Investing for a Healthier World

The Campaign for the BOSTON UNIVERSITY SCHOOL of PUBLIC HEALTH
The statistics are clear, and compelling:
Each year that a teenager goes without starting to drink alcohol greatly decreases that boy’s or girl’s chances of becoming an alcoholic—and dramatically reduces the odds that he or she will die, or kill someone else, in a car crash.

Car crashes are the leading cause of death in the U.S. for people 2 to 33 years old. More than a third of them occur when someone involved has a blood alcohol content of 0.08 percent or higher.

Numbers like these change the way we look at our world. Where do they come from?
Researchers like Ralph Hingson, who—while on the faculty at BUSPH—did the science, and later the advocacy, that led to a nationwide adoption of the 0.08 standard, an increase in the legal drinking age to 21, and a hard-and-fast zero as the under-21 legal limit.

Between 1982 and 2002, the movement led by Hingson and other pioneers helped prevent 150,000 deaths from alcohol-related car crashes—saving more lives than seat belts, air bags, and helmets combined.
At BUSPH, public health is passionate problem-solving.
TO THE FRIENDS & ADVOCATES OF PUBLIC HEALTH:

Please join me in supporting the School of Public Health at Boston University.

In my half-decade as president of this great University, I have learned much about the special role that our School of Public Health plays—both in our community and around the world.

Under the leadership of Dean Robert Meenan over the past two decades, BUSPH has built steadily upon its traditions of innovation and excellence in the field of public health. It has expanded its impact so that today it is recognized as one of the world’s leading institutions in the field.

The University’s Center for Global Health & Development is working to help solve the critical global health and social development challenges of our time. The center engages faculty from across the University to lead multidisciplinary research efforts and to use findings from their research to improve the health of low-income and marginalized populations around the world. The center is based at the School of Public Health, and we are fortunate to have BUSPH leading that charge.

BUSPH is, in many ways, a successful laboratory for the sort of changes that university presidents often struggle to effect. We seek to promote interdisciplinary studies; BUSPH has been breaking down the boundaries between academic fields for years. We seek to promote discipline and focus—choice-making—and BUSPH has done so willingly, even eagerly. When other academic leaders ask me for an illustration of effective strategic thinking and planning, I point them toward our School of Public Health.

I hope you will read the case that is presented in the following pages. I hope that based on that case, you will decide to help BUSPH marshal the resources it needs to rise to new levels of accomplishment and impact.

Respectfully,

Robert A. Brown  
President, Boston University
DEAR FRIENDS:

The Boston University School of Public Health stands on the verge of an exciting new era.

Over the three decades of its existence, BUSPH has become a nationally recognized and internationally relevant center for public health education, research, and service.

During those years, we have framed and implemented a compelling strategy, with the mission of improving the health of underserved, disadvantaged, and vulnerable populations.

Now we are ready for the next stage in our evolution. We are poised to exert a profound impact on the future of public health. We will educate the next generation of leaders in the field. We will ask and answer the most important questions in public health. We will leverage our teaching and research efforts to address the world’s most critical health needs. We will work to fix systems and change behaviors that cause illness and injury. This is what public health is all about.

If we are to make this leap as a school, philanthropic support must play a key role. The good news is that we are ready. Our team is stronger than ever, and our aspirations—informed and shaped by our accomplishments to date—are soaring.

Please join us in this important cause.

Robert F. Meenan

Dean, Boston University School of Public Health
The Challenges We Choose
At BUSPH, we asked ourselves: how can we invest our expertise, our passion, and our resources to have the most impact?

We have decided to focus on four challenges to the public’s health:

1. Ensuring everyone affordable, quality health care
2. Creating a cleaner environment
3. Promoting health globally
4. Eliminating health disparities

We chose these not because they are easy, but because they are hard. They require commitment and focus from our faculty, our students, and our supporters—and because of our past accomplishments in these realms, we are confident that we can succeed.

BUSPH seeks $50 million from individuals and institutions that share our vision, to face these challenges and improve the health of people throughout the world.
Ensuring Everyone Affordable, Quality Health Care

Health care reform in the U.S. promises improved access to health care. But access to care is not the same as quality of care—scientific literature shows that American patients today get proper medical care only about 50 percent of the time. Adding patients to a system that needs fixing only exacerbates problems. And for many, factors like proximity to facilities and knowledge of options still get in the way of access.

