Conquering Health Disparities

Promoting healthier tomorrows through education and research today
Dear Alumni and Friends:

Prevention is a theme you will hear again and again. Our state and our nation face an epidemic of preventable diseases like cardiovascular disease and diabetes, which largely are driven by obesity caused by poor diet and a lack of exercise. American Indians, African Americans and the poor suffer disproportionately from all of these.

Conquering health disparities is a key focus for the OU College of Public Health. In fact, health equity, the opportunity for a healthy life for all individuals, is one of our core values. In this issue, we highlight a number of critical programs advanced by this college, in partnership with key tribal and community leaders, aimed at achieving greater health equity for Oklahomans and all Americans.

Progress is being made. During his recent visit to Oklahoma, a visit co-sponsored by this college and the Oklahoma Medical Research Foundation, U.S. Secretary of Health and Human Services Michael Leavitt reported that American Indians have added nine years to their life expectancy since 1973, a significant achievement. Yet, as he pointed out, it’s still five years below the average life expectancy in the United States.

We must do more. This college is proud to serve as a source of expertise and a catalyst for positive change. We are committed to furthering the promotion of good overall health and to eliminating preventable illness and injury. The more we achieve in these areas, the healthier we grow as a nation, which has a positive impact on quality of life and reduces health care costs.

In this issue, we also say goodbye to a man whose life stood as a wonderful example of service to others and to improved health for all, Dr. Edward Brandt Jr. His life touched many. His loss is felt by many. Yet, his legacy endures.

Finally, I would like to express my gratitude to the friends of public health who continue to support the efforts of this college, and those of our faculty, staff and students. Together, we will conquer the challenges facing public health and achieve a healthier future for all.

Sincerely,

Gary E. Raskob, Ph.D.
Dean, College of Public Health, University of Oklahoma Health Sciences Center

It is clear that bacteria and viruses are not the greatest cause of disease today. Poor nutrition, sedentary lifestyles and smoking are the true culprits, driving obesity and preventable disease, and further fueling higher health care costs.

Oklahomans have made progress in some areas. Yet, our state still leads the nation in heart disease. We also rank high in strokes, diabetes, cancer and chronic lung disease. The fact is – we are far from where we need to be.

A healthier Oklahoma depends upon our ability to impact the health of all of our citizens. Finding ways to reduce health disparities can save lives and improve overall health.

Our state must continue to find ways to increase public health awareness, to change poor health behaviors and to provide better access to prevention and care for the underserved.

The OU College of Public Health and its advisory board provide important insights, information and guidance in these efforts. We are proud of the partnership we have forged with this college and of the efforts we continue to undertake together as we move toward healthier tomorrows for all.

Sincerely,

James M. Crutcher, M.D.
Secretary of Health and
Commissioner of Health
Mike Fogarty, J.D., chief executive officer, Oklahoma Health Care Authority –

Health Care for All Oklahomans: Ready or Not?

“One of the real questions is, 'What defines when insurance is affordable?' It's clearly no longer a question of poverty. It's clearly a question of affordability for what traditionally we considered much higher incomes.”

William Geerts, M.D., professor, Department of Medicine, Sunnybrook Health Sciences Centre, University of Toronto, Ontario, Canada –

Translating Prevention into Practice and Quality Care: Lessons Learned in Thrombosis Embolism Disease Prevention

“We have a huge opportunity and responsibility to reduce the disease burden of thrombosis by preventing the complications from occurring. Not only is DVT prophylaxis (prevention) cost-effective, it actually is cost-saving.”

Gordon Guyatt, M.D., professor, Department of Clinical Epidemiology and Biostatistics and Department of Medicine, McMaster University, Hamilton, Canada –

Evidence Based Medicine: A Paradigm for Improving Patient Care and Public Health Policy

“Evidence-based medicine is something new in decision making. With evidence-based medicine comes understanding and power, and greater effectiveness in helping our patients and society make difficult decisions.”

John R. Bozalis, M.D., Wendy Jones, M.P.H., Steve Sternlof, Ph.D., and Tracy McKeown, M.P.H., Schools for Healthy Lifestyles –

Schools for Healthy Lifestyles: Bridging the Gap between Service and Science in Oklahoma

“There is nothing more important than one's health. I anticipate that the OU College of Public Health is going to take on a more and more important role.”

Kenneth Copeland, M.D., Jonas Professor and chief, Pediatric Diabetes and Endocrinology, and director, Pediatric Program Center, Harold Hamm Oklahoma Diabetes Center –

The New Epidemic of Obesity and Diabetes in Children: Causes and Solutions

“We are facing this new epidemic of Type 2 diabetes in children without an effective way to treat it. This epidemic is almost certainly going to lead to the largest public health crisis of the next generation. It will take a collaborative effort between public health and medicine to reduce the disease burden.”

To watch Public Health Grand Rounds presentations, go online to www.coph.ouhsc.edu/coph/grandrounds.asp.
The Future of Public Health Preparedness

Natural disasters, biological threats and terrorism are all dangers facing Americans that must be addressed through prevention and public health preparedness, said Richard Besser, M.D., director of the Coordinating Office for Terrorism Preparedness and Emergency Response at the U.S. Centers for Disease Control and Prevention.

Besser talked about future threats and what the CDC is doing in preparation for such events during a Public Health Grand Rounds presentation titled “Emergency Preparedness and Response: Progress, Challenges and Opportunities.”

He said the biggest challenge we face as a nation is complacency.

“There is a feeling by some, I think, that we are prepared as a country. That we’ve already invested in preparedness. It has been two years since Katrina. It has been six years since 9/11. And that’s a really long time for political memory. We have to work as a public health community to make the case that, yes, we have accomplished a lot but there is a lot more that we need to do,” Besser said.

