

FINDINGS

FALL 2022

Oksana
Fedorak

Turning to public health in a crisis

Graduate student works to prevent
human trafficking in native Ukraine

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From the Dean

Public health is a team sport



Dean F. DuBois Bowman engages with new students during orientation in August.

As we prepared this issue of *Findings*, one quote in particular resonated with me. It comes from our cover story about Oksana Fedorak, a native of Ukraine, in which she discusses the courageous and important work she's doing to address mental health care in the country as a result of the Russian invasion, as well as combat human trafficking.

As Fedorak reflects on her work with a health and human rights organization, she says, "If there is one thing I will take away from my time in public health, it is this: More than governments or institutions, it is the people who will show you the way."

At its heart, public health is a field about people. We work in service of neighborhoods, communities and populations toward better and more equitable health outcomes. To best serve people, communication and collaboration are key. Public health is about listening, learning and working in partnership

with communities to come up with the solutions that are best for their people. Public health is a team sport, and we do better when we work together.

Throughout this issue of *Findings*, you'll read stories that highlight this central value of our field at the state, national and global levels. In Fedorak's story, she discusses the importance of interviewing key stakeholders who are best equipped to truly understand what is needed to support social services for women and girls. You'll also read about an innovative new partnership our school recently established with Bank of America.

The initiative aims to improve health outcomes for communities of color in 11 cities through collaboration between our school, several health agencies and local communities. In another story, two alumni who are now working together within the federal government share how they connected over

their love of the community-based aspect of public health.

Teamwork is important in any field, but even more so in ours where we focus on something as precious as health. Like any team sport, public health requires hard work, respect for our teammates, and clear and honest communication. These are values I see Michigan Public Health alumni, students, staff and faculty practice every day. No matter where you work or what you do, I'm confident our community members are making a difference through collaboration and community building.

Thank you for being part of our team.

—Dean F. DuBois Bowman

[On the Heights]

Arnold Monto receives Lifetime Achievement Award for illustrious contributions to respiratory virus disease

For outstanding contributions to respiratory virus disease research over the course of his career, Dr. Arnold Monto, the Thomas Francis Jr. Collegiate Professor of Public Health, received the Lifetime Achievement Award from the International Society for Influenza and other Respiratory Virus Diseases (ISIRV).

Monto accepted the ISIRV Lifetime Achievement Award during the OPTIONS XI global scientific meeting Sept. 29 in Belfast, Northern Ireland.

For seven decades, Monto has expanded the understanding and academic literature of respiratory disease and epidemiology research. In 1965, he joined Michigan Public Health, where he worked closely with Thomas Francis Jr. on the Tecumseh Community Health Study, expanding the landmark study's scope to look at the spread of respiratory infections in the 10,000 residents of Tecumseh, Michigan.

During the 1968 influenza pandemic, Monto

found that vaccinating school-aged children reduced infection in the entire community, an early demonstration of herd immunity.

Since then, Monto has been involved in evaluating a variety of strategies to control influenza and other respiratory diseases. Notably, he has been involved in pandemic planning and emergency response to influenza and other respiratory virus outbreaks, including the 1968 Hong Kong influenza pandemic, avian influenza, SARS, MERS, and most recently, the COVID-19 pandemic.

Since 2020, Monto has served as acting chair of the Food and Drug Administration's Vaccines and Related Biological Products Advisory Committee (VRBPAC), which advises the FDA on the development, authorization and licensure of the COVID-19 vaccines.

"Dr. Monto's many years of high-impact scholarship and leadership have made an incredible impact on the field and on global public health more broadly," said F. DuBois Bowman, dean of Michigan Public Health. "The



school is incredibly fortunate to have had him on faculty since 1965, and I am grateful to call him a colleague."

WHO director general to receive Thomas Francis Jr. Medal

Tedros Adhanom Ghebreyesus, the first African and first nonphysician director-general of the World Health Organization, will be awarded the Thomas Francis Jr. Medal in Global Public Health at the University of Michigan.

Tedros, who led the global public health organization through the COVID-19 pandemic, will receive the medal during an in-person ceremony at the university in the spring.

Named after renowned Michigan virologist and infectious disease expert Thomas Francis Jr., the medal comes with a \$50,000 award and is one of the university's highest honors. It recognizes individuals who have made significant contributions to the advancement of global health.

"Tedros Adhanom Ghebreyesus has committed himself over and over again to improving the health of underserved people worldwide. Whether addressing tuberculosis, AIDS, malaria or COVID, he has shaped worldwide healthcare and helped to uplift those most in need. We look forward to honoring him and recognizing his leadership," former University of Michigan President Mary Sue Coleman said.

The medal was first awarded by Coleman in 2005 on the 50th anniversary of Francis' historic announcement that the results of the



polio vaccine trials had proved the Jonas Salk vaccine to be "safe, effective and potent."

More than two years into the COVID-19 pandemic and as the world faces considerable public health challenges including monkeypox and the recent resurgence of polio, the acknowledgement of robust global public health efforts is as important as ever, said School of Public Health Dean F. DuBois Bowman, who chaired the selection committee.

"In an increasingly interconnected and global society, a global approach to public

health is critical to our ability to anticipate threats, prevent disease and improve health and equity across populations," he said. "Tedros exemplifies this approach, and his innovation, leadership and fervent commitment to health equity have positively impacted the lives of countless people around the world."

Born in Eritrea, Tedros was first elected as WHO director-general in 2017 and re-elected for a second term in May. Before joining WHO, he served as minister of foreign affairs in Ethiopia and, previously, as minister of health.

PHAST administers community assessments in eastern

The University of Michigan School of Public Health's Public Health Action Support Team (PHAST) was deployed Sept. 6-9 to eastern Kentucky after the region endured devastating flooding in July.

PHAST collaborated with the Kentucky Department of Health and the Centers for Disease Control and Prevention in administering two Community Assessments for Public Health Emergency Response (CASPER) to gather household-based information on the needs of the community.

Established in 2005, PHAST deploys graduate students to health organizations and non-profit organizations throughout Michigan, nationally and globally to assist with various public health projects. Using a

surge capacity and service-learning model, students deploy for practical, experiential learning opportunities that ground and enhance classroom learning while addressing emerging public health challenges.

"I'm incredibly grateful to have had the opportunity to administer community assessments in eastern Kentucky after what has been described as a 'once-in-a-thousand-years flood,'" said Brandon Bond, a dual MPH/MSW student in Health Behavior and Health Education at Michigan Public Health. "Our focus involved some of the hardest hit areas, including the Kentucky River District."

Director Laura Power and Manager Sadé Richardson of the Strategic Partnerships

and Experiential Learning in the Office for Student Engagement and Practice led a group of seven students during the trip to Kentucky that included Bond, Ian Smith, Supriya Gupta, Rasmi Davu, Briana Bowen, Mislal Valentin-Cortes, and Maite Zapata. The trip was supported by the Mary Angela DiGiovanni Disaster Preparedness Fund as well as donations from the SPH Fund.

They went door-to-door, asking residents a series of questions related to their health and well-being.

"With PHAST, we were able to support—on short notice—the CDC and eastern Kentucky in completing two CASPERs," Power said. "These rapid needs assessments are intense and require a lot of people to cover a large

Kentucky

geographic region in a systematic way. We all learned a lot from this experience and gained a special appreciation for the eastern Kentucky community."

"I think this type of experiential learning is a big part of the Michigan difference," Richardson said. "A lot of universities don't have opportunities like PHAST for their students. It can be eye-opening to be a part of this experience and realize that what you learn in class about public health can be messy when you get in the field and see that it's not cookie-cutter perfect. The students learned how valuable it is to be flexible and adaptable to change. When we're working with community partners, the projects can change all the time."



From left to right, PHAST team members Mislal Valentin Cortes, Rasmi Davu, Briana Bowen, Maite Zapata and Brandon Bond visited eastern Kentucky from Sept. 6-9 to administer two community assessments.



Research in Focus

Partnership with nail salons promotes better environment for workers, clients

By Nardy Baeza Bickel

Three times a day, Sonca “Camilla” Luu goes around BeeQ Salon and Spa opening doors to let the air out. On a hot, humid day, the owner of the Ann Arbor nail salon looks outside as she explains her daily routine. “It costs a lot in heating and cooling, but it brings in fresh air, improves ventilation, and that’s important for my employees,” said Luu, who, along with her nail salon technicians, participated in the first training by the Michigan Healthy Nail Salon Cooperative earlier this year. Funded through a catalyst grant from the University of Michigan Graham Sustainability Institute, the online, mobile-friendly training module teaches salon owners and employees

how to mitigate exposure to chemicals and volatile organic compounds that are ubiquitous in nail salon products such as polishes, removers, artificial nails, adhesives, glues and hardeners. Since then, Luu said, she’s been applying some of those techniques to improve the working environment for her workers. “As a salon owner, one of my top priorities has been to create a sustainable environment for my customers, but especially for my employees,” she said. “A customer might come once or twice a month, but an employee is here every day, day in and day out.” The cooperative has worked to raise awareness of the health and safety issues nail salon owners and employees face through

education, advocacy and research since 2016, said Aurora Le, the John G. Searle Assistant Professor of Environmental Health Sciences at the University of Michigan School of Public Health. “A lot of workers in this industry are women, often recent immigrants who don’t speak the language and might not be aware of the risks they’re exposed to. For many, working in nail salons is the only thing they can do to earn a living,” she said. Le co-leads the Michigan Healthy Nail Salon Cooperative with Marie-Anne Rosemberg, assistant professor at the University of Michigan School of Nursing. “Our goal is to serve as a source of support and advocate for the workers and educate

