

Michael Sherraden discusses plans that will impact every child on the planet



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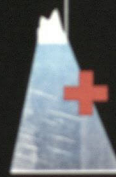
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From typewriters to Twitter, one journalist's perspective on today's reporting

GEORGE WARREN BROWN SCHOOL

of Social Work



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Are we finished with health care reform?



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business
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WITHIN OUR REACH

"We must do a better job of getting the results of our research and new treatments into the hands of frontline mental health professionals. Experts estimate that today it takes from 15 to 17 years for research-based practices to trickle down to the general public. This is a lifetime for a child with a serious mental disorder."

Rosalynn Carter,
Quote from *Within Our Reach:
Living the Mental Health Crisis*

In the spring, former First Lady Rosalynn Carter shared her views on the stigma of mental illness and the need to quickly get research into practice with students, faculty, and graduates, as well as members of the broader St. Louis mental health community.

Photo courtesy of COMTREA, Inc.

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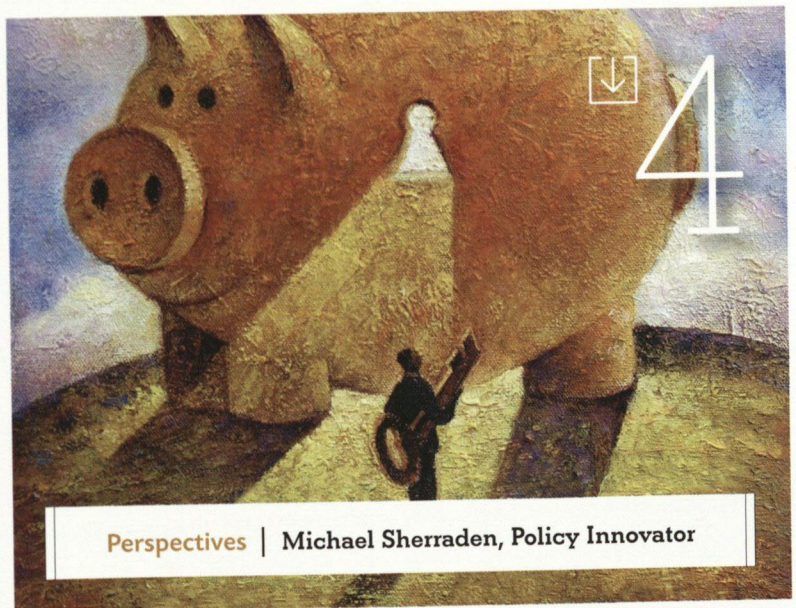
A new social work specialization arms socially minded entrepreneurs and creates an evidence base for an exploding field.

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As demand for international service opportunities grows, academic and policy leaders determine how to expand availability and measure impact.

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The Affordable Care Act's sweeping changes are already reshaping America's health care, and there is so much more to go before it is slated for completion in 2014. Experts weigh in on the prospects and challenges of health reform implementation.

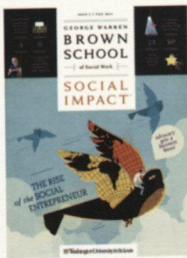


Perspectives | Michael Sherraden, Policy Innovator





IT'S A “go-go” place



We encourage your reactions and suggestions.

Please e-mail socialimpact@wustl.edu with your news, comments, or ideas.

As this issue of *Social Impact* goes to press, I am in Shanghai teaching in our first summer institute with Fudan University. This institute mixes together our faculty and students with Fudan faculty and young leaders in social work in China.

This institute focuses on social policy in China, a tremendously complex topic given the economic, social, and demographic changes under way in the country. My own teaching has been challenging because I need to confront the ways in which Western methods and policies are relevant, or not, to China and to Chinese students. This is not simply a question for our international programs: This fall 26 new students will enter our MSW program from China, a record number. You can learn more about our work with Fudan in this issue.

Our work with Fudan is one of the ways that we, like other universities around the country, are trying to meet growing student demand for meaningful international experiences.

In our feature story, “Scaling Up Abroad,” we explore how educators, researchers, and policy makers can advance effective forms of international learning in higher education.

We have been working hard on other fronts to implement the best professional education programs, research-to-practice initiatives, and community engagement efforts. One recent development is the launch of our new social entrepreneurship specialization. Through this program we plan to create a more rigorous and evidence-based offering for MSW students interested in undertaking entrepreneurial ventures to address some of society’s greatest challenges.

The School continues to be a “go-go” place. We recently graduated our first cohort of MPH students and are taking the necessary steps to accredit the program. And we just welcomed another exceptional class of MSW and MPH students, as well as five outstanding new faculty (see page 42). Given the pace of our growth and evolution of our programs, we now are making renovations to Brown and Goldfarb Halls and planning for a third building. Our vision is a unified Brown School complex that more effectively communicates who we are and creates opportunities for greater collaboration among members of our School and university community and the community at large. In this issue, we have shared some pictures from one of our planning workshops to give you an idea of what we hope to accomplish in our new space (see page 56).

