Our Food
Our Water
Our Health
FROM THE DEAN

ONE OF LIFE’S SIMPLEST PLEASURES is sitting down to eat a good meal with friends and family. Food and drink bring us closer together, but they also play an integral part in health, culture, and economics. In fact, the universal importance of food formed the roots of the University of Iowa’s first-ever theme semester, a collaborative effort that brings diverse perspectives to bear on a topic of importance to Iowa and the world.

In spring 2015, the UI launched “Food for Thought,” which resulted in more than 130 campus and community events centered around the theme of food. The College of Public Health was pleased to partner in a number of activities, including a visit from New York Times columnist Mark Bittman (see page 26); the UI Presidential Lecture “Food, Culture, and Community,” presented by Linda Snetselaar, CPH professor of epidemiology and UI associate provost for outreach and engagement; All Recipes Are Home, a play co-commissioned by Hancher and created by Iowa City’s Working Group Theatre; and a Community Supported Agriculture fair hosted in the CPH Building.

The college is also actively engaged in a number of research initiatives with ties to food and drink. In the global health arena, Assistant Professor Kelly Baker is researching the different pathways by which water, sanitation, and hygiene affect human health. CPH researchers are also partnering with the residents of Chuuk in Micronesia to develop culturally appropriate nutrition interventions to better manage diabetes.

Nationally, George Wehby and colleagues have studied a variety of economic factors and their complex relationship to the rise in rates of obesity. Closer to home, Professor David Osterberg discusses Iowa’s water quality and strategies to address some of the current environmental challenges the state faces.

CPH researchers are also helping to analyze a program that’s aimed at getting school kids to try new and healthy foods, and we take a look at how Iowa hospitals are establishing gardens and other innovative programs to address community health needs.

The College of Public Health is engaged in exciting and far-reaching research and activities aimed at improving people’s health locally, nationally, and globally. We’d love to hear about your work—drop us a line at cph-communications@uiowa.edu.

Warm regards,

Sue Curry

Giving Kids a Taste for Healthy Foods

College of Public Health researchers are helping to unpack what works in a program that introduces kids to healthy foods.

InSight is published twice a year for alumni and friends of the University of Iowa College of Public Health.

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GIVING KIDS A TASTE FOR HEALTHY FOODS

CPH RESEARCHERS ARE HELPING TO UNPACK WHAT WORKS IN A PROGRAM THAT INTRODUCES KIDS TO NEW FOODS.

BY JENNIFER NEW

Most parents have been pestered for sugary cereal or fat-laden chips during a visit to the grocery store. But what about kids asking for red bell peppers? Or mango?

For many parents, such a request would be nothing short of miraculous. But an Iowa-grown nutrition education program that is now in its second decade has spurred many kids to ask for healthier foods.

Pick a better snack™ was developed by the Iowa Nutrition Network in the Iowa Department of Public Health. With a proven track record, it is becoming a model for other states. Since all states receive funds from the Supplemental Nutrition Assistance Program (SNAP) to provide nutrition education for low-income children, it makes sense to replicate the most effective programs.

When the USDA did a large scale evaluation of the Iowa Pick a better snack™ (PABS) program in 2013, the results were clear: The program works. “What was less clear,” says Doris Montgomery, state coordinator for the Iowa Nutrition Network, “was why it worked.”
Kids are encouraged to touch the food, smell it, and then—hopefully—taste it. The more curiosity kids can bring to the experience, the more likely they are to eat something new.
Montgomery enlisted the help of Natoshia Askelson, CPH assistant professor of community and behavioral health. Along with a team of graduate students and recent alumni, Askelson is working to unpack which aspects of the PABS program are effective. And that’s not as easy as it might sound.

The program has a lot of moving parts. Understanding which ones are vital to producing positive results will help Montgomery and her peers across the nation to know where to put their funds.

**NUTRITION ROCK STARS**

Nutrition educators who visit schools once a month are the hallmark of the program. In addition to in-class time, kids take home bingo cards that encourage them to try different foods and physical activity throughout the month. Children who complete a bingo receive prizes like hacky sacks and Frisbees. Parents receive a newsletter with cooking and shopping tips. The program also has signage in local grocery stores and advertising on billboards.

It’s that class time that the kids remember. Montgomery calls the nutrition educators “rock stars” and says that kids will try things for them that they won’t for their parents or regular teachers.

One of those stars is Judith Dittmar, who leads the program in the seven Council Bluffs elementary schools that are eligible. The curriculum is focused on younger grades, so each month Dittmar visits kindergarten through third-grade classrooms, bringing with her a healthy snack that features a different fruit or vegetable. Recent offerings have included jicama, cranberries, and cauliflower.

Kids are encouraged to touch the food, smell it, and then—hopefully—taste it. The idea is that the more curiosity kids can bring to the experience, the more likely they are to take the final step and eat something new.

“We use positive peer pressure,” says Dittmar, noting that sometimes kids will be cheering for each other to try a food that’s either unfamiliar to them or believed to be “bad.” During her ten years in the position, she has watched a lot of kids overcome preconceived notions about different foods. Blueberries may not be such a hard sell, but spinach and asparagus are tougher.

There are eleven participating sites in the state. These are places where more than 60 percent of a school is eligible for free and reduced lunch. In each location, a school district or county extension office receives funding from the Iowa Nutrition Network School Grant Program to provide nutrition education to schools. Montgomery notes that many schools around the state that are not eligible find alternative funding to cover the program’s expenses and maintain participation because they find the program so valuable.

**PESTER POWER**

Iowa has an increasing poverty rate and low national ranking in consumption of fruits and vegetables, meaning kids often lack access to fresh food at home. Which is where Askelson’s research comes into play. The success of PABS lies, she says, in “pester power”—that age-old talent kids have for getting what they want. In this case, it’s being used to ask for healthier food options.

“We want to be sure they are learning how to be better askers,” Askelson says. After the kids learn about a new food, it’s important that they have the skills to help make that food appear on the family dinner table.
Last summer, two College of Public Health graduate students called parents of children who had participated in the program. One of the interviewers, Julia Friberg, a second year Master of Public Health student from Rockford, Ill., explains, “The questions focused on how children ask for food, grocery shopping habits, and strategizing for food budgets.”