them, their clients and the community about the importance of having a safe nail salon workforce,” Le said. In the last couple of years, that has meant working with salon owners and workers during the pandemic, through the shutdowns and the waves of anti-Asian sentiment that have hurt the industry in general, and the people depending on it in particular. Nationwide, the nail salon industry employs between 120,000 to 400,000 workers, 80% of them women and 80% of them immigrants, with a large proportion of them being from Vietnam. In Michigan, there are more than 3,000 nail salons with about 12,000 licensed manicurists offering everything from mani-pedis, nails applications and acrylic nails to gels and nail wraps. With those services come exposure to chemicals such as toluene, formaldehyde and dibutyl phthalate, which are known to cause cancer and damage to the liver and kidneys, and some also are dangerous for pregnant women. Luu, the salon owner, said as a young girl in Vietnam, she’d always been interested in the power of beauty and fashion to uplift someone’s spirit. But it wasn’t until she emigrated to the United States with a business degree—but very limited English proficiency—that she turned her passion for beauty into a way to earn a living. She started working as an apprentice at a nail salon. “I will never forget the smile my first client left with. She was headed to surgery and wanted to get pampered. She was so happy. That’s what I love about my work here,” Luu said. “People leave feeling pretty and powerful.” For the next two decades, she worked in the industry, and it was in the midst of the COVID-19 pandemic that she opened the nail salon. Located on Church Street near South University Avenue in the heart of campus, the salon is neatly decorated, with single bamboo stems on a tiny glass adorning the wall behind the pink pedicure chairs that match the pink neon sign “Better Together” hanging on the back wall. Luu said she learned about the Michigan Healthy Nail Salon Cooperative training through her sister, who works at the School of Nursing, and signed up, along with her employees. The virtual training, which was mobile compatible, consisted of short lessons after which participants were able to take quizzes. Katherine Claypool started her work at BeeQ

as a nail technician about a year ago after relocating from Washington, D.C. She says she was excited to participate in the pilot testing of the program. “I think it was really important because there’s not a lot of education out there on safety with very specific chemicals,” she said. “I understand formaldehyde is obviously not very safe. I don’t think we knew how common it is in lots of different nail supplies, so we’ve been trying to switch to more natural-based products like dip powder, soft gel and poly gel that don’t emit lots of fumes and improve ventilation. “I used to do acrylic almost all day every day and almost nothing else. I didn’t always wear a mask unless I was filing the acrylic and there were particles flying on my face. Now, most of us tend to wear a mask while doing an acrylic service and have a fan on and the door open, so we can provide that service—because it’s such a classic nail service—without making ourselves sick in the process. And we always tell people if you don’t need tips or don’t want longer nails, we can try other products like a dip or a soft poly gel. “A lot of our customers tend to be Michigan students. They have been happy to listen. I think it gives them peace of mind to know that we continue to educate ourselves, as a business, for their safety.” Salon client Emma Melendez agreed. “If they’re implementing a program like that, I’d be definitely more comfortable going to a nail salon not only for myself, but for my nail tech as well. I think it’s important,” she said.



Aurora Le is the John G. Searle Assistant Professor of Environmental Health Sciences at the University of Michigan School of Public Health.

Public Health Honors 2022



The School of Public Health in April honored individuals for their outstanding contributions to the Public Health community and beyond. **Matt Zawistowski**, clinical associate professor of Biostatistics, was recognized with the Excellence in Teaching award. It honors faculty members who have made an exceptional contribution to teaching. **Peter Song**, professor of Biostatistics, was given the Excellence in Research award. It recognizes outstanding scholarly or creative activity from faculty in basic or applied research in public health that helps fulfill the mission of the school. **Dana Thomas**, director of Student Development and Training in the Office of Global Public Health and the Future Public Health Leaders Program, received the inaugural Excellence in Practice award. It recognizes a leader in public health practice who has contributed significantly to experiential learning for students, building capacity of the public health workforce, and fostering meaningful, sustainable community-academic partnerships. **Kiran Szekeres**, director of the Office of Foundational Learning and Practice in the Department of Health Behavior and Health Education, and **Rachel Morgan**, a doctoral candidate in Environmental Health Sciences, each were honored with Feingold Excellence in Diversity awards. **Molly Green** was honored with the Outstanding GSI award. It recognizes graduate student instructors who have made an outstanding contribution to teaching and mentoring students.



Turning to public health in a crisis

Graduate student
Oksana Fedorak works to prevent
human trafficking in Ukraine

BY BOB CUNNINGHAM

Traditionally, the sunflower is emblematic to Ukraine—but it signifies so much more to the Ukrainian people, and especially Oksana Fedorak.

“Our national flower is the sunflower—it means a lot to us and me personally,” said Fedorak, a Master of Public Health student in Health Behavior and Health Education at the University of Michigan School of Public Health.



Born and raised in Ukraine, she moved to Michigan when she was 10 years old, and has a strong bond with sunflowers and her home country.

Sunflowers have been grown in the country, the seventh largest in Europe, as a cash crop since the mid-1700s. Not only are sunflowers beautiful, but they are also highly regarded for their seeds, which are crushed into cooking oil, one of Ukraine's major exports.

More recently, sunflowers have become known worldwide as a symbol of unity, peace and resistance for Ukraine, especially since the Russian invasion began in February.

Before the invasion, Fedorak planned to travel to Ukraine for a summer internship with HealthRight International, a global health and human rights organization. Her internship was supported through the Office of Global Public Health as a Gelman Global Scholar and through the Natalie and Jack Blumenthal Internship Fund. With her homeland under attack, she couldn't travel, but she was still able to work with the organization thanks to the flexibility of her scholarships.

From the safety of her home in Metro Detroit, she worked on a project within HealthRight called SafeWomenHub, as she picked up one of the mantles of the Ukrainian sunflower—resistance—doing her part to help prevent sex trafficking and human trafficking.

"I'm from Ukraine and I speak Ukrainian," said Fedorak, who grew up in Lviv in western Ukraine, about 30 miles from the Poland border. "That's one of the reasons why I wanted to do an internship in Ukraine—because I also felt strongly about improving the public health systems there. Ukraine has a universal healthcare system, but it's still struggling to recuperate from Soviet systems, which were very corrupt and very abusive, and it's taking a while to really flip that over."

Before the war began, Fedorak had started talking to HealthRight in December about an internship. She met with administrators a few times over Skype and started to get into specifics of her interest in terms of

mental healthcare.

"That's something that they're trying to really improve upon and put forward as part of their central healthcare system," she said. "You need to have mental health care, and it's obviously a lot more acceptable and accepted now, but in the past it was more institutionalized: If you're not feeling OK, you're going to an institution, and you stay there until you are better or not. They're trying to really fix that system and move away from that Soviet model of mental health care."

“
Ukraine has a universal
healthcare system, but
it's still struggling to
recuperate from Soviet
systems.”

— OKSANA FEDORAK

Russia invades Ukraine and Fedorak's plans pivot

On Feb. 24, Russia invaded eastern Ukraine and all of Fedorak's plans came to a halt, as the world focused its attention on the unprovoked attack.

All of the sudden, the internship wasn't her first priority.

"I wasn't thinking about whether I had an internship or not, but whether the people that I had been connecting with were OK or not—not to mention, obviously, my family and my close friends who live in Ukraine," she said. "Honestly, the first thing that I did on my part on that day was to check in with them and make sure they were OK. I didn't inquire about the internship until I knew everyone was safe. We kept in touch, and I think maybe in late spring we started really checking in with each other and seeing if I'd be able to help."

Soon, her contact reached out to let her know that HealthRight got connected with

a crowd-sourced Facebook group of people in mental health that might be able to help college-level students in Ukraine manage the emotional and psychological distress of the invasion.

"Like many people in much of the country, they were essentially just living with daily air raids, being bombed, and having to shelter in basements," Fedorak said. "Those living conditions cause a lot of stress—to say the least—and have been going on for months now."

"In the Facebook group of psychologists, psychiatrists, neuropsychologists, and a few other specialties, they set up a Telegram channel, essentially like a mass texting social media app that has channels. The channel that we had created with that Facebook group was used for the psychological help for the students."

At first, she got involved because she is fluent in English and Ukrainian and had mental health experience, but her robust background allowed her to be a much-needed asset.

"I did crisis stabilization and adolescent health for seven years before my current job, so I was able to help them set up a few things by putting in a few calls," Fedorak said. "Ukraine is home to a lot of universities and hosts many international students. They have students come from India and Nigeria and from all over for the medical schools, and so they needed to ensure that students who spoke English had access to mental health help. They're still using this group to touch base with each other, and they have prominent psychologists use it for group talks and stuff like that."

As the war has gone on, her work and role with SafeWomenHub has evolved.

"I've conducted stakeholder interviews with social media managers, social workers, psychologists and project directors and have accumulated a very large collection of notes and am still working through creating a needs assessment for the project," Fedorak said. "It will include long-term projections for mental health care, social services and support for women and girls in general—in addition to



Clockwise from top left: Oksana Fedorak and her brother, Yuri, on the first day of school in front the entrance to their apartment building in Ukraine. Oksana is about 2 years old here with Yuri. Oksana's father, Volodymyr, Yuri and Oksana on left; family friend Nelya and her children, Yuliya and Oleksandra.



those who have suffered from war-related, gender-based violence and increase in risk for trafficking.”

At the moment, the primary concerns SafeWomenHub platform is coping with are intense mental health crises, domestic violence, and housing and employment needs. There also have been a few cases of war-related rape by Russian soldiers reported to the platform.

“We assume this figure will rise as people find out about the SafeWomenHub platform, as more come forward, and as feelings of shame decrease,” she said.

“There are some national crises and police contacts that have likely also captured some information since they would be the ones collecting official reports of rape and war-related, gender-based violence and trafficking. Needless to say, anecdotally, I have come across some pretty horrific reports and they do exist. However, there isn’t a central place where all of this information is reported.

“It is difficult to evaluate how many cases are being trafficked both domestically—primarily a consequence of internal displacement—and/or internationally for those that have gone abroad. Firstly, the nature of human trafficking is hidden and difficult to detect and, secondly, because human trafficking is often measured in a reactionary way by identifying victims. Therefore, we may not have an adequate assessment of the war impact on—and, by my personal guess, increase of—trafficking of Ukrainians.”

There has been a push within many different organizations and platforms to provide some prevention materials, Fedorak said, but, ultimately, those numbers will only be known after the fact.

SafeWomenHub has continued to provide materials and host information sessions online through Zoom, Facebook, Instagram and Telegram to encourage women and girls to promote their range of services. As of August, organizers had made contacts

“

My aim is to stay in the anti-trafficking sphere until I make a dent or a huge difference—even if it takes my whole life on this earth.”

– OKSANA FEDORAK



Women and children are fleeing the war in Ukraine. Volunteers on the Slovakian border are helping the refugees.



Elizabeth King, associate professor of Health Behavior and Health Education at Michigan Public Health, connected Fedorak with HealthRight International.

with more than 250 individuals and assisted them with their needs, whether it be therapy, signing up for financial aid, or assisting them in obtaining forensic exams following sexual assault.