He stressed public health agencies and professionals need to accomplish four things to bolster dialogue on preparedness – transparency, accountability, demonstration of performance and improvement.

Transparency involves making clear to the public what is being accomplished. To that end, Besser said the CDC plans to issue its first state-by-state report on preparedness, in which he said Oklahoma ranks very well.

Accountability is critical with tax dollars. Besser explained states must be accountable for the tax dollars they spend on preparedness and demonstrate to policy makers and citizens the leading role of public health in preparing the country for health emergencies.

Improvement requires each state to search for best practices as well as review current policies and responses. Then, states must take corrective action where needed.

“It takes communities working together. We have to develop those relationships ahead of time, so that we know during an event that communities are going to pitch in.”

HEALTH COST ANSWERS LIE IN PREVENTION

Raising deductibles and offering universal health care coverage isn’t going to solve the growing cost of health care in the United States, said Kenneth Thorpe, Ph.D., the Robert W. Woodruff professor and chairman of the Department of Health Policy and Management at Emory University in Atlanta.

In a Public Health Grand Rounds presentation titled, “The Rising Costs of Healthcare: Causes and Solutions,” Thorpe explained the financial health care data he and others at Emory University have been compiling for the last five years.

It reveals a major shift in the type of patient driving health care spending, mainly due to an increase in the number of Americans who have multiple chronic conditions such as obesity, elevated cholesterol, high blood pressure and diabetes.

“More than 80 percent of total health care spending is linked to chronically ill patients – people with long-standing medical problems. In the 1960s, it was half that,” Thorpe said.

He pointed out more than one-third of that increase is due to the growing epidemic of obesity and diabetes among adults and children, and the many diseases related to these two conditions. In 1978, only 15 percent of adults in the United States were obese. Today, it is more than 32 percent. With the rapid rise in obesity came tremendous increases in disease prevalence.

Thorpe suggested that policy makers and business owners must shift their focus to finding ways to modify risk factors such as poor diet and lack of exercise so they can achieve a better return on their investment and drive down health care costs by preventing obesity and diabetes.

This can be done in many ways, including incentives, self-management, nutritional education, risk assessment by primary care physicians and a major focus on prevention at home, work and in schools.

“The types of things I’m talking about are not Republican issues or Democratic issues. They are basically, what can we do to clinically manage these patients, what can we do to help patients better manage themselves and what can we do to prevent the rise in chronic illness in the first place?”
While Dr. Edward Brandt Jr. was leading the nation through the controversial beginning of the AIDS epidemic, his three sons were completely unaware of their father’s contributions to public health. To them, his greatest accomplishment was his role as dad. “When Dad came home he left his medical badge at the door. He was your everyday dad at home. A lot of what my brothers and I are learning about him professionally, we didn’t know,” said Ed Brandt III. “You always knew that Dad knew a lot of people, but all of them have said how much he meant to them personally. For one person to influence that many people is pretty amazing.”

Edward N. Brandt Jr. died on Aug. 25 at his home in Oklahoma City after a battle with cancer. Since his death, Brandt’s family has been overwhelmed with cards, gifts, well-wishes and hundreds of stories about how their father inspired, coached, taught and supported his colleagues.

Brandt was perhaps best known for his contribution to public policy and public education during the beginning of the acquired immune deficiency syndrome (AIDS) crisis in the early 1980s while serving as the assistant secretary of health at the U.S. Department of Health and Human Services (HHS), the agency that oversees the U.S. Centers for Disease Control and Prevention, the U.S. Food and Drug Administration and the National Institutes of Health.

At HHS, he oversaw the initial epidemiological response to AIDS and was the point man for explaining the disease to the U.S. Congress. He also helped secure tamper-proof packaging for products after cyanide-laced capsules of a popular pain-killer killed seven people in 1982 and was christened the “godfather of women’s health” for his steadfast promotion of increased research into women’s health and the recruitment of more women into federal scientific positions.

“Ed’s science-based leadership and calm judgment were
crucial during those tense times," said Dr. James Curran, dean of the Rollins School of Public Health at Emory University and the epidemiologist responsible for the initial response at the CDC to HIV disease.

This period of Dr. Brandt’s career was the only time his children remember hearing about their father’s work through pundit attacks and Congressional hearings on television.

Instead of complaining about his unpopular push to fund research for AIDS and other communicable diseases, Brandt’s sons said he used the opportunity to teach them a lesson.

“It was a time when some people were really going after him in the news, and I said ‘Dad, doesn’t it bother you?’ He said, ‘You are known as much by who your enemies are as who your friends are.’ That would be one thing I would remember the rest of my life,” Ed Brandt III said. “He had a lot of compassion for people and tried to help.”

After returning to Oklahoma to serve as executive dean at the OU College of Medicine and as a Regents’ Professor at the College of Public Health, Brandt “retired.”

“It was always a running joke that Dad wouldn’t survive retirement very long. One of the two things we came down to Oklahoma for was the supposed retirement. He said, ‘I am retired. I only teach one class a week and am on 27 committees,’” said his youngest son, Rex.

Brandt remained so involved his sons stopped trying to reach him at home, instead calling his cell phone because they never knew in what part of the country they would find him.

“I was in D.C. once, called dad and it turned out he was five miles away,” Rex Brandt said, laughing.

Even though Dr. Brandt’s battle with cancer was unexpected and short-lived, his sons said they are very thankful they not only had time to spend with their father, but a chance, through the stories of others, to know him in a different way.

“Dad got to live his life the way he wanted to and he got to die the way he wanted to,” Ed Brandt III said. “You can’t ask for a whole lot more than that.”