Friberg, whose own interests include community-based participatory research and health disparities, said the experience helped her to hone skills while also gaining a better idea of the current landscape of nutrition and food access issues.

Montgomery says that having an independent evaluator provides more credence to the results. She also appreciates that Askelson has added her own experience in health promotion and community-based initiatives to the table.

The results of Askelson’s research from last summer were used to revise the classroom lessons. Following this summer’s research, another round of revisions will be made with the aim of making PABS as effective as possible.

Maine has already adopted PABS, and Montgomery believes other states will follow suit. With child hunger an ever-growing problem—more than twice as many K-12 students are eligible for free and reduced lunch nationwide as compared to 1980—finding programs that really help to connect children and families with healthy food is essential. PABS is just one small piece to a larger problem, but it provides kids with knowledge and a hunger for better foods.
IMPROVING IOWA’S WATER QUALITY

BY BECKY SOGLIN

Water quality issues are making the news in Iowa and nationwide. This spring, the Des Moines Water Works announced its intention to sue three Iowa counties for polluting waterways in violation of the Federal Clean Water Act. David Osterberg, CPH clinical professor of occupational and environmental health, advocates for water quality through the Iowa Policy Project, a nonprofit, nonpartisan research organization he co-founded in 2001. Osterberg, a former state legislator who chaired the House agriculture committee, discusses clean water and recommendations to strengthen Iowa’s Nutrient Reduction Strategy, a voluntary framework to cut nitrogen and phosphorus discharges into Iowa waterways.

What are some of the concerns about Iowa’s water quality?

Since Iowa was settled in the 1840s, our water quality has suffered. This isn’t unusual for a farm state, where millions of acres of wetlands were converted into cropland.

First, we’re losing lots of soil. Our rivers run brown, not clear. Even if soil loss didn’t make Iowa’s rivers run brown, they’d run green because of algae—the result of heavy doses of nutrient runoff.

So, nutrients—primarily nitrogen and phosphorus—are a second cause of impaired water quality. On farm fields, nutrients aren’t a pollutant since their purpose is to make crops grow. But in water, nutrients are out of place and become pollutants.

Third, pesticides (insecticides and herbicides) wash into waters, although some herbicides like atrazine are less prevalent nowadays. Wastewater treatment plants discharge pollutants from industrial chemicals and home cleaning products, although the Environmental Protection Agency (EPA) sets limits.

How does polluted water affect environmental health?

Iowa lakes and rivers increasingly have algae blooms, which reduce recreational uses and pose health risks. Phosphorus can feed blue-green algae, including a type that causes extremely toxic organisms called microcystin. In July 2014, the city of Toledo, Ohio, temporarily lost its water supply due to microcystin in Lake Erie. You couldn’t even boil the water to make it drinkable. Since 2010, the Iowa Department of Natural Resources (DNR) has seen statewide a ten-fold increase in the microcystin at beaches, from two cases to 22.

In the Gulf of Mexico, oxygen loss has created the dead zone. People often say we “poisoned” the water, but we actually over-enriched it. Since nitrogen and phosphorus make plants like corn and soybeans grow, they also make algae grow, which in turn consume all the oxygen, and fish die or leave.

Q&A
What is the Nutrient Reduction Strategy?
Iowa introduced the Nutrient Reduction Strategy (NRS) in 2013 in response to the EPA directive for states along the Mississippi River to reduce the dead zone. The goal is to reduce nitrogen and phosphorus runoff by 45 percent.

The DNR, Department of Agriculture and Land Stewardship, and Iowa State University (ISU) determined that 90 percent of the nitrogen from Iowa that ends up in the dead zone comes from nonpoint sources, meaning from agriculture. The other 10 percent comes from point sources, primarily wastewater treatment plants. Nearly 66 percent of the phosphorus comes from nonpoint sources and 33 percent from point sources.

Taking reduction steps is voluntary for nonpoint sources, despite accounting for 90 percent of Iowa’s nitrogen contribution, yet mandatory for the point sources.

What can be done to improve water quality through policy and practice?
In July 2014, the Iowa Policy Project (IPP) published a paper on how to improve the NRS. One of the basic problems is the lack of resources to implement the program. Besides needing to change course and assure sufficient funding, there are other problems with a voluntary program. There’s no date by which to achieve the 45 percent reduction goal; we need to set a date. Also, monitoring isn’t required, and should be.

But the crux of the NRS weakness is that it’s voluntary for farmers. Many farmers are doing positive things. But many farmers aren’t doing anything and should. An ISU Agriculture and Rural Life poll in 2011 of 1,300 farmers found that 51 percent of landowners spent nothing on conservation practices in the prior 10 years. If you’re spending nothing, you’re likely doing nothing. IPP thinks farmers should be required to pick two conservation practices from several choices.

What practices help reduce soil and nutrient loss?
One effective practice is cover crops, which keeps soil in place and utilizes nitrogen and phosphorus. However, they can be hard to get started if row crops aren’t harvested until November. Buffer zones between crops and waterways are very effective. The Environmental Working Group showed that a relatively small number of acres taken from production can help. Buffer zones attract wildlife such as pheasants. Farmers could charge people to hunt on their land. Other practices include reintroducing wetlands, contour farming and terracing, and grassed waterways.

If the NRS is sufficiently funded, more technicians could be hired to help farmers successfully adopt these practices. In Iowa, we have the best farmland in the world. We ought to be able to grow crops and not contaminate the land and water.

“In Iowa, we have the best farmland in the world. We ought to be able to grow crops and not contaminate the land and water.”

David Osterberg, CPH clinical professor of occupational and environmental health
What does this study add to what is known about economics and obesity?

It builds on previous studies by including in the model as many economic factors as possible. This comprehensive model allows for better estimates of the effects of each of the factors than when they’re studied alone. When you study them alone, you may be attributing an effect to something that’s not really its own effect.

We assembled a massive dataset of nationally representative samples over the last 20-plus years and chose 27 factors that are most conceptually relevant and can be measured. The novelty is putting all these economic variables into a kind of “statistical horse race” to see which would emerge as the most important.