In addition to providing psychological support, SafeWomenHub also does a lot of preventative measures such as providing information on how to safely cross the border and awareness for essential documentation on how not to become susceptible to human trafficking.

“My plan at the moment—provided that they are on board—is to continue to stay on the HealthRight International’s SafeWomenHub project and perhaps join their Internally Displaced Persons programs and conduct additional stakeholder interviews before completing my needs assessment,” Fedorak said. “The people who are internally displaced or have survived gender-based violence, what would that look like in a year or two? What would the public health system need to have to be able to respond to this, and what programs have been implemented for gender-based

violence during the war that have worked?”

Preparing for her life’s work

The Fedorak family emigrated to New York when Oksana was “around 10.” Soon after, her parents found a Ukrainian school in Warren and moved to Michigan.

Her interest in public health and preventing sex trafficking initially began in high school.

“I was focused on mostly Eastern European trafficking, and that’s kind of like what you think about trafficking when you think about people getting stolen, taken across the border, put into random, seedy hotels and that kind of stuff. But the truth of the matter is, trafficking—human trafficking and sex trafficking in particular—is a lot more psychological than that.

“I started thinking about it when I was younger, and because I’m from Ukraine, that’s why I kind of started in that area. I wanted to understand more about it and why it was happening.”

After graduating from high school, she went into her undergraduate studies “having

a really big umbrella of sexual health” under consideration.

“I wasn’t specifically focusing on human trafficking or sex trafficking or gender-based violence, but I knew that it was going to be international,” Fedorak said. “I knew that it was something that I wanted to understand how various cultures approach sexual education, sexual health and sexual violence so, through that, it could develop into a variety of different things.”

She earned bachelor’s degrees in psychology and anthropology from Oakland University in 2011. She plans to graduate in the spring from Michigan Public Health and is contemplating whether to pursue a doctorate.

Elizabeth King, associate professor of Health Behavior and Health Education at Michigan Public Health, has been a mentor to Fedorak. King helped connect her to HealthRight International.

“Oksana had the ideal set of skills for this internship because she had so much experience working on women’s health in general and women’s health in the US,”



said King, who also is a faculty associate at the Center for Russian, East European and Eurasian Studies. “She is skilled at writing grants for community-based organizations and working with NGOs, as well as having a year of public health training. Plus, she was a great match to work in Ukraine because of her language skills. This great skill set and having so much great experience on the ground in the US before coming for a Master of Public Health and then getting this additional training makes her an ideal fit at HealthRight.”

Throughout Fedorak’s time in the Health Behavior and Health Education program at Michigan Public Health, she has grown exponentially in her contextual and structural understanding of “why certain health markers are higher or lower.”

“I am continually challenged to look at more than just the end effects and figure out why the behavior leading to the end effects—like human trafficking—actually happens,” she said.

“In my internship with HealthRight International, I wanted to use this

understanding and HBHE tools to find ways to assist the organization in preparing for potential future needs of the health system working with the SafeWomenHub project within the context of social services for women and girls. We had to pivot and move to a remote set-up for the duration of my internship because of Russia’s invasion, so I was intentional in not adding to the burden or stress in the organization. With that in mind, I interviewed those who are the experts of their organization—the stakeholders—those who

are best equipped to truly understand what is needed.”

She spoke to many individuals in different positions of SafeWomenHub to understand what women and girls were identifying upon their first, second and further contacts. Many stakeholders themselves have used resources and were able to really outline the benefits of the services they received as well as what else they still needed.

“If there is one thing I will take away from my time in public health, it is this: More than governments or institutions, it is the people who will show you the way,” Fedorak said.

“Oksana exemplifies the promise of research-practice partnerships,” said Fedorak’s advisor, Justin Heinze, associate professor in Health Behavior and Health Education. “At Michigan Public Health, we discuss theories, methods, data collection and dissemination. Oksana cannot help but situate those discussions in her experience working with trafficked individuals, and the

whens, wheres, whys and hows academic ideas translate to incredibly challenging contexts.

“By centering the community members who experienced this violence, Oksana simultaneously creates awareness of a public health emergency and applies scientific approaches incorporating public health principles like equity, participation and respect in her work to improve the lives of Michiganders and beyond.”

Fedorak is ready to dedicate her life’s work to the prevention of human trafficking.

“I really don’t think there’s enough research on human trafficking in what the traffickers themselves—and I’ve been fleshing this idea out for maybe two years now—and how to essentially stop the evil that’s being done. It is very hard to do for many reasons—mostly because interviewing them would be somewhat dangerous.

“I think it’s a very important part that we’re not focusing on. It’s kind of like focusing on people who have COVID without doing research

on the virus itself. That’s what it feels like to me. I think if people are really, truly serious about preventing trafficking, they really need to come to terms with the fact that they need to address the people who are doing the trafficking themselves and the systems that enable it. That means homelessness, public health access, quality care access, safe neighborhoods, sexual education ... all these things are very important in really changing the atmosphere.”

Even as Fedorak has dedicated much of her time to her graduate classes and her Ukrainian internship, she has continued to be devoted as project director, grant administrator and database manager for Sanctum House, an organization in Royal Oak, Michigan, that provides long-term support for survivors of sex trafficking. She also is a board member for Supporting Impacting Giving Hope in Detroit.

“My aim is to stay in the anti-trafficking sphere until I make a dent or a huge difference—even if it takes my whole life on this earth.”

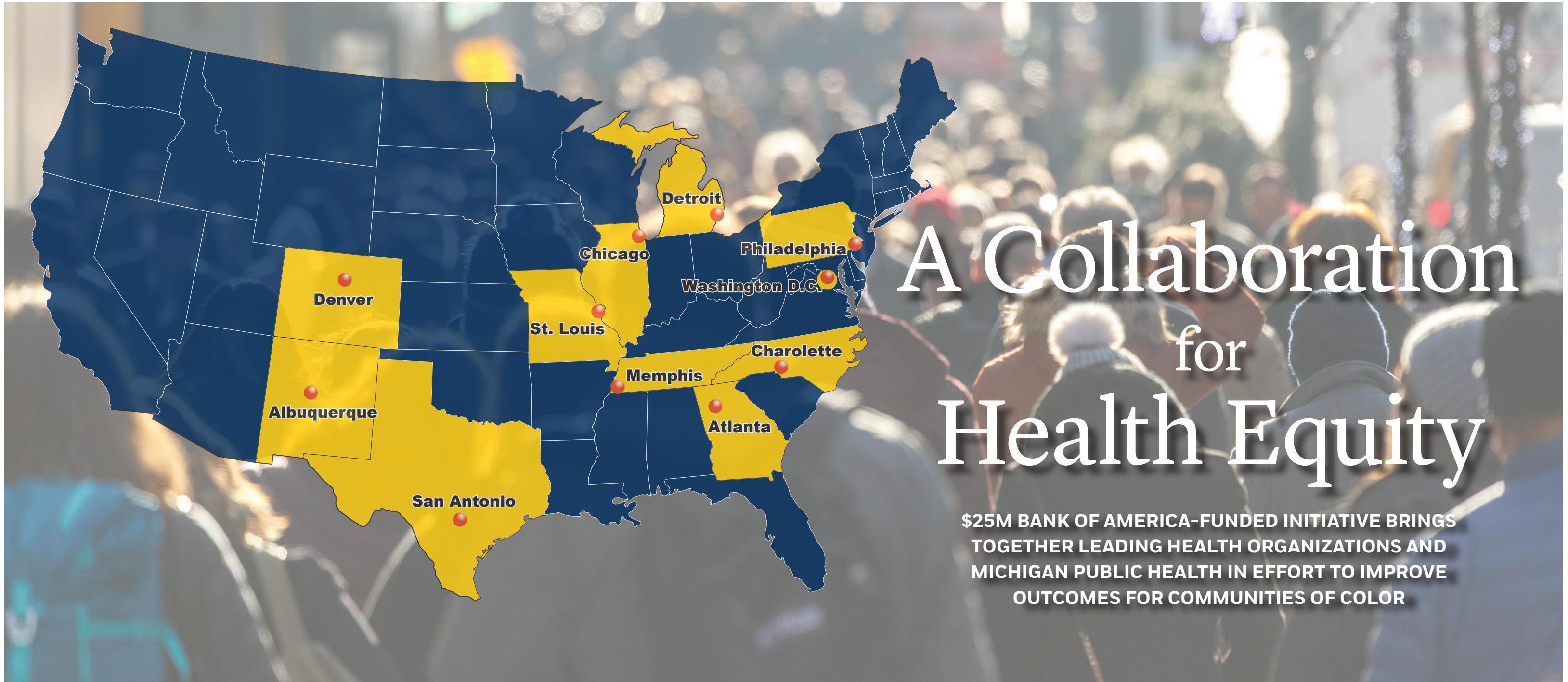


“

Our national flower is the sunflower—it means a lot to us and me personally.”

– OKSANA FEDORAK





A Collaboration for Health Equity

**\$25M BANK OF AMERICA-FUNDED INITIATIVE BRINGS
TOGETHER LEADING HEALTH ORGANIZATIONS AND
MICHIGAN PUBLIC HEALTH IN EFFORT TO IMPROVE
OUTCOMES FOR COMMUNITIES OF COLOR**

BANK OF AMERICA



American
Heart
Association.



American
Diabetes
Association.



SCHOOL OF
PUBLIC HEALTH
UNIVERSITY OF MICHIGAN

THE UNIVERSITY OF MICHIGAN SCHOOL OF PUBLIC HEALTH is collaborating with the American Heart Association, the American Diabetes Association and the American Cancer Society on a Bank of America-funded program to advance health outcomes for Black, Latino/Hispanic, Asian and Indigenous communities. This \$25 million, four-year initiative, which launched in April, focuses on 11 cities: Albuquerque, New Mexico; Atlanta; Charlotte, North Carolina; Chicago; Denver; Detroit; Memphis, Tennessee; Philadelphia; San Antonio; St. Louis; and Washington, D.C.

In each city, the organizations are collaborating to address three key areas:

■ **Prevention and Access**—Increase equitable provision and utilization of evidence-based strategies to support prevention, early detection, diagnosis and treatment of hypertension, diabetes and cancer.

■ **Education and Capacity Building**—Amplify knowledge, remove barriers, and create pathways to reduce longstanding health disparities.