That’s Where BUSPH Comes In.
We’re studying ways to improve how doctors care for patients, and how patients navigate their health care systems. We’re focusing on prevention. Cost-effective prevention methods avoid expensive services later, making the system run more smoothly for everyone.

Our faculty and students are at the center of the ongoing national health care debate, developing more effective infrastructure and serving on government panels that will decide which quality-of-care measures the nation will adopt. BUSPH alumni like U.S. Assistant Secretary for Health Howard Koh (SPH’95) and UnitedHealth Group Executive Vice President Jeannine Rivet (SPH’81) are making an impact on decisions that will shape policy. With the right resources, we can bring more players to the important conversations, provide the data that will guide good policy, and ultimately raise the quality of care in this country.
Patient navigators make sure that patients receive—and can pay for—the care they need. Navigators range from hospital-based nurses to social workers to trained community members.

But how can they best fit into the health care system? That’s what Dr. Victoria Parker is trying to answer, starting with a $600,000 Avon Foundation–funded study of breast cancer patient navigators.

Parker’s research will help programs design personalized, effective navigation systems, which can make a patient’s experience less fragmented—so a woman who sees an advertisement for yearly mammograms can get one, and a woman whose mammogram generates a troubling result can act on that information.

Parker has been struck by how resourceful and dogged the navigators are at making sure people get what they need. “Hopefully,” she says, “my work will help make their jobs even a little bit easier.” She hopes to ultimately push her line of questioning further, to find out why we need navigators in the first place. “Are there more fundamental problems with how the system is organized that create that need?” asks Parker. “Is there some way we can go back upstream and fix those things?”

Not long ago, an anxious young mother ventured into the offices of the Latino Health Insurance Program (LHIP) in Framingham, Massachusetts. The young woman—call her “Maria”—was desperate and hopeless. She was pregnant, and her four-year-old son suffered from severe asthma. Neither she nor her son had ever received routine medical attention.

Sitting down in LHIP founder Milagros Abreu’s office, Maria began to cry—the barriers between her family and medical care seemed insurmountable.

They weren’t. Within one week Maria and her son were insured through the state and connected with primary care physicians. Four months later, Maria gave birth to a healthy baby girl.

Dr. Abreu, a BUSPH project director, started LHIP in response to research showing a high percentage of uninsured Latino children in East Boston. These children were more likely to use costly emergency care for routine problems, thereby increasing the burden they placed on a strained health system. More important, they weren’t getting the care they needed.

With support from the John W. Henry Family Foundation, Abreu designed the original program—which trained residents of public housing to act as case managers for their neighbors—to secure health care for 40 Latino children and parents. It wound up covering more than 230 people while also empowering the community to help its own members.

The LHIP expanded to Framingham in 2006, and so far has enrolled more than 2,000 Massachusetts minority residents in health care programs. “We’ve been successful in reaching difficult-to-reach populations,” says Abreu, “and we’ve found great acceptance in those communities.”

Annual health care spending in the U.S. is predicted to reach $3.94 trillion by 2017, or roughly $11,952 for every American.
Creating a Cleaner Environment

The good news: people have started recognizing the relationship between a healthy environment and a healthy public—and they’ve started taking action. Recycling has come to the fore. Nations are taking steps to halt global warming. Water supplies are being safeguarded more carefully. Toxic chemicals that were once used routinely are being phased out.

The bad news: there is still an enormous amount of work ahead of us. At BUSPH, we’re dedicated to investigating environmental challenges in homes, schools, and workplaces, and using our findings to help expand public knowledge, promote smarter policies, and generate cleaner environments.

We’re providing science-based advocacy for Gulf War veterans and other groups exposed to chemicals. We’re on the ground in Somerville, Massachusetts, collecting data from the site of a chemical-tank leak, then testing the results against models our government uses to predict the spread of volatile chemicals. We’re helping underdeveloped communities, in countries around the globe, build sustainable sanitation systems.

Our research teams have already earned national and international recognition. With additional resources, they can ask more questions about our environment, and learn new ways to repair and prevent environmental harm to health.
An epidemic of kidney disease has erupted among sugar cane workers in Nicaragua, and no one knows why. The workers are convinced the pesticides used on the fields cause their ailments. Their employers disagree. Without evidence to show a relationship—or the lack of a relationship—between the chemicals and the disease, nothing will change. More workers may become ill.