What were the results of this “horse race”?

We’ve learned that economic incentives for food consumption have played a major role in the rise in obesity. Two factors related to monetary and time costs of food consumption stand out. One is the proliferation of super centers and warehouse clubs, which likely plays a role through the reduced prices of food items.

The other is the reduced amount of time cost involved in eating outside of the home. The more restaurants that are available and accessible, the cheaper it is, time-wise, to go to them. Arguably, food consumed outside the home is less healthy overall.

Perhaps even more significantly, these 27 economic factors, especially those top two, explain about 60 percent of the rise in severe obesity, which is the more clinically harmful form. That’s a fairly dramatic effect.
What factors finished behind the pack?
Some variables that researchers would normally consider didn’t matter as much—for instance, calorie expenditures. Our study points more toward calorie consumption rather than a decline in exercise or in burning calories. This is consistent with previous studies.

What impact might this information have on public policy?
Someone who reads this work could say, “Why isn’t there a tax on junk food or a subsidy for purchasing healthy food?” That may seem intuitive, but it’s actually much more complex than that. People receive utility from having access to cheaper food. Or they enjoy eating out. You must first do a thorough analysis of the benefits and costs to consumers and society in order to understand what the effects of these potential policies are.

Obesity, especially severe obesity, is associated with higher mortality, higher medical expenditures, more chronic conditions, and reduction in the activities of daily living. It’s important to do this analysis to develop smart policies that retain the good aspects of accessibility to cheap food but at the same time reduce negative offsets. That’s the important next step.

What other work could this research inspire?
First would be an attempt to understand whether these effects are causal. We’ve been very cautious when suggesting that. They’re based on statistical analysis, not on randomizing people and putting them in areas that are, say, more or less dense in restaurants.

Next would be to understand exactly where the effects come from. Is it more the price effect, or is it partly behavioral? Maybe people are just eating more of this cheaper food impulsively.

Obviously, we still have work to do. What we’ve looked at so far is an overall effect across the entire population. Next we could look at differences by, for instance, education, income, age, gender, or race. There are differences in obesity across these variables.

Much of the media coverage of this study was typified by a story with the headline “The Economy Is Making You Fat.” Is it as simple as that?
The rise of obesity is a complex phenomenon not accounted for by one or two factors. It’s likely not just economics. But economics does likely play a major role. Understanding that helps us shape the discussion around it and puts it in a more realistic framework. People’s responses to their broader environment, as well as to their broader economic incentives, play an important role in their health. That’s what this research suggests as key for explaining the population rise in obesity.
A QUEST FOR CLEAN WATER

CPH FACULTY MEMBER KELLY BAKER STUDIES THE CASCADE OF HEALTH ISSUES CONNECTED TO WATER, SANITATION, AND HYGIENE.

BY DEBRA VENZKE

Water has been a consistent theme running through Kelly Baker’s work, one that has led her from her home state of Oklahoma to California, Mexico, India, Ghana, and elsewhere around the globe.

“I’ve always been a bit of a vagrant,” says Baker, who joined the College of Public Health in 2014 as an assistant professor of occupational and environmental health. “Even before getting into global health work, I traveled a lot.”

After completing her undergraduate studies in biology and ecology, Baker moved to California intending to earn a PhD in oceanography.

“I wound up a bit disillusioned with the potential for career success in that field,” says Baker, who took time to rethink things. “I’d work then travel—typically into Mexico and Ecuador—and I settled on the concept of public health because it tied into a lot of the problems I observed in my travels.”

Baker then attended the University of Maryland-Baltimore, where she completed a PhD in microbiology and immunology.

“I started off studying bacterial pathogenesis and molecular diagnostics,” Baker says. “It was very bench-based work and I enjoyed it, but I realized it wasn’t where my interests were. I wanted to do fieldwork.”
FIELD EXPERIENCE

After Baker graduated, she was offered a fellowship with the University of Maryland’s Global Enteric Multicenter Study (GEMS), one of the largest, most comprehensive studies of childhood diarrheal diseases ever conducted in developing country settings.

“My role was the environmental component of the study—understanding how water sanitation and hygiene affected a child’s odds of diarrhea,” Baker explains. “In Bangladesh, I designed questionnaires to understand the practices specifically related to water quality in the home or to hand washing. I collected environmental samples, and identified and measured how much contamination was in these samples. That was really my introduction to a lot of different disciplines, from field epidemiology to environmental microbiology to behavioral data collection methodologies.

“It resonated very strongly as the pathway I wanted to go in,” Baker continues. “In low-income countries, people are exposed over time to many different organisms. For me, improvements in fundamental environmental health offered a panacea against disease spread. You could prevent exposure to lots of different things over time, and, hopefully, prevent a child from ever getting to the point where they would have diarrhea or be malnourished from it.”

Baker’s next stop was Accra, Ghana, where she worked as an in-country investigator for the Emory University-based SaniPath study, an assessment of exposure to human waste in low-income urban environments. That experience in Ghana helped inform Baker’s current work in understanding the relationship between water and contamination.

“Water is a means by which we consume contamination, such as through drinking water or accidentally swallowing water while swimming,” Baker says. “But water is also a mechanism by which contamination is introduced into the environment.

“In low-income countries, people are exposed over time to many different organisms. For me, improvements in fundamental environmental health offered a panacea against disease spread.”
For example, at an open defecation site, water can move beyond one centralized location and wind up contaminating a much broader area and exposing a broader population. It all leads back to containment of waste being a really important component of preventing the disease cycle from occurring again.”

UNDERSTANDING EXPOSURE

Baker’s experience strengthens the College of Public Health in several areas, says Peter Thorne, CPH professor and head of occupational and environmental health.

“We’re pleased to have Kelly’s expertise in water quality, sanitation, and global public health,” says Thorne. “These are important areas of environmental health where we have needed more scholarship and student mentoring. While Kelly is doing great international work, we also look to her expertise to address problems with water quality in Iowa.” (See related story on page 6.)

