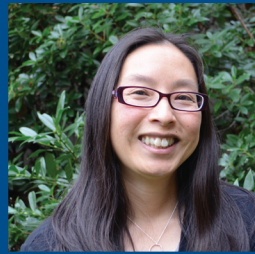




HEALTHMATTERS

Innovative Solutions to Real-World Challenges



2013 ANNUAL REPORT
UW SCHOOL OF PUBLIC HEALTH

FROM *the* DEAN

INNOVATIVE SOLUTIONS TO REAL-WORLD CHALLENGES

Public health is above all about solutions. We find ways to improve well-being locally and globally. Our graduates and faculty are solving real-world problems: which life-saving measures work best for trauma victims, what low-cost methods improve the health of new mothers in poor areas of Africa, how to ensure that cleanup of heavily polluted areas does not create even more harm, how to communicate effectively with diverse communities.

To do so, they bring creativity, excellent science, and a deep commitment to service. Within these pages, you will learn about the innovative ways they are addressing problems that range from local to global. You will learn how their work is being recognized within the University of Washington and far beyond. And you will learn about the many friends and donors who support the work of our School.

Welcome, and enjoy.



Howard Frumkin
Dean, UW School of Public Health

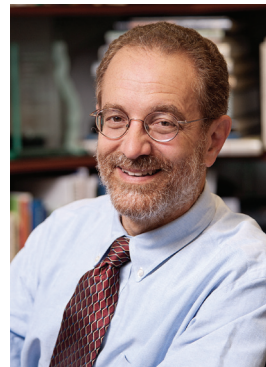


Photo: Mary Levin

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SCHOOL *of* PUBLIC HEALTH

Vision

Healthy people in sustainable communities—locally, nationally, and globally.

Mission

The UW School of Public Health is dedicated to *education* to prepare outstanding, innovative, and diverse public health leaders and scientists; *research* to advance public health science and policies; and *service* to promote the health and well-being of communities locally, nationally, and globally.

Values

Integrity	Adhere to the highest standards of objectivity, professional integrity, and scientific rigor.
Collaboration	Nurture creative, team-based, and interdisciplinary approaches to advancing scientific research and knowledge, and improving population health.
Impact	Evaluate the effectiveness of our efforts, assess if we have made a difference, and learn from our experiences.
Innovation	Create innovative approaches to educating and inspiring students and to answering important public health questions.
Diversity	Embrace and build on diverse perspectives, beliefs, and cultures to promote public health.
Equity	Promote equity and social justice in defining and addressing health and health care.
Excellence	Recognize our school-wide strengths and the contributions of our faculty, staff, and students.
Stewardship	Practice careful stewardship of the trust and resources invested in us.
Courage	Bring courage, passion, and perseverance to advance public health principles in policy discourse.

Strategic Plan

In 2012, the School of Public Health launched a decade-long strategic plan to strengthen its core activities and address future public health challenges. Below are its priorities:

Strengthen Our Core Activities

- Strengthen our Teaching
- Strengthen our Research
- Strengthen our Collaborations with Community Partners
- Globalize the School
- Improve our Diversity
- Enhance our School Community
- Promote the School

Meet Emerging Challenges

- Dissemination and Implementation Science
- Genomics and Public Health
- Global Environmental Change and Human Health
- Health Policy and Health Systems
- Obesity, Food, Physical Activity, and Health
- Social Determinants of Health



Photo: Dennis Wise

SPH by the numbers...

5 departments

Biostatistics

Environmental and
Occupational Health Sciences

Epidemiology

Health Services

Global Health

5 interdisciplinary degree programs

Health Services Administration

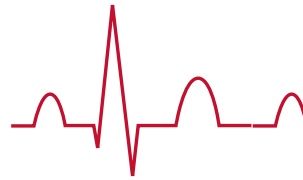
Maternal and Child Health

Nutritional Sciences

Pathobiology

Public Health Genetics

Improving Survival from Cardiac Arrest and Trauma



IMAGINE TWO DOZEN JUMBO JETS crashing every week, killing all aboard. Then you'd have an idea of the scope of cardiac arrest in America, a leading cause of death. Every year, about 400,000 people suffer cardiac arrests at home, work or play. Unless their hearts are restarted within minutes, few will live. In a year, about 200,000 people suffer major traumatic injuries. Improving survival rates of both conditions is a major public health goal.

A center at the UW School of Public Health is coordinating efforts to study which emergency medical tools and techniques work best for reviving victims of cardiac arrest and traumatic injury. It's called the Data Coordinating Center for the Resuscitation Outcomes Consortium (ROC), led by Principal Investigator Susanne May, in the Department of Biostatistics. The center supports clinical trials and other research at 10 sites across Canada and the US, including Seattle. Thirty-five statisticians, clinicians, nurses, programmers, and administrators at the center design and conduct studies and coordinate data-collection from nearly 300 hospitals and more than 36,000 emergency medical workers.

One current trial seeks to learn whether standard cardiopulmonary resuscitation (CPR) or continuous chest compression is more

effective. The American Heart Association currently recommends bystanders use only rapid chest compressions—and not mouth-to-mouth resuscitation. After cardiac arrest, the brain needs oxygen as soon as possible. Compressions squeeze the heart, pumping oxygen-rich blood through the body. “But for medics, it’s still not clear what is better: to do continuous chest compressions or to stop the chest compressions with short pauses to give ventilation,” says May, an associate professor of Biostatistics.

So far, the study has about 10,000 patients enrolled; up to 23,000 are sought. “Because of the fact that few survive, we need large trials

PRINCIPAL INVESTIGATOR SUSANNE MAY



Photo: Jeff Hodson



with lots of subjects to obtain a definitive answer,” May says. Such real-world trials could lead to rapid widespread adoption of life-saving techniques.

One challenge is protection of human subjects. Normally, people taking part in a scientific study must give their approval ahead of time. But patients with cardiac arrest are unconscious. Instead, ROC scientists inform the entire community of their research through ads in newspapers and on buses.

Another ongoing study evaluates the effectiveness of drugs given to patients whose hearts do not respond to electrical shock treatment. Up to 3,000 participants will be enrolled in that trial at nine sites. Both trials are set to end in 2015. Support comes from the National Institutes of Health, the US Department of Defense, the American Heart Association and several federal agencies in Canada.

So far, the ROC has completed 12 studies and published nearly 50 papers. Previous clinical trials have not shown that any of the new techniques or treatments under investigation have improved outcomes, according to May. But much has been learned from those studies, she says. “What you hope works is sometimes associated with a lot of costs or does not give you good results. Whether we prevent the use of inefficient treatments or help improve survival, both can have a huge impact.” ■



Photo: CandyBoxImages/iStock/Thinkstock

ROC by the numbers...

- 250,000 patients enrolled
- 10 sites
- 300 hospitals
- 36,000 emergency medical workers
- 12 studies completed
- 50 papers published



A New Center Exploring the Animal-Human Health Connection

Bird flu. SARS. West Nile virus. These and many other emerging infectious diseases have spread to humans from the animal world. Scientists wonder where the next big outbreak will come from. The School's new Human-Animal Medicine Project, which came here from Yale University in 2013, explores these and other links between humans, animals, and the environment to improve health and prevent disease. The research is led by Peter Rabinowitz, associate professor of Environmental and Occupational Health Sciences and an associate professor of Global Health.

"Human-Animal Medicine explores the convergence of human, animal and environmental health in an increasingly crowded and interdependent world," explains Rabinowitz. "Recent global pandemics such as SARS and influenza H1N1 require that we look at a new paradigm for healthy coexistence, known as 'One Health,' that seeks to maximize the health of people, animals and ecosystems."

Rabinowitz and colleagues at the UW, the Allen School for Global Animal Health at Washington State University, and CDC Kenya recently received a Grand Challenges Exploration Grant from the Bill & Melinda Gates Foundation. They will study whether children in Kenya living near animals share gut microbes that could affect their ability to



Photo: Gemina Garland-Lewis

ANIMALS MAY AFFECT THE ABILITY OF CHILDREN TO ABSORB NUTRIENTS

absorb nutrients. About 40 percent of children under five in the study area are malnourished, according to Rabinowitz. The research could lead to an intervention with livestock that improves both animal and children's health.