■ **Policy and Advocacy**—Collaborate and support communities to effectively advocate for equitable health by advancing their ability for sustained public policy advocacy.

The initiative will focus on the leading causes of death in historically marginalized communities—heart disease, cancer, stroke and diabetes—and improving health outcomes more broadly, including maternal health, mental wellness and nutrition.

Faculty and staff from Michigan Public Health are partnering with leading health organizations to measure progress and impact on health outcomes through robust evaluation.

“Health equity is at the heart of everything we do in public health,” Dean F. DuBois Bowman said. “We are grateful for this philanthropic gift and are excited to work alongside Bank of America and the nation’s leading health agencies to help identify ways to make a lasting impact on the health of communities across the country.”

Led by Minal Patel, associate professor of Health Behavior and Health Education, the team of researchers from Michigan Public Health worked closely with the American Heart Association, American Cancer Society and American Diabetes Association to develop key performance indicators (KPIs) for the initiative to measure outcomes related to access, education and policy advocacy. In addition to Patel, Justin Colacino, Trivellore Raghunathan, Shawna Smith and Walter Dempsey—all faculty at Michigan Public Health—and staff members

“

The reality is that we live in a multi-morbidity society. More often than not, people don’t just have diabetes, heart disease or cancer. Many chronic diseases share similar risk factors and require interfacing with healthcare. Bringing these organizations together in this unique collaboration is critical to addressing prevention and management of these common chronic diseases, particularly for communities of color who are often disproportionately affected.”

– MINAL PATEL

Kate Worthington, Charlotte Guttrich, Sarah Sheskey, Alyssa Abbate, Bud Daily, Kiyah Mills and Alyssa Smith comprise the team involved in this initiative. Ultimately, the goal is to create long-term change and ensure this work will continue to benefit communities in the 11 cities well into the future. Additionally, the team will document a set of best practices that can be used to help address health inequity in other communities beyond the initial 11 cities.

The team will report on progress at least annually over the course of the initiative.

“A key part of our work in the field of public health research is evaluation,” Bowman said. “It is critical that we work in partnership with communities to establish and disseminate health-focused programs. In doing so, we

must be able to determine measures of success, evaluate if we are hitting those markers, and adjust our approaches as needed to achieve our ultimate goals of improving health and equity. We must also document what we learn—both successes and challenges—to support wide-spread adoption.”

This effort builds on the school’s Public Health IDEAS initiative, launched in 2021, which fosters innovative interdisciplinary work with a direct impact on improving the health of communities.

“The School of Public

Health has a long history of doing cross-site evaluation of community coalition-led initiatives aimed at improving diabetes and asthma care and management and addressing the obesity epidemic through changes to food policy and the built environment. So, we are well-positioned to lead robust evaluation efforts,” Patel said.



Faculty

Led by Minal Patel, associate professor of Health Behavior and Health Education, the team of researchers from Michigan Public Health worked closely with the American Heart Association, American Cancer Society and American Diabetes Association to develop KPIs for the initiative to measure outcomes related to access, education and policy advocacy.



Justin Colacino



Walter Dempsey



Shawna Smith



Trivellore Raghunathan

Research Associates



Alyssa Abbate



Bud Dailey



Kiyah Mills



Charlotte Guttrich



Alyssa Smith



Sarah Sheskey



Kate Worthington

Michigan Public Health staff members are critical to this evaluation and measurement work.

“Because we are not the ones implementing interventions and programming in this partnership, we have the unique ability to offer an independent evaluation of how the work is going. This ensures the interventions will have a positive impact, be sustainable, and can be translated to other communities.”

Once the 11 cities were identified, the Michigan Public Health team developed community profiles for each, detailing the demographic makeup; health data related to diabetes, heart disease and cancer; health policies and programs; and other relevant information such as employment, housing and environment data. Over the summer, the agencies hosted forums with community and healthcare organizations to further understand the specific health needs of each community and determine areas of focus.

For example, the American Diabetes Association is rolling out Project Power, a free type 2 diabetes prevention and management program that offers interactive lessons with a health coach, support groups, tools and resources to help participants reach their goals. The Michigan Public Health team has helped the agency set success metrics for the program and will measure the clinical outcomes of its implementation.

“We have established good working relationships with these health agencies,” Patel said. “Through extensive collaboration, we’re moving the evaluation part of this work forward. I’m proud that Michigan Public Health

is part of this important project to address some of the most pressing, prevalent and costly diseases in the US.”

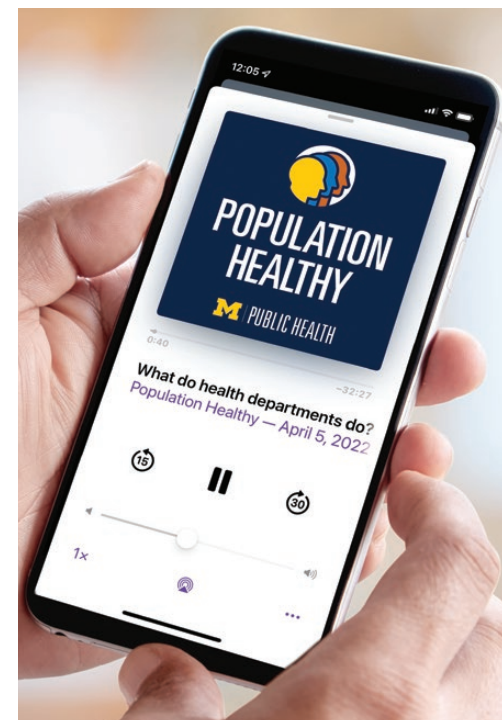
The innovative collaboration is part of Bank of America’s commitment to advance racial equality and economic opportunity and builds on the company’s longstanding work to invest in the communities it serves.

“Lack of access, education and advocacy for communities of color have only been exacerbated by the pandemic,” said D. Steve Boland, chief administrative officer at Bank of America. “Addressing barriers to healthcare is a critical step in helping communities move forward and realize true economic mobility.”

“

We are grateful for this philanthropic gift and are excited to work alongside Bank of America and the nation’s leading health agencies to help identify ways to make a lasting impact on the health of communities across the country.”

– DEAN F. DUBOIS BOWMAN



POPULATION HEALTHY PODCAST

The fifth season of the Population Healthy podcast will launch in January. 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 transgender health, re-emerging infectious diseases and e-cigarettes. You can find the podcast at publichealth.umich.edu/podcast or wherever you listen to podcasts!

Fighting COVID on the Last Frontier

Alumnus recalls early days of pandemic efforts in Alaska



By Bob Cunningham

“From the beginning, even though Alaska was somewhat remote, we definitely were the tip of the spear in various ways.”

In early 2020, some of the first American flights out of Wuhan, China, the epicenter of the COVID-19 pandemic, landed in Alaska.

It’s a memory Sean Armstrong, MPH ’07, won’t soon forget.

“We saw the folks from China, the diplomats and other expats who had been living in the area who were being evacuated,” Armstrong said. “I was responsible for putting together a support team that was being led by the CDC’s border control. I remember getting my staff prepared; we were trying to find some face shields. We had the gowns, gloves and masks and were told by the CDC that was unnecessary. We were told that these people had already been tested. None of them were

symptomatic and without being symptomatic there was no need for that type of equipment.

“I still had my staff wear face shields, masks and gloves. They declined to wear the gowns because that was going to be a challenge with the equipment we had at the time at the airport. Looking back, it’s crazy to think about going without PPE at that time.”

During his time in Alaska, Armstrong spearheaded various public health IT projects, administered federal grants from the Centers for Disease Control and Prevention, and developed a new, \$1 million innovative substance misuse prevention program. But his experiences during the early days of the pandemic—like most things in the public health consciousness—seem to overshadow many of his other successes.

When COVID came to Alaska, Armstrong implemented a statewide contact tracing program, utilizing the CommCare software solution program. He also established and

maintained a partnership with RingCentral, developing a call center solution that hosted the statewide COVID hotline. The system screened more than 6,000 calls a day, assisting over 15,000 individuals with online COVID vaccine appointments.

Life in Alaska was certainly different from Armstrong’s time in Ann Arbor, where he earned a Master of Public Health in Health Behavior and Health Education from the University of Michigan School of Public Health in 2007. For context, Alaska has six times the land mass as Michigan, but only about 730,000 people. Nearly 110,000 people crowd into Michigan Stadium on football Saturdays.

Armstrong, who also received a Bachelor of Arts in History and Chinese from Michigan in 1998, was the deputy chief for Public Health Nursing for the State of Alaska from April 2018 to May 2021.

Alaska’s public health system is state-managed, so all the public health centers

throughout the state are managed by nurses.

Now, Armstrong is the population health nurse informaticist solution owner for the Defense Health Agency (DHA) in Falls Church, Virginia.

COVID comes to the frontier

Alaska had its challenges before COVID, but just like the Lower 48, the state had its share of disruptions from the pandemic.

Before COVID, Armstrong helped coordinate the work that was going on at the public health centers around the state. As the deputy chief, his role was principally centered around infrastructure as opposed to staff. He oversaw staff development, quality improvements and quality management, the informatics systems that they used, the preparedness infrastructure and all the federal grants that went to the State of Alaska for public health that were being implemented by the public health centers.

“I mean, a lot of what we were doing was continuing to emphasize the role of public health. We’d faced pretty consistent cuts from the elected administrations that were overseeing public health,” Armstrong said. “We were going through the effort of trying to modernize our informatics infrastructure as well as demonstrate to state officials how public health contributed to communities and how we could potentially manage even more with additional amounts of funding.”

Some of Alaska’s challenges at the beginning of the pandemic were unique to the state, and not just within public health. In other parts of the country, rural areas were less susceptible to breakouts early on because of lockdowns. In Alaska, remote communities depend on air transportation for travel and commerce, which allowed the virus to spread from town to town via airplane.

Because many indigenous populations of Alaska are self-governed, many of the politicized distractions that public health officials had to work through in the public sector throughout the US didn’t apply.

“We had the advantage of having very strong support within the tribal public health system in Alaska,” he said. “Many of the communities are separate government entities governed independently to some degree by tribes. The tribal health systems are the only health system within that community and are a little more sensitive to the impacts of public health.

“The tribes also didn’t have to worry as much about national politics and were able to keep themselves on lockdown for much longer periods of time than other communities. At least at the beginning, I think that’s what really

ended up saving the most remote communities because they had very little capacity to move people to hospital beds capable of providing the care that acute COVID often demanded.”