Baker’s current research falls into three interconnected areas. “On the exposure side of things, my lab is developing a tool that simultaneously detects and quantifies over 20 known types of microorganisms that cause diarrheal disease,” Baker says. “We’re going to use this tool to better understand waterborne, watershed exposure risks in a low-income country.”

Worldwide, the lack of adequate sanitation facilities allows diarrheal pathogens to enter the environment, Baker explains. “So the overall likelihood of being infected and experiencing illness is extremely high for those living in those areas,” she says. “We’re going to use this tool to identify the pathways by which groups of organisms spread in the environment and come into contact with people. We can use this information as a baseline for evaluating the impact of sanitation-related interventions on environmental safety and human health risks.”

The research team will be conducting projects this summer in Kenya and Iowa. “While Iowa may be relatively clean in terms of human waste, there’s zoonotic transmission through wildlife and livestock. Comparing the patterns we find in Iowa versus in Kenya will help us better understand what the inherent risks are in a place where there are good human sanitation systems versus a place where there are not.”

MATERNAL AND CHILD HEALTH

Another part of Baker’s work is exploring whether and how water and sanitation impact maternal and child health.

“We’re in the process of completing a project in India where we’re exploring what the patterns of sanitation use are for women across the life course and how it impacts their health,” Baker says. “In India, for a number of reasons, open defecation is rampant even where public toilets are available. For women, fear of violence is an issue.”

Women’s struggles to access safe, private sanitation and obtain clean water create extremely stressful mental and physical environments, Baker explains. One finding from the project is that women with poor sanitation access are twice as likely to experience pre-term birth or give birth to a low-birth-weight infant.

“The next phase of our work is to understand why,” Baker says. “And not just why, but what are the downstream ramifications? Is the stress related to poor water and sanitation access something that is biologically linked to preterm birth? We want to understand what these pathways are so that we can design interventions that potentially can alleviate stressors for pregnant women.”

Baker emphasizes that the impact is not just on the woman, but also the child. “We hypothesize that how and when a child enters the world is a major predictor of whether that child, two years from now, will have a higher incidence of diarrheal disease, or is more likely to be stunted (low height for age) and wasted (low weight for height). We’re trying to understand that cascade—how is the disparity from poor water and sanitation access passed from mother to offspring, and what are the consequences?”
Assessing Interventions

Baker’s third area of work is, as she puts it, “How do we identify effective interventions, and how do we understand whether those interventions work?” Baker is collaborating with Safe Water Network, a non-governmental organization that partners with communities in Ghana and India to develop market-driven, financially sustainable, locally owned and managed water systems. Safe Water Network plans to conduct a health-impact assessment, Baker explains, and her role is to help them understand when and how their programs are working.

“I have a lot of irons in the fire,” Baker admits, but the passion for her work is evident. “The three parallel tracks of my work are all really engaging, and none of them really stand alone. I’m a big picture person, and I really like projects where I have collaboration with and can learn from other people.”

“We’re trying to understand that cascade—how is the disparity from poor water and sanitation access passed from mother to offspring, and what are the consequences?”
Health care access, obesity, teen pregnancy, mental health, physical activity—these are just a few of the health concerns identified by Iowa hospitals in their Community Health Needs Assessments (CHNAs). The needs vary from community to community, but one issue—obesity—is cited as a top health priority in almost every report.

In fact, a review of CHNAs from 300 randomly selected U.S. hospitals showed that obesity was the number-one health condition identified as a community health need, according to the Health Research & Educational Trust. Obesity-related diseases such as diabetes, cardiovascular disease, and hypertension were also highly ranked health priorities.

A CULTURE OF HEALTH
As of 2012, the Affordable Care Act requires non-profit hospitals to conduct CHNAs every three years in conjunction with community partners. They must then develop and implement strategies that address the issues identified. That means hospitals are now playing an even bigger role in population health.

“Community hospitals have always addressed broader community health issues within their missions of service,” says Keith Mueller, CPH professor and head of health management and policy. “Now that mission has enhanced meaning because payment systems penalize hospitals for unnecessary readmissions, which can be prevented through integrating hospital and community services.

The garden at Winneshiek Medical Center.
“Likewise, hospitals are rewarded for keeping people healthy, which happens when hospitals are part of integrated local delivery systems, which most now are,” Mueller continues. “So, the long-standing service mission and financial incentives are aligned to motivate hospitals to be local leaders in promoting a culture of health in their communities.”

PUTTING PLANS INTO ACTION
To address nutrition and obesity-related needs, many hospitals’ action plans include offering exercise classes, nutrition counseling, runs/walks, free health screenings, and education programs. Some creative new endeavors are being put into place as well.

For example, Finley Hospital in Dubuque offers a free cooking program, “Cooking with the Cardiologist,” three times per year in partnership with Hy-Vee Food Stores. A Finley cardiologist and a Hy-Vee dietitian teach participants how to prepare and modify dishes that are heart-healthy and tasty.

Proposed actions from Van Diest Medical Center in Webster City include creating a community education series on topics such as reading food labels, touring a grocery store, discussing healthy portions and restaurant options, and promoting and expanding a farmers market.

Crawford County Memorial Hospital in Denison is partnering with the Hospital Foundation of Crawford County to sponsor a Healthy Desserts recipe contest at the county fair to encourage residents to consider lifestyle changes to reduce obesity rates.

A GROWING GARDEN MOVEMENT
Several Iowa hospitals have established on-site gardens that not only provide healthy food and opportunities for education, but also places for patients, staff, and visitors to relax and enjoy nature.

Buchannan County Health Center in Independence added a garden to its campus in spring 2014. Local school-children were able to sample the fresh produce as part of a program that educates kids about healthy eating and exercise. The produce was also used in the hospital cafeteria and sold at a mini farmers market on the hospital’s campus.

Winneshiek Medical Center (WMC) in Decorah is home to an extensive “edible landscape.” The organic vegetable and flower garden was established in 2009 under the guidance of the Pepperfield Project, a non-profit organization dedicated to cooking and gardening education programs. The Pepperfield team maintains and harvests the hospital garden’s mix of vegetables and perennials.

“Last year we used about 1,700 pounds of produce from the garden in the cafeteria and patient meals,” says Joetta Redlin, WMC’s director of nutrition services. “If we have an excess of product at the end of the week, we have a Bountiful Harvest sale in the cafeteria to sell the produce at reduced cost so it doesn’t go to waste.