Other projects directed by Rabinowitz explore One Health models for dairy and swine agriculture, and whether hydraulic fracking affects the health of animals as well as people. Animals can be sentinels of environmental health hazards, he says (think canary in the coal mine). Environmental and Occupational Health Sciences PhD student Heather Fowler, a public health veterinarian, is working with Rabinowitz and Washington State Labor & Industries to determine the extent of illness and injury among animal-care workers, including employees in veterinary clinics and pet grooming parlors. She's also exploring healthy models for keeping chickens in the backyard that consider the health of the chickens, the people, and the local environment. ■

public health VOICES

“ *The State of Washington is blessed with a culture of innovation that is difficult to match anywhere else in the country.* ”

This is especially true when it comes to public health leadership, health informatics infrastructure, business acumen, and progressive health care delivery systems that are rapidly grasping the power of population health approaches to health improvement.

During the past several months, Washington State has taken up the challenge of producing a health transformation plan that will improve the health of our residents and the communities within which they live and work. The plan calls for rapid adoption of modern public health informatics practices, the development of a statewide health information exchange, and the strengthening of community ownership of health improvement and systems of care that match the needs of different communities.

In order to succeed, Washington’s public health and health policy leaders must join with business, information technology, and health care systems leaders to rapidly adopt innovations that deliver on the promise of improving and maintaining the health of Washington state.. ”



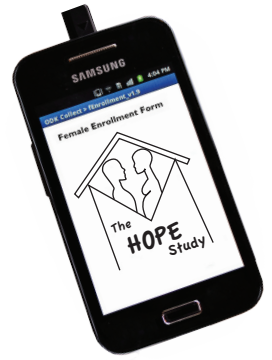
DOROTHY F. TEETER

**MHA, University of Washington
School of Public Health**

**Director, Washington State
Health Care Authority**

**Clinical Assistant Professor
Health Services**

When Innovation Leads to a Low-Tech Solution



SIMPLE CELLPHONE TECHNOLOGY HAS TRANSFORMED RESEARCH IN KENYA

THINK INNOVATION AND HIGH-TECH must go together? Think again. Partnerships between UW's Department of Global Health and the Department of Computer Science & Engineering (CSE) have created simple, low-tech solutions to public health challenges in Africa, especially for women and children. Among them:

- An SMS (short message service) program using no-frills cellphones to encourage pregnant women to attend prenatal care, deliver with a skilled attendant and receive family planning advice;
- A low-cost way to pasteurize small quantities of breast milk from HIV-positive mothers so their infants do not have to go on formula and will receive their mothers' immune system advantages;
- Use of cellphones to collect HIV data from pregnant women easily and provide the data to researchers rapidly.

Says Carey Farquhar, professor of Epidemiology and Global Health, "We wanted to find practical applications for technology in a global health setting." Farquhar directs the UW International AIDS Research and Training Program. Her study, called HOPE (for home-based, partner, education), which

collects data from pregnant women at Kisumu District Hospital, is being done with the Kenya Ministry of Health.

Data is collected on smartphones, using forms she developed. The health worker in Kenya then submits the data, which is uploaded to a server in the Ministry of Health. The smartphone also uses its GPS feature to locate the homes of the women for subsequent counseling of the woman and her partner.

One of the huge advantages is that data summaries come back so fast. Says Farquhar, "Formerly we had data on paper and then had to enter it manually and triple check it. It would take weeks to do and get back. Now we get weekly summaries of the data results. We can take a quality improvement approach and tweak the study if necessary."

Jennifer Unger seconds the ability to access data rapidly as a big benefit of SMS technology. She is acting assistant professor of Obstetrics and Gynecology at UW Medical School and Harborview Medical Center. Her research is being conducted in a large slum of Nairobi, under Global WACH, a center within the Department of Global Health focusing on the well-being of women, children and adolescents.

Her randomized clinical study aims to reduce maternal and newborn disease by using SMS to remind Kenyan women in poor or rural areas of appointments, give advice, and encourage them to deliver in a hospital or clinic. A control group receives no SMS messages. One group receives a one-way message. Another group receives a two-way message with a query to be answered. So far, 70 percent of the women receiving a two-way SMS message are not only answering the question asked, but also posing questions to the study nurse. (Ninety percent of women in this part of Kenya have easy access to cell-phones, says Unger.)

In these studies, CSE post-doctoral scholar Brian DeRenzi played a crucial role. He heard a presentation by Unger and eventually collaborated with her to create the system being used. He also brought in a CSE grad student, Trevor Perrier, who developed the prototype of the SMS system and is now Unger's main collaborator. For the HOPE project, DeRenzi introduced Farquhar to undergraduate Saloni Parikh, who programmed the phones. Parikh is a senior with a dual major in Public Health and CSE.

The milk pasteurization project was done with PATH and uses a hot plate, a couple of jars and temperature probes widely available. The AIDS virus is killed relatively rapidly at 72°C after 10–15 seconds, leaving the good antibodies to pass on to the infant.

CSE Professor Gaetano Borriello directs efforts that apply mobile technologies to problems in low-resource areas and advises

a group of students who come from a variety of UW schools, including public affairs, public health, business, communications, information, computer science. What they have in common is a desire to apply technology to solve the problems of the poorest people globally. The group, called “Change,” generally works through NGOs, such as PATH and VillageReach.

Says DeRenzi, who currently works at the IBM research lab in Nairobi, “Now is a very exciting time for technology and global health delivery. The spread of mobile devices throughout low-income settings provides the perfect computing platform for interventions. Seattle is a perfect place to do this kind of work because of its experience with global health and the strong technology sector.” ■



RESEARCHERS
CAREY FARQUHAR
AND JENNIFER
UNGER (ABOVE)
AND UNDER-
GRADUATE
SALONI PARIKH (R)



Photos: top row: Catherine Shen; above: Jeff Hodson

Chinese Vaccine Approved for Global Use, Thanks to SPH Professor

Japanese encephalitis is a deadly brain disease transmitted by mosquitoes. It claims the lives of about 15,000 children a year across Asia and the Western Pacific. Kathy Neuzil, clinical professor of Global Health and director at Seattle-based PATH, partnered with a Chinese vaccine manufacturer to obtain World Health Organization approval of a vaccine for the disease. It is the first time WHO has approved a vaccine from China for global use, and could fundamentally shift how vaccines are made and delivered in the developing world. Neuzil heads PATH's Vaccine Access and Delivery Program, which tested the vaccine. Even before it was formally approved, Neuzil says PATH was able to get the vaccine to 200 million children in India, Cambodia, Laos and elsewhere. ■

CHILDREN IN INDIA HOLDING UP THEIR PROOF OF VACCINATION

Photo: Julie Jacobson, PATH

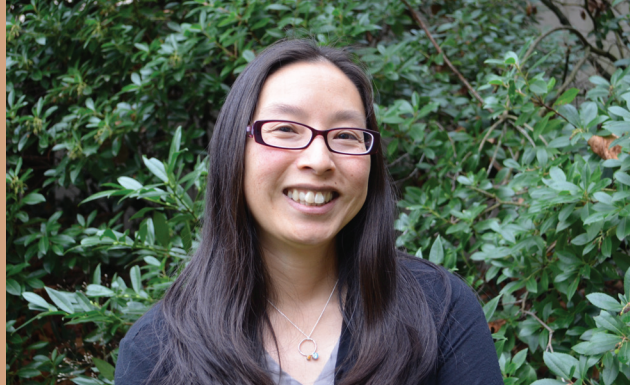


Photo: Jeff Hodson

Cathy Yeung: The Power of the Practicum*

Cathy Yeung (MPH '13) has spent much of her young career doing research. For her MPH practicum, she chose something completely different: community outreach. Yeung helped organize a public symposium for the Northwest Kidney Centers on the science of improving kidney care.

The November 2013 event celebrated half a century of advances in the field and offered a glimpse of the future. Yeung wrote speaker bios, prepared a glossary of medical terms, and created other publicity materials. More than 70 people attended. Those who were financial donors could see how their money was being used to develop cutting-edge therapies for patients with kidney disease, says Yeung, an acting assistant professor in the UW School of Pharmacy.