Telehealth proves to be invaluable

Like others across the US, Alaska residents had trouble accessing sanitizing solutions early in the pandemic. Many companies all over the country pivoted production to make hand sanitizer more available to help stop the spread of the disease at the beginning of the pandemic. With the disruption of the supply chains, Alaska needed to be even more self-reliant than usual.

The Yukon-Kuskokwim Health Corporation was no different as it created a solution from four or five different chemicals that had to be measured “just so or it could be caustic.”

“They used their telehealth capacity to provide videos to villages and community health aids that live there to be able to show them exactly how to mix it and educate them about its use so they had ways to wipe down surfaces,” Armstrong said.

Telehealth also was used to provide support and to coach people on how to use Narcan to treat opioid overdoses in anticipation of ongoing behavioral health issues that weren’t going to be well managed during the pandemic.

“I think those were efforts that bore fruit and utilized that infrastructure in unique ways and benefited from the fact that Alaska’s tribal communities had a long history of utilizing telehealth,” he said.

Making due with less

As the pandemic unfolded, Armstrong and his team didn’t have the means to share and utilize data effectively.

“Much of what public health had done had either been kind of let go or contracted out,” he said. “We had to incorporate the public health nursing contact tracing, get people hired who could provide on-the-ground support and coordination for health systems that were overtaxed, as well as trying to organize and utilize local data so that local decision-makers had information they could build on and utilize and try to make policy decisions.”



Sean Armstrong,
MPH ’07

Once the vaccines started to become available in early 2021, the lack of public health staffing was such an issue that Armstrong and his team had to leverage the National Guard to work the call centers. It was a creative, but necessary, maneuver to make sure they had the capacity to distribute and administer the vaccine to Alaska’s residents and help set up contact tracing.

“All of that had to be done within a month’s time,” Armstrong said. “We did it successfully and that gave us a tremendous amount of information, but there was only so much we could take from that because none of the systems we were using could be integrated with the CDC’s reporting system. All we could do is simply look at the numbers—where they were coming from, what sort of outcome there might be—that was a tremendous limitation to us.”

Because of the support from tribal health in pooling vaccines—and the fact the contact tracing, mass vaccination program and call center had all been developed by public health nursing—initial vaccination efforts were quite successful.

“We got two shipments of vaccines—one for our native partners and one for the state—and we leveraged the call center to coordinate the deliveries,” he said. “By April 2021, we were already having visits go unfilled at mass dispensing events because we had more vaccines than we needed.

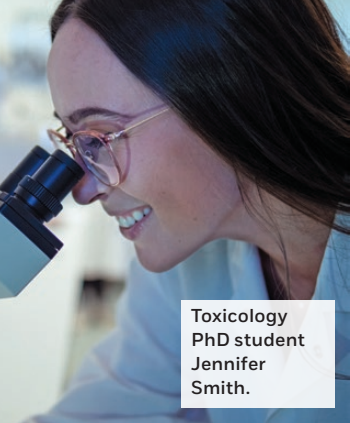
“I found a contact-tracing solution for the state. I moved it through, we got it online quickly because there wasn’t one available, but one that was being used by epidemiologists was the disease investigation solutions provided by the CDC.

“Because of the very detailed information that’s contained within it meant that nobody who was not a trained and certified epidemiologist would be allowed to access it—and there were only five of those in the state. Therefore, we needed a new solution.”

Effective communication skills have helped Armstrong navigate his career—in Alaska and beyond.

“How do you make sure that public health is understood by the individuals and the populations you’re addressing?” he said. “I would say I am able to do that because of what I learned at Michigan Public Health, and I often will cite that fact to others as being at the core of what makes me effective as a public health professional. I’ve always worked very hard with our health systems to develop new ways of measuring social determinants of health. My education at Michigan Public Health helped set me up for success.”

Public Health in Action



Toxicology PhD student Jennifer Smith.



Jennifer Shearer, MPH '15, is the director of Emergency Preparedness at Massachusetts General Hospital in Boston.



Patrick Pinkowski, MPH '23, interns at Kimball Camp YMCA in Reading, Michigan.



Dean F. DuBois Bowman welcomes alumni back to the school during homecoming.



Students Sarina Sandhu, BS '23; Sarah Cieslak, MPH '23; Maya Rodemer, MPH '23; and Eamonn McGonigle, BS '23.



Supriya Gupta, MPH '23, interns at Global Health Epidemiology Great Lakes Inter-Tribal Council in Ashland, Wisconsin.



Left: Student Corinn Bryant, MPH '23.



Alumni Chris Allen, MHSA '80, right, and Dale Sands, MPH '74, share a laugh during homecoming.



Crystal Cole, MPH '23, at her internship at the Inland Seas Education Association on the Detroit River.



Emma Alman, MPH '21, and her guest play cornhole during homecoming in the courtyard outside the Paul B. Cornely Community Room.



Jackie Varela, MPH '23, interns at the Hawaii Public Health Institute: Maui Nui Food Alliance.



The courtyard at the School of Public Health is set to host a homecoming event in October.



Never too young to be a fan of Michigan Public Health!



Student Jackie Edgemon, MPH '23, right, interns at Bass Root Farm in Fenton, Michigan. Also pictured: owner Michael Palmer.

Better together

Alumnae pair up to help healthcare facilities stay afloat during the pandemic and beyond

By Bob Cunningham

Colleagues Susan Marsiglia Gray, MPH '01, and Tasha Akitobi, MPH '05, share so much common ground, they practically read each other's minds.

That comes in handy because their federal government workplace, the Provider Relief Bureau, is responsible for \$200 billion in COVID relief funding. While their partnership is somewhat new—with only about 18 months of being on the job together—their paths to public health have created deep familiarity.

Both are Michiganders, with Gray growing up in Grand Rapids and Akitobi in Lansing. Each also received a bachelor's degree from Michigan State University before earning a Master of Public Health in Health Behavior and Health Education from the University of Michigan School of Public Health.

The Provider Relief Bureau is a division of the Health Resources and Services Administration (HRSA), located within the US Department of Health and Human Services in Rockville, Maryland. HRSA is the primary federal agency for improving access to healthcare services for people who are uninsured, isolated or medically vulnerable.

Gray is the division director and Akitobi the deputy director. According to Gray, because they share core values acquired from Michigan Public Health and other commonalities, they work better together.

"Some of the core values from the School of Public Health that come to mind are collaboration and a focus on health



Director Susan Marsiglia Gray, left, and Deputy Director Tasha Akitobi lead the Division of Policy and Program Operations within the Provider Relief Bureau, a subdivision of the Health Resources and Services Administration in Rockville, Maryland.



The interdisciplinary core that Gray received at Michigan Public Health still resonates with her in today’s workplace.



Akitobi said public health might benefit from being in the spotlight during the COVID-19 global pandemic.

equity,” Gray said. “I think because we both have those as core values, it’s made it easy for us to seamlessly co-lead.”

“The fact that both of us are from Michigan—both being U of M grads—there’s a lot of things that I don’t have to explain to Susan, even in terms of language I use,” Akitobi said.

Helping healthcare providers during a pandemic

In their roles, Gray and Akitobi are responsible for the policy development, program operations and communications for more than \$200 billion in COVID-19 relief funding directed to healthcare providers and facilities across the nation. That includes both direct provider payments for healthcare-related expenses and lost revenues due to COVID-19 and claims reimbursement to healthcare providers that issue COVID-19 testing, treatment and vaccination to the uninsured.

“Healthcare providers and hospitals were struggling due to increased expenditures for COVID like needing more PPE (personal protective equipment) and to develop facilities that had better air circulation to help fight the virus,” Gray said. “There also were reduced revenues because of the loss of income from elective procedures, and then particular providers such as dentists or behavioral healthcare providers were closed for extended periods of time.”

In the Provider Relief Bureau, in general, Gray and Akitobi manage four broad, umbrella programs. The first and biggest is the \$178 billion Provider Relief Fund that offers direct payments to healthcare providers for healthcare-related expenses and lost revenues attributable to COVID.

“We have a similar, but smaller \$8.5 billion American Rescue Plan Act Rural Payments Program, which also provides direct payments to providers—but this is specifically for those who serve rural beneficiaries. And then we also manage two claims reimbursement programs.”

Their largest is the Uninsured Program,

which dispenses claims reimbursement directly to healthcare providers for COVID-19 testing treatment and vaccination of the uninsured, and then a smaller program that covers vaccination administration to providers for individuals who are underinsured.

Both colleagues agreed that it can be difficult knowing if the program’s efforts have made a difference in people’s lives. Sometimes, numbers on a spreadsheet only tell part of the story.

“I think it’s really gratifying, especially because the day-to-day can feel like a slog,” Gray said. “For example, we were working with a communications contractor who was developing some provider testimonials. They interviewed some providers that had received Provider Relief Fund money, and we’re asking them what kind of impact that had on them. One of the providers who was interviewed is tearing up as he’s describing the impact. He said, ‘This allowed me to stay open. This allowed me to continue to pay my staff.’ I think it’s easy to lose sight of that in the day-to-day, but this program really allowed the healthcare system in this country to stay afloat.”

“I recently went for a doctor’s appointment and was talking to my physician, and I told him what I do for a living,” Akitobi said. “He was like, ‘Oh my gosh, we actually got that money. Thank you so much.’ It’s been amazing to hear directly from people who’ve been impacted by this program and who’ve explicitly told us, ‘If this was not here, we would not be here.’”

The Michigan connection

Gray and Akitobi have been working together since April 2021, but it seems longer to them—in a good way.

“We always joke that in the Provider Relief Bureau, a year equals 10 years because things have been moving so fast and furiously,” Gray said.

The Michigan duo discovered their many connections during the interview process.

“When Susan interviewed me and saw my resume, she saw that we both went to U of M, and

“

I recently went for a doctor’s appointment and was talking to my physician, and I told him what I do for a living. He was like, ‘Oh my gosh, we actually got that money. Thank you so much.’ It’s been amazing to hear directly from people who’ve been impacted by this program and who’ve explicitly told us, ‘If this was not here, we would not be here.’

— TASHA AKITOBİ, MPH ’05

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I discovered it during our interview, which was a nice surprise,” Akitobi said.

“I think even during the interview, we were chatting a little bit about professors we had in common when we were at Michigan Public Health,” Gray said.

Those professors and that similar training contributed to their sense of common core values.