“Patients visit the garden and really find it a peaceful respite,” Redlin continues. “Staff can visit the garden over their lunch break as well. We offer several small varieties of tomatoes in a ‘U-pick’ area that the staff can eat with their lunch. I think the community views it as a beautiful landscape as well as beautiful produce.”

A PROACTIVE APPROACH TO HEALTH
In 2014, Mercy Cancer Center in Des Moines also established a vegetable and herb garden.

“Our healing garden is on the property of our outpatient cancer center where patients receive radiation therapy and chemotherapy,” explains oncology dietitian Crystal Tallman, who oversees the garden with another dietitian. “Last year, we harvested approximately 400 bags of produce that we distributed to our cancer patients and their families. We also provided recipes to give patients ideas of how to incorporate the produce into their diet.”

The center plans to significantly expand the garden this year with additional raised beds, seating, and a water feature.

“Many people think of hospitals and cancer centers to be reactionary type locations; you visit them only when you get sick,” says Tallman. “I believe having a garden on-site is a proactive approach to health and sends the message that Mercy encourages healthy eating, which can contribute to reducing chronic disease risk.”
Often called an “invisible epidemic,” chronic diseases such as heart disease, cancer, and diabetes are the leading causes of death and disability worldwide. Globally, about 347 million people have diabetes, according to the World Health Organization.

The trend is obvious, even in regions such as the Pacific Islands, which struggle with high rates of diabetes despite a reputation as a tropical paradise overflowing with fresh fruits and vegetables.

“Chronic diseases have increased dramatically in the Pacific Islands, where rates of type 2 diabetes are particularly high,” says Linda Snetselaar, CPH professor of epidemiology and director of the college’s Nutrition Center.

In the U.S. Pacific, rates of adult diabetes range from 24 percent in the Federated States of Micronesia to 47 percent in American Samoa. By contrast, the adult diabetes rate in the United States is about 11 percent. Type 2 diabetes is usually associated with excess body weight and physical inactivity. Over time, diabetes can damage the heart, blood vessels, eyes, kidneys, and nerves.

THE CHUUKESSE CULTURE

Nutrition is an important component of managing diabetes. A team of researchers led by principal investigator and CPH alumna Nia Aitaoto (PhD ’13) conducted a community-based participatory research project in Chuuk, one of the four island states that comprise the Federated States of Micronesia, to gather information about what helps and hinders people’s adherence to nutritional recommendations. The co-investigators included Snetselaar and CPH faculty members Shelly Campo, Edith Parker, and Kathleen Janz, along with several other researchers.

About 49,000 people live in Chuuk, and there is also a substantial Chuukese population in Hawaii. The researchers collected information from interviews with Chuukese faith leaders and health care providers. They also held focus group discussions with individuals with diabetes and caregivers. The researchers are using the findings to develop a nutrition intervention tailored to the Chuukese culture.

Cultural awareness and sensitivity are important when developing interventions, notes Aitaoto, since Western health perspectives often don’t translate to other cultures.

“Pacific Islanders have a collectivistic culture centered around family and community,” says Aitaoto, who works as a consultant with several health-related organizations. “Their view of health is holistic, and family members play an important role in health decisions.”

Religion and spirituality are also very important to Pacific Islanders; about 90 percent of the population belongs to a church. The research team is working closely with faith leaders, “because churches are where people congregate,” says Snetselaar.
A CHANGING DIET

Chuuk, like other Pacific Islands, has seen a dramatic change in its dietary habits over the past century. Colonization, wars, and urbanization along with environmental challenges like drought, typhoons, and rising ocean levels have changed the way people eat. A diet once based on fish and native plants has largely given way to canned and processed foods. The Western influence on diet became particularly pronounced following the Second World War.

“During World War II, the Japanese army and navy were based in Chuuk, and the U.S. bombed the islands in order to slow the Japanese military,” explains Aitaoto. Known as Operation Hailstone, the U.S. attack in 1944 involved major bombardment over two days. The islands were cut off from supplies, leading to food shortages and starvation and a legacy of dependence on processed foods.

“The U.S. brought in food after the war,” adds Snetselaar. “That was usually white rice, which is very processed, and meat products such as Spam, which is high in saturated fat. In the grocery stores today, there aren’t a lot of fresh fruits and vegetables. What you see are a lot of canned foods and canned meats.”
More than 70 years after the war, accessing local foods remains difficult: they are more expensive than imported foods, and growing or preparing local food takes extra effort. As one focus-group participant explained:

_We live in a tropical island and a lot of people think that we shouldn’t have a problem with fruits and vegetables, but we do. I grew up after the war, so many of our foods were brought in by ships because the bombing destroyed a lot of the vegetation. Today, we are used to eating those canned foods, and they are easy to get and prepare. … For local foods there is a lot of work; farming is hard work, and preparing local food also takes a lot of time._

There are also emotional and motivational barriers, as described by another participant:

_Many of us are eating the kinds of foods we ate when we were growing up—mostly imported foods. There is a familiarity with those foods, and they are our comfort foods. We know eating our traditional plant-based foods are good for us, but many times we eat imported foods because they are easy to get, easy to cook, familiar, and comforting food._

Another participant commented:

… I know that I need to eat healthy foods, I know there are many reasons why I can’t do that, but at the core is my own attitude and mentality. I also need the support of my family and church.

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**BUILDING MOTIVATIONAL SUPPORT**

Such perspectives reflect the importance Chuukese culture places on the collective approach, Aitaoto explains.

“Involving family members and the church is crucial to getting people to follow nutrition recommendations,” she says.

The researchers’ next step is conducting a culturally appropriate pilot intervention that uses an adaptive version of motivational interviewing, which is an approach that addresses people’s ambivalence to change. Some of the cultural adaptations include involving family members, church leaders, and the community in building motivational support.

“The goal is to use the idea of motivational interviewing, but with a whole new twist based on the Chuukese culture,” Snetselaar says.

