just been named COVID-19, and Denise Brooks-Williams, MHSA '91, was on the front lines of a global pandemic.

"It definitely was a fast build," said Brooks-Williams, senior vice president and CEO, North Market, with Henry Ford Health. "There were so many things we didn't know at the time. Was it airborne? Did it live on surfaces? Now, we can get test results in an hour, but that wasn't the case then."

As the state shut down everything from restaurants to schools, Henry Ford, which has hospitals and medical centers throughout Michigan, postponed elective procedures, and restricted visitors for the health and safety of employees and patients. Efforts would be focused on treating the deluge of COVID-19 patients with constant adjustments to procedures and protocols as scientists learned more about the virus and health care providers adapted to changing conditions.

"Our supply chain team was good about providing regular updates on our PPE supply and other supplies that we were burning through like never before. Every day our leadership team would do an evening huddle, where we would ask ourselves, what do we need to do different or adapt to continue to keep our team members safe?" said Brooks-Williams, whose jurisdiction includes two acute care hospitals and 70 clinical sites across Oakland and Macomb counties.



“

I think there will
be a lot of positive
things that come
out of this.”

Denise Brooks-Williams, MHSA '91



“

I wouldn't
expect my
team to do
something
that I wouldn't
do myself.”

—Richa Gupta, MHSA '02

Looking back on those early weeks in the spring of 2020, Brooks-Williams is proud of her entire team, some 8,000 health care providers and support personnel who met the crisis head-on and held it together for their community during extraordinary times. But as the pandemic stretches into its third year, she is also looking to the future and to new and ongoing challenges that must be faced and overcome.

Across the country, the pandemic put stress on the health care system, revealing both its strengths—heroic providers and adaptability in the face of uncertainty—and areas where it must improve. And no one was better situated to learn these lessons than the executives working to steer hospitals and health systems through COVID. From recruiting and retaining the doctors, nurses, and other essential workers who keep hospitals running, to reimagining their business model, these leaders are already thinking about how health care will look after the pandemic and how we can prepare for the next one.

'Defining moment for Rush'

Most hospitals had to improvise as they pivoted to pandemic care. Chicago's Rush University Medical Center was built for it from the beginning.

Planned and constructed in the wake of the 9/11 terrorist attacks, the anthrax-laden

letters sent through the US Postal Service in the weeks afterward, and the 2003 SARS outbreak, the butterfly-shaped building known as Rush Tower has 39 negative pressure rooms to help contain aerosolized pathogens. Its emergency department (ED) is divided into three 20-room pods, each of which can be converted to negative air pressure to isolate infectious patients from other emergencies. Additional spaces can be quickly converted for triage and patient care during "surge mode," when Rush Tower is expected to accept transfers from around the city.

But even with all that preparation, the novel coronavirus presented plenty of unknowns, said Richa Gupta, MHSA '02, senior vice president of clinical operations and chief operating officer at Rush University Medical Group, who has led Rush's pandemic response since March 2020.

"While we were built to handle something like this physically, the real challenge was preparing the people who worked in the buildings to be ready for this," she said. "This was a defining moment for Rush. Being a leader during a pandemic is really a big risk to take, but I'm really thrilled that we took that risk. We knew we wouldn't always make perfect decisions, but we made the best decisions we could with the information that we had."

Gupta brought an astounding level of

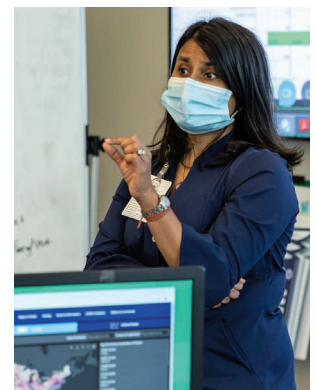
energy to her role, putting in 14-hour days in the Rush "command center" with a leadership team of about a dozen others who oversaw physicians, nurses, facilities, communications, infection control, and other key elements of Rush's pandemic response.

For Gupta, leading by example was key.

"I wouldn't expect my team to do something that I wouldn't do myself," she said. "The whole team was willing to sacrifice a lot of time with our families to be there, to make sure that all of our decisions were made as quickly as possible, and that they were cascaded through the system just as quickly."

Trained as a physician in Mumbai, India, Gupta realized during her internship that practicing medicine was not for her and she came to the University of Michigan School of Public Health looking for another way to improve health care outcomes. It was not until the pandemic, however, that she truly realized the importance of leadership and the difference that administrators can make in patient care.

"We saw how our decisions could save lives," Gupta said. "Sometimes, it can feel like you're just managing a business, but you're really in this to improve lives, or I am, anyway. And there's really been no better time to be an administrator. It calls on problem-solving skills and change management in a way that we've never had to do before."



Richa Gupta said being a leader during a pandemic was a defining moment for Rush University Medical Center.

PHOTOS COURTESY OF RUSH UNIVERSITY MEDICAL CENTER



Bill Manns had to get to know a new system, new colleagues, and a new town—all while managing the greatest crisis of his career.

PHOTOS COURTESY OF BRONSON HEALTHCARE

Finances impact patient care

Of course, managing the business side of health care is crucial because finances also have an impact on patient care. That's a pandemic lesson that became all too real for Bill Manns, MHA '91, who took over as president and CEO of the community-owned, not-for-profit Bronson Healthcare in March 2020.

An irony of that spring was that even as hospitals were deluged with patients, many faced staggering financial losses because elective procedures and routine care were postponed. Bronson has 100 locations throughout southwest Michigan; it's not only the region's primary resource for medical care but also its largest employer. So when the system faced a \$15 million budget shortfall in March 2020, there was more at stake than money.

"I knew the organization couldn't lose \$15 million a month and survive," Manns said. "It's the balance of running a health system; there's an old adage, 'No margin, no mission.' You can't care for the community if there are no resources. So this was a story about, 'How do you preserve the mission by protecting the margin of the organization?'"

Manns was facing an additional challenge. Formerly the president of St. Joseph Mercy Hospitals on the east side of the state, he had accepted the top job at Bronson just before the pandemic hit, which meant he had to get to know a new system, new colleagues, and a new town—all while managing the greatest crisis of his career.

"Bronson had a robust welcoming plan to integrate my family and me into the community," Manns said. "That went up in smoke because the public health profession couldn't support having large gatherings. Meanwhile, I had moved into a new condominium and we'd started work on it, but the governor shut down construction so the place was half-finished with debris and things all over. I had to do a little bit of electrical work and some plumbing myself just to make it habitable."

He wasn't spending much time at home, though. Instead, Manns was busy getting to know his leadership team, learning about their personalities and skills. He also worked to bring them together around the system's operations and financial situation, making it clear that he was open to their thoughts about how things could be turned around.

"We actually asked about a hundred leaders for their ideas and what they thought we could do differently to improve the financial performance of the organization," Manns said. "We sorted those leaders into small teams and we asked questions and got their answers on a weekly basis—it was important to be transparent. Each team could see what the others were working on, with the best and brightest ideas bubbling up from those who were closer to operations."

Manns also asked key physician leaders to serve on an advisory team that reviewed the proposals for potential impact on quality of care and clinical workflow, while identifying additional ideas.

Voluntary salary reductions for Manns and other executives were an obvious first step, but Manns wanted to find revenue through growth rather than cuts. The system had recently partnered with a large primary care group to add seven new locations and needed to ensure that these new patients were able to access Bronson system resources. Advances in telehealth offered new ways to serve patients without exposing them to the coronavirus. And by consolidating the command center for Bronson's four hospitals, the system was able to streamline its resources while making crisis management and communication more effective.

"We did some things that really helped us bounce back while creating a growth mindset," Manns said. "Our people found revenue and opportunities that went well above anything that I would've expected, and we were able to really stabilize the organization financially."