Now Yeung sees her work in new ways. "I really do look at it more from a public health focus and a community intervention focus, and how what I do as a scientist can be communicated to the public." ■

** The practicum is a hands-on experience for MPH candidates. It requires at least 120 hours of field work with an agency or coalition that does public health work.*

Winners of the 2013 Omenn Award for Outstanding Scholarship and Public Health Commitment

The winners of the 2013 Gilbert S. Omenn Awards for Academic Excellence share a common mission: improving the health of those most at risk. Claire Allen (MPH, Health Services '13) and Vanessa Galaviz (PhD, Environmental and Occupational Health Sciences '13) won the Omenn awards—which named for the School's former dean—which annually recognize a master's level and a PhD student for their outstanding scholarship and commitment to public health.

Allen, now a research coordinator with the School's Health Promotion Research Center, is fluent in Spanish and has worked with a variety of groups, including Latino immigrants, cancer patients and homeless adolescents. She began an organization to improve the experience of graduate students and served as associate director of Salud Juntos, an NGO focused on improving health in Nicaragua and Honduras.

Allen is currently working on a state-level evaluation, writing a manuscript and implementing a wellness program in small businesses for a large randomized control trial. "The MPH prepared me for all of this," Allen says. "However, the most invaluable things I got from the MPH program are a job that I love, where I work with a like-minded team that strives to improve health for people who are most at risk, and a network

of friends, who share a similar mission."

Galaviz researched human exposures to chemical and physical agents in the environment, such as diesel exhaust. After graduation, she worked in the Department of Environmental and Occupational Health Sciences as a senior fellow before accepting a position as scientific adviser to the Assistant Secretary General for Environmental Justice and Tribal Affairs at the California Environmental Protection Agency. Besides making policy recommendations, her duties include identifying exposures of concern and communities at risk.

"My advanced training in exposure health sciences has given me the opportunity to give back to my community," says Galaviz, who mentored undergraduate and high school students and volunteered for many outreach activities while at the UW. "My education has given me more than I expected. It has given me the passion to minimize both environmental public health and educational disparities in support of my view that everyone deserves equal opportunity for health and educational success despite socioeconomic barriers." ■

CLAIRE ALLEN (MPH) AND
VANESSA GALAVIZ (PHD)

Photo: Elizabeth Sharpe



Living Longer, More Independently

EXERCISE PROGRAM FOR SENIORS EXPANDS NATIONALLY

JEAN V. SCOTT TURNED 90 in November and still drives, walks short distances and dances the “Cupid Shuffle”—a hip-hop line dance good for the hips, legs and lungs. She credits her mobility to a three-times-a-week exercise program called *EnhanceFitness*.

“Exercise gives people like me, who live in a retirement community, something to get up for each day,” says Scott, who lives in the Heritage Community of Kalamazoo, MI, and is the first in her family to live into her 90s. “It makes us feel good.”

Launched 20 years ago, *EnhanceFitness* was designed and rigorously tested by the School of Public Health’s Health Promotion Research Center and its partners, Group Health and Senior Services, a nonprofit agency serving Seattle and King County. Today, it is one of the most widely delivered, evidence-based group-exercise programs for older adults. *EnhanceFitness* has been run in more than 500 senior centers and other sites in 30 states, reaching more than 25,000 people. It keeps on growing. The YMCA of the USA recently rolled out the program to an additional 21 Y associations in 60 communities and is planning to promote it at more.

“With older adults as the fastest-growing group of YMCA members, having a pro-

gram like *EnhanceFitness* helps improve their overall health and well-being,” says Ann-Hilary Heston, manager of chronic disease prevention programs for the Chicago-based agency. Heston notes about half of adults are affected by arthritis, the most common cause of disability. She says *EnhanceFitness* has been proven to help adults grow stronger, improve their balance and become more limber. It also boosts their activity levels, elevates their mood and relieves arthritis pain.

Each class lasts an hour and costs about \$3 per person. Exercises focus on breathing capacity, balance, flexibility, and strength—helping seniors eat and bathe on their own and walk to a corner grocery store. Ernestine Robinson, an instructor at the Central Area Senior Center in Seattle, says she sees improved agility among her participants, who range in age from their mid-60s to their early 90s. One recently told Robinson she could now easily climb the school bleachers to watch her grandson’s basketball games. “One of the things seniors really want is independence,” Robinson says. “This class definitely enhances that.”

Research on *EnhanceFitness* has shown that participants improve their physical, emotional and social health, says Dr. Jeffrey Harris,



Photo: Yael Yanich

ENHANCEFITNESS IMPROVES THE STRENGTH AND BALANCE OF OLDER ADULTS

director of the Health Promotion Research Center, which has been funded by the Centers for Disease Control and Prevention for 28 years. Because classes are conducted in groups of about 20, he says, seniors are motivated to keep coming back to socialize with others.

A recent report to Congress by the Centers for Medicare and Medicaid Services showed *EnhanceFitness* resulted in lower health care costs, fewer unplanned hospitalizations, and fewer deaths among Medicare enrollees. Harris hopes those findings will lead to expanded delivery of the program. “We’ve known it’s effective for a long time,” he says. “Evidence that it lowers costs should help us garner the support to deliver it to more people.” ■

MPH Degree Tracks

Biostatistics

Environmental and Occupational Health

Occupational & Environmental Medicine

Epidemiology

General Focus

Global Health

Maternal Child Health

Executive MPH Program

Global Health

General Focus

Health Metrics and Evaluation

Leadership, Policy, and Management

Peace Corps Master’s International

Health Services

General Focus

Community-Oriented Public Health Practice

Health Systems and Policy

Maternal & Child Health

Social & Behavioral Sciences

Nutritional Sciences

Public Health Genetics

public health VOICES

“ *We are fortunate to be experiencing an exciting era that is paving the way for equal healthcare access.* ”

The changes we are making now will ultimately lead to a better healthcare system for future generations, ensuring that our communities are healthy into the future. Many of the leaders who are implementing health care reform in Washington State and across the country are graduates of or affiliated with the University of Washington School of Public Health, and it is these leaders who will be the drivers of effective healthcare for all. ”



ROGELIO RIOJAS

**MHA, University of Washington
School of Public Health**

**President and CEO, Sea Mar Community Health Centers
Board of Regents, University of Washington**

SPH and the Affordable Care Act



Photo: Jeff Hodson

DORENDER DANKWA

An estimated one million Washington residents lacked health insurance last year. Many SPH faculty, staff and students—including graduate student Inderpal Virk and senior Eric Ofori—have led efforts to reach out to them under the federal Affordable Care Act (ACA). The ACA requires everyone to have health insurance. It also expands Medicaid and creates health insurance marketplaces (exchanges) so individuals and families can shop for competitive coverage.

In October 2013, the School hosted a symposium, “Affordable Care Act: How You Can Make a Difference,” to spread the word. UW senior Dorender Dankwa says she was so inspired after attending the event that she arranged for health insurance navigators—folks trained to help people enroll in health insurance under the ACA—to meet with Ghanaian women in the Seattle area. The navigators gave background and advice on how to enroll under Washington’s new Health Benefit Exchange. Dankwa is now hoping to become a navigator herself.

Doug Conrad, professor of Health Services, has served on the WA State Health Exchange board, overseeing its rules, regulations and operations. As of Mar. 3, 2014, more than 427,000 Washington residents had newly signed up for insurance on the Exchange. Says Conrad, “All things considered, we’ve done well.” ■

Photo: Mary Levin

Partners PrEP Team Earns UW Staff Award

The Partners PrEP Study team in Global Health won the 2013 Distinguished Staff Award at the annual UW Awards of Excellence. Partners PrEP is a large clinical trial in Kenya and Uganda that resulted in the first FDA approval of a preventive drug against HIV.



Violence is a Public Health Issue

A PERSONAL STAKE IN REDUCING GUN VIOLENCE

TONY GOMEZ IS STILL HAUNTED by the fatal shooting. When he was a college student, his best friend's five-year-old got hold of the family's gun and unintentionally shot himself in the chest. "That was in the Denver area and it was a terrible loss and hard on the entire community," says Gomez (BS, EH '84), a clinical faculty instructor in the School's Department of Health Services.

The Seattle area has had its share of gun-related tragedies, and Gomez knows all about them. As manager of the violence and injury prevention unit at Public Health – Seattle & King County, he, along with other members of the King County Child Fatality Review and King County Medical Examiner's Office, examined nearly every death of a child from firearms over the last 15 years. "It has given

me passion and information that will forever change me," he says. "We have to do better as a community to prevent firearm deaths to children and all our community."