Researchers Shelly Campo, Karen Farris, Kathleen Janz, Linda Snetselaar, and Nia Aitaoto.
UI to Offer Bachelor’s Degree in Public Health

Beginning in fall 2016, the University of Iowa will offer a bachelor’s degree in public health. Students will be admitted directly into the College of Public Health and will choose either a Bachelor of Arts track or a Bachelor of Science track.

The public health undergraduate degree is expected to help meet Iowa’s need for trained public health professionals who can directly support citizens’ health. It also would respond to an expected shortage in Iowa and nationally of public health, community health, and clinical health workers, and a lack of formal training in the field.

“Health care systems in the U.S. are experiencing major changes, and these shifts are creating new opportunities and employment prospects for students with population health knowledge and skills,” says CPH Dean Sue Curry. “We also know that many in the public health workforce are nearing retirement age, so we need to train the next generation of professionals.”

The college expects the inaugural class to be about two dozen students, growing to an anticipated 500 undergraduates by fall 2021.

New Report Examines Agriculture-related Fatalities in Midwest

A new report by CPH investigators sheds light on the more than 200 agriculture-related deaths per year that occur in Midwestern states, confirming that farming remains one of the nation’s most dangerous industries and poses particular risks to vulnerable populations such as elderly workers.

“Numerous hazards threaten farm workers including exposure to machinery, livestock, chemicals, noise, and physical stress, which can be compounded by the fact that agricultural activities are often performed in rural environments with limited access to medical services,” the authors explain.

The researchers studied 1,858 agriculture-related deaths that occurred between 2005 and 2012 in 12 Midwestern states, including Iowa. Over the period reviewed, there were on average 232 agriculture-related fatalities per year in the Midwest region, an annual rate of 19.94 agriculture-related deaths per 100,000 farm operators. This compares with an overall rate of 3.4 fatal work injuries per 100,000 full-time equivalent workers across all industries in 2012.

Researchers Corinne Peek-Asa, Tracy Young, Amanda Swanton, and Marizen Ramirez also report that agriculture-related fatalities increase with age. Over three-quarters (77 percent) of agriculture-related deaths occurred among persons 45 years or older, and 41 percent occurred in individuals 65 and older. Less than 3 percent of agriculture-related fatalities occurred among minors less than 16 years old.

The report, sponsored by the UI Great Plains Center for Agricultural Health, is available at cph.uiowa.edu/gpcah/current-projects/.

The college celebrated graduation May 15 with an honors ceremony and reception for students and their families.
State Health Registry Issues Cancer in Iowa 2015 Report

The latest annual report on cancer in Iowa estimates 16,900 new cancers will be diagnosed among Iowa residents in 2015. In addition, an estimated 6,400 Iowans will die from cancer, according to the “Cancer in Iowa: 2015” report issued by the State Health Registry of Iowa, based in the University of Iowa College of Public Health. The report includes county-by-county statistics, summaries of new research projects, and a section focused on skin melanoma.

“Cancer and heart disease remain the leading causes of death in Iowa,” says Mary Charlton, assistant professor of epidemiology. “The distribution and frequency of the different types of cancer are similar to what we’ve seen in recent years.”

The full report is available online at cph.uiowa.edu/shri/pubs.html.

Study Finds Medicare Part D Improves Seniors’ Mental Health

Introduction of the Medicare Prescription Drug program (Part D) in 2006 significantly improved seniors’ mental health, CPH researchers have found. While several studies have examined Part D’s impact on prescription drug use, expenditures, and adherence, few have evaluated how these changes have affected seniors’ health—in particular, their mental health. Depression is currently the most common mental illness among older adults.

To address this gap, researchers Padmaja Ayyagari and Dan Shane, both assistant professors of health management and policy, looked at data from the Health and Retirement Study (HRS) and the Medical Expenditure Panel Survey before and after the launch of Part D.

“We wanted to evaluate whether Part D has effects that go beyond the financial protection of seniors, and whether it results in measurable and meaningful improvements in health,” says Ayyagari. Their findings were published in the Journal of Health Economics.

The study found that Medicare-eligible individuals reported fewer depressive symptoms compared to younger cohorts. Implementation of the program lowered the probability of clinical depression by 4–5 percentage points, which represents a 23–29 percent decline in rates of depression.

The investigators note that this improvement was most likely due to increased use of anti-depressant medications. The program reduced barriers to obtaining prescriptions, trying medications until the correct one could be identified, and adhering to treatment protocols by, primarily, lowering out-of-pocket costs.

These findings may have important implications for the changes being introduced by health care reform. Prescription drugs are among the 10 essential health benefits mandated by the Affordable Care Act. According to the UI researchers, “to the extent that our results can be generalized to other populations, our findings suggest that such changes may be successful in decreasing mental health problems.”

Coffey and Chaloner Named Fellows of the Society for Clinical Trials

Chris Coffey, professor of biostatistics and director of the Clinical Trials Statistical and Data Management Center, has been named a Fellow of the Society for Clinical Trials (SCT). Kathryn Chaloner, former professor and head of biostatistics, has also been posthumously named a Fellow.

The honor of SCT Fellow is bestowed to Society members who have made significant contributions to the advancement of clinical trials and to the Society, which is an international professional organization dedicated to the development and dissemination of knowledge about the best practice in design, conduct, analysis, and reporting of clinical trials.
Predicting the Spread of Bird Flu

Outbreaks of avian influenza (H5N2) in commercial poultry flocks hit Iowa and other Midwestern states earlier this year. The spread of avian influenza through the Midwest along the Mississippi Flyway via migratory waterfowl was predicted back in 2013 by Jacob Oleson, CPH associate professor of biostatistics, and a colleague at the University of Missouri.

Oleson says that he and co-author Chris Wikle were both interested in developing statistical models that could capture the spatial progression of infectious disease and then predict it forward. “Avian flu was a hot topic at the time,” he says, “and we thought one way for the disease to spread quickly geographically would be through migratory waterfowl.”

Utilizing many years of migration data from the U.S. Fish and Wildlife Band Recovery program, they created a statistical model that demonstrated this hunch was correct as avian influenza has been discovered in Arkansas, Kansas, Missouri, and Minnesota as well as other U.S. migration areas. While avian flu is deadly to birds, the CDC and Iowa Department of Public Health consider the risk to people to be low. Ducks, geese, and other waterfowl are passive carriers of the virus, transmitting the disease to other birds without becoming ill.