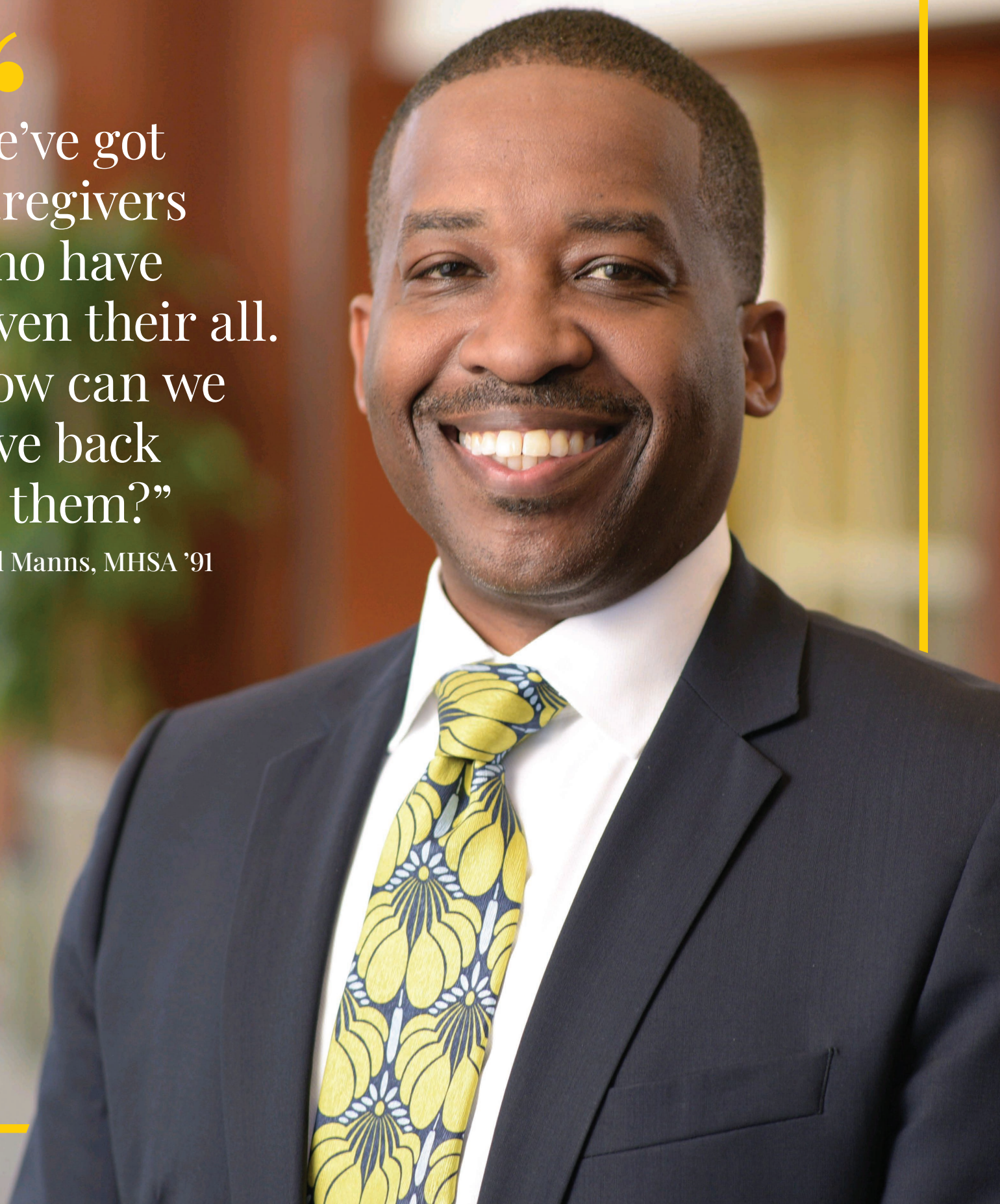
By the summer of 2020, health care leaders were already beginning to think in terms of what they called the "new normal." They knew the first wave of the pandemic would not be the last, but, at the same time, it had highlighted so many other areas that were ripe for change.

"I think this is a tipping point for health care," said Gupta, arguing that the pandemic has driven home the importance of shifting the industry's financial model. Historically, hospitals have run on fee-for-service, which is why canceling elective procedures during the pandemic sent so many into the red. In recent years, however, health care has begun to

“

We've got
caregivers
who have
given their all.
How can we
give back
to them?”

—Bill Manns, MHSA '91



transition to a value-based system that looks at longitudinal outcomes for patients instead. Such a structure ought to serve patients better, but change can be frustratingly slow.

“There are a lot of fiscal and quality arguments to be made on both sides of this debate, but I think it’s important that we all align on this, rather than continuing to have a foot in each canoe.”

Limited pool of health care workers

A more immediate problem, however, is staffing shortages. At Rush, administrators are working out the best way to deploy everyone from doctors to medical assistants, with a goal of “the right work by the right person in the right place,” Gupta said.

Meanwhile, hospitals around the country are competing for a limited pool of health care workers at every level.

“There’s a wage war for staffing right now,” Gupta said. “And this gets back to administrators. How we equip our leaders to support our staff on a daily basis is what makes the difference for staff engagement. I have heard directly from staff that it’s when you don’t feel that engagement or respect, that they will leave for a dollar or two more an hour.”

Staffs are also experiencing the effects of burnout. After nearly two years on the front lines of a pandemic, workers at every level are exhausted and demoralized.

“My team that directly reports to me, they’re hospital presidents, chief medical officers, nursing officers,” Brooks-Williams said. “They’re incredibly high-level professionals, but we had people get COVID. We have sometimes cried together. We definitely prayed—a lot. We became incredibly close, of course, because we had to support and rely on one another, but it took us getting out of the first wave to begin to talk about resiliency and support.”

For Brooks-Williams and other health leaders, these “softer” elements of leadership have emerged as among the most important parts of the job.

“We’ve got caregivers who have given their all. How can we give back to them?” Manns said. “One way is, we’ve increased our mental health benefits for our employees and their families.”

Manns and his team are also considering a concierge service for employees to help alleviate stress and shorten their to-do lists by, for example, picking up their laundry or catering their lunch.

“
I think
we’ll be able
to create some
change for
the good.”
—Brooks-Williams



PHOTO COURTESY OF HENRY FORD HEALTH

Denise Brooks-Williams attends a beam-signing event at Henry Ford Macomb Hospital.

Child care has been among the biggest stressors, and one that has had an impact on health care systems’ ability to maintain staffing levels. With frequent school closures and a shrinking pool of daycare providers, working parents have struggled to find consistent care during the pandemic.

Bronson partnered with the YMCA to provide care for essential workers’ kids during the height of the pandemic, but Manns knows that the childcare issue is not going away and it’s not something that employers can continue to expect parents to navigate on their own.

Positives from COVID

A health care system exists within the context of its community, and the pandemic made it clear that the relationship must extend beyond the hospital doors. In the Detroit area, for

example, the Black community was especially hard-hit, and when Gov. Gretchen Whitmer created the Michigan Coronavirus Task Force on Racial Disparities in April 2020, Brooks-Williams was an appointee.

“What we could see is the death rate might have been higher because African-Americans were delaying coming to the hospital,” Brooks-Williams said. “We had poor testing at the time, so people didn’t know what they had, they didn’t know what to do at home, and they didn’t have an established relationship with a provider who could guide them through it.”

The task force called for more testing in the community, and Henry Ford Health helped by establishing drive-through and mobile testing sites in neighborhoods that had been underserved.

“Then, we also put together what we called ‘COVID kits,’” Brooks-Williams said. “These would go to people who didn’t need to be admitted, but did need to isolate.”


The kits included masks to help people avoid spreading the virus to their family members or roommates, as well as thermometers and pulse oximeters.

“What we found is when people went home, they didn’t always know when they were not faring well because COVID can get worse—fast!” Brooks-Williams said. “We would send them home with a pulse ox so that they could monitor their blood oxygen, and if they dropped below a certain number, then that indicated they should come back to the ER immediately or call 911. We believe it contributed to saving lives.”

The pandemic has led to important medical breakthroughs, improving scientists’ understanding of airborne viral transmission, for example, and furthering the technology of mRNA vaccines, which has already led to advances in longstanding wars against other pathogens.

Brooks-Williams and others who have led hospital systems through the worst pandemic in more than 100 years, however, also know that the most effective strategies for getting through a crisis are often the least flashy—supporting caregivers and their community, empowering people to care for themselves and one another, and seeing patients and providers in all their complex humanity.

“When we catch our breath and get a chance to pause, I think we’ll be able to create some change for the good,” Brooks-Williams said. “I think there will be a lot of positive things that come out of this.”



7 Ways the pandemic changed global public health

By Chinyere Neale,
director of programs,
Office of Global Public Health

Student Emily Clark (Gelman
Global Scholarship Fund;
George B. Simmons Fund) and
Matthew Boulton, senior
associate dean for Global
Public Health.

The COVID-19 pandemic has been hard on the travel industry and on the field of international education. But it has helped global public health come to grips with its colonial past and articulate its goals in ways that are truer to the mission of public health itself.



“ Having a virtual internship that allowed me to connect with my home country, Montenegro, was one of the most fulfilling points in my academic career in public health. Through my virtual research initiative, I was able to identify many important gaps in research and public health needs in Montenegro, further leading me to continue with my research beyond graduation. To partake in a virtual global internship is something that I view as a bridge between many communities transnationally, and I am beyond grateful to have been able to begin my public health career in an innovative environment.”