“We both have kind of that community-based participatory research background, where a lot of those core values include seeing those who you are working for in terms of target populations as experts in their own health—really bringing that perspective to the work is definitely something that I think we have in common,” Akitobi said.

“When I first saw Tasha’s resume,” Gray said, “in addition to seeing that she had her MPH in Health Behavior and Health Education from Michigan, we both had a specialization in our undergrad at Michigan State.”

“Health and humanities,” Akitobi said. “Right, health and humanities,” Gray said. “The exact same specialization,” Akitobi said.

It’s almost like they were destined to work together.

“Exactly,” Gray said.

Finding their passion for Michigan Public Health

While working toward her human biology undergraduate degree, Akitobi worked as an adolescent health educator.

“I think that’s where I got the public health itch, which has carried me throughout my career,” she said. “I’ve only worked in public health, serving underserved communities, whether it be maternal and child health—and I know Susan also has that background—or even here in our own Provider Relief Bureau efforts.”

Gray said she had a similar experience.

“I initially went into my undergrad thinking I wanted to do medicine,” she said. “I know a lot of folks who end up in public health start there. I did an internship when I was an undergrad at the Michigan Public Health Institute and worked on a statewide child mortality prevention program. I realized there that I had more of an interest in the public health field and doing things that could affect health on a broader population scale vs. an individual patient scale.”

Akitobi wanted to stay near home for graduate school, but she also wanted one that provided a lot of on-the-ground collaboration work with communities—something she knew the University of Michigan was known for.

One of the great things about public health, Akitobi said, is that it is so broad that people with varying interests can find a little niche that really brings a level of excitement to their regular work.

“I love data, but I also love programming,” she said. “I love the community-based aspect of public health—the idea that to truly help support someone toward achieving that optimal health and well-being, you need to look at them as the experts in their own lives and even in their care and how they function in their community. The holistic approach that public health really pushes in terms of health and well-being of communities is something that I’m always interested in. Again, just the wide variety from epidemiology to the healthcare law, to the community engagement and organization, those are the things that excite me about public health.”

That interdisciplinary core that Gray received at Michigan Public Health still resonates with her in today’s workplace.

“One of the things I most appreciate is no matter what your concentration was, everybody



who got an MPH was required to have classes in epidemiology, biostatistics, and health management and policy,” she said. “Both of us use those skills we learned in those classes every day, not only just the Health Behavior Health Education specialization we both have, but all those interdisciplinary skills.

“I think what drew me to public health overall was its focus on social determinants of health. What are all the things that affect the health of populations, and what can we do to change those things to bring about better health for populations overall? I was drawn to the idea of being able to make an impact for broader populations, and public health helps us do that.”

Akitobi wanted to strengthen her skills so she could continue to work within schools and communities as a peer health educator.

“Getting my master’s degree and getting that formal training allowed me to actually conduct various health education seminars and develop programming—something I really needed if I was going to continue to do that work,” she said. “Once I got to Michigan Public Health, I just loved it because it was so well-rounded. It wasn’t just health education and here are some theories. It was here is what you need to develop and run a program—all the things you need to be mindful of in management, budgeting, policy and so on. This approach was one of the things that drew me to the behavioral health education specialization.”

“One of the great things about the HBHE concentration was the focus on program management, program evaluation, survey design—a lot of the things that I know have



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I know that for students at the University of Michigan School of Public Health—because of its focus on interdisciplinary-based requirements on collaboration and the importance of health equity—the skills they’re learning and the values that they’re gaining as part of their program are needed and will always be needed. I think in many ways they are more appreciated now as a result of the pandemic.

— SUSAN MARSIGLIA GRAY MPH '01

”

been helpful to me throughout my federal career,” Gray said.

Both agreed that if they could do it all over again, they would have taken more biostatistics classes.

“That is one thing I have used more than I ever thought I would use,” Gray said.

Public health impacting people’s lives

When Gray and Akitobi were in Ann Arbor, being in a role that helped give a \$200 billion life preserver to the healthcare industry never even entered their thoughts.

“No, not all,” Akitobi said. “All of this is unprecedented: from a pandemic on this scale with this impact and then this influx of dollars

into the healthcare system. I don’t think we ever had any idea when we were both at U of M that at this point in our lives we would be a part of something like this. There’s no way we could’ve imagined it.”

It all comes down to health equity and access, values at the core of Michigan Public Health.

“I think the money had an even greater impact on rural and safety net providers, which were operating on even thinner margins,” Gray said. “They would definitely have gone out of business had it not been for this influx of money. Then there would’ve been all those individuals those businesses serve who would not have had access to healthcare. That part is particularly gratifying.”

Even though it took a pandemic to shine the light on the importance of public health, it could pay dividends for the future, Akitobi said.

“I think that people see the value and that there’s even going to be more of a need and a desire to have more people be public health

professionals and be able to do something like this,” she said. “It’s wide open for folks who are currently in their public health studies to eventually get this opportunity to do something on this scale.”

Gray agreed, pointing prospective students to Michigan Public Health, knowing they will be in good hands.

“I think the population at large—because of the COVID-19 pandemic—has become more aware of what public health is and why we need it and why it needs to be better funded,” she said.

“I know that for students at the University of Michigan School of Public Health—because of its focus on interdisciplinary-based requirements on collaboration and the importance of health equity—the skills they’re learning and the values that they’re gaining as part of their program are needed and will always be needed. I think in many ways they are more appreciated now as a result of the pandemic.”



The Provider Relief Fund of \$178 billion offered direct payments to healthcare providers for healthcare-related expenses and lost revenues attributable to COVID.

Public Health IDEAS: Pioneering firearms research



Hsing-Fang
Hsieh

Personal journey leads to launching Asian American violence study

By Destiny Cook

Becoming a violence exposure researcher wasn’t initially the plan for Hsing-Fang Hsieh, MPH '06, PhD '12, but an introduction to a University of Michigan School of Public Health faculty member and subsequent work on a youth resilience study paved the way for her new research path.

Now she is a research assistant professor at the University of Michigan Institute for Firearm Injury Prevention spearheading firearm violence prevention research, an area that has historically been understudied and underfunded. Research and data related to firearm injury prevention is of growing interest in the United States as researchers, policymakers and the public look for evidence-based solutions to curb the national crisis.

In 2020, the Centers for Disease Control and Prevention found

that more than 45,200 people in the US died of firearm-related deaths. And a 2022 analysis from University of Michigan researchers found that firearms are now the top cause of death among children and adolescents in the US. These statistics highlight the need for increased mobilization among a variety of stakeholders and public health to address the issue.

Michigan Public Health is at the forefront of this research, and Hsieh’s personal journey is representative of that.



Finding a passion for youth resilience, violence prevention

Like many students who come to Michigan Public Health, Hsieh wanted to have a positive impact on the world through a career in public health and enrolled in the school’s Department of Health Behavior and Health Education as a Master of Public Health student in 2004.

“I think the majority of us students come here thinking we want to make a difference and see our time at the school as an opportunity to take in as much information as possible during the short time we are here,” she said. “It just turns out that I never really left.”

While studying for her master’s degree and her PhD—also at Michigan Public Health—Hsieh took an interest in researching cancer prevention, screening and survivorship tailored behavioral change and health communication. In her PhD program, Hsieh was introduced to Marc Zimmerman, then the chair of the Department of Health Behavior and Health Education. She began working with him on the Flint Adolescent Study, a longitudinal interview study of youth growing up in Flint, Michigan, that looked at youth resilience. As a project director for that study, Hsieh was introduced to youth resilience research. She had taken such an interest in the topic that she wrote her dissertation on youth resilience in Chinese adolescents.

While working on the Flint Adolescent Study, Hsieh was introduced to another research topic that touched youth resilience: violence prevention.

“While working on the study, I continuously saw violence as a huge, significant and unfair exposure to minority youth,” she said. “That is when I really became interested in finding a connection between violence exposure and health outcomes. It felt like such a natural thing for me to examine—it combined my training in health disparities and behavior change with my work in youth resiliency.”

After completing her PhD and a postdoctoral fellowship at Michigan Public Health, Hsieh continued her work with the school as a research investigator and then an assistant research scientist in Health Behavior and Health Education. She moved to the Institute for Firearm Injury Prevention earlier this year. Zimmerman, one of several Michigan Public Health researchers affiliated with the university institute and Hsieh’s mentor, serves as co-director of the institute.

Hsieh continues to focus her research on applying resilience theory to understand disparities in firearm injury and chronic conditions resulting from racism and violence exposure.

“There is no one-size-fits-all approach to firearm injury prevention, and the more I research the topic, the more I understand how complicated this issue is.”
– HSING-FANG HSIEH

“Because of the violence research, I learned more about the firearm injury and violence that many minority groups are experiencing,” she said. “That brought me to look at the ways in which structural racism could play a significant role in the disparities of injury and long-term health outcomes. This framework and idea was the beginning of my Asian American firearm research.”

An increase in violence against Asian Americans; firearm purchases

At the beginning of the COVID-19 pandemic,

Asian Americans were experiencing a surge in hate crimes and violence. As a result, Hsieh began to notice through her own social media channels and news media that Asian Americans were purchasing firearms at an increased rate.

“It seemed like the Asian Americans were arming themselves as a form of protection against these racial acts,” she said. “I thought to myself, ‘I’m working in firearm injury and violence prevention. What can I do to help provide more context?’”

That’s when Hsieh contacted Tsu-Yin Wu, professor of nursing and director of Eastern Michigan University’s Center for Health Disparities Innovation and Studies.

“Dr. Wu has devoted her whole career to health disparities among Asian Americans, so I reached out to see how we could collaborate to look into the issue together,” Hsieh said.

In those initial discussions, both Hsieh and Wu recounted what they were hearing from people in their own Asian American communities and realized there was an opportunity to formally study the connection between racism and firearm-related risk during the COVID-19 pandemic.

Their study, published in April, found that Asian Americans who experienced increased acts of racism at the start of the pandemic were more likely to acquire firearms and ammunition for self-defense. The study also found that 55% of individuals surveyed who purchased a

gun since the start of the pandemic were first-time gun owners.

Hsieh was recently awarded a grant from the National Institute of Nursing Research to expand on this work. She and a team of researchers will examine how structural racism interacts with person-level racism to increase firearm injury, mental distress and substance use within the Asian American community. Hsieh said that it’s an incredibly crucial time to be working on this firearm research, most notably because literature on Asian Americans’s experience of racism and firearm outcomes is virtually non-existent.