Although Oleson and Wikle’s predictive model was developed specifically for avian influenza, Oleson says that the framework is being used successfully in other scenarios, including his modification to the technique to predict the spread of glaucoma in individual eyes. Wikle also has collaborators in Australia who are using the technique to model pollutant load contributions to the Great Barrier Reef.

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OEH Doctoral Student Named Inaugural Recipient of Zwerling-Sprince Scholarship

College of Public Health doctoral student Jaime Butler-Dawson is the first recipient of the Craig Zwerling and Nancy L. Sprince Scholarship in Occupational and Environmental Health. The announcement was made in a special presentation at the beginning of the spring 2015 semester.

Butler-Dawson’s dissertation involves measuring pesticide exposures and examining the impact on neurobehavioral performance on rural populations in The Gambia. She earned her Master of Public Health degree at Boston University. Previously, she worked on global HIV/AIDS projects with the Centers for Disease Control and Prevention and before that as a health volunteer with the U.S. Peace Corps in Burkina Faso, focusing on health promotion and income-generating projects.

“I am grateful to have been awarded the Zwerling-Sprince scholarship,” says Butler-Dawson. “The award celebrates the accomplishments of Drs. Zwerling and Sprince who have excelled in occupational and environmental health and have paved the path for success for students like me to follow.”

The scholarship for graduate students pursuing areas such as occupational health, injury prevention, and rural health is named for two longtime University of Iowa faculty members—Craig Zwerling and Nancy L. Sprince of Iowa City, both emeritus professors—who served in senior leadership roles in the UI College of Public Health during a period spanning more than 20 years.

Zwerling, an occupational medicine physician and injury epidemiologist, led groundbreaking research in areas ranging from on-the-job injuries to motor-vehicle crashes to workplace drug testing. Throughout his 21-year career at the UI, he directed the Injury Prevention Research Center and served as the first head of the Department of Occupational and Environmental Health from 2000 to 2010.

Sprince, an occupational medicine physician who specialized in respiratory diseases, directed the Heartland Center for Occupational Health and Safety and the UI’s occupational medicine residency program during a 17-year career at the UI. Her research focused on the prevention of occupational lung diseases and the prevention of physical injuries from farm work. Their work at the UI Institute for Rural and Environmental Health helped establish the university as an international leader in rural and environmental health research, education, and outreach.

In presenting the new scholarship, Sprince reflected on the training she and Zwerling received and the fulfillment they experienced in preparing a new generation of scientists and practitioners to protect the health of workers, the environment, and rural communities.

“We know how important graduate training programs like those in the Department of Occupational and Environmental Health are, and we understand that funding for these programs is uncertain,” says Sprince. “We certainly can’t replace the support provided by federal training programs, but we want to show our commitment. Both Craig and I come from family backgrounds where giving was a tradition, and we want to continue that legacy. We see the establishment of this scholarship as seed funding, and we hope others will join in supporting graduate students in the future.”
EMILY DETERMAN (MS ’13) is working as an environmental health and safety specialist for Dal-Tile Corporation in Dallas-Ft. Worth, Texas.

KAITLIN EMRICH (MPH ’09) was recently promoted to a new position at Linn County (Iowa) Public Health, and is now serving as manager of the Assessment and Health Promotion Division.

ANTHONY R. EVES (MHA ’12) is currently an administrative fellow at Kaiser Permanente in San Diego, Calif.

WILL HOLETS (MHA ’13) has been named associate administrator at TriStar Summit Medical Center in Nashville, Tenn.

CHRIS KLITGAARD (MHA ’99) recently earned a Prometheus Award as CEO of the Year and his company, MediRevv, was named Top Growth Company of the Year. Prometheus Awards recognize organizations, innovations, and people for technological breakthroughs that improve the lives and futures of people in Iowa and around the world.

IAN LAI (PhD ’11) works as a life science research professional at Stanford University in Palo Alto, Calif.

RUSSELL LESLIE (MHA ’13) is currently serving as a program advisor and quality improvement specialist at the VA Medical Center in Iowa City, Iowa.

JULIE MANAS (MA ’85) is currently the president and CEO of Sacred Heart Hospital in Eau Claire, Wis. She recently participated in Becker’s Hospital Review Annual CEO Strategy Roundtable where a dozen industry leaders came together in Chicago to discuss how they are navigating the dramatically changing health care landscape.

KELLEE THORBURN MCCRORY (MPH ’03) received her Master of Social Work degree in May 2014 from the University of Iowa and was inducted into Phi Alpha Honor Society. She is the research manager for the National Resource Center for Family Centered Practice at the University of Iowa.

DOMINICA REHBEIN (MPH, MHA ’14) is currently working as a research coordinator for the UI College of Public Health’s Department of Community and Behavioral Health.

TIMOTHY RYKEN (MS ’07) has recently accepted a faculty position in the Department of Neurosurgery at the Kansas University Medical Center.

ARIC SHARP (MA ’97) was recently named to the board of directors for the American Medical Group Association. He is currently vice president of accountable care for UnityPoint Health in West Des Moines, Iowa, and is responsible for leading UnityPoint Health Partners, an ACO network of more than 2,500 physicians and providers across Iowa, Illinois, and Wisconsin.

ERICA SPIES (MS ’09, PhD ’13) recently began a position with the Division of Violence Prevention/Research and Evaluation Branch/Sexual Violence and Child Maltreatment Team at the Centers for Disease Control and Prevention in Atlanta, Ga.

JENNIFER WHITED (JD ’03, MHA ’04) is currently serving as the managing director of health and public service for Accenture Federal Services in Tampa/St. Petersburg, Fla.

IN MEMORIAM

STACEY CYPHERT (PhD ’90) died on March 28, 2015. He received his degree in hospital and health administration from the UI and spent the majority of his career at the University of Iowa, most recently serving as assistant vice president for health policy at UI Health Care. He also served in leadership positions at the local, state, and national levels.