—JASMINA CUNMULAJ,
MPH student (Gelman Global
Scholarship Fund; Florence and Irving
Zeitiz Social Justice Internship Fund)

As someone who has been advising students for more than 20 years on everything from travel funding and resources to which location is best suited to moving them toward their academic, professional, and personal goals, I watched the pandemic change the way global public health internships are done.

In the past, students would travel to a country and immediately begin working with research and practice partners on their project even as they were just beginning their cultural learning. Students often had visions of working directly within communities when their partners often needed them more in the technical areas behind the scenes.

The pandemic changed that, and here's what we learned about global public health as a result:

1 You don't have to travel to do international work. It turns out that a remote global health internship experience resembles more closely what those engaged in international research and practice do as they collaborate with partners around the globe. The world of international public health is opening up to those who cannot be in other countries for extended periods of time. While an in-country experience immerses you more directly in local culture, you can still have a variety of professional, academic, and personal intercultural experiences with a remote internship.

2 Public health internships improve your public health skills, not your travel resumé. Public health internships are focused on improving your ability to understand and serve community health. Travel is inherently educational and can refine many public health skills. But travel for its own sake is not the goal of global public health internships or domestic work-based experiences.

3 Students and on-site partners can focus more on the public health work at hand. In pivoting to remote internships, students have been able to focus on how they work with in-country partners and participants. On-site partners do not have to use valuable and often limited resources in hosting student interns. This allows everyone involved to prioritize building trust, developing knowledge of local contexts, and sharing scientific expertise.

4 Remote internships are more inclusive. Whether you engage in a work-based public health experience in downtown Detroit, rural areas of Michigan, or suburban Nairobi, you will have an intercultural experience. The distinction of global health is essentially a financial distinction, coming down to the ability to travel. It is artificial to say there are other differences in human communities. Until recent decades, global work on any level was mostly in the realm of the affluent. With constantly improving communication technology, global public health work is opening up to those from more modest backgrounds. And every student has something to gain from an intercultural experience, whether you're working remotely or living in Detroit, Michigan's Upper Peninsula, or Nairobi.

5 Every public health student should consider a global internship. Intercultural experiences help us understand and analyze differences we experience across any community—a vital skill for those working in public health. From courses on global health to domestic and global research, these experiences help students build their professional portfolio and become more effective public health practitioners.

6 Remote formats open up global health opportunities to students who may not otherwise have access to them.

Thus, they have the potential for diversifying the field of global public health to be more reflective of the populations it serves. Ultimately, this is a good thing for global health. For example, people with experience in low resource settings in the US might be especially able to identify with certain challenges in under-resourced communities abroad.

7 The pandemic will change some things for good.

New models for international study, practice, and research are coming. And the romanticism of global

work will not survive these new forms of collaboration. It's not romantic to sit at your dining room table and have a Zoom meeting with someone in another country. But you can do really good work on that call—and in the emails, data sharing, and everything else in between. That's a good thing for public health and for the next generation of public health practitioners.

Thank you to the Gelman family, longtime supporters of our global internship program, who have graciously allowed us to use the Gelman Global Scholarship Fund to support students' remote internships during the pandemic.



“Despite the challenges of the pandemic, the remote summer internship provided me the opportunity to complete my project, “Evaluating the Impact of Extra Postnatal Visits for Premature and Low Birth Weight Infants in Ghana,” which started in 2018. Addressing health disparities in the local community and in sub-Saharan Africa through clinical practice and scholarly activities has become a lifelong passion and commitment for me. I am extremely grateful that this internship made it possible for me to continue working toward achieving my career goals.”

—YOLAINE CIVIL, MPH student (Gelman Global Scholarship Fund; Natalie and Jack Blumenthal Public Health Internship Fund)



“As a son of immigrant parents from Central America, my interests have always been in helping underserved Hispanic communities. This remote internship allowed me to continue pursuing my interests by completing my project “Gender-Related Differences in Living and Working Conditions for Farmworkers in Michigan During the COVID-19 Pandemic,” which first began in December 2020. Despite the remote nature of the internship, I was able to take away many key skills, such as learning how to work and communicate effectively in an interdisciplinary team, which would not have been possible without this internship.”

—EVERTH VARGAS, MPH student
(Gelman Global Scholarship Fund)

Community Room named in honor of public health pioneer Paul B. Cornely



Public health pioneer Dr. Paul B. Cornely had an impactful career in health and education over five decades and was particularly engaged in issues of health equity for Black Americans.

Cornely was a lifelong educator, teaching at Howard University from 1934 to 1973. He was at the vanguard of the civil rights movement and led several historic desegregation initiatives in medicine and education. He was a three-time graduate of the University of Michigan, earning a BA in 1928, an MD in 1931, and a PhD in 1934. He was the first Black person in the United States to earn a doctoral degree in public health.

The Community Room in the School of Public Health was named in his honor during a dedication ceremony April 8.

“Dr. Cornely was a giant not only in the field of public health, but also in the history of the United States,” said F. DuBois Bowman, dean

of Michigan Public Health. “We are grateful for the opportunity to add his name to the central gathering place in our building, where his legacy will be remembered daily. Thank you to the students who initiated this effort and to the many donors who have generously supported this worthy recognition.”

In the 1950s and early '60s, Cornely spearheaded the Imhotep National Conference, encouraging the desegregation of hospitals in the US. Cornely's involvement in the movement helped lead the way to the landmark US Supreme Court case *Simkins v. Moses H. Cone Memorial Hospital* in 1964, forcing integration of the nation's hospitals.

His work also was significant in the civil rights movement in the '60s. In 1963, Cornely served as medical coordinator during the March on Washington for Jobs and Freedom. He also organized the Black Caucus of Health Workers that has

Cornely Timeline



March 9, 1906: Paul B. Cornely was born in Pointe-à-Pitre, Guadeloupe, in the Caribbean.



1920: His family moved to Detroit.

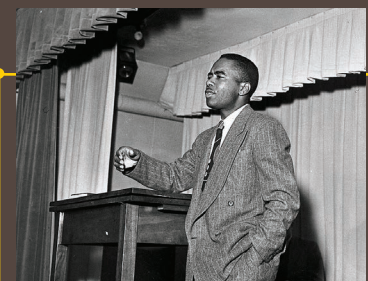


1928: Received his Bachelor of Arts from the University of Michigan.

1931: Received his Medical Doctorate from the University of Michigan.



1934: Received his PhD in Public Health from the University of Michigan, becoming the first Black person in the US to earn a doctorate in public health.



1934: Joined the faculty at Howard University College of Medicine.

1942: Appointed chair of the Department of Bacteriology, Preventive Medicine, and Public Health.

supported Black public health workers since its inception in 1968.

Cornely was honored by the University of Michigan with an honorary degree in 1968, and this is the first physical space named in his honor at his alma mater.

In July 2020, a trio of students along with 25 School of Public Health student organizations signed a letter advocating for Cornely's inclusion within the building.

"We believe that such an overdue honor will remind the community of the rich historical contributions by Black people to the School of Public Health, University of Michigan, and broader field of public health so often overlooked and forgotten," wrote Joshua Tucker, MPH '21; Kyra Freeman, MPH '21; and PhD student Anton Avanceña, the lead authors of the letter.

As part of the student advocacy, the school embarked on a unique process to raise funds to support a variety of diversity initiatives. Numerous donors supported the effort, and their generosity will provide funding for student support, pipeline programs for those underrepresented in the field of public health, and the school's strategic Diversity, Equity and Inclusion initiatives.

"I am proud of how our students advocated for this well-deserved honor," Bowman said. "Our students are committed to health equity, and sometimes that can mean helping to shine a light on a part of our past that was largely untold. Thanks to their advocacy and our committed donors, we will be able to honor a



Dean F. DuBois Bowman addresses the crowd April 8 before the official unveiling of the Paul B. Cornely Community Room.



From left, Anton Avanceña, PhD student; Mary Gbeblewoo, the late Paul Cornely's niece; Dean Bowman; and Joshua Tucker, MPH '21. Avanceña and Tucker are two of the three students (along with Kyra Freeman MPH '21) who advocated for the Community Room to be named in Cornely's honor.

To read how the University of Michigan was instrumental in Paul B. Cornely becoming a pioneer in public health, scan this QR code to be directed to 'The Dignity of Man' by Kim Clarke.

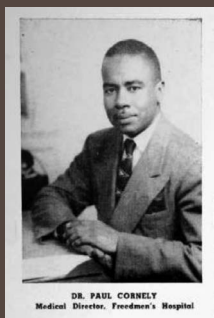


prominent Black figure in public health and support programming into the future."