“We’re essentially responding to a public health emergency,” says Associate Professor of Environmental Health Michael McClean. “Our efforts could, in a very direct way, potentially prevent new disease.”

The Nicaraguan study is based on the same theme as most of McClean’s exposure-assessment research: discovering the public health implications of man-made chemicals in our world.

In 2008, the National Institute for Environmental Health Sciences awarded McClean and Associate Professor of Environmental Health Thomas Webster $1 million to study polybrominated diphenyl ethers (PBDEs): one of the largest PBDE research projects yet funded by a federal or state agency. The chemicals—which are found in electronics, furniture, and other household items—have been previously linked to reproductive damage, but nobody had studied the path of the chemicals from consumer products to consumers’ bodies.

Webster, McClean, and colleagues from the BU School of Medicine and the Centers for Disease Control and Prevention (CDC) have already shown that PBDEs escape from consumer products into the air, and with more information, they will know better how to reduce exposure. But their work will be far from over. “PBDEs are an indoor problem now,” says Webster, “but in the future, as people throw all this stuff out, it’s likely to become an outdoor problem. It’s really an environmental disaster waiting to happen.”

PBDE levels in typical U.S. citizens are about 10 times higher than those found in most Europeans—with the highest concentrations in the youngest group tested (ages 12–19).
Promoting Health Globally

BUSPH is committed to solving today’s global health problems today, and we’re training the next generation of global health professionals to carry out that mission. All of our research—including that done through the Boston University–wide, BUSPH-led Center for Global Health & Development (CGHD)—is done alongside scientists from the countries where we do our work, ensuring that the expertise stays when our team leaves.

**GLOBAL HEALTH IS AN ESSENTIAL FOCUS FOR THE SCHOOL AND FOR THE UNIVERSITY**—because in a globalizing world, it’s an essential concern for everyone. “Infectious diseases don’t carry passports,” says Jonathon Simon, director of the CGHD and chair of BUSPH’s International Health Department. “And unhealthy nations tend to be unstable or insecure nations.” Conducting useful and culturally sensitive research furthers not only the health of nations, but positive relationships between the U.S. and the rest of the world.

Work at the School and the CGHD is practical. It’s about collaborating with ministries of health, and jointly gathering the evidence that drives policy. It’s about improving child survival and maternal health. It’s about discovering the underlying causes of the spread of HIV/AIDS and malaria, and determining their economic and social costs in order to change the way things are done.

In short, it’s about evaluating global health intervention tactics to find out what really works—and to help governments and non-governmental organizations deploy their limited public health resources most effectively.
For more than a decade, the Center for Global Health & Development has played a transformative role in Zambia. Working side-by-side with Zambians, BU has formed close relationships with that country’s Ministry of Health and with key community-based players to bolster Zambia’s public health infrastructure.

In November 2009, the Bill & Melinda Gates Foundation gave the CGHD $8.4 million to conduct a four-year, large-scale study of neonatal mortality in rural Zambia. The research will determine whether using a relatively inexpensive antiseptic to clean the umbilical cords of newborns will reduce the number of children who die in the first month of life by up to 20 percent. Results from this study could trigger the Zambian Ministry of Health, and ultimately the World Health Organization, to adjust birthing recommendations that affect children throughout the developing world.

These policy changes are necessary, says Professor of International Health David Hamer, because rural Zambians have to travel immense distances to receive care. In another study, BUSPH field workers trained Zambia’s existing network of traditional birth attendants—based in rural communities—to use a set of potentially life-saving interventions for newborns, such as wrapping them in towels to prevent hypothermia, and clearing airways with suction bulbs.

During the study, the interventions reduced newborn deaths more than 50 percent when used throughout the first week of life. The international nonprofit organization Save the Children has secured funding to expand the study, in collaboration with BUSPH and the U.S. Agency for International Development. The goal: to reduce child deaths and improve the health of the mothers in the Lufwanyama district.

In sub-Saharan Africa, exposure to malaria is routine—as likely as exposure to the common cold in the U.S.

But the comparison ends there. Malaria accounts for one in five childhood deaths in Africa, kills nearly one million people annually, and can cause multiple life-threatening episodes in children before they reach age five.