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**Personal Tributes**

“Ed Brandt will be deeply missed by his many friends and fellow educators. While Dr. Brandt will long be remembered for having a major impact on national health policy, his memory will always be honored at the University of Oklahoma as a master teacher and generous colleague to faculty, staff and students alike. He was a man of great personal integrity and will be missed by the entire OU family.”

David L. Boren, president, University of Oklahoma

“Dr. Ed Brandt provided tremendous leadership for the U.S. Public Health Service during the early 1980s. The onset of the AIDS epidemic coincided with a time when the nation’s political priorities were to increase defense spending and minimize domestic expenditures. Thanks to Ed Brandt, the U.S. Public Health Service agencies were able to focus on the emerging epidemic and work closely together to define the scope of the problem, garner public support, identify modes of transmission, develop prevention recommendations and identify HIV as the cause of AIDS. His science-based leadership and calm judgment were crucial during those tense times.”

James Curran, M.D., M.P.H., dean, Rollins School of Public Health at Emory University, and former head of HIV Services at the U.S. Centers for Disease Control and Prevention

“Dr. Brandt was truly an important contributor to medicine and public health, not only in Oklahoma but across the nation. He represented Oklahoma well, and he will be sorely missed.”

Joseph J. Ferretti, Ph.D., senior vice president and provost, University of Oklahoma Health Sciences Center

“Ed Brandt was a giant of American medicine and public health. He was an outstanding leader – creative, courageous, bold and of the highest integrity. I am proud to say that he was my mentor.”

William L. Roper, M.D., M.P.H., dean, University of North Carolina School of Medicine, and former director, U.S. Centers for Disease Control and Prevention

“Ed Brandt was a rare combination of scientist, humanist, ethicist and pragmatist. He encouraged us to take our jobs seriously, to balance the long-term big picture with the immediate needs of the day and to do all of that with large doses of humor. I was impressed with his absolute integrity, which would not allow science to be manipulated for political gain. He was a valuable mentor.”

William Foege, M.D., M.P.H., former director, U.S. Centers for Disease Control and Prevention, and fellow, Bill and Melinda Gates Foundation
Edward Brandt was born in Oklahoma City on July 3, 1933. He married Patricia Lawson and they had three sons, Patrick Brandt, 52, and Edward Brandt III, 47, who both work in the same law office in Dallas, and Rex Brandt, 44, a business owner in Iowa.

Brandt initially studied journalism at the University of Oklahoma before switching to mathematics. After earning a Bachelor’s degree at OU, he earned a master’s degree in mathematics at Oklahoma State University, then Oklahoma A & M. In 1960, he earned his medical degree at OU and a doctoral degree in biostatistics and epidemiology.

He was appointed assistant to the vice president for medical affairs at OU in 1967 and soon became associate dean of the medical school. He was dean of the Graduate School at the University of Texas Medical Branch and then dean of the UT Medical School. He later served as vice chancellor for Health Affairs.

In 1981, President Reagan tapped Dr. Brandt to serve as assistant secretary of health at the U.S. Department of Health and Human Services. He was appointed to the post of assistant secretary for health in 1981 and served in that capacity until his retirement in 1993.

Barbara Alving, M.D., director, NIH’s National Center for Research Resources

“Dr. Brandt made valuable contributions to women’s health both while he was serving in government and beyond. His expertise helped guide the National Institutes of Health to better understand the importance of women’s health across all of the institutes. With extraordinary vision and leadership, he worked officially and behind the scenes to develop leaders who in turn would help correct the gender disparity needed to improve health care for the entire nation. He had a wonderful ability to help people at all levels move forward along their own personal path of achievement. His influence on the public health and medical communities in Oklahoma, across the country and throughout the world will be felt for years to come.”

David J. Ramsay, president, University of Maryland, Baltimore

“Edward Brandt was a true leader in health care and research as the country faced an emerging public health crisis. We reflect with pride on his contributions to the University of Maryland and to the country.”

Diane Rowland, Sc.D., executive vice president, Henry J. Kaiser Family Foundation

“Ed Brandt was a dear friend and dedicated member of the Kaiser Commission on Medicaid and the Uninsured for the last 16 years. His public health and medical perspective combined with real-world experience helped to shape our own policy work and make it more solid and effective. But, his real contribution was the opportunity he gave us to know a caring and dedicated public servant whose energy, warmth and thoughtfulness inspired us all. We thank him for sharing his time and talent with us and know he will continue to be an inspiration in our work and our lives.”

Ruth Katz, J.D., M.P.H., dean, The George Washington School of Public Health and Health Services

“Ed Brandt was a great champion of both public health and women’s health. He was a leader in both disciplines – a visionary who could bring together people of all stripes to make things happen. We sorely miss his thoughtfulness and work style, especially here in Washington, where the politics of health and health care have become so bitter and so partisan.”
“Ed Brandt was an extraordinary man who became one of the most well-known people in American health circles through his involvement and leadership in medical education, women’s health, public health and health policy, and the early emphasis at the NIH on understanding HIV infection and disease. Despite his accomplishments and important positions in different organizations and states, he always maintained his Oklahoma roots and his wonderful ability to laugh at himself. I miss him.”

M. Dewayne Andrews, M.D., executive dean, OU College of Medicine

“It was truly a great honor knowing Dr. Ed Brandt. He served as the Commonwealth Fund’s senior program adviser and chairman of the Program Monitoring Committee in the late 1990s and early 2000s. He provided wise counsel on our foundation’s programmatic initiatives and took an interest in every member of our staff. As a fellow Oklahoman, it was a particular source of pride to witness his many accomplishments, and witness the combination of true greatness and humility. He was an extraordinary individual – compassionate, sound judgment, keen mind and gifted at making things happen. He always had a warm smile for everyone. He was a valued colleague and a dear friend, and will be greatly missed.”