The Paul B. Cornely Community Room (1680) sits at the heart of the School of Public Health on the first floor of SPH 1. Located just off the main lobby, the Community Room serves as a primary gathering space for school events, as well as a flexible space for classes and studying. The room soars two stories

high, and a wall of windows on the north side invites in natural light during all seasons. The room connects to a large auditorium and to the Courtyard of SPH 1, an outdoor gathering space. Since the Community Room's addition in the mid-2000s following a major renovation at the School of Public Health, the room has been home to numerous memorable occasions and celebrations.

1947: Named medical director of Howard's Freedmen's Hospital and was later named chief of Freedmen's Division of Physical Medicine and Rehabilitation.



1950s: Planned the Imhotep National Conference on hospital integration, encouraging the desegregation of hospitals in the US. Cornely's involvement in the movement helped lead the way to the landmark US Supreme Court case *Simkins v. Moses H. Cone Memorial Hospital* in 1964, forcing integration of the nation's hospitals.



1963: Served as medical coordinator during the March on Washington for Jobs and Freedom.

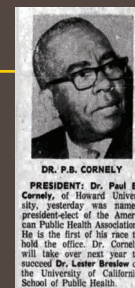
1968: Awarded an honorary doctorate from Michigan.

1968: Organized the APHA's Black Caucus of Health Workers, which supports Black public health workers.



1970: Became the first Black person to be elected President of the American Public Health Association.

1972: Awarded the Sedgwick Memorial Medal for Distinguished Service in Public Health by the American Public Health Association.



DR. P.B. CORNELY
PRESIDENT: Dr. Paul B. Cornely, of Howard University, yesterday was named president-elect of the American Public Health Association. He is the first of his race to hold the office. Dr. Cornely will take over next year to succeed Dr. Lester Breslow of the University of California School of Public Health.

1973: Retired from Howard University as Professor Emeritus of Community Health.



50-year medical reunion

1988: University of Michigan Paul B. Cornely Postdoctoral Program for Minority Scholars was established.

2002: Cornely died Feb. 9.



[Research in Focus]

Research identifies 55 dangerous chemicals in building materials in homes across US

The next time you purchase a new home, you might consider waiting a few weeks to move in.

Many of the chemicals in a home's building materials—in the scent of new carpet, the chalky smell of newly hung drywall, and of recently refinished floors—might not be great for your health.

University of Michigan researchers have identified 55 chemicals of concern found in the walls, floors, ceilings, and furniture in homes across the United States, including some that have concentrations that are 1,000 times higher than recommended.

Among the worst offenders was formaldehyde, which is often included in

wooden furniture, base cabinetry and wood, cork, and bamboo flooring. Formaldehyde is considered a carcinogen and has also been linked to leukemia.

Researchers also found that butylated hydroxyanisole (BHA), an antioxidant found in carpet flooring, has actual content 800 times higher than recommended. And the content of hexamethylene diisocyanate, found in carpeting, was thousands of times higher than the recommended maximum content of 0.2 parts per million. According to the EPA, hexamethylene diisocyanate is extremely irritating to the eyes, nose, and throat, and chronic long-term exposure to hexamethylene diisocyanate might cause lung problems.

Researchers say they hope the findings will provide practitioners and manufacturers with actionable information to develop more sustainable products and also raise awareness among consumers.

"People are inside buildings more than 90% of their time, breathing and touching those chemicals in building materials, so it's very important to know whether there are harmful chemicals that could affect their health," said the study's first author, Lei Huang, a research specialist in the Department of Environmental Health Sciences at the School of Public Health.

To assess the potential human exposures and risks, the researchers screened more than 500 unique chemical-product combinations

“These results show that a significant number of chemical-products combinations used in building materials pose a risk to human occupants.”

—OLIVIER JOLLIET, professor of Environmental Health Sciences

from chemical composition data reported in the Pharos Project database. Then they used a risk assessment approach to determine the amount of chemicals used in building products, the corresponding human exposure, and the associated cancer and noncancer risks of the chemicals. Finally, they listed the chemicals from most to least concerning by their “hazard content ratios.”

While the researchers acknowledge the study has some limitations as a high throughput screening covering a large number of compounds—exposure rates could vary greatly, for example—they say the study clearly demonstrates the need for future research on exposures to chemicals in building materials and the need for further regulation to ensure the safety of chemicals in products in general and in building products in particular.

“These results show that a significant number of chemical-products combinations used in building materials pose a risk to human occupants,” said senior author Olivier Jolliet, a professor of Environmental Health Sciences at the School of Public Health. “We need to get rid of some of these compounds that sometimes are 1,000 times too high.” ■

End-stage kidney disease patients show increased risk of infection, mortality from COVID-19

Patients undergoing long-term dialysis, especially Black and Hispanic patients and those living in nursing homes, were severely impacted by the COVID-19 pandemic, according to a nationwide study by University of Michigan researchers.

The study, published on JAMA Network Open, examined nearly the entire Medicare dialysis population—almost 500,000 patients—in the United States across the entire year

of 2020. It found that these patients were hit hard by a worsened prognosis of COVID-19 in the first year of the pandemic, with an infection rate of 12% and a post-infection mortality rate of 26%—compared to a mortality rate of 17% for noninfected dialysis patients.

The researchers also found nursing home residence to be a significant risk factor associated both with COVID-19 infection and death. They found a 36% COVID-19 infection rate among patients with extended stays in a long-term care or skilled nursing facility. After infection, these patients also had a 12% higher mortality rate than those without prior time in a long-term care or skilled nursing facility.

“While regional studies have shown that patients with end-stage kidney disease were at a higher risk of severe COVID-19 infection and death, we were among the first few who had looked at the whole national data,” said senior author Yi Li, professor of Biostatistics and Global Public Health at the School of Public Health.

“Our COVID-19 outcome analysis among the nationwide dialysis patients could inform policy decisions to mitigate the significant extra burden of COVID-19 adverse events in this population.” ■



Combatting vaccine hesitation by identifying, targeting ‘fence-sitters’ early in pandemic

Identifying adults who are ambivalent about vaccines early in a pandemic and finding community leaders who can help spread reliable information within their communities could help reduce vaccine hesitancy, according to a University of Michigan study.



“These findings have important implications for public health messaging and planning. Fence-sitters are probably the people who are easiest to target for certain health promotions,” said Abram L. Wagner, a research assistant professor of Epidemiology at the School of Public Health and lead author of the report. It looked at changing attitudes toward traditional vaccines and the COVID-19 vaccine among US adults.

For their analysis, researchers used data from the COVID-19 Coping Study, led by professors Lindsay Kobayashi of the School of Public Health and Jessica Finlay of the Institute for Social Research. The longitudinal study seeks to understand how the pandemic-related control practices and policies are affecting the mental health and well-being of older adults.

The study followed adults 55 and older living in the United States monthly from April 2020 through May 2021. It included data from 2,358 participants, and while the survey was not designed to be representative of the US population, it provides actionable data for pandemic preparedness policies, the researchers said. ■



PHOTO COURTESY OF YOUTH EMPOWERMENT SOLUTIONS

After-school program promoting youth empowerment, Black culture helped reduce violence

An after-school program specifically designed to address racial and economic disparities affecting Black youth and empowering them to be a positive change in their community has long-term effects on behavior, according to a Michigan study.

The analysis looked at five years of data and compared results of students participating in regular after-school programs to those who took part in the Youth Empowerment Solutions program, which focuses on implementing a curriculum that acknowledges structural, historical, and contemporary racism, said lead author Elyse Thulin, a postdoctoral research fellow at the School of Public Health.

“Our study shows that this program can have lasting effects on positive youth development, both increasing positive social interaction and diminishing negative behavior a year after going through the program,” Thulin said.

For the study, youth were recruited between 2012–2016 from after-school programs in participating schools in Flint and Genesee counties, with a total of 33 program cohorts from 15 schools.

In all, 418 middle schoolers participated in the program. Of the original sample, 45% were Black, 18% biracial, 34% white, and 3% reported other races. Students completed surveys at the beginning of the program, at the program’s conclusion, six months after, and 12 months after.

Students enrolled in Youth Empowerment Solutions attended the program four days a week for about 15 weeks. The curriculum included developing youth leadership skills, increasing ability to work with peers, developing critical thinking skills, and planning and implementing community change projects.

“These results demonstrate that youth can be involved in the solution of violence prevention and not just the focus of our prevention efforts,” said Marc Zimmerman, the Marshall H. Becker Collegiate Professor of Public Health and principal investigator for the study. ■

Study of pathogens in environment offers clues to spread of disease

Scientists have extensively studied water and sanitation interventions to decrease the transmission of pathogens and disease prevention.