DONALD PRYCE MORGAN passed away on April 22, 2015. He was a long-time faculty member at the University of Iowa and was professor emeritus of the UI College of Public Health.

BRUCE SCHURMAN (MA ’74) passed away on Jan. 13, 2015. He received his master’s degree in hospital and health administration from the UI. After a very distinguished career, he retired in 1998 as president and CEO of Marianjoy Hospital in Wheaton, Ill.

SHARE YOUR NEWS

Have you started a new job, received an honor or award, or achieved a noteworthy career milestone or accomplishment? Share your professional news and updates with fellow College of Public Health alumni! Submit your news to mitchell-overton@uiowa.edu with Class Notes in the subject line. Be sure to include your year of graduation, department or program, and contact information so we can follow up with any questions.
Crowley’s latest work, *European Farmers’ Markets Cookbook*, took several years to complete and features 170 recipes inspired by 33 markets in 17 countries.

“I always go to farmers markets when I travel. It’s a great way to find the center of the community.”

Crowley’s interest in food began with her family’s farm, home garden, and 4-H activities. “My mother was an excellent cook,” she adds. “I knew what I wanted to do even in high school, so I directed all my studies toward dietetics.”

She went on to receive BS and MS degrees in food and nutrition from the University of Minnesota and began building a career in dietetics and raising a family. From the mid-1960s to 1970s, she worked as the director of nutrition at the University of Iowa Hospitals and Clinics and taught as an associate professor in the UI College of Medicine.

Looking to further develop her career, she earned a PhD in hospital and health administration from the UI in 1977. Crowley then started her own business as a nutrition consultant. Her advanced degree helped open doors to clients that included hospitals, nursing homes, and businesses. She also wrote a weekly food and nutrition column for 32 years that was published in Midwest newspapers, provided nutrition education programs for supermarket consumers over an 18-year period, and hosted a weekly radio talk show on nutrition topics for about 5 years.

And then it was time for another change.

“I’d done all the science of food, and I decided I wanted to do the art of food,” says Crowley. “So I went back to school.”

Crowley completed a two-year program in commercial photography, focusing on food photography. She took on freelance work and used her skills for her own cookbooks.

“I like to learn. I love to travel, because you learn so much and meet new people,” she says. “I enjoy that, and I enjoy every day.”

Food is my passion, my vocation, and my avocation,” says alumna Ann Crowley, summarizing her many roles as a certified nutritionist, educator, business consultant, world traveler, cookbook author, and photographer.

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“ZEST for LIFE
ALUMNA ANN CROWLEY’S LOVE FOR FOOD HAS LED TO A SUCCESSFUL CAREER, COOKBOOKS, AND INTERNATIONAL TRAVEL.

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LONDA VANDERWAL NWADIKE (PhD ’09, Agricultural Safety and Health) is an assistant professor and extension food safety specialist in a unique joint appointment with the University of Missouri and Kansas State University. Her background includes holding a similar position at the University of Vermont and working on international food safety issues as a consultant for the World Trade Organization and the Food and Agriculture Organization of the United Nations. She recently offered some insights into her career.

What sparked your interest in food safety?
I’ve always loved to eat and have a passion for agriculture and food production from my days of growing up on a farm. I eventually became more interested in health and how I could help people through my work. I started out as an animal science major, then added food science. Food safety seemed to be a good niche at the intersection of all my interests. I think it’s very helpful to look at food safety from a public health perspective, as well as from the food science/food production side that I had previously studied. The research, outreach, and other skills I learned during my PhD studies have been extremely useful in my current position.

Can you describe some of the duties your current job entails?
My appointment is 100 percent extension, so I do outreach activities and share research-based information with the general public. I organize workshops, develop press releases, curricula, fact sheets, and other publications on food safety topics, such as meat labeling, food product dating, and food safety during pregnancy. I answer questions from county and regional extension personnel and from the public on various food safety-related topics and provide information on food-borne disease outbreaks and other related issues. I work closely with the Departments of Health and Agriculture in both states and other relevant partners on all of these topics.

You’ve worked on food-safety issues in diverse places, from the Gambia to Liberia to Vermont and the Midwest. What are some of the unifying themes that cut across cultures?
Food is central to every society around the world in a variety of ways. It’s important culturally, from a nutrition and health perspective, and from an economic perspective. Farmers and food preparers around the world don’t want to make people sick, but they may not always have all the information or resources available to them to be able to produce food safely. In general, people everywhere assume that the food they consume is safe and may not give food safety a second thought until they get sick. There’s definitely a need for increased education and awareness in all cultures of good food safety practices for both food producers and consumers.
FOOD PHILOSOPHY

*New York Times* opinion columnist and food writer Mark Bittman visited the College of Public Health this spring for a guest seminar on “Creating Sustainable Food Solutions.” Bittman answered questions from a panel of students and the audience, covering a wide range of food-related topics.

Asked about the Healthy, Hunger-Free Kids Act, Bittman called it “the best, most progressive thing the Obama administration has done vis-à-vis food. Kids are eating more fruits and vegetables and whole grains, but it doesn’t go far enough.”

What the U.S. needs, he says, is a national food policy that ensures food is “nutritious, fair (as in fair wages to food industry employees), green (as in sustainable), and affordable.”

The U.S. also needs to define what food is, Bittman says. “If something we eat promotes health, it’s food. If something does not promote health, it’s not food,” Bittman explains. That definition flows into his larger philosophy around eating.

“There are two rules that make sense to me,” he says. “First, define food and decide you’re going to eat food. Second, eat more plants.”

Bittman envisions teaching children food literacy starting in elementary school and continuing through college by incorporating school gardens, cooking classes, and healthy school lunches that teach reasonable portion sizes.

“All of this takes money,” Bittman acknowledges, “but we need to put money into these things. That’s where food literacy comes from. We have to focus on kids. Food habits are formed when we’re young. We don’t give up on adults, but we need to develop good programs to teach kids what good food is.

“I got into this (food issues) because I saw the links among the environment, nutrition, and agriculture,” Bittman says. “If you improve nutrition, you improve agriculture, and so on. It’s all quite symbiotic. It’s all intertwined.”