An added cruelty: Children who survive may suffer from a range of neurological and cognitive impairments. Assistant Professor of International Health Yeşim Tozan is trying to get a clear picture of the extent and nature of such impairments.

“We know, on average, how many children die of malaria every year, but it’s harder to respond to the needs of the ones who survive with impairments,” says Tozan. “That’s what gets me out of bed every morning.” While a lead author on the U.N. Millennium Project task force on malaria, Tozan realized that the aftereffects of malaria infections are underestimated, understudied, and under-responded to.

“We need to treat the children more promptly and effectively when these fevers strike; otherwise, it’s costing countries a lot of money unnecessarily.” She hopes to secure funding for research on the developmental effects of childhood malaria that will galvanize better treatment policies and improve the care of affected children. Says Tozan, “Just because health care systems don’t register these children, it doesn’t mean these children don’t exist.”

More than 9 million children worldwide die each year before they reach age five. About 3.6 million die in the first four weeks of life.
Eliminating Health Disparities

Reducing disparities in health across communities and populations is like putting out a house fire: important and urgent. At BUSPH, we’re asking why those disparities arose in the first place, and discovering how to eliminate them.

But we face a moving target. Even as some gaps in health begin to close, others begin to widen—including in BUSPH’s home city. In Boston and elsewhere, the School of Public Health addresses health inequities facing poor urban populations, which suffer greater rates of illness and health problems than the general population. That means mobilizing and empowering communities to take control of their own health, and working with those communities to determine which issues should be our top priorities.

And we’ve made great progress. For example, the Partners in Health and Housing Prevention Resource Center (PRC) is a proven leader in its field, winning a second consecutive five-year grant from the CDC in 2009, this one for $3.5 million. The center works to develop programs that help residents of Boston public housing achieve better health. Started in 2001, the PRC is one of 35 prevention research centers funded by the CDC, and the only one that focuses exclusively on public housing to reduce health disparities.

Our goal is to head off public health disparities before they arise, giving individuals and communities the opportunity to flourish.
Collaboration between public housing residents and government offices is often strained, but the PRC proves that interaction can be productive. The center intertwines the perspectives of researchers (BUSPH), policy makers (the Boston Public Health Commission and the Boston Housing Authority), and resident volunteers who all have the same goals: to identify health programs that are cost effective and work in housing projects, and to use that evidence to get funding for them.

The PRC works to improve the well-being of the nearly 50,000 people living in Boston public housing: a population that is—among other health issues—half as likely as the general population to have preventive dental visits, and almost twice as likely to smoke. Says director of the center and chair of Community Health Sciences Dr. Deborah Bowen, “The larger goal is for residents to be successful, get better jobs, and improve their health and the health of their families.”

Programs the PRC has implemented include:

- Mobile health screenings for chronic conditions, like diabetes and heart disease.
- Training Resident Health Advocates to help fellow residents access screening and care and prevention programs. After the program started, the percentage of screened residents who attended follow-up appointments jumped from 15 to 55 percent.
- Teaching residents to write grants for program funding and organize health-education workshops in housing developments.
- Bringing smoking cessation specialists to housing developments.
- Providing cavity-preventing dental sealants for children in public housing.

Knowing a patient’s family medical history can make the difference between preventing a disease and prescribing costly treatment—but many patients don’t think to share them with primary care providers.

“If someone has a family history of diabetes, yet they’re coming in to see a doctor for headaches, that’s a missed opportunity to treat someone who is possibly at risk,” explains Assistant Professor of Community Health Sciences Catharine Wang.

The CDC and the Surgeon General’s Office have developed electronic tools to collect family histories, but Wang’s research shows that they require a reading level beyond many underserved, illiterate, and non-English-speaking people. Putting such tools into wide practice could inadvertently magnify health disparities for those populations.

Wang and her colleagues are redesigning one electronic tool so that it’s useful for the patient population of Boston Medical Center. With more resources, she and her team will take on the expensive task of producing the tool in the many languages those patients speak.

“If we are going to personalize medicine, we’re going to have to personalize medicine to our population,” says Wang. “Anything we develop has to meet their needs. Otherwise, we’ve missed the boat.”

**Sixty-five percent of the Boston Public Housing residents who receive health screenings test positive for a health problem.**
“I work at BUSPH because here, my work can make an impact...”