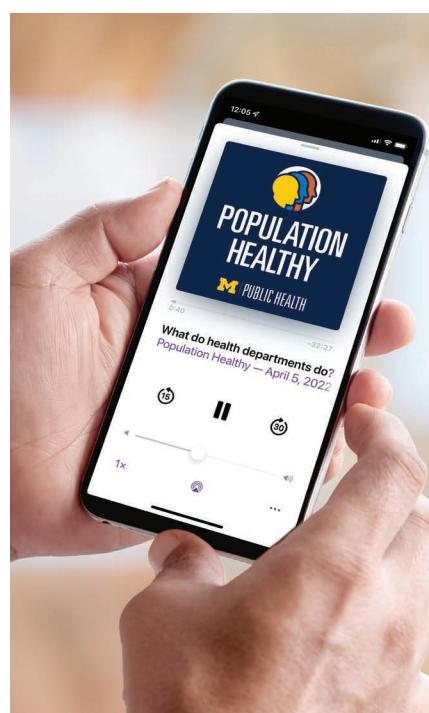
But a new U-M study suggests a broader approach that includes looking at the environmental transmission of pathogens both in soil and water to help improve our understanding of the spread of these pathogens and better inform strategies to mitigate it.

The study, researchers say, adds to a growing understanding of soil being an underappreciated pathogen reservoir and of how traditional water, sanitation, and hygiene interventions might not be sufficient to lower the burden of disease, especially in urban areas.

“We have to think more about pathogen transformation via different mediums and understand in which areas different transmission pathways occur,” said Leon Espira, who conducted the study as a doctoral candidate at the School of Public Health. “For a very long time, our focus has been water, water, water. We’re showing that we have to think more broadly about the environment.”

Joseph Eisenberg, professor of Epidemiology at Michigan Public Health and corresponding author of the paper, agrees.

“Historically, water and sanitation has had a much stronger rural focus,” he said. “Now that we’re seeing this very sharp increase of people moving into more of an urban space, we need to rethink what kinds of mitigation and interventions are going to be effective in more urban settings.” ■



POPULATION HEALTHY PODCAST

The fourth season of the Population Healthy podcast launched in April. Population Healthy is a podcast that digs into the important public health topics that impact our everyday lives. Produced by the University of Michigan School of Public Health, the show brings together experts to discuss population health issues from a variety of perspectives—from the microscopic to the macroeconomic, the social to the environmental—and to explore the factors that affect the health of all of us at a population level.

In this season, some of the topics that are covered include the role of health departments; why healthier people need healthier food; and health care worker burnout. You can find the podcast at publichealth.umich.edu/podcast or wherever you listen to podcasts!

Michigan Public Health in the news

Ken Resnicow on MSNBC:

Motivational interviewing and persuading the unvaccinated



TIPS AND TECHNIQUES TO PERSUADE THE UNVACCINATED

THEWEEK

Aubree Gordon in *The New York Times*:

Omicron cases appear to peak in US, but deaths continue to rise

Scientists said it remained an open question whether Omicron marked the transition of the coronavirus from a pandemic to a less-threatening endemic virus, or whether future surges or variants would introduce a new round of tumult.

"It's important for people to not be like, 'Oh, it's over,'" said Aubree Gordon, an epidemiologist at the University of Michigan. "It's not over until we get back down to a lull. We're not there yet."

Kenneth Langa in *Washington Post*:

Who should take new drug for Alzheimer's?

Most seniors don't have cognitive impairment or dementia. Of Americans 65 and older, about 20 to 25 percent have mild cognitive impairment while about 10 percent have dementia, according to Kenneth Langa, an expert in the demography of aging and a professor of medicine at the University of Michigan. Risks rise with advanced age, and the portion of the population affected is significantly higher for people older than 85.

Langa's research shows that the prevalence of dementia has fallen in the United States — a trend observed in developed countries across the globe. A new study from researchers at the Rand Corp. and the National Bureau of Economic Research finds that 10.5 percent of U.S. adults age 65 and older had dementia in 2012, compared with 12 percent in 2000.

Arnold Monto on MSNBC:

It may be good news if omicron overtakes delta



It may be good news if omicron overtakes delta, epidemiology professor says

Christopher Friese on WXYZ Detroit:

Health experts: Michigan nurses overwhelmed, walking away from field



"Historically, we have not paid attention to the concerns of nurses and COVID has blown that up. It's very clear that nurses are struggling, and if nurses are struggling, then our loved ones are going to struggle in the hospital," said Dr. Christopher Friese, a professor of Health Management and Policy at the University of Michigan School of Nursing.

Jon Zelner in *The Atlantic*:

The Pandemic of the Vaccinated Is Here

Whatever the effects on vaccinated Americans, the Omicron fallout is going to be much more severe for everyone else. In places with low vaccine coverage and strong anti-shutdown politics, inconvenience could be replaced by mass death and even greater grief. And the devastation will almost certainly be greater, on average, in rural communities, poor communities, and communities of color. "It's unvaccinated people who are going to be at the worst risk for the worst outcomes. And it's also going to be the folks who don't have the ability or the luxury to quarantine or just kind of hide out when it looks like the numbers are getting too high," Zelner said. People working multiple jobs might not have time to get a booster or sick days to use while recovering from side effects. People who live in areas that are underserved by hospital systems will have more trouble finding a bed and receive worse care if they do get sick.

Our a-maize-ing students in 🌻



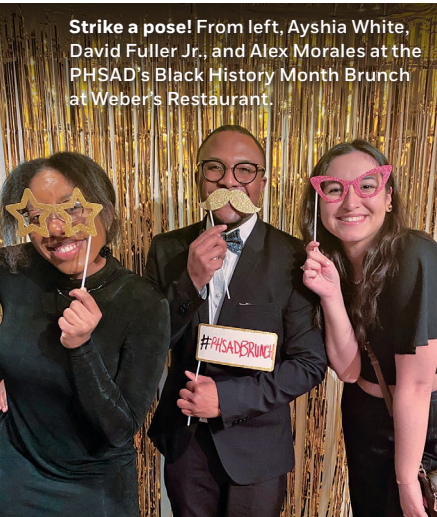
Online MPH student Cassie Mets volunteers at a vaccine event in Chicago.



Scott Janchatree enjoys a spring day at the Diag.



Boba break near the Cube with Quan Lee and Karen Nguyen; photo by David Kim.



Strike a pose! From left, Ayshia White, David Fuller Jr., and Alex Morales at the PHSAD's Black History Month Brunch at Weber's Restaurant.



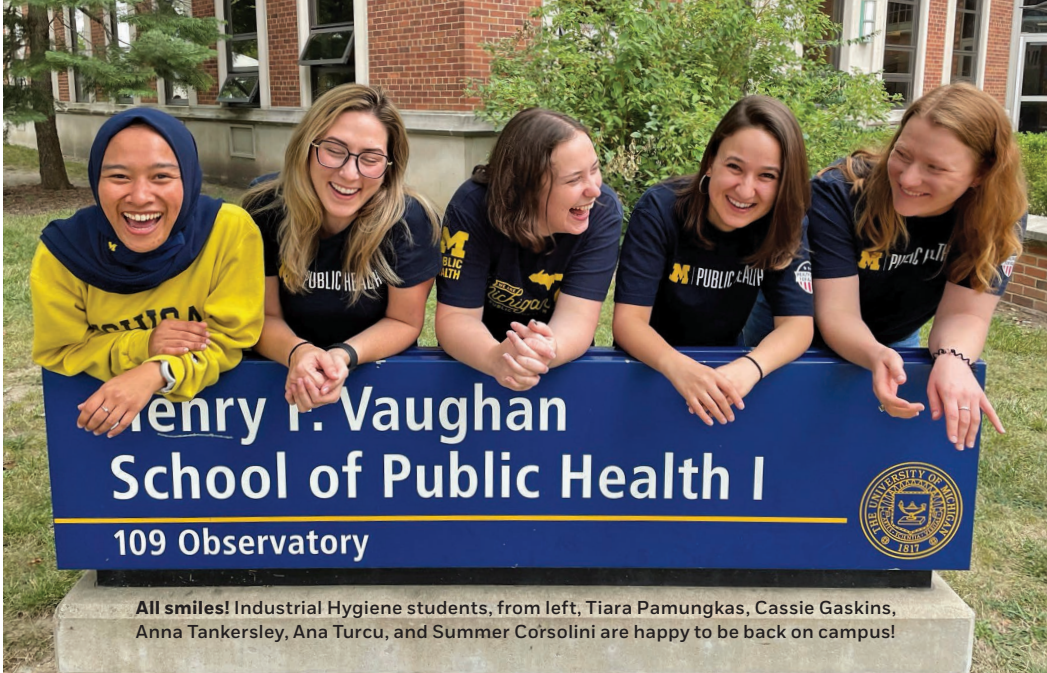
Population and Health Sciences student Mohamad Ramli of Singapore visits campus for the first time.



Cara Starnes, left, and Lauren Greenspan are undergraduate students in Hunger in America: Building Skills to Feed Communities, a class that focuses on vulnerable populations.



time before midterms!