Karen Davis, Ph.D., president, The Commonwealth Fund

“Ed Brandt served as the assistant secretary of health at a time when the AIDS problem was just coming into focus. He played a critical role in helping members of Congress on both sides of the aisle as well as people in the Reagan Administration and the public at large to understand and come to terms with this new and serious threat. It was only one of his many contributions. His knowledge and low-key approach were perfectly suited to the task. He was at all times a gentleman as well as a creative and public-spirited leader. His deep principles and unflagging ethics transcended politics. Most importantly, he retained his focus as a compassionate physician with deep concern about the health and well-being of the people of the nation.”


“I remember Dr. Brandt from his time as assistant secretary for health and human services. With his scholarly intellect and family doctor’s bedside manner, he was a refreshing addition to Washington, D.C. His leadership, knowledge and ability to work with colleagues from across the political spectrum helped steer the nation through difficult times and into a new age of health policy.”

U.S. Sen. Orrin Hatch, R-Utah
Insuring the Uninsured

Oklahoma ranks among the worst states when it comes to the number of adults and children without health insurance.

According to a recent State of the State’s Health report by the state Board of Health, more than 20 percent of adults in Oklahoma lack insurance, and more than 11 percent of the state’s children are uninsured.

Lack of insurance equates to less preventive care and more individuals seeking care in higher-cost venues like hospital emergency rooms, said Mike Fogarty, J.D., chief executive officer of the Oklahoma Health Care Authority.

“Failure to receive primary prevention and treatment inevitably drive high costs in both terms of human suffering and dollars spent for more intensive services to treat advanced medical conditions,” Fogarty said.

State leaders, agency heads, tribal representatives, community and business leaders and faculty members at the OU College of Public Health have teamed up to fight these difficult statistics. The state and college are taking part in a program funded by the Robert Wood Johnson Foundation called the State Coverage Initiative.

“The goal of the State Coverage Initiative is for all Oklahomans to enjoy optimal health status through access to quality health care,” Fogarty said.

The State Coverage Initiative (SCI) helps states improve the availability and affordability of health insurance coverage through grants, technical assistance, workshops and information on best practices.

“We’re looking hard at what things need to be addressed and the College of Public Health has been instrumental in helping us move forward,” said Kim Holland, commissioner of the Oklahoma Insurance Department.

The college is being consulted by leaders from the Oklahoma Insurance Department, state Health Department, Oklahoma Health Care Authority and state legislators to devise a plan to reverse Oklahoma’s uninsured problem.

“There is a strong team of high-level leaders involved in an ongoing process to see what’s feasible in Oklahoma,” said Peter Budetti, M.D., J.D., the Edward E. and Helen T. Bartlett Foundation Professor of Public Health.

Representing the state Legislature on the SCI team are: Sen. Brian A. Crain, R-Tulsa; Sen. Susan Paddack, D-Ada; Sen. Tom Adelson, D-Tulsa; Rep. Doug Cox, M.D., R-Grove; and Rep. Danny Morgan, D-Prague.

“SCI is very important in getting input from all parties in regard to addressing the number of uninsured Oklahomans,” Cox said.

“The College of Public Health is an extremely valuable source of information, facts and figures as well as helpful in formulating plans for the health of Oklahoma as we enter our second century of statehood.”

Those involved in the initiative agree that having partners with a vast knowledge of public health is key to making decisions.

“The SCI is a vitally important process for the citizens of our state,” Paddack said. “I am confident that good decisions will be made, especially with the reliable data and vast expertise provided to us by the College of Public Health.”
As Oklahoma lingers at the bottom of healthiness rankings, community leaders and the OU College of Public Health are rallying for change.

One weapon in the arsenal against poor health is Wellness Week – a series of activities aimed at raising public awareness about wellness and prevention. Oklahoma Wellness Week 2008 is April 7 through 11 and coincides with National Public Health Week.

The OU College of Public Health has lined up several speakers for its Public Health Grand Rounds during Oklahoma Wellness Week 2008. These experts provide important and cutting-edge information on the state of public health.

This year’s speakers include:

- R. Murali Krishna, M.D., president of INTEGRIS Mental Health, Oklahoma City;
- Mick Cornett, mayor, Oklahoma City;
- Harrison Spencer, M.D., M.P.H., president and chief executive officer of the Association of Schools of Public Health, for the 2008 O. Ray Kling Distinguished Lecture in International Health;
- James Curran, M.D., M.P.H., dean of the Rollins School of Public Health at Emory University, for the inaugural Edward N. Brandt Jr. Memorial Lecture;
- Kenneth Cooper, M.D., M.P.H., founder, chairman and chief executive officer of Cooper Aerobics Center in Dallas and McKinney, Texas, for the 2008 Delta Omega Society Lecture.

Oklahoma Wellness Week will again feature the Total Health Event. This community health fair will be held from 8:30 a.m. to 3:30 p.m. Saturday, March 29, at the Bricktown Event Center in downtown Oklahoma City. The fair will have health professionals, information booths and free screenings. Olympic gymnasts Bart Conner and Nadia Comaneci will speak at the fair as well.

Oklahoma First Lady Kim Henry and Sue Hale, vice president of community engagement at OPUBCO Communications Group, are co-chairing Wellness Week.

Outreach programs such as informative video podcasts also will augment the week.

“Several hospitals are planning mental health events as well as screenings for employees,” Hale said. “We will be distributing our Strong and Healthy Oklahoma Guidebook and will have copies of the health curriculum materials to be distributed to teachers.”

Hale said she would like to change Oklahoma’s poor health status, but knows that change will not happen overnight and not without continued awareness and outreach efforts like Wellness Week.