Every day Gomez goes to work he's also reminded of his own close call. A bullet is lodged in the floor near where he sits in the King County Chinook Building in downtown Seattle. It was one of several apparently random shots fired on Halloween Day in 2011 from an unknown gunman. One of the bullets struck a pedestrian in her hip, and another struck a third-floor courtroom at the King County Courthouse. The shooting is still unsolved.

After an executive order in February 2013 from King County Executive Dow Constantine to develop innovative prevention strategies

INSTRUCTOR
TONY GOMEZ
WORKS TO
PREVENT GUN
VIOLENCE

Photo: Courtesy Tony Gomez



based on data, Gomez and his colleagues began compiling the numbers. They reported that nearly 70 children (under 18) were killed by firearms in King County from 1999–2012. Another 125 were seriously wounded. Their report also found that the risk of a youth firearm suicide was nine times more likely in homes where guns were not safely stored. An estimated 31,000 households in King County had firearms that were easily accessible to children.

The research results prompted a partnership with 10 retailers, wholesalers, and 25 law enforcement agencies to promote the safe storage of guns—and a message that keeping firearms away from the reach of children is as important as buckling them up in the back seat of a car. Gomez and his staff re-launched efforts to work with local retailers to offer discounts ranging from 10 to 15 percent on the sale of select lock boxes, safes and trigger locks through the end of 2014. All customers have to do to get the discount is mention the agency’s LOK-IT-UP website (www.lokitup.org) or “Public Health.” ■

Town Hall Forum on Preventing Gun Tragedies

In the wake of the Newtown, CT, school massacre in 2012, the School co-hosted a forum in February 2013 at Town Hall Seattle to explore ways to prevent such tragedies. “Gun Violence: A Public Health Crisis” included faculty panelists Fred Rivara, Beth Ebel and David Fleming. “The tools in the public health toolbox are highly appropriate for gun violence, just as they are for flu, pneumonia, cervical cancer, obesity, smoking or car crashes,” Dean Howard Frumkin told a sold-out crowd of more than 200.

Viewing War Through a Public Health Lens

Associate Professor of Global Health Amy Hagopian says it’s time to look at war through a public health lens. She was lead author of a 2013 study that estimated the war in Iraq claimed nearly half a million military and civilian lives from 2003 to 2011. More than one-third of those deaths were caused by the collapse of health and sanitation systems and other infrastructure. “Policymakers, governments, and the public need better data on the health effects of armed conflict,” Hagopian said. “Without this information, it’s impossible to assess the true human costs of war.”

public health

VOICES

“ *The challenge of public health practice is not that we don't know “what” to do in public health...*



Photo: Courtesy Bill & Melinda Gates Foundation

we do indeed have the evidence, knowledge and tools about good practice. Our challenge is that we don't yet have replicable and scalable practices around the “how” of our work. The next set of innovators will be those women and men who get the “what” but who take on the daunting task of innovating around the “how.” ”

CHERYL SCOTT

**MHA, University of Washington
School of Public Health**

**Senior Advisor, Global Programs
Bill & Melinda Gates Foundation**

King Holmes Wins Canada's Gairdner Award

King Holmes, professor and founding chair of the Department of Global Health, received the Gairdner Foundation's Canada 2013 Global Health Award, one of the world's most esteemed prizes for medical research. The Foundation recognized Holmes for his pioneering work on sexually transmitted diseases that has led to effective treatment and prevention for millions of people. The Gairdner award comes with a \$100,000 (Canadian) prize, which Holmes planned to donate to the UW.

In 2013, Holmes also won the Alexander Fleming Award for Lifetime Achievement from the Infectious Diseases Society of America. In addition, the Washington Global Health Alliance honored him with its inaugural Award for Impact. In June, Holmes announced he would step down as the first William H. Foege Chair of Global Health once a replacement was hired. Holmes was pivotal in creating the department in 2007. ■

GLOBAL HEALTH CHAIR KING HOLMES

Photo: Jeff Hodson



Photo: Courtesy Columns magazine, Dayna Smith

Distinguished Alumni Award 2013 *Michael Phillips*

Michael Phillips (MPH Epidemiology '84) is a Canadian citizen who moved to China in 1985 and has spent virtually his entire career there, working in suicide research and prevention. He is currently director of the Suicide Research and Prevention Center at Jiao Tong University School of Medicine in Shanghai. In 2013 he became the first mental-health professional to receive the China International Science and Technology Cooperation Award, the highest honor the Republic of China bestows on foreign scientists.

Phillips received his MA in Anthropology from UW and his MD from McMaster University in Canada. He completed his psychiatry residency at UW. This multi-disciplinary training was an ideal background for his pioneering research on the nature of suicide in China, where he introduced the integration of clinical psychiatry and public health.

Off to a Great START

STUDENT PROGRAM RESEARCHING REAL-WORLD
OUTCOMES IN GLOBAL HEALTH WILL EXPAND IN SEATTLE

IT'S A DREAM ASSIGNMENT: Helping the Bill & Melinda Gates Foundation tackle some of the world's most pressing health problems. For the last two-and-a-half years, more than two dozen UW graduate students have been doing just that, under an innovative program in the Department of Global Health called START (Strategic Analysis, Research & Training).

Which new drugs work best to fight tuberculosis? Which mobile health tools should be scaled up to improve HIV care? Is indoor air pollution a major cause of health problems in developing countries?

These are some of the questions students have pursued in small teams—mentored by faculty—during their work with START. Students get real-world experience and training while the Gates Foundation gets help to achieve the greatest impact.

“The caliber of student we get is incredible,” says Saara Romu, a senior project officer for the Gates Foundation. “They and the faculty are so passionate about the

subjects they are researching.” Romu established this and a similar program at the UW Foster School of Business, where she earned her MBA. Both programs were modeled on a previous small agriculture venture with the UW Evans School of Public Affairs.

The highly competitive START program is open to all UW graduate students. Students receive a tuition waiver and stipend, and handle anywhere from two to three projects at a time. Ideas are fine-tuned until they become specific research questions. “The teams bounce ideas back and forth, and we have a rapid response and turnaround time,” says START Co-Director Lisa Manhart, an associate professor of Epidemiology and Global Health. “Because it's not tied to an academic calendar, we can take a project at any point in time.”

A GROUP OF START
STUDENTS AND FACULTY

Photo: Courtesy START



One research project centered on low-cost solutions to treat diarrhea, the second leading cause of death in children under five, worldwide. Oral rehydration (ORS) and zinc are inexpensive and highly effective, yet are not widely used in all settings. Why did some countries scale this up successfully and others did not? Students wrote case studies that showed where and why implementation of ORS worked best. The findings were published in the *Journal of Global Health* and discussed in a *New Yorker* article by Atul Gawande.

“START has been an incredible opportunity to use my field experience in an innovative research setting,” says MPH student Jillian Pintye, who contributed to the ORS study. A registered nurse by training and a former Peace Corps volunteer, Pintye also was able to interview some of the world’s leading researchers on soil-transmitted helminth infections, a neglected tropical disease affecting the world’s poorest communities.

The START program has worked so well that it’s about to expand. It will become a formal center and will begin to accept assignments from other global health organizations in Seattle. “There’s no limit to the number of potential clients,” says Judd Walson, START’s other co-director and an associate professor of Global Health and Epidemiology. The ultimate goal is to become a self-sustaining center, Walson says.

At the same time, START will begin working on domestic public health issues, applying

a global-to-local approach. Tao Kwan-Gett, director of the Northwest Center for Public Health Practice, will head the local projects. They will likely be similar in scope to recent projects done by UW student–faculty teams at Public Health - Seattle & King County, he says. One of those projects looks at determining how to monitor the impact of the Affordable Care Act in the region, while another surveyed local health departments to learn about their sugar-sweetened beverage policies. ■

LISA MANHART AND JUDD WALSON ARE
CO-DIRECTORS OF START

Photo: Courtesy START



START by the numbers...

- 27 students trained
- 56 research questions received
- 35 projects completed
- 50 reports, presentations, and tools delivered
- 6 manuscripts completed

Getting High School Students Active in Public Health

UNDERGRADS TEACH TEENS WHAT PUBLIC HEALTH IS AND HOW TO ADVOCATE FOR IT

STUDENTS AT SEVERAL SEATTLE-AREA high schools are learning how they can improve the health of their communities, thanks to a new UW School of Public Health program where undergraduates do the teaching.