All smiles! Industrial Hygiene students, from left, Tiara Pamungkas, Cassie Gaskins, Anna Tankersley, Ana Turcu, and Summer Corsolini are happy to be back on campus!



🍩 during an outdoor event with Timberlee Whiteus.



Bye bye 🌨️
spring is here for Izza Ahmed-Ghani near West Hall. 🙌



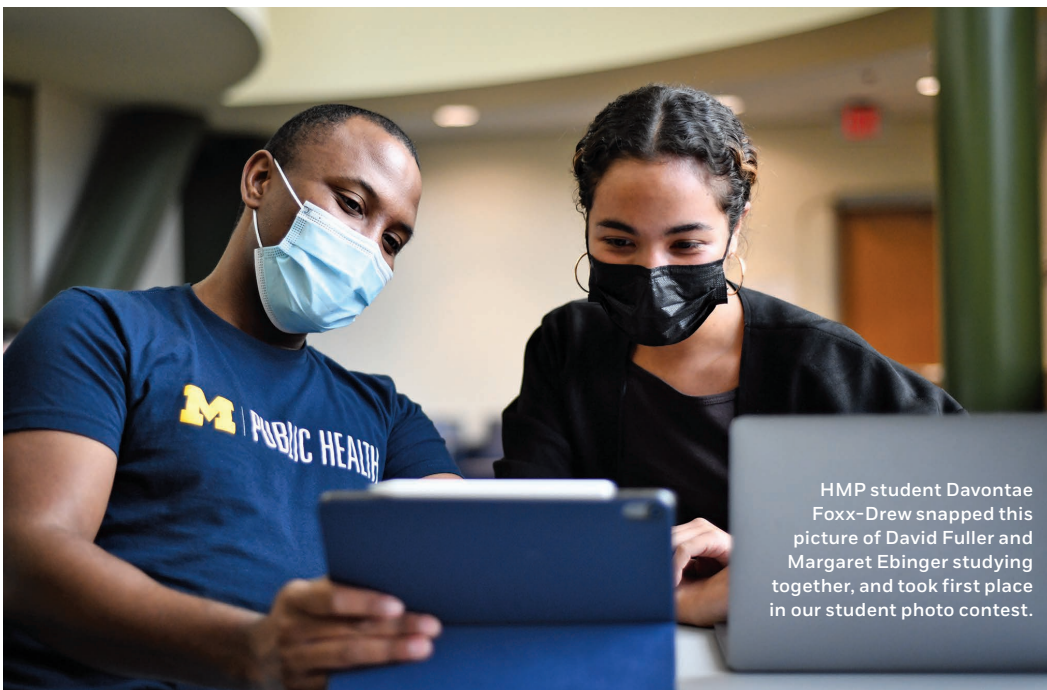
🌱 Succulent cuteness.
Fall 2021 Destress event at the courtyard.



Biostatistics students
the picturesque Huron River.



Caleb Green revels in the 🏈 win over Ohio State.



HMP student Davontae Foxx-Drew snapped this picture of David Fuller and Margaret Ebinger studying together, and took first place in our student photo contest.



❄️ Polar bears in Ann Arbor! Environmental Health Sciences student Andrew Yang surprised everyone entering the building with his handiwork.

[Student Voices]

Turning to flexible master's programs to widen their impact in public health

Professionals working in health care are drawn to the field because they often have a profound drive to help people.

Whether a psychiatrist, a dentist, or an emergency medical physician, they always have the patient's overall health at heart. But what happens when a health care worker wants to have a greater impact on the community or increase people's longevity through policy?

They turn to public health. That's exactly what Drs. Nicolas K. Fletcher, Kristi Thomas, and Rob Davidson did. Earning a master's degree from the University of Michigan School of Public Health will help them achieve their goal of helping people on a larger scale.

Here are their stories:

Earning a master's degree out of order

Fletcher's path to his current occupation as a psychiatrist serving patients in Detroit was a circuitous one.

“My master's program gave me a unique deep dive into the field of health administration, with an emphasis on public policy that has prepared me very well to help my patients navigate an increasingly complex health care system.”

—DR. NICOLAS FLETCHER, MHSA '21

First, he started medical school to be an orthopedic surgeon—a far cry from psychiatry. Then, Fletcher decided to earn a master's degree through the Health Management and Policy (HMP) Executive Master's program.

Fletcher was inspired to become an orthopedic surgeon by watching his father recover from car accidents and ending up with plates, pins, and everything else that goes into physical recovery. Eventually, that morphed into a desire to become a vascular surgeon, but that goal evaporated too once Fletcher found himself balancing his growing family and reflecting on what he wanted out of a career in medicine.

“I decided to stop letting medical school dictate my life, and so I took my time with it and realized I needed to make a change,” Fletcher said. “A friend asked if I had ever considered psychiatry and I hadn't. I was so focused on becoming a surgeon. Once that idea locked

in my head, everything came together. I was done swimming upstream. I was done blocking my blessings.”

Fletcher changed gears and applied for a psychiatry residency with the Detroit Wayne County Health Authority. He was accepted and that is where he practices today. Fletcher considers the switch to psychiatry one of the best decisions he has ever made.

“I love talking to people, I love digging into stories, and I love being solutions-based,” he said. “At the same time, it allows me to pursue my other interests simultaneously, like

health policy and my work with Young Black Physicians, a collective of resident physicians whose focus is conquering health inequity through community engagement.”

Fletcher's journey to psychiatry is made even richer because he obtained his master's degree after his MD.

“Since my time living and working in the DC area, I have been interested in the role of policy in medicine,” he said. “My master's program gave me a unique deep dive into the field of health administration, with an emphasis on public policy that has prepared me very well to help my patients navigate an increasingly complex health care system. I really look forward to connecting what I've learned with my community-focused residency program, essentially working from within the health care system to help shift mental health treatment to a more integrative, diverse, and equitable landscape.”

Pandemic galvanizes dentist to study public health

As much of our society began to shut down in April 2020 at the onset of the COVID-19 pandemic, Thomas was just gearing up to take on a new chapter in her career.

“The fact that we're in a pandemic has, of course, been terrible,” she said. “But it's also given some of us the opportunity to slow down and focus on the things that are important to us: our families and our overall mental and physical well-being. I was working remotely during some of this time and that gave me the ability to actually apply for my degree program and to start learning.”

Despite being an established dental professional, she recognized her limitations supporting her patients during this time. She wanted to understand the environmental factors, epidemiology, impacts of social determinants, and more. For Thomas, the





“My work became about treating patients, making them healthier, and also trying to encourage other health care providers to realize that we all need to work together for overall health.”

—DR. KRISTI THOMAS, MPH '22

better informed she could become, the better she could make decisions to help her patients, so she applied to the online MPH program in Population and Health Sciences.

Public health simply made sense as a next step for Thomas, a dentist for more than 20 years and an alumna of the University of Michigan School of Dentistry. She now serves as the director for the dental school's Community Dental Center, where she contributes to a dental program that focuses on education and supporting patients with limited resources.

“I know when people think about dentistry they think about whitening and veneers—about the cosmetic look,” she said. “But I was always drawn toward those who didn't have a lot of dental knowledge or those who were under-represented.”

Without realizing it, Thomas had been concerned with aspects of public health before even taking a course. “I was more interested in those who had poor diets, who were getting a lot of cavities, who were never taught to take care of their teeth,” she said. “Those are the people who need me the most.”

Throughout her career, Thomas has had many conversations with health care providers about looking at dental care differently.

“My work became about treating patients, making them healthier, and also trying to encourage other health care providers to

realize that we all need to work together for overall health.”

Earning her MPH now is about gaining more tools to improve overall health and build stronger, evidence-based processes into the dental practice—and she's already putting that goal into action for her team “because all health care should treat the whole person, and that means understanding the bigger picture to offer the best solutions.”

Pandemic proved why public health was important

Nearly 30 years as an emergency medicine physician has provided Davidson with a wealth of knowledge in practicing health care.

Two years ago, however, he decided that he needed more. He began pursuing a Master of Public Health degree in the online Population and Health Sciences program.

“I've always been right at that point of health care where you meet people at significant moments in their life,” said Davidson, a West Michigan-based physician. “The ER seems far removed from the goals of population health and public health, but you come to realize just how much people's wider world has an impact on what brought them to the ER at that point in time.”

Davidson had pondered earning his master's degree for a while, so when the COVID-19 pandemic hit, he knew that pursuing an MPH was the best next step.

“The pandemic upped the ante on why having a foundation in public health and population health was important,” he said. “It would help me be a better physician and a better advocate as well.”

Davidson began his master's program just months into the pandemic while working

on the front lines in rural Michigan.