“We are determined to make a difference, no matter how long it takes, and it will take all of us to do it,” Hale said.
Health disparities and prevention took center stage during the first-ever “Symposium on American Indian Health,” which brought together tribal leaders from across Oklahoma.

U.S. Secretary of Health and Human Services Michael Leavitt told an audience at the OU College of Public Health that the federal government understands the significant health disparities facing American Indians and is stepping up efforts to improve health care and delivery.

“We’re facing an epidemic of preventable diseases like obesity and diabetes. American Indians suffer disproportionately from these diseases. They need to hear very clearly, as all Americans do, the prevention message,” Leavitt said.

“This isn’t just about changing a system. This is about changing self. This is about helping people to stop smoking. It’s about helping people to start exercising. It’s about helping them to eat well. These are things all of us have to focus on. It only takes moderate changes to make a big difference. I’m confident through this type of open discussion we can help individuals and families in Indian communities live long and healthy lives.”

The Indian health symposium, which was co-sponsored by the Oklahoma Medical Research Foundation and the OU College of Public Health, brought together more than a dozen tribal leaders with public health professionals and local, state and federal officials to discuss the health of American Indians in the United States.

During his 50-minute presentation, Leavitt outlined nine priorities for improving health care for American Indians and all Americans. Those priorities included illness prevention, ensuring availability of affordable health care and providing insurance for children in need.

Leavitt cited prevention efforts both for diseases such as diabetes and cardiovascular disease and behavioral conditions such as substance abuse, particularly with methamphetamine. He also highlighted a program begun in 2006 by the Indian Health Service to deliver care for a variety of chronic illnesses in a cost-effective manner. One of the five tribal sites selected for that program was Oklahoma’s Cherokee Nation Health Services.

“Secretary Leavitt emphasized that effectively combating chronic conditions requires active partnerships between tribal, federal, state and private organizations,” said Gary Raskob, dean of the OU College of Public Health. “In Oklahoma, we’ve formed these partnerships, and are using them to make headway against diabetes, cardiovascular disease and other health conditions that disproportionately impact American Indians.”
Conquering Health Disparities

University of Oklahoma College of Public Health

IN ACTION

PUBLIC HEALTH
American Indians in Oklahoma and elsewhere face diabetes and death at more than two times the rate of the rest of the nation. With the creation of a new federally funded center at the OU College of Public Health, the next piece of the prevention puzzle is now in place to combat this increasing health disparity and significantly impact the lives of American Indians.

J. Neil Henderson, Ph.D., a medical anthropologist at the OU College of Public Health and member of the Choctaw Nation, is working with several researchers from the OU Health Sciences Center to establish the new Oklahoma Center for American Indian Diabetes Health Disparities.

Henderson recently received a $6.6 million grant from the National Institutes of Health to establish the new research center. The center will further strengthen the prevention partnership that has been forged between the College of Public Health and the Harold Hamm Oklahoma Diabetes Center and further elevate diabetes research efforts in Oklahoma.

“Oklahoma is a perfect testing ground for this research. If we can create successful models here, it can be done elsewhere,” Henderson said.

Research at the Oklahoma Center for American Indian Diabetes Health Disparities initially will focus primarily on the impact of diabetes on maternal health, infant mortality and obesity. Its purpose is to reduce and eventually eliminate the excess mortality and morbidity associated with diabetes and restore quality of life and culture lost to the disease.

“Diabetes is a complex, escalating disease with biological and social roots. The need to reduce and prevent diabetes in American Indian people is urgent. It will take a team to stop its progress,” said Henderson, one of the few principal investigators funded by NIH who is American Indian.

Oklahoma ranks at the top among all states in the per capita number of citizens who suffer from diabetes. American Indians
One day in 2006, the counselor at Council Grove Elementary School in Oklahoma City took a classroom full of students to a grassy area near their playground and positioned them into a quarter-mile oval. She sprayed painted where they stood, and the school's first track was formed.

Janelle Love spray painted the track each week until she began a conversation about a real track with Amanda Cash, then a doctoral student at the OU College of Public Health.

Because of its commitment to prevention and better health for Oklahomans, the college jumped at the chance to work with Western Heights Public Schools to build a real track for students at Council Grove. Dean Gary Raskob helped dedicate the track in October as part of International Walk to School Day.

“This project is a result of forward thinking by Superintendent Joe Kitchens and the Western Heights School District. It is an excellent example of how public health and public education can work together,” Raskob said.

The school now uses the track for its student walking program, and plans to involve family members and the community as well.

“The students are better behaved; they are doing better in the classroom. They are learning positive habits, instead of sitting in front of a television,” Love said.

“It would not have been possible without Dean Raskob and the OU Health Sciences Center, so I am very grateful.”

The College of Public Health hopes to repeat the project at three other elementary schools in the district.

are more than two times as likely to have diabetes as others, and those who have diabetes are two to three times more likely to develop heart disease, blindness and other serious conditions.

The five-year grant from the NIH's National Institute for Minority Health and Health Disparities will fund research in several areas, including diabetes management and beliefs, insulin resistance, diabetic foot health, exercise and education. It also will be used to increase the number of children who attend the Native Youth Preventing Diabetes summer camp.

“The OU College of Public Health is committed to preventing diabetes and other diseases that afflict disproportionately the American Indian community,” said Gary Raskob, dean of the College of Public Health. “Continued support for the development of these public health strategies is paramount to our success.”

The new Oklahoma Center for American Indian Diabetes Health Disparities is a collaboration among researchers from the OU Health Sciences Center and health professionals at Indian health centers in Ada, Tallihina and Oklahoma City as well as with members of the Area Inter-Tribal Health Board, which covers all Indian tribes in Oklahoma, Kansas and Texas.