“BUSPH has laid the foundation for my life’s work: helping people live healthier lives...”

“BU is producing tireless students who can jump into many roles and take on incredible amounts of responsibility...”
I work in public health because I want to be part of a field that makes meaningful changes. I work at the BU School of Public Health because here, my work can make an impact.

The faculty at BUSPH conducts innovative and groundbreaking research, thanks to an environment that encourages those who have unique ways of researching, collaborating, and interacting with the community. We dedicate ourselves to teaching with excellence—and we're rewarded by the exceptional engagement of our students.

Six years ago, as a junior faculty member, I received invaluable support from the School. Colleagues inside and outside my department have gone above and beyond to mentor and guide me; the School's Pilot Grant jumpstarted my research; and BUSPH students—who sign up for hours of intense, difficult work in order to gain hands-on experience—constantly push forward my thinking on projects.

In the time that I’ve been at BUSPH, I’ve seen the School travel down an exciting road with a lot of momentum—and I’ve been surrounded by outstanding people who are enthusiastic about the School’s future. We’re doing great, and with more resources, we could be state-of-the-art. I hope you share our enthusiasm.

Emily Rothman
Associate Professor of Community Health Sciences, School of Public Health
I’m not an alumnus of the Boston University School of Public Health, but I support the School with my time and money. Why? Because as the leader of a health education and humanitarian aid organization operating in 37 countries, I know how important the School’s mission is in today’s world.

I’ve been fortunate to witness the School of Public Health as it has become a stronger and stronger institution over the last decade, and become increasingly involved in the health of communities throughout the world, as well as in its own city of Boston. BUSPH has forward-thinking, superbly qualified faculty and leadership who are focused, 24/7, on shaping the School’s response to the world’s fast-changing public health needs. And the world is giving the School a vote of confidence. The Gates Foundation, for example, funded BU-led research aimed at reducing neonatal mortality in Zambia—a grant that attests to the fact that Boston University is taking the lead in this area.

And students are “voting with their feet,” attracted to the School’s global health curriculum because they know they will gain the training and encouragement they need to realize their own goals for changing the world.

This is a school with a keen sense of direction and a keen sense of pace. It has the leadership and expertise in place to help people—on a worldwide scale—with the monies that we invest in it.

John P. Howe, III, MED’69
Trustee, Boston University
President & CEO, Project HOPE
Member, BU School of Public Health Dean’s Advisory Board
PREPARING FOR THE WORK OF A LIFETIME

The BU School of Public Health has laid the foundation for my life’s work: helping people live healthier lives by achieving widespread quality, accessibility, and affordability in health care. The School has done great things in this sphere, and I know it has the potential to do more.

As a society, it’s imperative that we train effective public health practitioners and help place them in positions where they can make a difference. And that’s what BUSPH is doing, along with its pioneering research. Students graduate from the School and return to their communities—from Roxbury to Bangalore—armed with an outstanding education and the ability to effect change. It worked for me, and it continues to work for students at BUSPH today.

This is a school that has always been action- and impact-oriented, and that’s why I support the School of Public Health and its achievable aspirations.

Jeannine M. Rivet, SPH’81

Executive Vice President, UnitedHealth Group
Co-chair, BU School of Public Health Dean’s Advisory Board
INVESTING IN STUDENTS

When you give to the School of Public Health, you’re giving to a school that invests in its students, in part by securing phenomenal instructors who bring a wealth of research experience and wide scope of knowledge to teaching the next generation of public health practitioners.

BUSPH also brings a richness into the classroom through its commitment to admitting international students. Their perspectives on what solutions may or may not work in their own countries are invaluable.

As a graduate and as someone who works with BUSPH students as they complete their practica at Circle of Health International, I can attest that BU is producing tireless students who can jump into many roles and take on incredible amounts of responsibility—which is especially important for the disaster-response work that my organization performs.

Graduating from BU with a degree in public health really means something. So does donating to the School. I’m grateful for the doors that have been opened for me, and I look forward to helping the School continue down its most promising path.

Leilani Johnson, SPH’04

Executive Director, Circle of Health International
“This is a school with a keen sense of direction and a keen sense of pace. It has the leadership and expertise in place to help people—on a worldwide scale...”