“The last two years of the pandemic have been a significant moment in my career as an ER doctor,” he said. “The pandemic has been quite a stressor on the whole health care system.”

Like other medical professionals, Davidson witnessed the impact of misinformation, vaccine hesitancy, and limited resources. He said the politicization of COVID-19 has been one of the most stressful aspects of the pandemic.

“It's strange and so frustrating,” Davidson said. “It's led to a lot of burnout in health care.”

In addition to being a full-time ER physician and graduate student, Davidson is a passionate advocate for health care access. When he's not in the hospital or in virtual classes, he's writing, speaking, tweeting, and organizing. He has built a following by sharing his expertise and passion.

“My reality as a physician is, every day I am advocating for someone,” he said. “It could be that they can't afford their insulin and you need to find a workaround, or they don't have a primary care doctor and they need help finding someone. Advocacy is always there.”

Davidson advocated for the Affordable Care Act in 2017 for the Committee to Protect Healthcare. The group has since grown into a collective of more than 7,000 doctors across 14 states, with Davidson now serving as its executive director.

“The mission is affordable health care for all Americans,” said Davidson, who has been published in *The New York Times* and has nearly 90,000 followers on Twitter. “We advocate for people who are out there creating policies that benefit our patients as well as the policies that benefit our patients.”



“The pandemic upped the ante on why having a foundation in public health and population health was important. It would help me be a better physician and a better advocate as well.”

—DR. ROBERT DAVIDSON, MPH '22

Heather Lanthorn's research takes a deep dive into health mis- and disinformation

By Bob Cunningham

When Heather Lanthorn assumed the role of program director of the new Mercury Project at the Social Science Research Council in December 2021, she was ecstatic.

Not only was she helping to build the field around a current phenomenon with long-term implications, but she also was returning to her roots and work that led her to the University of Michigan School of Public Health and deepened while she was there.

"The Mercury Project focuses squarely on health mis- and disinformation, specifically in the context of COVID and is organized around two key questions," said Lanthorn, who earned a master's degree in Health Behavior and Health Education at Michigan Public Health in 2007. "One is, can we actually put some numbers on the causal impact of mis- and disinformation on health and economic outcomes? I think we all have a sense, and maybe even a personal story, that mis- and disinformation lead people to make sub-optimal health decisions. I certainly do.

"But we don't know exactly how much harm it is causing. We don't know how much is a spurious correlation—that similar types of people who seek out misinformation are also the types of people who were unlikely to follow public health guidance to begin with. But we know from the work of John Kingdon (professor emeritus of Political Science, University of Michigan) that to get something elevated from an issue to a problem that is truly on the agenda of leaders, numbers like a startling statistic can help. When we don't know what a problem is costing us—in literal blood and treasure—we don't know the scope of resources we need to mobilize in response, and we get stuck in talking points rather than action.



Heather Lanthorn, seen here in Senegal, has taken her research all around the globe.

"And then the other question guiding the Mercury Project is what to do about it. Kingdon also tells us about the need for policymakers to attach problems to solutions to move things forward. This part is focused on rigorously testing potential mitigation measures, so that we have these on hand now and for both routine public health needs and future public health emergencies."

There are a lot of questions: Can people be "inoculated" against mis-, dis-, and malinformation? Can people tune out from untrustworthy sources and tune in to more trustworthy sources? Can people be stopped from being producers and amplifiers of mis- and disinformation, both online and offline?

The basis for the mis- and disinformation problem, Lanthorn said, is anchored in trust: trust between doctor and patient; trust

between citizens and public health officials; trust in various news sources.

"Doctor-patient trust was an early interest of mine that I'm pretty sure I even wrote about it in my application to Michigan," she said. "It was probably about doctors that don't listen and therefore don't earn trust in the clinical encounter. When people don't feel seen and heard, there's higher potential for people to make up their own treatment plan and seek other sources of information and confirmation. I think, at a larger scale, this has happened during this pandemic. As Heidi Larson (founder of the Vaccine Confidence Project) and others have said, what underlies a vaccine confidence deficit is a trust deficit."

Personal health issues played a role

When Lanthorn was a child, she had a few significant health issues—constant ear infections and scoliosis during adolescence—to deal with.

Both included unpleasant experiences with doctors and hospital stays, and, as she grew older, these interactions became formative experiences that piqued her interest in health and health care.

"They planted a seed in my mind about how people are represented in health care and how they experience it," she said.

While working toward a bachelor's degree in anthropology at Wake Forest University, she wrote a paper in a health economics class on doctor-patient trust that affected her deeply. For the service-learning component of a medical anthropology class, she volunteered and did research at a free clinic in Winston-Salem and was struck by how even the well-intentioned doctors working at this clinic were not really listening to their patients about how

“

Humans want answers, and now you can easily find like-minded people on the internet who may be willing to give you answers, well-intentioned or well-informed or not.”

—HEATHER LANTHORN, HBHE '07

they understood their own diabetes diagnosis and prognosis. They didn't ask questions.

While attending the University of Michigan, and with the help of the Irving Zeitz Memorial Fund, Lanthorn interned with the Advocacy, Social Mobilization and Communication unit of StopTB at the World Health Organization. Among other lessons from that summer was how important rigorous testing of communications solutions was, so that people would take this work seriously.

That experience, combined with methods classes from Marc Zimmerman and Marcia Inhorn and classes in health communications and motivational interviewing with Ken Resnicow that she took at the School of Public Health, reinforced Lanthorn's interest in how people's perceptions shape their behavioral choices and how we might move people toward better choices.

“Marcia was at Michigan at the time and was an important mentor for me,” Lanthorn said. “Marcia helped prepare me to do a Fulbright in India right after my time in Michigan with the Madras Diabetes Research Foundation, looking at people's perceptions of the causes of diabetes and how that influenced their preventative, treatment-seeking, and disease-management behavior.”

'Humans want answers'

Most patients have experiences of seeing a clinician who doesn't explain everything to their satisfaction, and it can be frustrating.

“Humans want answers,” she said, “and now you can easily find like-minded people on the internet who may be willing to give you answers, well-intentioned or well-informed or not. It's very common to leave a clinical encounter and say 'I feel disrespected, and I don't have answers. I'm experiencing something in my body that doesn't make sense to me. I'm going to look for answers online.' And you can find useful things or you can end up in more insidious rabbit holes. I think a lot of it is rooted in what you encounter in 'the system.' It's important that we fight for everyone to have a medical home, but it's also important what happens once you're there.

“As people are driven to look for more and

more personalized solutions, that's always going to be a challenge for public health because public health is always going to be about what is good for the population. I did some research on vaccine hesitancy for the state of New York right before the vaccine was rolling out in the US. What a lot of people said is, 'I want to know about my specific thing; I want to know about my specific combination of blood pressure, diabetes, and whatever else. Is the vaccine going to be right for me?'”

Michigan still holds answers

After Michigan and her Fulbright, Lanthorn received her ScD from the Harvard TH Chan School of Public Health, focused on global health systems. During her doctoral work, she worked with Innovations for Poverty Action in Ghana, with the Health Strategy and Delivery Foundation in Nigeria, and with the International Initiative for Impact Evaluation in India. Before joining the Social Science Research Council, she was an associate director for IDinsight, an institution that helps global leaders rigorously understand their own impact and make decisions accordingly. She is also an affiliate of the Dignity Project and the Busara Center for Behavioral Economics.

Even though her career has taken her far away from Ann Arbor, Lanthorn still appreciates and counts on the advice offered by her former mentors. “I really value the professors from the School of Public Health,” she said. “This summer, when I was thinking about changing jobs, I got on the phone with Vic Strecher (professor, Health Behavior and Health Education), who has just always been really fabulous. He took the time to not just give the guidance of who's doing what in the world, but about standing up for myself, about salary negotiations, and being a woman in this space.

“I'm really excited to be fully back working in public health, bringing together people across social sciences, public health, and computer science to try to solve some problems and build a field. I'm happy to be professionally revisiting some of these themes that mattered to me before and during my time at Michigan.”

Keep in Touch





We love hearing from alumni! Did you recently have a baby? Finish your first marathon? Share life changes, job updates, and accomplishments of all kinds. Send photos if you like—especially if they feature Michigan Public Health gear. Most submissions are published as class notes in an upcoming issue of *Findings*.