Neil Henderson, Ph.D., and Carson Henderson, Ph.D., M.P.H., R.N., are co-investigators for new research projects that focus on reducing health disparities for American Indian communities.
Understanding and reducing disparities in health for millions of Americans is a major challenge for colleges of public health, researchers and policy makers. As part of this effort, the OU College of Public Health is developing strategies and conducting research that will contribute to the quality and years of healthy life for all Oklahomans by reducing health disparities.

“As our Core Values state, the college advocates the principle that all individuals have a right to the opportunity for a healthy life,” Dean Gary Raskob said.

“One of the main areas of focus for the OU College of Public Health is the reduction of disparities in preventive care and health outcomes for patients. This includes multiple research projects aimed at understanding these disparities and the creation of the Oklahoma Center for American Indian Diabetes Health Disparities, which is funded by the National Institutes of Health.”

While the overall health of the nation has improved over the last two decades, a report by the National Institutes of Health shows that there continue to be striking disparities in the burden of illness and death experienced by African Americans, Hispanics, American Indians, Alaska Natives, Asians and Pacific Islanders. The most notable disparities include shorter life expectancy and higher rates of cardiovascular disease, cancer, infant mortality, birth defects, asthma, diabetes, stroke, sexually transmitted diseases and mental illness.

These disparities are believed to be the result of the complex interaction among biological factors, the environment and specific health behaviors. Inequalities in income and education also appear to underlie many health disparities in the United States. Disparities in income and education levels are associated with differences in the occurrence of illness and death, including heart disease, diabetes, obesity, elevated blood lead levels and low birth weight.

In Oklahoma, low household income and specific problems faced by American Indian communities are of particular concern. More than 20 percent of Oklahomans are uninsured, mostly children from lower-income households, and about half of Hispanics in Oklahoma don’t have health insurance.

American Indians, who make up about 11 percent of Oklahoma’s population, are fighting cultural and economic factors that have led them to be two to three times more likely to have Type 2 diabetes.

Dr. Gordon Deckert, who recently was appointed to the new health disparities taskforce in Oklahoma, said the disparity in income is the largest contributor to lack of health insurance, reduced preventive care and the growing cost of health care.

“The CEOs of the nation’s largest companies earn in one day what takes the average worker a whole year to earn. We aren’t even talking about the poor. We are talking about the average worker,” said Deckert, a member of the Oklahoma Board of Health and the OU College of Public Health Advisory Board.

“That income disparity translates into health disparities. The premium for health insurance has gone up 64 percent and the average income in Oklahoma has gone up 13 percent. We are headed for a major crash.”

A College Responds

Gordon Deckert, M.D.
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Michael D. Anderson, Ph.D.,
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PARTNERING FOR HEALTH

The first Symposium of American Indian Health Issues at the OU College of Public Health highlighted the need for continued partnerships between the college and American Indians in Oklahoma to improve health outcomes.

“Today’s health care institutions face unprecedented challenges,” said LaRue Parker, tribal chairman for the Caddo Nation.

“The Caddo Nation hopes to participate in partnerships with other American Indian communities and the OU College of Public Health to improve the health of American Indians, and find ways to keep our health clinics open. It is the only way to make sure elders and children get the preventive care and treatment they desperately need.”

Tribal leaders from more than a dozen Oklahoma tribes participated in a panel discussion on the status of American Indian health at the first Symposium on American Indian Health Issues held at the College of Public Health.
It’s not often the best chefs in the nation prepare meals for the poor. Yet, one OU student’s fight to end hunger began in the kitchens of high-end restaurants in the nation’s capital.

Patrick Schlecht of the OU College of Public Health recruited chefs from some of the best restaurants in Washington, D.C., to teach cooking classes to the area’s poor. Schlecht was a volunteer with the Americorps*Vista national program. He worked with the non-profit group Share Our Strength in their Operation Frontline project, coordinating and facilitating nutritional education classes.

Share Our Strength works to eliminate hunger and poverty by providing hands-on programs that teach people how to prepare healthy and budget-friendly meals, Schlecht said.

Schlecht is in the second year of earning a master’s degree in health promotion sciences and is treasurer of the COPH Student Association. He works as a graduate research assistant with Dr. Robert John, a professor and principal investigator on the food stamps research project.

Schlecht realized that lack of knowledge about healthful food choices and meal preparation likely contributes to unhealthy eating habits in the poor; and those unhealthy eating habits often lead to issues of overweight, obesity and poor nutrition, increasing their risk of diabetes and cardiovascular disease. By partnering with Share Our Strength and local chefs, he knew he’d found a way to make a difference.

The programs address a common problem: food banks distributing bulk items such as dried milk, fruit and beans to people who don’t know how to prepare them.

“With the older generations, you can give them a bag of potatoes and they know how to bake it or make a soup with it,” Schlecht said. “But younger generations often don’t know what to do.”

With the help of local chefs and nutritionists, participants were taught a variety of skills. Those skills ranged from how to handle food safely to prevent food-borne illness to how to prepare health-conscious recipes such as baked chicken.

“The classes helped them build skills and also see that they can eat healthily while still on a food budget,” he said.

Like those in the classes, Schlecht also faced the difficult reality of living on a very small budget. Americorps provided him with a stipend based on the poverty rate in the D.C. area.

“The idea is that if you are working with people who are living in poverty, you should live at the same means,” Schlecht said. “I started to think about food budgeting and tried to live at the minimum level and cooked at home a lot.”

Providing food to the needy has been a theme throughout Schlecht’s life, he said. He has worked at the Regional Food Bank of Oklahoma and is helping with research at the College of Public Health to identify barriers that may prevent Oklahomans from utilizing the state’s food stamp program and to find ways to overcome those barriers.