“There is not much data on the ways racism could influence firearm behavior in Asian Americans,” she said. “It’s an opportunity to be curious and open-minded to learning new things as a researcher. There is no one-size-fits-all approach to firearm injury prevention, and the more I learn about and research the topic, the more I understand how complicated and multifaceted this issue is.

“I want to be really humble when studying firearm behavior and acknowledge the nuances and struggles that come with finding these evidence-based solutions for keeping firearm owners and the public safe.”

Public Health IDEAS for Preventing Firearm Injuries

Hsieh’s career trajectory and passion for solving complex public health issues is

reflective of Michigan Public Health’s recent efforts to begin formalizing multidisciplinary groups to address some of the world’s most pressing public health challenges.

Launched in October 2021, the school’s Public Health IDEAS (Interdisciplinary Discovery, Engagement + Actions for Society) initiative aims to advance research and engagement in key areas to achieve meaningful, lasting impact.

While part of this initiative involves engaging current faculty and researchers, another component of this work is to develop the next generation of the public health workforce in these areas and see their work and innovation unfold to find real solutions to these dynamic problems.

One priority under the IDEAS initiative is Public Health IDEAS for Preventing Firearm Injuries, led by Justin Heinze, associate professor of Health Behavior and Health Education. Hsieh and Heinze work closely together as co-investigators of the National Center for School Safety, which provides ample opportunity for collaboration in addressing firearm injury prevention.

“I’m very fortunate to have wonderful mentors and collaborators at Michigan Public Health,” Hsieh said. “As a student and now a researcher, the school’s resources have allowed me to think outside of the box, stay curious and be bold with new ideas. I believe that is what the Public Health IDEAS will continue to generate.”

Advice to future public health students

As an international student from Taiwan in 2004, Hsing-Fang Hsieh had to overcome many new situations, including language barriers. She remembers how she “couldn’t even appropriately introduce herself in English as she was so nervous” when she first arrived, but staff and students offered her an incredible amount of encouragement to build her confidence. During this time, she said she made many lifelong peers and friends.

“We continue to support each other throughout the years—some became my career coach, some are faculty members at other universities, and some continued their passion in research outside of academia,” Hsieh said.

“I’m grateful to have built this little but powerful community when I was a student here.”

Her advice to incoming and current public health students?

“Get to know the people in your cohort. You’re bound to make some incredible and lifelong friends. And be curious and open-minded to learn more about different areas of research and public health. You never know how that can enrich your journey.”



Taking on food insecurity

Public health partners with
Michigan Farm Bureau
to reduce hunger in rural areas



By Nardy Baeza Bickel

For longtime Ishpeming, Michigan, resident Lizzy Nevala, her town is a tale of two cities: The one where those lucky enough to have well-paid jobs in mining are doing great, and the one where residents need to decide whether to pay rent or buy food.

“You have people who are doing really well and are living in town and paying these exorbitant prices,” said Nevala, director of operations at the Ishpeming Salvation Army in Marquette County, who for 20 years has been working with the organization providing support for residents in need. “And there are people living on minimum wage; if the mines shut down or they get laid off, then they’re in trouble. It’s either feast or famine here.”

University of Michigan researchers have partnered with the Michigan Farm Bureau to understand the unique challenges rural families face when accessing nutritious meals through food assistance. Often, these programs are designed without the user perspective in mind and are implemented in ways that many families do not find accessible or respectful.

“While a lot of efforts related to solving

hunger focus on urban settings, rural families face food insecurity as often as urban families do,” said Kate Bauer, associate professor of Nutritional Sciences at the University of Michigan School of Public Health, who leads the university-based Feeding MI Families program.

“If we look at Michigan’s top 10 counties for food insecurity, eight of the counties are in rural northern Michigan, including parts of the

2.2 million rural Michigan households face food insecurity

Upper Peninsula,” Bauer said. “By elevating parent voices, we hope to build an equitable and responsive nutrition safety net for Michigan’s rural families.”

Michigan Farm Bureau recently announced its focus on the eradication of childhood hunger in the state. The organization has worked with the university in the past to study healthcare access issues in rural settings.

“We’re seeking a sustainable approach to eradicating childhood hunger,” said Tom Nugent, director of human resources at Michigan Farm Bureau and head of the organization’s For-Purpose Task Force. “Feeding MI Families will help us better understand the systemic causes of food insecurity and low food access for rural Michigan families and will deliver recommendations for how our organization can strategically invest in rural Michigan.

“When we looked at food insecurity in Michigan, we saw the hardest hit counties were in the northern part of the state, including the Upper Peninsula. We knew we had to focus our efforts there to learn more about this problem and be better able to tackle it long term.”

At the beginning of the COVID-19 pandemic, Bauer, an epidemiologist, worried about the



During the pandemic, many mom-and-pop shops that were the only grocery store in a town closed, leaving whole communities without fresh produce.

many families who were experiencing hunger as schools and daycares closed, people lost their jobs, and the economy came to a halt. She started working with local and national experts to identify strategies to ensure that all families were able to consistently access nutritious food.

In these conversations, Bauer noticed discrepancies between what families wanted and what food assistance programs provided. When many families were saying they didn’t have enough food to eat, some programs weren’t being used to their fullest. The underlying problem, she would discover, was simple: The people making decisions about food assistance were not consistently talking with the beneficiaries of these programs.

To address this gap, Bauer and her team developed Feeding MI Families. It began with a focus on Michigan’s urban families supported by a \$400,000 grant from the W.K. Kellogg Foundation. With this funding, the project has engaged parents from Detroit, Grand Rapids

and Battle Creek who have experienced food hardships, building their capacity for advocacy and community-based research.

These parent leaders will conduct surveys and interviews with 750 families in their communities throughout 2022. Of particular importance when working with these urban families—many of whom are Black, Latino, Middle Eastern and/or new immigrants—is how racism and discrimination have affected their ability to access food and food assistance and what can be done to eliminate these serious barriers to health. The ultimate goal of this work is to develop parent-driven recommendations for food assistance that feeds families with dignity and respect.

With the Farm Bureau, Bauer’s team is replicating its urban work across Michigan’s 57 rural counties, including every county in the Upper Peninsula and northern lower Michigan. Parent leaders from these counties will survey 600 rural Michigan families to document their expertise and ideas for change. The Farm



Kate Bauer named Fulbright Canada Research Chair in Food Security

By Destiny Cook

Kate Bauer was named the Fulbright Canada Research Chair in Food Security for the 2022-2023 academic year.

Fulbright awards are considered one of the US government’s most prestigious awards, supporting interdisciplinary academic research and work.

Bauer is an associate professor of Nutritional Sciences at the University of Michigan School of Public Health. Her research focuses on social and behavioral determinants of children’s eating and growth, with particular attention on supporting effective parenting and healthy food environments in the home.

Understanding the causes and impacts of food insecurity has been a consistent thread running through her work given the physical, mental and emotional strain that food security places on parents and children.

As the Fulbright Canada Research Chair in Food Security, she will collaborate with colleagues at the University of Guelph, Ontario, to study whether reducing household food waste is a viable strategy to improve families’ food security. US and Canadian households produce a combined 22 million tons of food waste each year, Bauer said.

“Both the US and Canadian governments encourage families to reduce food waste to stretch food budgets and improve food security,” Bauer said. “However, we don’t have a good understanding of how much and what kinds of foods low-income households are wasting, or whether methods to decrease food waste are feasible or acceptable to low-income families.

“Many parents experiencing food insecurity are already extremely savvy about food shopping and preparation. We need to know how much wiggle room there is to reduce their food waste and if reducing food waste can make a meaningful difference for their families.”



“
While a lot of efforts related to solving hunger focus on urban settings, rural families face food insecurity as often as urban families do.”

– Kate Bauer, associate professor of Nutritional Sciences

Bureau will use its recommendations as a road map for future investments to eradicate rural child hunger.

“Many Michigan families are still struggling, perhaps even more so than during the early days of COVID-19,” Bauer said. “The pandemic is ongoing, the federal aid is mostly gone, and food prices and gas prices continue to climb.

“Many parents are talking about the current ‘food crisis,’ which they do not expect will end anytime soon. In partnership with the Kellogg Foundation and Michigan Farm Bureau, Feeding MI Families is helping us understand how to move forward and best meet these families’ needs.”

According to Feeding America, 2.2 million households in rural communities across

Michigan face hunger, and rural communities make up 87% of counties with the highest rates of overall food insecurity.

Salvation Army’s Nevala said during the pandemic, many mom-and-pop shops that were the only grocery store in a town closed, leaving whole communities without fresh produce, or forcing residents to drive over an hour to the nearest grocery store. For others, the influx of tourists and college students meant rent increasing beyond what people on fixed incomes can afford.

Residents might be too proud to ask for help, unable to fill out the forms online, or unable to travel long distances to fill out the forms in person. And then there are the products that food stamps won’t cover that are needed for people’s well-being, like toiletries, diapers and

cleaning supplies.

Stigma and shame are consistent barriers to using food assistance and accessing food in rural and urban areas alike. For example, in the UP, where communities are close-knit, a new mother might be too embarrassed to go to a food pantry or sign up for Women, Infants and Children, or WIC, benefits because her neighbor is working at the front desk.

“Basically, we want to learn from parents: What would be the ideal way to help them feed their family with dignity and respect in a culturally appropriate manner?” Bauer said. “We must engage with rural Michigan families to understand what their challenges are so we can help solve them. That’s what we’re hoping our partnership with Farm Bureau will accomplish.”



To see a video on reducing childhood hunger in Michigan, scan this QR code.





Michigan Public Health graduation was held in-person for the first time since 2019. Staged outdoors on April 29 at Elbel Field, Dr. Natasha Bagdasarian, MPH '01, chief medical executive for the State of Michigan, was the keynote speaker.



[Student Voices]

Epidemiology student sets career path with internships

Abbey Hutton interns simultaneously with Colorado Department of Public Health and Environment, Girl Effect

By Matt Markey

Abbey Hutton always believed that her future was somewhere in the health and medical field. In high school, she took advanced courses that included studies in microbiology, anatomy and forensic pathology.

“Ever since I was a kid, I had a passion for biology and it was my favorite subject in high school,” said Hutton, an Ann Arbor native. “We had this big classroom that was a lab, and I loved spending time in there.”