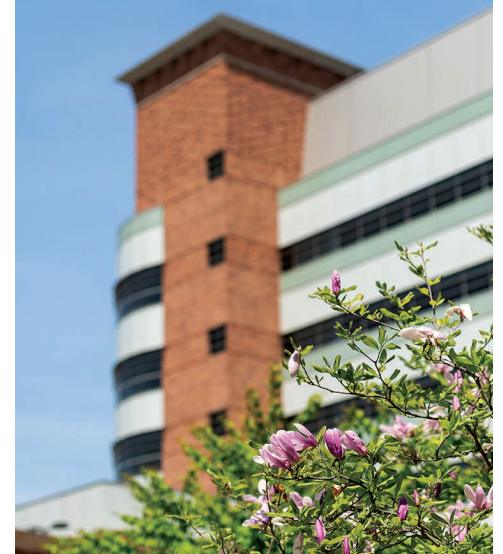
We also love it when alumni share great news about other alumni. On the Class Notes page, you can now submit a Shout Out to tell us about other Michigan Public Health alumni doing great things in public health, giving of their time, talents, and passion to the public good, or otherwise living out the school's mission of pursuing a healthier, more equitable world for all. **publichealth.umich.edu/classnotes**

Update your contact info at **leadersandbest.umich.edu/alumni_update**. Or indicate changes on the address label and mail to the address on the back cover. Interested in sharing your knowledge and experience with current students and fellow alumni? Join **Michigan Public Health Connect**—the School of Public Health's online mentoring and networking platform—to have meaningful conversations, answer questions, and offer advice. **publichealth.umich.edu/connect**

Looking for a new job or have an opening to fill? Michigan Public Health Careers is the central job, internships, and project-based work posting site for students and graduates. Check out **umsphjobs.org** or email position openings to **sph.jobs@umich.edu**.



Connect with Michigan Public Health
publichealth.umich.edu    



[Class Notes]

1970s

Anthony Burton, '79 MPH, '87 MD, as a member of the Michigan Occupational and



Environmental Medicine Association, co-led a collaboration with the Michigan Occupational and Safety and Health Administration to revise the outdated workplace

exposure limits for lead in Michigan. This effort was inspired by the Flint public health crisis that began in 2014. They were able to leverage the activities of the state in their efforts, which included a roadmap for eliminating child lead poisoning. Their collaboration started in early 2016, and on Dec. 11, 2018, Michigan became the first jurisdiction in the nation (to their knowledge) to lower acceptable blood lead levels for workers. This effort is described in a letter to the *Journal of Occupational and Environmental Medicine* published online (Vol. 63, No. 1, January 2021) titled "Breaking the Lead Floor: Protecting Workers and Their Families."



1990s

Andrea Brand, MPH/MSW '94, published her first book, "Stop Sweating & Start Talking — How to Make Sex Chats with Your Kids Easier Than You Think." With the goal of empowering tweens

and teens to make intentional decisions based on facts, Brand helps parents overcome their fears and barriers to having informative sex conversations with their children. Given

the inconsistencies in sex education that is offered in the US school system, kids need a trusted resource for accurate information. This book encourages and helps parents to have ongoing, developmentally appropriate, scientifically accurate, sex-positive conversations and offers practical tools and tips to help get the ball rolling.



Rosalind Garcia-Tosi, MPH/MSW '96, was recently named chief of staff at Carle Illinois College of Medicine, where she will serve as a key advisor to the dean and lead a variety of strategic, executive,

administrative, and operational activities across the college. Most recently, Garcia-Tosi was associate director of administration at the University of Michigan's Eisenberg Family Depression Center. She also served as director of child and adolescent psychiatry and director of strategic planning and evaluation at the Mott Children's Health Center.

2000s

Susan Marsiglia Gray, MPH '01, and **Tasha (Toby) Akitobi, MPH '05**, serve as director and deputy director, respectively, of the Health



Resources and Services Administration/ Provider Relief Bureau's Division of Policy and

Program Operations in Rockville, Maryland. In these roles, they are responsible for the policy development, program operations, and communications for more than \$200 billion in COVID-19 relief funding directed to health care providers and facilities, including both direct provider payments for health care-related expenses and lost revenues due to COVID-19 and claims reimbursement to health care providers who provide COVID-19 testing, treatment, and vaccination to the uninsured.



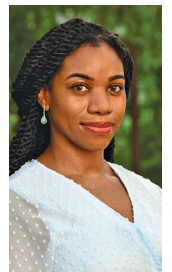
2010s

Tina Jui-Yu Sang, MPH/MSW '10, is serving as the Regional Women's Health Analyst for the US Department of Health and Human Services, Office of the Assistant Secretary

for Health, Office of Regional Health Operations—Region 1 (New England states).

2020s

Jasmine Mack, MS '21, is pursuing a PhD as a part of the NIH Oxford-Cambridge Scholars Program, where she is training between the National Institute of Environmental Health Sciences and the University of Cambridge.



[In Memoriam]



ALUMNI

1950s

Dorothy A. Heideman, MPH '51 – September 4, 2021

1960s

Burton Chotiner, MHA '65 – January 14, 2022

Charles F. Costa, MS '67 – July 29, 2021

Francis M. Crowder, MPH '63 – September 8, 2021

Colleen Giles, MPH '65 – January 12, 2022

Lois A. Gumpfer, MPH '63 – January 15, 2022

Gilda L. Jones, MPH '67 – July 26, 2021

William R. McCutcheon, MPH '66 – December 7, 2021

Edward L. Menning, MPH '65 – October 25, 2021

James P. Robertson, MPH '69 – October 12, 2021

Edward J. Roccella, MPH '69 – November 18, 2021

Kenneth C. Schatzle, MPH '65 – July 25, 2021

Ruth G. Stewart, MPH '61 – September 30, 2021

1980s

Thomas M. Davis, PhD '81 – February 24, 2022

2000s

Daniel V. Belknap, MHSA '10 – October 9, 2021

David K. Jones, PhD '14 – September 11, 2021

FRIENDS

James W. Langley, MD '57 – November 7, 2021

Richard A. Wissell, PhD – March 1, 2022

Storyline

Did you benefit from the words of a mentor or friend at just the right moment on your path to public health? Tell us about their wisdom and the difference they made in your journey.



Paula Tavrow and her Kenyan colleagues implemented a project to improve adolescents' access to health services in rural West Kenya.

Finding her true calling

In the mid-1980s, I was working as a contractor for USAID/Somalia to ensure that refugees and other vulnerable individuals received enough food. Corruption and cronyism were constant threats. After two years, just as I was leaving Mogadishu for home, a telex arrived from USAID/Tanzania asking if I would spend three months helping to write a health sector assessment. With no training in public health and feeling burnt out, I would have declined the offer if not for Gladys Gilbert, a friend at USAID/Somalia. She strongly urged me to go and said that public health needed people like me. I decided to take USAID/Tanzania up on its offer because of her. Our subsequent health assessment revealed that Tanzania had an underlying HIV/AIDS problem that could engulf the country. The USAID director asked me to stay on to help set up Tanzania's first National AIDS Control Program. Three months became four years and I soon realized that public health was indeed my true calling. In 1990, I enrolled in the University of Michigan School of Public Health and now am adjunct professor at UCLA's School of Public Health. Sadly, Gladys died in 1989 along with U.S. Rep. Mickey Leland and 14 others on an ill-fated plane trip to remote Ethiopian refugee camps.

—Paula Tavrow, MS '93, PhD '97

Encouraged to continue education

I am grateful to Julius Lugovoy, chief clinical chemist at Bellevue Hospital, a public hospital in New York City, who mentored me in my first full-time position as a clinical chemist at Bellevue after graduating from college. Mr. Lugovoy encouraged me to continue learning and growing in the field of clinical chemistry. He gave me the opportunity to manage quality control in the lab. I learned the importance of accurate and precise lab results. I read "Beyond Normality: The Predictive Value and Efficiency of Medical Diagnoses" and began to appreciate the reporting of results in the normal range, as well as confirming abnormal results. Studying lab results in populations led me to want to learn more about epidemiology and biostatistics. Mr. Lugovoy encouraged me to continue my education in public health. I am very grateful that the University of Michigan School of Public Health accepted me. After graduate school, I continued public service in public health at the New Jersey Department of Health and the US Environmental Protection Agency. I am grateful for the encouragement Mr. Lugovoy gave me to grow in service to others in public health.

—Margaret Conomos, MPH '79
Epidemiology and Biostatistics

Thanks to everyone who responded to our Storyline question in the fall issue.

Storyline for Fall 2022

What silver lining or lesson from the pandemic will benefit you in your public health career going forward? Tell us about the knowledge gained from that experience that you may not have undergone if not for the pandemic.

Storyline is a place for any and all alumni of the School of Public Health to share stories with the community by responding to a different question shared in each issue of *Findings*.

We'll read all responses and send a brief note of response by email. We'll also select a few of the responses to publish in the next issue of *Findings*. All writers whose submissions are selected for publication will receive a Michigan Public Health T-shirt.

Tell us your story by **September 15, 2022**. Submit up to 200 words at publichealth.umich.edu/storyline.