Through a structured capstone class, teams of undergraduates majoring in public health aim to help their younger peers understand the wide-ranging factors affecting health and how they can speak up for change, whether by writing a letter to the editor or giving a persuasive two-minute talk.

“The goal is to educate high school students about public health and to empower them to make a difference,” says Deb Hinchey, SPH clinical instructor of Health Services. “We want students to know how to advocate for improving their communities.”

Seattle’s Cleveland High School, Highline’s

Health Sciences and Human Services (HS3) High School, and Redmond High School are participating. Public Health – Seattle & King County helped set up the project.

A key strategy is teaching high school students to “map” areas near their schools, looking at all factors that affect health. Students are encouraged to suggest improvements while researching local resources that could help. Are there enough sidewalks or crosswalks? Are more bike racks needed to encourage cycling? Is safety an issue at local parks? What local agencies could be involved to effect change? Are there grocery stores with fresh produce?

According to Hinchey, there’s a shortage of public health workers across America, especially in underserved areas. Empowered high school students could help fill the gaps. The program began as a pilot last spring at HS3 High School. Former graduate student Sara Colling devised a curriculum, and more than

SPH SENIORS (L TO R)
NILUFAR RAHMAN, LINDSEY
ALLAIS, ALEXANDRA
MONTANO, LINDSAY
FLANAGAN,
THERESE WANG

Photo: Jeff Hodson





Photo: Jeff Hodson

UNDERGRADS (L TO R) VASILE OROS, MICHELLE LE AND ALYSSA SHYNTO DISCUSSED WAYS TO TEACH PUBLIC HEALTH TO HIGH SCHOOLERS

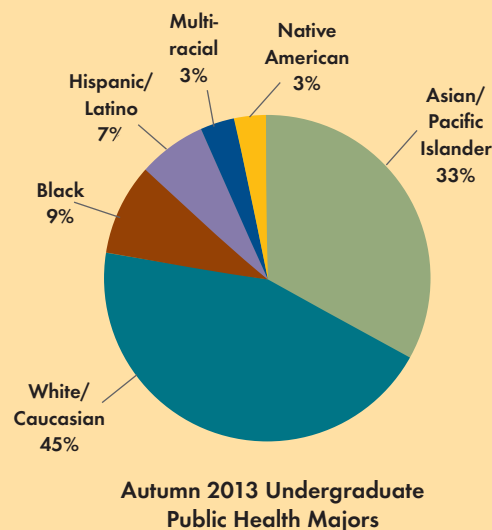
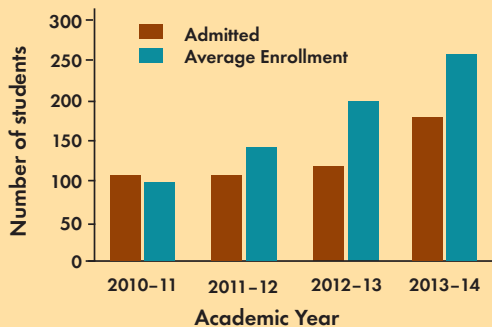
70 students received concrete lessons in public health concepts from undergraduates who applied their coursework to a real-world setting.

This year, two high schools were added. Second-year graduate student Susana Tat (Community-Oriented Public Health Practice) revised the curriculum with more comprehensive lesson plans and detailed surveys for evaluation. “My goal was to train the undergraduates to teach by themselves,” Tat said. “It’s not possible for a grad student to be with them all the time.”

The project is part of a renewed emphasis on “service learning” as a way to prepare SPH graduates to better serve the communities where they intend to work. The many partners working with Hinchey’s students include the Refugee Women’s Alliance, Union Gospel Mission, American Heart Association and Planned Parenthood. ■

Undergraduate Public Health Major Growing Rapidly

The Public Health Major continues to see record enrollment growth. Two years after moving the major of 100 students into the School, there are 260 students and 400 projected next year. This year’s work has focused on developing four new integrated core courses to begin in fall 2014. In addition, each student now completes a service-learning capstone project lasting two quarters.



public health

VOICES

“ *We have an immediate opportunity to improve the health of people in our state, and we cannot let it slip by.* ”



JOHN WIESMAN

**MPH, Yale University
DrPH, University of North Carolina**

**Secretary of Health
State of Washington**

**Clinical Professor
Health Services**

**Dean's Council
School of Public Health**

Public health must lead innovative change with our community and clinical care partners to improve health and reduce inequities as Washington State fully embraces implementation of the Affordable Care Act. To succeed, we have to be nimble and flexible, define the collective impact we intend to have, and prioritize prevention.

“One way we’re trying to do this is by developing an innovative model called Accountable Communities of Health. This new concept leverages the great work already being done in this state with community health assessments and improvement plans. Under this model we’ll bring together public health, human services, health care, education, and others in local communities to take on health issues from all sides.

Through this approach I’m confident we can improve the health of our communities, improve community supports that reduce hospital readmissions and unnecessary emergency room visits, and foster healthy starts for our next generation.



NOTED FACULTY

HONORS

Professor Andy Stergachis, director of the Global Medicines Program in Global Health, was named Washington State Pharmacist of the Year by the Washington State Pharmacy Association. Stergachis also was appointed editor-in-chief of the *Journal of the American Pharmacists Association*. He is a professor of Epidemiology and Global Health and adjunct professor of Health Services and Pharmacy.



Photos, top to bottom: Courtesy Andy Stergachis, Courtesy Daniela Witten, Jeff Hodson, Courtesy GHRI



Daniela Witten, assistant professor of Biostatistics, was named to *Forbes'* 2013 "30 Under 30" list of rising young stars in science and healthcare. It's the third straight year she was named to the list.

Associate Professor of Global Health Jared Baeten (PhD '01, MD '03) received the ASPPH/Pfizer Young Investigator's Research Award for his research on a preventive drug against HIV. Baeten is also an adjunct professor of Epidemiology.



Bruce Psaty (MPH '86), professor of Epidemiology and adjunct professor of Health Services, was elected to the Institute of Medicine (IOM). He was also named one of six Distinguished Scientists by the American Heart Association/American Stroke Association.



Photo: Patrick Robinson, West Seattle Herald

Duwamish River Cleanup

BRINGING A HEALTH ASSESSMENT TO ENVIRONMENTAL PLANNING

MANY GENERATIONS OF NATIVE PEOPLE, and later immigrant communities from around the world, have relied on the Duwamish River as a source of sustenance. By the 20th century, Seattle came to rely on the river valley as a source of family-wage jobs.

Pollution from that industrial legacy led the lower Duwamish River to be designated as a Superfund site in 2001 by the federal Environmental Protection Agency (EPA). For what is probably the first time in Superfund history, a Health Impact Assessment (HIA) was part of the proposed plan for cleanup.

An HIA is a set of methods used to evaluate objectively the potential health effects of a policy, program, or project before it is implemented. HIAs have been used in Europe and elsewhere for many years, but are just beginning to gain acceptance in the United States.

The Duwamish cleanup is the type of population health problem that lends itself to such analysis, said Associate Professor William Daniell, of the Department of Environmental

and Occupational Health Sciences (DEOHS) in the School of Public Health. The HIA focused on four vulnerable populations—local residents, affected Tribes, people who fish for food, and the Duwamish Valley workforce. Researchers from DEOHS, Just Health Action, and the Duwamish River Cleanup Coalition/Technical Advisory Group examined a range of impacts, including the potential health effects of community and industry gentrification, food insecurity, and disruption of cultural traditions.

“EPA studies focused on disease outcomes but didn’t identify and evaluate broader implications for health and well-being,” Daniell says. The HIA’s recommendations would help protect the health of three Tribes impacted by the cleanup: the Duwamish, Muckleshoot, and Suquamish. In particular, the researchers suggest that the EPA collaborate with the Tribes to address their health concerns and restore safe access to natural resources and fish.

The chemicals of greatest concern are polychlorinated biphenyls (PCBs), carcinogenic polycyclic aromatic hydrocarbons, arsenic, dioxins and furans. Exposure comes from eating resident fish or shellfish and contact with contaminated sediment. These chemical compounds have been shown to cause cancer and a number of serious non-cancer health effects. Pregnant women and children are especially at risk.