“I grew up in North Dakota on my grandparents’ farm. My parents grew soy beans and wheat, so I had a lot of access to fresh food. I saw food from a producer’s view,” he said.

“I felt like (the project) was a direct fit of issues I wanted to work with. They needed someone with knowledge of food banks and I knew I had good knowledge base to bring.”
Advancing Public Health

College Advisory Board Takes On Expanded Role

The College of Public Health Advisory Board is proving to be a growing force in the advancement of public health policy in Oklahoma with its expanded role as adviser for state leaders.

The advisory board, which is composed of business, community and health leaders as well as state agency heads, began as a vehicle for serious discussions by those passionate about improving the health of Oklahomans.

The group’s initial role was to advise the college on many areas of public health, including information on the changing workforce. Employers, such as city and county health departments, provided information on upcoming needs and trends for the workforce and the college provided well-qualified graduates to help fill those workforce needs.

This past fall, the advisory board added a new role. The board now serves as an adviser for state Secretary of Health Michael Crutcher.

Board members realized they had great potential for using their individual talents, interests and connections to push collectively for more rapid changes in public health, including finding ways to reduce the uninsured and underinsured in the state, reducing risky behaviors in Oklahomans and improving poor health outcomes statewide.

At the same time, the College of Public Health achieved several milestones in 2007. It received reaccreditation for a maximum seven years, saw a 25 percent increase in extramural funding over 2006 and further advanced a rapidly expanding base of federally funded projects.

The combination of this tremendous growth and the changing role of the college’s advisory board has led the university to command a leading role as a catalyst for public health policy in the state.

“We have made tremendous strides in 2007 as a college, advisory board and state to work together to improve the public health of all Oklahomans,” Dean Gary Raskob said. “We are committed to continuing this effort with our partners into 2008 and beyond.”
Gary Cox  
*Director, Tulsa City-County Health Department*

“The College of Public Health provides a critical component of modern, public health workforce development that gives us a pipeline of professionally trained current and future workers, particularly for leadership positions in state and local public health practice.”

Mike Fogarty  
*Chief Executive Officer, Oklahoma Health Care Authority*

“Collaboration between the Oklahoma Health Care Authority, the state’s largest purchaser of health services, and the OU College of Public Health is critical in addressing the health crisis in our state. The mission of the college in educating public health professionals and providing excellence in research and scholarship is crucial. The Advisory Board offers an effective forum through which to forge this essential partnership.”

Robert Spinks  
*President, United Way of Central Oklahoma*

“Our mission at United Way is to improve the health, safety, education and economic well-being of individual families in need by connecting community resources with responsive and accountable health and human service agencies. The partnership we have with the OU College of Public Health is key to fulfilling that mission. I am honored to serve on the college’s Advisory Board. Together, we will find the way to a healthier Oklahoma.”
A Passion for Public Health
Tom Pierce had a decision to make. A native of Coffeeville, Kan., Pierce was earning his bachelor’s degree just across the border in Oklahoma. Nearly all of his classmates who planned to earn a master’s degree were headed to the University of Oklahoma or the University of Texas.

The decision came down to faculty members in the environmental health department at the OU College of Public Health. Their background in chemistry, particularly metal toxicology, sealed the deal.

“I thought that would be a good place to start.”

Pierce, Ph.D., M.B.B.S., M.P.H., was a student at the OU College of Public Health at a time he called “a golden era” in the mid-1970s. Several agencies and federal acts related to health prevention and preservation of the environment were created shortly before Pierce came to OU. Those changes sparked what he considers the beginning of the nation’s new focus on public health with disease and injury prevention.

“It has taken several years to get much traction. But, I think the beginning of the new focus on public health was a golden era, an exciting time.”

Pierce met his wife, Dr. Janet Pierce, at OU while she was a student in the College of Nursing. After graduating from the College of Public Health with a Master of Public Health in industrial hygiene and toxicology, Pierce went on to earn his doctoral degree at OU and now is the scientific program manager for rehabilitation research and development at the U.S. Department of Veterans Affairs in Washington, D.C.

He commutes to his new job from Kansas City, where his wife teaches. Pierce recently returned to Oklahoma as a presenter during Public Health Grand Rounds at the College of Public Health.

He spoke about his passion to move the country beyond a focus on risk assessment to an assurance of safety for Americans in the food they eat and the products they buy. He said most important, he is working with others to find a way to make research and outcomes clear to the public with simple categories for rating products – safe, safe with qualifications, not enough data to determine safety or unsafe.

He credited his first experience with public health at OU for defining his career and his interest in protecting fellow citizens.

“My interest in public health grew as a result of the professors at OU and the contact I had with other students. It was fairly unusual. I went to graduate school with two students who went on to become astronauts and one individual who went on to do significant things in medicine,” Pierce said.

“To say I learned a lot at OU would be an understatement. It was a defining time for me.”

For information about upcoming Alumni Association events, click on the Alumni tab at www.coph.ouhsc.edu/coph or contact Vivian Glore at (405) 271-2700 or by e-mail at Vivian-Glore@ouhsc.edu.
Tall Chief appointed to national health committee

Federal Health Secretary Michael Leavitt appointed Associate Professor Vicki Tall Chief to serve on the Interagency Committee on Smoking and Health at the U.S. Centers for Disease Control and Prevention. Tall Chief was one of five faculty members chosen nationwide. Tall Chief is an associate professor of health promotion sciences. The committee advises Leavitt as well as the assistant secretary of health and the director of the CDC on research, educational programs and other activities that relate to the effects of smoking on health.

Promoting prevention

Kenneth Copeland, M.D., Jonas Professor and Section Chief, OU Department of Pediatrics, has spirited conversations with audience members before his presentation during Public Health Grand Rounds. Copeland’s presentation covered the new epidemic of childhood obesity and diabetes.