A standout prep field hockey player, she was recruited by numerous schools, but ultimately chose Michigan, where a strong family connection was present. Her father, Chris, is a Michigan alumnus, and her older sister, Emma, was already a student at Michigan when it came time to choose a university.

“I grew up in the Michigan culture,” she said, “and everywhere I went, it became clearer and clearer that Michigan was the right choice for me.”

There was still the issue of determining a particular area of study among the myriad choices in the health and medical fields. As an undergraduate student, she was a research assistant for Yehoash Raphael, the R. Jamison and Betty Williams Professor of Otolaryngology at Michigan Medicine. The lab’s work focuses on inner ear biology, protection and regeneration, gene therapy, genetic deafness, and stem cell therapy.

“I didn’t have one specific interest going into



Abbey Hutton’s internships have excelled her passion for epidemiology and issues related to women’s health.

college, so I had an open mind as to what field I would go into,” she said. “I tried to take every class I could to home in on what I wanted to do with my degree.”

Then, during spring break of her sophomore year, something unexpected happened. Call it an epiphany, a light bulb being illuminated, serendipity, happenstance or fate—but it just happened.

Hutton signed up for a program that would

send health science students to Vietnam, a country still recovering from the ravages of 10 years of war that took place long before Hutton was born. While in southeast Asia, she visited a safe haven for people suffering from HIV and AIDS and heard them speak about how they live with the disease and the additional trauma of stigmatization.

“It really opened my eyes to the many other aspects of disease,” she said. “It opened

“
I think the most rewarding thing about my experience of working for Colorado Health and Girl Effect at the same time is that I realized the appreciation, interest and passion I had for social epidemiology.”

— ABBEY HUTTON

my eyes to the social impacts of everything health-related, and it really sparked my interest in wanting to go into public health.”

Hutton, who was an Academic All-Big Ten honoree for three straight seasons with the Michigan field hockey team, received the University of Michigan Athletic Academic Achievement Award in 2018. She was named to the National Field Hockey Coaches Association Collegiate National Academic Team following the 2020–21 season.

She received a Bachelor of Science in Microbiology, graduating in 2021. The next step was enrolling in graduate school at the University of Michigan School of Public Health in the global health epidemiology track.

“After getting into my graduate studies, it just reinforced that this is where I want to be,” she said.

An introductory global health class in her first semester of graduate school introduced Hutton to the gender gap in healthcare, which is especially evident in epidemiology.

Her work outside the campus has excelled Hutton’s passion for epidemiology and issues related to women’s health. She spent the past year working remotely for the Colorado Department of Public Health and Environment as an intern. She conducted case interviews, and she worked on food-borne illnesses and food safety issues.

Hutton also worked remotely for Girl Effect, a London-based non-profit that has the goal of ending poverty on the planet. Girl Effect reaches young women and girls in 20 countries in Africa and Asia with media programs and digital products, working to connect them with education, health services and entrepreneurship opportunities.

“I think the most rewarding thing about my experience of working for Colorado Health and Girl Effect at the same time is that I realized the appreciation, interest and passion I had for social epidemiology,” said Hutton, whose internships were supported through the Office of Global Public Health as a Gelman Global Scholar and through the Natalie and Jack Blumenthal Internship Fund. “I knew I wanted to keep working in the areas of women’s health and gender equity.”

While working with Girl Effect, Hutton got to be part

of a project to improve girls’ access to sexual and health reproductive services. She was actively involved in the research aspect of the endeavor.

“That was especially gratifying, having my ideas and skills be applied to something that important,” she said. “I got to apply what I learned in my global health classes.”

Hutton expects to complete her master’s studies in the School of Public Health in 2023 and then hopes to secure a research role that will allow her to continue working in women’s health. Medical school is also on the distant horizon.

“Michigan has 100% provided what I needed,” she said. “I had a certain mindset going in, but then my eyes were opened as to just how many fields there are in public health. I am very excited about what lies ahead.”



Before she enrolled in Michigan Public Health, Abbey Hutton was an Academic All-Big Ten honoree for three straight seasons with the Michigan field hockey team while earning a Bachelor of Science in Microbiology.

[Class Notes]



Hammoud



Rapp



Segar



Lagrace



Burey



Effiong

40 under 40

This year, Michigan Public Health had two alumni named to the Crain's Detroit Business "40 under 40" list. **Abdullah Hammoud, MPH '12**, and **Ashley Rapp, MPH '20**, were nominated by their colleagues and peers and selected by Crain's Detroit Business reporters and editors. Hammoud, the mayor of Dearborn, earned his master's degree in epidemiology with a concentration in genetics. He also received an MBA from the Ross School of Business in 2019. Rapp is an epidemiologist II with the Henry Ford Health System. She also is part-time faculty with Wayne State University. After graduating with a master's degree in epidemiology, she served a four-month internship with the CDC.

1990s

Michelle Segar, MPH '97, published her

second book in April, "The Joy Choice: How to Finally Achieve Lasting Changes in Eating and Exercise" (Hachette Go, 2022). It was selected as a Next Big Idea Club Spring Nominee.

2000s

Jacky Lagrace, MPH '08, was appointed vice president of Population Health for Ascension Florida & Gulf Coast.

2010s

A new book by **Jodi-Ann Burey, MPH '14**, "Authentic" (Flatiron Books) will be published in 2023. Burey, known for her TED Talk, "The Myth of Bringing Your Authentic Self to Work," hosts the podcast *Black Cancer*.

Utibe Effiong, MPH '14, was elected to the prestigious Fellowship of the American College of Physicians.

John N. Stuht, MPH '65 – Nov. 17, 2021

1970s

David Campbell, MHA '71 – March 11, 2022

1980s

Stephen B. Blount, MPH '80 – April 30, 2022

Thereatha A. Chatman, MS '82 – March 22, 2022

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

Diana Echeverria, PhD '87 – Dec. 17, 2021

John M. Kuder, PhD '82 – June 12, 2022

Anne P. Ogden, MHSA '81 – Feb. 23, 2022

Margaret K. Svenson, MPH '80 – June 6, 2022

1990s

Kristine M. Gebbie, PhD '95 – May 17, 2022

Paul B. Simms, MPH '93 – July 23, 2022

Richard A. Wissell, PhD '92 – March 1, 2022

2020s

Tarlise Townsend, PhD '20 – May 30, 2022

FRIEND

Lawrence L. Bullen, AB '51, JD '54 – April 4, 2022

[In Memoriam] FACULTY



Weston Wilbur "Will" Ackermann, professor emeritus, died July 18, 2022, in Ann Arbor at the age of 97. Ackermann retired in 1985 as professor emeritus from the Department of Epidemiology, concluding a career of teaching, research and service spanning more than three decades. His research focused on the biochemical interaction of cells with polio and influenza viruses. In 1958, Ackermann was awarded the prestigious Eli Lilly Award for Excellence in Research and Microbiology.



James "Jim" Martin, MPH and PhD '65, associate professor emeritus of Environmental Health Sciences, died in Ann Arbor on July 25, 2022, at the age of 87. In 1956, he joined the US Public Health Service. His first assignments were to evaluate radioactive fallout clouds in Nevada as part of post-World War II nuclear weapons testing and measure radiation levels in the environment, food and water pathways of the South Pacific. He helped launch the US Environmental Protection Agency in 1970. In 1982, he began teaching at Michigan Public Health. Martin also established the James E. and Barbara W. Martin Scholarship Fund.



James H. Vincent, professor emeritus of Environmental Health Sciences, died in Ann Arbor on June 23, 2022, at the age of 82. Vincent's professional career spanned more than four decades and included positions in applied physics at American Standard Corporation and the University of Strathclyde, Glasgow, and in environmental health sciences at the Institute of Occupational Medicine, Edinburgh, and at the Schools of Public Health at the University of Minnesota and the University of Michigan. He chaired the Department of Environmental Health Sciences at Michigan Public Health from 1998 to 2004.

[Getting to Know ...]



Tara Allendorfer

Director of Alumni Engagement

Tara has nearly 15 years of experience in higher education, working in alumni engagement and student career development. As director of Alumni Engagement, she works with the Michigan Public Health alumni community, engaging individuals in the life of the school through communications and events as well as leading high-impact programs for students and alumni to connect and learn from each other. Supporting the success of others and ensuring individuals have access to these difference-making experiences is a rewarding experience.

What do you enjoy doing away from work?

Running. About 12 years ago, a colleague of mine asked if I would be interested in taking her spot at the Crim Race. The community college we worked at had a block of sponsorship passes that they gave out, but she was no longer able to go. I went and loved everything about it—the amazing energy and support of the running community. It was such a spectacular event. During the next year, I convinced my sister to train with me, which was easy because she is awesome, and we ran the 10-mile race together.

My husband also started to join in the fun (and now our 2-year-old son loves the opportunity to get outside with us too). Throughout the years, we have run many different races all over the state of Michigan—5Ks, half marathons and one marathon. To this day, I still think about how that one gift has given me so much joy, and I am grateful.

What is your favorite thing about the Michigan Public Health community?

The people. The Michigan Public Health community is filled with the most incredible individuals. We are surrounded by leaders, advocates and agents of change for the world's most pressing public health issues. Students, alumni, faculty and staff are shaping the future of public health and it is reassuring to know that the members of our deeply talented community have a seat at the table. We also have the privilege to connect with and work alongside genuinely great people. Those conversations and relationships leave a lasting impression and make this community truly special.

What's one of your favorite professional experiences?

During my time at the University of Michigan-

“Small acts, when multiplied by millions of people, can transform the world.”

—Howard Zinn

Flint, I was managing their student career development and internship programs at the School of Management and was asked to help with some of our international recruitment efforts for the university. I was given the opportunity to learn more broadly about the different degrees and programs at Flint and traveled across Turkey for several large-scale recruitment events. It was a special experience.

Do you have a favorite quote, song or saying that inspires you? If so, could you provide it?

“Small acts, when multiplied by millions of people, can transform the world.”

—Howard Zinn

I did not know this quote until recently, but to me that message is very powerful. It's a reminder that we are all in this together and can each contribute to a healthier, kinder more equitable world for everyone.

Tara and her colleagues on the Development and Alumni Engagement Team are always looking for passionate alumni to partner with the School of Public Health. Email sph.alumni@umich.edu to learn about opportunities for mentoring, speaking, hosting internships, giving and more.