The EPA's cleanup plan would reduce health risks, but it is not designed to lower contamination to current Puget Sound background levels nor make resident seafood safe to eat on a regular basis. Instead, it recommends lower fish consumption. Subsistence fishers and Tribal members consume far more fish than average Americans.

If fishing were substantially restricted, subsistence fishers might experience food and nutritional insecurity. Many social and cultural traditions are tied to fishing. Graduate student Amber Lenhart convened focus groups of local fishers to assess how this loss of social ties would affect their Tribe's health and well-being.

The report emphasizes that subsistence fishers are predominately lower-income, people of color, immigrants, and non-English speakers. Their children could be particularly affected. The report calls into question whether the EPA is adequately complying with its own planning requirements for social and behavioral controls, such as fish advisories, which are used when the engineered cleanup falls short of health goals.

The HIA was submitted to the EPA during the public comment period in the summer of 2013 and is being reviewed along with the other public comments submitted. The final cleanup plan decision is expected later in 2014.

Meanwhile, Daniell is working with his local partners to build coalitions that could remain involved throughout the EPA's Duwamish remediation.

The City of Seattle has allocated a Duwamish Opportunities Fund, which is partially triggered by points raised by the HIA, Daniell says. Also, he and graduate student Jonathan Childers are evaluating how the HIA process worked for Tribes, communities, and decision-makers.

This project and report were supported by a grant from the Health Impact Project, a collaboration of the Robert Wood Johnson Foundation and The Pew Charitable Trusts, and also by the Rohm & Haas Professorship in Public Health Sciences, sponsored by the Rohm & Haas Company of Philadelphia. ■

THE DUWAMISH IS USED FOR RECREATION
AND FISHING PHOTO: BJ CUMMINGS



The Power of Storytelling in Native Health

THE RETURN SEEKS TO INSPIRE NATIVE COMMUNITIES WITH AN ENVIRONMENTAL MESSAGE

STORYTELLING HAS LONG BEEN A powerful way to pass on knowledge in Native American communities. Now, a center within the School is honoring that tradition as a way to spark discussions about environmental issues and public health within Tribal communities. The Center for Ecogenetics & Environmental Health, in the Department of Environmental and Occupational Health Sciences, has produced a 32-page comic book called *The Return, A Native Environmental Health Story*. It's about a Native woman and her child, their relationship to the environment, and how they are able to heal what's been damaged.

"The moral of the story is we're all connected to the environment. Without a healthy environment, we're going to have human health issues," says Michelle Montgomery, a post-doctoral researcher who helped develop the comic book version of the story. The narrative is based on surveys, interviews and "talking circles" that were held in Native communities in partnership with the Northwest Indian College. A member of the Haliwa Saponi/Eastern Band Cherokee tribe from North Carolina, Montgomery says oral tales are an important part of indigenous culture.

"Certain stories are shared during certain seasons, and some are told to change behavior and health," she says. "Everything has a story. That's the way I was brought up."

Native languages, however, typically lack equivalent terms for "environmental health" and "public health." An illustrated story was seen as the most effective way to engage Tribal communities, from teens to elders, in conversations about environmental health and the healing power of their own traditional knowledge. "Our goal is to use *The Return* as a starting point to talk about what environmental health means in their communities and what issues they want our researchers to help them address," says Jon Sharpe, the center's administrator. The book also contains a discussion guide and suggestions for related art projects.

So far, copies have been distributed to places including the Northwest Indian College, The Institute of American Indian Arts, a Native symposium at UW Tacoma, a New Zealand indigenous tribal college, and the American Indian Higher Education Consortium annual student conference in Green Bay, WI.

The center received a supplemental grant

from the National Institute of Environmental Health Sciences to follow up on *The Return*. Staff are collaborating with the University of Arizona to hold a series of “community conversations” in Tribal communities in the Pacific Northwest and Southwest. These conversations will be followed by storytelling workshops, which will result in new stories about Native environmental health. These stories could take a variety of forms—artwork, comic books, stories told through social media, and maybe even public murals.

“This year is about creating spaces for these stories to come out in whatever form the workshop participants deem appropriate for their communities,” Sharpe says. ■

RESEARCHERS MICHELLE MONTGOMERY
AND JON SHARPE READ *THE RETURN*

Photos: Jeff Hodson



MPH Student, Veteran Pens Poem on Afghan War

You are my enemy
You want me dead
You want us far away
You do not understand me
You are wounded
You smell
You are dirty
You are poor
You are like everyone who lives here
Your beard is dyed red
You are shot in the leg and arms
You do not scream
You are tied, untied, do not move
You want to live, you want to rest
You have a family
You will come with me
You will be bandaged and healed
You will fight again, one day...
You will remember flying with us
You will not see anything, your eyes
are covered
You are my enemy
You are my patient

—John T. Distelhorst.
Graduate student (Epidemiology),
DO, US Army Major,
on his experience as a flight
surgeon in Afghanistan.
The poem was published
Nov. 6, 2013, in the *Journal of the
American Medical Association*.

NEW FACULTY

APPOINTMENTS IN CALENDAR YEAR 2013



Ruanne Barnabas

Assistant Professor, Global Health
DPhil, Epidemiology, University of Oxford, 2005; MBChB, Medicine & Surgery, University of Cape Town (South Africa), 1997

Dr. Barnabas' research focuses on preventing the spread of the human immunodeficiency virus (HIV), specifically on interventions that reduce the viral load in HIV patients and, consequently, transmission of the virus.



Mohammad Forouzanfar

Assistant Professor, Global Health
PhD, Epidemiology, 2006, and MD, Medicine, 1998, Tehran University of Medical Sciences

Dr. Forouzanfar is with the Institute for Health Metrics and Evaluation, where he worked on the Global Burden of Diseases, Injuries, and Risk Factors Study 2010. He is updating the institute's estimates of disease burden associated with cancer, cardiovascular disease, and other conditions.



Michael Hanlon

Assistant Professor, Global Health
PhD, Economics, University of Washington, 2010

Dr. Hanlon is with the Institute for Health Metrics and Evaluation, where he manages interdisciplinary research teams that analyze how health care is financed across countries and comparing the costs of providing care.



Renee Heffron

Acting Instructor, Global Health
PhD, Epidemiology, University of Washington, 2012

Dr. Heffron's research bridges the fields

of HIV prevention and reproductive health, primarily among high-risk African populations. She focuses on couples in which one partner carries the human immunodeficiency virus, helping them reduce their HIV risk when they are conceiving children.



Bernardo Hernández Prado

Associate Professor, Global Health
DSc, Health and Social Behavior, Harvard University, 1998

Dr. Hernández Prado is with the Institute for Health Metrics and Evaluation's evaluation team for the Salud Mesoamérica 2015 project. The project seeks to improve health systems in southern Mexico and northern Central America.



Hideki Higashi

Assistant Professor, Global Health
PhD, Health Economics, University of Queensland (Australia), 2011

Dr. Higashi's research focuses on cost effectiveness, the Global Burden of Disease, and the Disease Control Priorities Network.



Pamela Kohler

Assistant Professor, Global Health
PhD, Nursing, University of Washington, 2012; MPH, Health Services, University of Washington, 2006

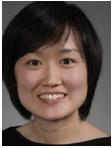
Dr. Kohler explores barriers that prevent women from seeking HIV care, including access to preventing mother-to-child transmission and to treatment programs. She has a joint appointment in Psychosocial and Community Health in the School of Nursing and is assistant director of the UW Global Center for Integrated Health of Women, Adolescents, and Children.



Tao Kwan-Gett

Senior Lecturer, Health Services
MD, Harvard, 1991; MPH,
University of Washington, 1998

Dr. Kwan-Gett is the new director of the Northwest Center for Public Health Practice. Before coming to UW, he practiced pediatrics for eight years and worked as a communicable disease epidemiologist for Public Health - Seattle & King County for seven years.



Marie Ng

Assistant Professor, Global Health
PhD, Applied Statistics, University
of Southern California, 2008

Dr. Ng works with the Institute for Health Metrics and Evaluation's Impact Evaluations research team developing new methods to evaluate the success of various interventions on population health. She also provides quantitative modeling to the Institute's Malaria Control Policy Assessment team.



Amanda Phipps

Assistant Professor, Epidemiology
MPH, PhD, Epidemiology,
University of Washington, 2010

Dr. Phipps studies factors that make a difference in cancer survival. She is especially interested in the relationship between tumor biology, lifestyle factors such as smoking, and prognosis in colorectal cancer patients.