“I learned an enormous amount from the School’s remarkable faculty and students—and I’m still learning from them today...”
We seek $50 million in philanthropic support. How will that money be used, and what impact will it have?

We continually ask ourselves where we can have the most impact—that is, where the philanthropic dollars that we receive and the tuition dollars that we earn can do the most good.
We have answered that question by identifying and pursuing solutions to four core challenges:

1. Ensuring everyone affordable, quality health care
2. Creating a cleaner environment
3. Promoting health globally
4. Eliminating health disparities
We seek to raise roughly equal amounts of philanthropic support—approximately $12 million—to address each of these four challenges.

In addition, we seek $2 million in “seed money” to investigate additional fields in which we have expertise, and which appear likely to advance our mission. Among these new fields are aging, community-based participatory research, genetics and public health, and pharmaceutical policy.

**IN ALL CASES,** we seek to work with donors who understand and believe in our mission. We hope to work with these donors to shape appropriate objects of giving under these relatively broad mission-driven umbrellas.

We intend to co-invest substantially with our donors in all of the efforts described above and on the following page. How will this work? We currently operate the School in a way that generates modest operating surpluses, most of which we devote to supporting our faculty and their research efforts. We intend to increase our Master of Public Health (MPH) enrollments from 550 to 700 over a five-year period. This will enable us to meet increased demand for our MPH program, pursue our institutional mission, and generate additional operating surpluses, which we will use to co-invest with our philanthropic supporters.
How will these additional resources be used?

In the case of the four core challenges and any new research initiatives that are undertaken, the specifics will grow directly out of 1) the needs of each initiative, and 2) the interests of our donors. Almost certainly, they will include:

**NEW FACULTY POSITIONS.**

A broader and deeper agenda creates the need for new scholars with novel skill sets. Ideally, at least some of these positions will be endowed professorships, with sufficient resources to help in the recruitment of distinguished senior scholars. But we are eager to talk with potential donors about new and emerging models for funded faculty positions.

**SUPPORT FOR TODAY’S FACULTY.**

Although our faculty have been notably successful at securing grant funding to support their work, we need to recognize and come to grips with several facts. First, grant money is “soft money,” subject to both economic swings and policy shifts at the federal level. We need to secure resources to support our faculty in the “down” phases of economic and policy cycles, and protect our most important research activities from rapid and dramatic contractions.

**SUPPORT FOR OUR STUDENTS.**

This is a priority on both the MPH and doctoral levels. Many of our MPH students forgo more lucrative careers because they are committed to improving the public’s health. We need to provide them with adequate scholarships and loans—preferably with an emphasis on the former. We need to lessen the debt burden borne by our graduating students, so their career choices are not unnecessarily restricted.

In the same spirit, we need to substantially enhance the Career Services Center at BUSPH. We have a responsibility to help our students find appropriate first jobs in the public health field, broadly defined. We can help them get their footing, and succeed.

Strengthening our doctoral programs is equally important. Robust doctoral education programs will improve all of our programs, and will raise the School’s visibility and enhance its reputation. Specifically, we seek to establish a doctoral teaching fellowship program to train doctoral students in teaching, curriculum and course design, and assessment techniques.

We gratefully accept gifts of all sizes, including support of our Annual Fund. A list of gift opportunities is available separately.
Urgent Problems, Urgent Solutions

At BUSPH, we have a vision of a healthier, better world. We’re building momentum, and we’re in a position to make that vision real, drawing on the talents of some of the best public health researchers, teachers, and students in the world today.

**It’s about today.** The public health problems that afflict communities and countries around the world need solutions now. We need to act to relieve suffering, and make life better for millions, even billions, of people one block over, and on the other side of the planet.

**And it’s about tomorrow.** In our rapidly changing world, increasingly bound together, we’ll be faced with new urgent challenges we can’t foresee. With support from those who are passionate about healing the world, we can face those challenges, and overcome them.

We know how to ask the right questions. We’ve shown that, with the right investments, we can answer those questions—and change lives on a global scale.

But to do so, we need your help. Please join us in Investing for a Healthier World: The Campaign for the Boston University School of Public Health.
The Boston University School of Public Health Mission:

To improve the health of local, national, and international populations—particularly the disadvantaged, underserved and vulnerable—through excellence and innovation in education, research, and service.