Student association offers treat

The OU College of Public Health Student Association provided free, healthful snacks for students during finals week. James Walston, who is working toward a master’s degree in health administration and policy, was one of many students who benefited from the finals treat.

Bridging the gap

John Bozalis, M.D., president of Schools for Healthy Lifestyles (SHL), poses for a photo before a presentation at Public Health Grand Rounds. Along with Dr. Bozalis, from left, is Tracy McKeown, M.P.H., executive director of SHL; Steve Sternlof, Ph.D.; Wendy Jones, M.P.H., development consultant; and Lindsi Kelso, program coordinator.
As the assistant dean for student services, Robin Howell oversees the complete journey of students from application to graduation.

Since she handles class schedules, course selection, registration, enrollment and graduation paperwork, every student at the College of Public Health visits Howell’s office at some point. That interaction with students is the best part of her job, Howell said.

“We have amazing students. We have several new Fulbright Scholars who come from countries as far away as Swaziland,” Howell said. “I would have never met a person from there if not for my job.”

Helping students has always been some part of Howell’s job experience. Born in New Orleans, she earned her bachelor’s degree in education at the University of Arkansas. Howell later came to the University of Oklahoma to pursue her master’s degree in communication.

“I didn’t know anyone in Oklahoma, but OU offered me a graduate assistant position and I wanted to teach,” Howell said.

“These college students are the best and the brightest. These students have made a conscious choice to be here.”

Jillian Doss, who graduated in 2005 with a Master of Public Health in epidemiology, said Howell always was there to help her.

“Robin cares tremendously about all the students at the college and makes sure everyone feels welcome,” Doss said. “I always knew she was a person I could turn to for assistance or even just for a good chat. Robin definitely goes above and beyond her duties.”

Howell has been working at the OU Health Sciences Center for more than 20 years. She met her husband while a graduate student at OU and credits the university’s flexible scheduling as a huge advantage while raising their two children – son, Thomas, and daughter, Lizzy.

Howell’s supervisor is David L. Johnson, Ph.D., professor and associate dean for academic affairs. Johnson said Howell and students work hand in hand throughout a student’s time at the college.

“Robin’s outstanding performance in directing and coordinating many critical activities is, in part, a reflection of her genuine concern for the welfare of our students,” Johnson said. “Incredibly, she seems to know every one of our 300 students by name almost from the day they start, and never fails to provide a welcoming and helpful response to student problems or questions. Robin is truly one of the most important contributors to our students’ success.”
Public Health

Calendar of Events for Spring 2008

**January**

**31**

**February**

**7**

**19**
College of Public Health Alumni Association Quarterly Luncheon, Oklahoma City, featuring Martin Levine, M.D., Department of Biochemistry.

**March**

**6**
Public Health Grand Rounds, “Genomics in Health Promotion and Disease Prevention: Current Status and Future Direction,” featuring Stephen Prescott, M.D., president, Oklahoma Medical Research Foundation.

**12 through 14**

**27**

**April**

**3**

College of Public Health Alumni Association annual meeting, 5 p.m. to 8 p.m., the Petroleum Club-North; Bernard Goldstein, M.D., will be keynote speaker.

**7 through 11**
Oklahoma Wellness Week/National Public Health Week.

**7**
Public Health Grand Rounds, “A Cause is Born! Health Alliance of Central Oklahoma,” featuring R. Murali Krishna, M.D., chairman, Health Alliance of Oklahoma, and president, INTEGRIS Mental Health of Oklahoma City.
April (continued)

8
Public Health Grand Rounds, “This City is Going on a Diet!” featuring Mayor Mick Cornett, Oklahoma City.

9

10

11

May

1
Public Health Grand Rounds, “Making Recovery a Reality for Oklahomans: Prevention, Early Intervention and Treatment of Mental Illness and Addiction,” featuring Terri White, M.S.W., commissioner, Oklahoma Department of Mental Health and Substance Abuse Services.

10
College of Public Health Convocation, keynote address by Kim Holland, commissioner, Oklahoma Insurance Department.

CLASS NOTES

2000

Din, Amad (’02 M.P.H. Epidemiology, M.D.), is doing his residency in psychiatry and behavioral sciences at the University of Kansas Medical Center. Din joined the University of Kansas from a position at Douglas County Health Department in Nevada, where he worked as an epidemiologist.

Doss, Jillian (’05 M.P.H.), is completing a fellowship with the U.S. Centers for Disease Control and Prevention in Atlanta. The fellowship is a three-year training program called Public Health Prevention Service. Doss will spend one year at the CDC and two years at a state or local health department.

1980

Hassler, Ardoth A. (’80 M.S. Biostatistics), is the associate vice president for university information services at Georgetown University in Washington, D.C. During 2007 and 2008, she is on loan from the National Science Foundation as a senior IT adviser. She is working on cyber security in large research facilities.

1960

Fairbanks, Leland (’68 M.P.H., M.D.), is the president of Arizonans Concerned About Smoking. A retired family physician, Fairbanks has worked to ban smoking in hospitals, bars and restaurants in his hometown of Tempe, Ariz. He was presented the Surgeon General’s Exemplary Service Medal in 1988 and in 1998 was named the Arizona Family Physician of the Year.

For additional information, visit the College of Public Health Web site at www.ouhsc.edu/coph or contact Vivian Glore, assistant dean, Alumni Affairs and Community Relations, at (405) 271-2700 or e-mail Vivian-Glore@ouhsc.edu

Keep in touch! Just send an e-mail to Vivian-Glore@ouhsc.edu. We’d love to publish your news in our next issue of OU Public Health.