Peter Rabinowitz

Associate Professor, Environmental & Occupational Health Sciences, and Global Health
MD, University of Washington, 1982;
MPH, Yale University, 1995

Through his Human-Animal Medicine Project, Dr. Rabinowitz leads a study in Kenya that investigates if children who live with domestic animals share gut microbes that can affect nutritional status. If so, resetting the microbiome—the gut's microbial communities—in livestock might be a sustainable intervention to improve children's health.



Edmund Seto

Associate Professor, Environmental & Occupational Health Sciences
PhD, Environmental Health Sciences,
University of California (Berkeley), 2000

Dr. Seto uses Geographic Information System (GIS), spatial methods, mathematical models, and novel information technologies to quantify exposures and risk in environmental and occupational health. A computer scientist by training, he is interested in new technologies such as mobile devices and low-cost sensor systems that could be used in developing countries.



Noah Simon

Assistant Professor, Biostatistics
PhD, Statistics, Stanford University, 2013

Dr. Simon's research focuses on building machine learning tools for analyzing high dimensional biological data. He is particularly interested in the development of biomarkers to inform treatment decisions and help pave the way for personalized medicine.



Ka'imi Sinclair

Acting Assistant Professor, Epidemiology
PhD, Health Behavior, University of
Michigan, 2005

Using a community-based participatory approach, Dr. Sinclair has tailored diabetes prevention and self-management interventions for several American-Indian communities, Native Hawaiians and other Pacific Islanders in Hawaii, and African Americans and Latinos in Detroit.



Theo Vos

Professor, Global Health
PhD, Erasmus University (Rotterdam),
2006; MD, Rijksuniversiteit Groningen,
1980

Dr. Vos is a member of the Institute for Health Metrics and Evaluation's Global Burden of Disease (GBD) research team, providing data and building partnerships to produce GBD estimates that are most relevant to policy decision-making.

2012–2013

SPH *at a* GLANCE

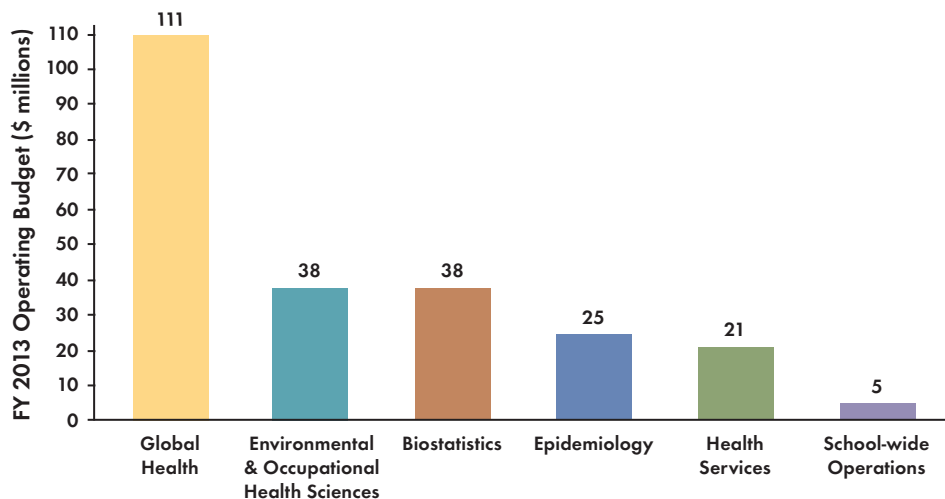
Accreditation	Accredited through the Council on Education for Public Health (CEPH), plus five program-level accrediting bodies such as the American Dietetic Association and Accrediting Commission on Education for Health Service Administration
Departments	Biostatistics, Environmental & Occupational Health Sciences, Epidemiology, Global Health, Health Services
Interdisciplinary Programs	Health Services Administration, Maternal and Child Health, Nutritional Sciences, Pathobiology, Public Health Genetics
Faculty	922 total: 158 primary, 105 joint, 166 adjunct, 493 affiliate & clinical
Students	1,232 students enrolled: 72% women, 8% underrepresented minorities, 64% WA residents, 8% international, 313 undergraduates, 919 graduate students, 328 incoming graduate students, 215 incoming undergrads
Graduate Degrees Offered	Master of Public Health, Master of Science, Master of Health Administration, Master of Health Informatics and Health Information Management, Doctor of Philosophy
Undergraduate Programs	BS or BA in Public Health, BS or Minor in Environmental Health, BS in Health Informatics and Health Information Management, Minor in Global Health
Certificate & Professional Programs	Executive MHA & MPH programs; certificate programs include Medical Management, Health Policy, Public Health Genetics, Clinical Research Methods
Degrees Awarded	113 undergraduate, 256 graduate, 51 doctoral (2012–2013)
Centers and Institutes	More than 30 Research Centers, including Northwest Center for Public Health Practice, Center for Public Health Nutrition, Institute for Public Health Genetics, International Training and Education Center on HIV
Some of our Partners	Fred Hutchinson Cancer Research Center, Bill & Melinda Gates Foundation, Group Health Research Institute, Seattle Children's Hospital, Veteran's Affairs, Public Health–Seattle & King County, Washington State Department of Health, Washington State Labor & Industry, PATH
Total Budget	\$239 million

ranks
SIXTH

The School ranks **sixth in the nation** in the most recent *US News and World Report* survey of graduate schools of public health, and **third among publicly funded schools of public health.**

TOTAL FISCAL YEAR (FY) 2013 BUDGET: \$239 MILLION

(83% Grants & Contracts, 12% University & State Funds, 1% Gifts & Endowments, 4% Other)



RESEARCH GRANTS

Researchers in the School of Public Health secured \$152 million in grants and contracts in FY 2013. Some of the largest grant awards are listed below (PI= principal investigator; M=million).

Grant	PI	Award
Building Sustainable Human and Institutional Capacity for HIV Care	King Holmes, <i>Global Health</i>	\$62.0M
Resuscitation Outcomes Consortium (ROC) Data Coordinating Center	Susanne May, <i>Biostatistics</i>	\$5.9M
PrEP Demonstration Project	Jared Baeten, <i>Global Health</i>	\$3.3M
Establishing and Strengthening COEs as Regional Health System Hubs	Scott Barnhart, <i>Global Health</i>	\$3.3M
National Alzheimer's Coordinating Center	Walter Kukull, <i>Epidemiology</i>	\$3.1M
Pacific Northwest Center for National Children's Study	Elaine Faustman, <i>Environ & Occup Health Sciences</i>	\$3.1M
Health Promotion Research Center	Jeffrey Harris, <i>Health Services</i>	\$3.0M
Reducing new HIV infections, NW Province, Republic of South Africa	Scott Barnhart, <i>Global Health</i>	\$2.4M
Multi-Ethnic Study of Atherosclerosis – Air Pollutants	Joel Kaufman, <i>Environ & Occup Health Sciences</i>	\$2.4M
Multi-Ethnic Study of Atherosclerosis	Richard Kronmal, <i>Biostatistics</i>	\$2.1M

DEAN'S COUNCIL

The Dean's Council is a distinguished and diverse group of external community leaders, known for their vision, commitment to public health, and philanthropy. The Council offers advice and support to help the School fulfill its vision of healthy people in sustainable communities—locally, nationally and globally.



Ron Sims (Chair) served as Deputy Secretary of the U.S. Department of Housing and Urban Development from 2009 to 2011, and was the elected Executive of King County, WA, for 12 years.



Jon Fine, MBA, has been President and CEO of United Way of King County since 2000.



Sanjay Chheda, MBA, (Vice Chair) is Vice President at Intellectual Ventures, focusing on new business models for innovation.



David Fleming, MD, is the Director and Health Officer for Public Health – Seattle & King County.



Christopher Elias, MD, MPH, is President of the Global Development Division at the Bill & Melinda Gates Foundation. He was the School of Public Health's Distinguished Alumnus of the Year in 2010.



Leo Greenawalt, JD, MHA, recently retired from the presidency of the Washington State Hospital Association.



Daniel Evans, MS, who leads his own consulting firm, is a former U.S. Senator and Governor of Washington State. The UW Daniel J. Evans School of Public Affairs is named in his honor.



Denis Hayes, JD, is President and CEO of the Bullitt Foundation. He was the national coordinator of the first Earth Day and eventually expanded the event to 170 nations.



Jack Faris, PhD, consults for organizations such as the Washington Global Health Alliance. He previously held key roles at UW and the Bill & Melinda Gates Foundation.



Bill Marler, JD, has represented many children across the country in food and water contamination cases. He frequently addresses food industry and public health groups about foodborne illness issues.



Susan Morgenztern provides marketing management and business development services to new ventures and new corporate divisions.



Charles Nolan, MD, worked in public health in Seattle and internationally for 30 years, focusing on communicable diseases, especially tuberculosis.



James "Jim" Norman, a principal in Norman Partners, is a longtime leader of the Pacific Northwest real estate community.



Mary C. Selecky recently retired from the leadership of the Washington State Department of Health.



David Shoultz, MS, PhD, is the Director of Grantee & Partner Engagement at the Bill & Melinda Gates Foundation and a member of the foundation's leadership team.



Kathy Surace-Smith, JD, is Vice President and General Counsel at NanoString Technologies.



John Wiesman, DrPH, MPH, was appointed Secretary of Health by Washington Governor Jay Inslee in April 2013.

NOTED FACULTY

HONORS



Photos, l to r: Mary Levin, Courtesy PHSKC

STEPHEN GLOYD

JAMES KRIEGER

Professor Stephen Gloyd gave the 38th annual University Faculty Lecture, "Achieving Health for All in the 21st Century: Globalization, Growing Inequality and Creative Responses." This honor is bestowed annually on a distinguished faculty member chosen by his or her UW peers and the Office of the Provost. Gloyd is a professor of Global Health and Health Services and an adjunct professor of Epidemiology.

James Krieger, clinical professor of Health Services, was honored by the Campaign for Public Health Foundation as a national Unsung Hero of Public Health. Krieger (MPH '89) received the 2013 "Rock in the Pond" Award. He is chief of the Chronic Disease and Injury Prevention Section at Public Health – Seattle & King County.

GRAYSTON SOCIETY

The School of Public Health welcomes into the Grayston Society our most generous and committed friends, alumni, faculty, and staff. Members of the Society partner with us as we move forward with the vision of our Strategic Plan 2012–2020. With annual gifts totaling \$1,000 or more, they make a huge difference to the countless people who benefit from the School's commitment to excellent science, shared passion, and enduring impact.

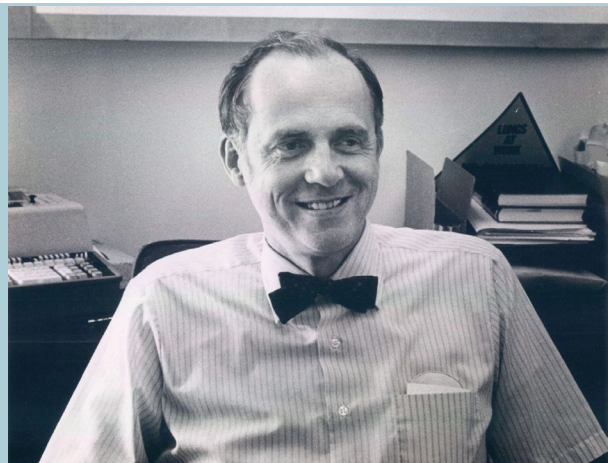
John R. Anicetti
Thomas & Jacqueline Benedetti
Shirley Beresford & Donald Patrick
Norman E. & Gayle Breslow
Matt & Sheila Breyse
James Brinkley & Sheila Lukehart
Sanjay G. Chheda & Angela Cirulli
Trudy W. & Thomas W. Cravens
Scott & Ardis Davis
Robert W. Day
Ronald F. & Maureen L. DiGiacomo
Theodore C. & Ann E. Doege
William & Sandra Dowling
Tim Drangsholt & Peggy Timm
David L. & Kathleen M. Eaton
Thomas R. & Jo Linda Fleming
Frances M. Frazier
Howard Frumkin & Joanne Silberner
J. Thomas & Nan B. Grayston
Jack B. & Betty Hatlen
Richard M. Hoffman

King Holmes & Virginia Gonzales
Peter J. House
Frank Hughes & Paula Diehr
Joyce & J. Craig Jackson
Paul E. & Alisa Jenny
Joan E. Julnes
David Kalman & Cecilie Hudson
Joel D. Kaufman & Anna Wald
Bruce Kelman
George E. & Mary P. Kenny
Kathleen F. Kerr & Ami Fischman
Larry Kessler
Jon H. & Mari J. Kvinsland
Walter A. & Diane N. Kukull
Douglas J. & Lyn M. Lee
Jiin T. & Judy Lin
Midge M. Loser
Gillian Marsden & Roswell Bond
Stephen Mason & Laura Johnson
Susanne May

Ray M. & Patricia Nicola
Erik B. & Julie A. Nordstrom
Mark W. & Mardie Oberle
Gilbert Omenn & Martha Darling
Robert V. & Katherine M. Ortblad
Brian D. & Bonnie B. Plikaytis
Ross L. & DiDi Prentice
Benjamin P. & Nancy Remak
Barbra A. Richardson &
Anthony Fisher, Jr.
Lawrie & Gwen Robertson
Cynthia Rogers
Annette W. & Austin Ross, Jr.
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PHOTOS: SPH ARCHIVES



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A Donor Giving Back Full Circle to Native Communities

The story behind the Rattlinggourd Endowed Scholarship and Fellowship established by Dylan and Susan Wilbanks runs along the Cherokee Trail of Tears—from the South to Oklahoma in the 1800s, to the oil boom around Tulsa in the early 1900s. The story finally lands in the present day in the UW School of Public Health (SPH).

Rattlinggourd was the last name of Dylan's Cherokee great-grandmother. Susan is part Creek Indian, from Alabama. Their Rattlinggourd scholarship provides support to School of Public Health students whose work and research will benefit Native American and Alaska Native communities.

Generations ago, Dylan's family, who had originally arrived in Oklahoma via the Trail of Tears, amassed wealth from oil-rich land outside Tulsa. However, the money left a painful legacy as it was reduced over half a century by family squabbles and questionable decisions. When Dylan received an inheritance of BP stock in 2008, he thought of it as "blood money." He says, "How many Natives in Oklahoma traded their mineral rights to oil companies for the price of a Cadillac?"

At the time, he was working in online communications at SPH and knew its mission, students and faculty. "I loved the SPH mission, but I would look at the Soul Catcher (emblem) and think there was something missing, that we did not do enough for Native communities. I thought,



Photo: Catherine Shen

DONORS DYLAN AND SUSAN WILBANKS

let's take this money and aim some of our students towards Native communities in North America, which face alcohol problems, obesity, diabetes, economic inequality—and have for a long time. It felt right to me. SPH is the right school; these are the right people."

Susan adds, "We are not rich; we're middle-class Seattle folks. At the end of the last campaign, the UW offered a very generous match, so we took advantage of it to establish this endowment."

Says Dylan, "When I was young, I thought I would save the world. As I got older I thought, there are a lot of people who do that, but they need people who can support them. I've realized I'm better at supporting the people who are saving the world."

Heading to Public Health Research Alongside the Community

Jennifer Bethune, a UW senior majoring in public health, is the current recipient of the Rattlinggourd Scholarship established by Dylan and Susan Wilbanks.

She is a descendant of Native Americans from North Dakota—the Turtle Mountain Band of Chippewa Indians. Her grandfather grew up on a reservation before moving to the Pacific Northwest.

Thanks to the Rattlinggourd award, Bethune has been able to reduce her part-time hours as a barista and begin volunteering with IWRI, the Indigenous Wellness Research Institute, a UW center that focuses on partnering with and working alongside Native communities through equitable research.

“I want to understand how historical trauma is cyclically transmitted and exhibited across generations. I want to better understand the effects of this trauma that includes higher rates of violence, suicide, a higher burden of disease,” she says.

After she graduates, she wants to partner with Native communities to research community-identified health disparities and possible solutions. “The approach of Community-Based Participatory Research is to partner with community members to ensure that the research being done involves the community and is in the interest of that community,” she says. “It is research done with the community, not on the community.”



Photo: Jeff Hodson

RATTLINGGOURD RECIPIENT
JENNIFER BETHUNE

“ It is research done with the
community, not on the
community. ”

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