I hope you enjoy both the substance and energy of this issue of *Social Impact*. As always, I look forward to your reactions and feedback on the work of the Brown School.

Please e-mail us at socialimpact@wustl.edu.

EDWARD F. LAWLOR
Dean and the William E. Gordon
Distinguished Professor
Director, Institute for Public Health

MAJOR MILESTONE

In May, we graduated one of our largest MSW classes in recent history and our first cohort of MPH students. Left to right: Ryan Sterling, MSW/MPH; Daniel Davis, MSW; Shellena Eskridge, MSW.

Photo by Geoff Story

**PUBLIC
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**BROWN
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**SOCIAL
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THE KEY TO OUR CHILDREN'S FUTURE

MICHAEL SHERRADEN: POLICY INNOVATOR

People and partnerships are behind the success of Michael Sherraden's policy "ReD" shop and are getting his Center for Social Development one step closer to the goal of a savings account for "every child on the planet."

In 1991 Michael Sherraden, PhD, proposed a groundbreaking innovation — saving accounts for everyone, beginning at birth — in his book *Assets and the Poor: A New American Welfare Policy*. The book, which suggested asset-building policy as a new approach to strengthening families and communities, was based on a simple yet revolutionary idea — all people, regardless of income level, could save given the right opportunities and incentives.

By Nancy Fowler

Two decades later, two large-scale demonstrations — one testing Individual Development Accounts with adults and one testing Child Development Accounts with children — have supported Sherraden's notion that the poor can and do save. In addition, a growing body of research spearheaded by the Brown School's Center for Social Development (CSD), which Sherraden leads, suggests that assets are linked to positive outcomes, including college enrollment and graduation. Projects like these have won Sherraden, the Benjamin E. Youngdahl Professor of Social Development, a spot on *Time* magazine's 2010 list of the most influential people in the world.

What inspired the idea for *Assets and the Poor*?

As a young professor here in the 1980s, I was talking with welfare mothers about why welfare is a trap. They explained that there is no way to get off welfare, partly because you have little income and because you lose your benefits if you try to save and accumulate assets. So it's hard to save enough money to move to a better neighborhood, invest in education, or buy a home.

At the same time, I started a retirement account through the university, equivalent to a 401(k).

For me, money was accumulating without my doing anything and I was getting a public subsidy in the form of a tax deferral. I realized that this sort of financial structure — the “plumbing” — was critical to making savings easy for me. In contrast, these women, like many low-income people, did not have any mechanism to make saving easy, and on top of that, they had “asset limits,” a disincentive to save.

This is the central argument in *Assets and the Poor*, that the poor should have access to the same financial tools and incentive structures that higher-income people take for granted. And these accounts, which we call Child Development Accounts, or CDAs, should begin as early as birth.

In an ideal world, how would Child Development Accounts work?

Ideally, every baby would have an account at birth, seeded with an initial deposit. The account would have an incentive of some kind and would be progressive, meaning that

lower-income children would receive higher subsidies than higher-income children. The accounts would also be structured in a way that discouraged withdrawals until the child reached adulthood and could use the funds for their development — post-secondary education, house down payment, or business investment.

A CDA project now underway is SEED for Oklahoma Kids. Could you tell us a little bit about this undertaking and what you are learning?

SEED for Oklahoma Kids, or SEED OK, is a large experiment testing the idea of giving every child a savings account at birth. The project, which is led by CSD's policy director Margaret Clancy, is particularly exciting because the experiment draws from the full population of Oklahoma, with families randomly selected to participate. We are testing a potential national policy. These kinds of experiments are hard to do and, thus, uncommon.

We are learning that automatic enrollment is critical to participation. We were very successful in getting the treatment group to have accounts by automatically enrolling them in a

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What do the next two decades look like for asset building in the United States?

The link between savings and
college success is gaining
traction. One CSD study led
by Brown School graduate William
Kane found that, among youth who
were expected to graduate from a four-year
college, those with a savings account
in their name were approximately six
times more likely to attend college
than those with no account.

Another CSD study found that,
controlling for many other variables
including income and education
levels, financial assets are a
consistent predictor of later college
completion. In this study and others,
there is evidence that the positive
impact of assets may be more than
economic — assets are related to
raising the college expectations
of parents and children. The Obama
Administration has taken note of this
research and has announced a goal of
bringing the U.S. to the international
rank in college completion.

To begin to move toward this goal, the
Administration has proposed an asset-
building effort called "Bank on USA."

States and municipalities also are
implementing innovations to make
college savings more accessible to
low- and middle-income families.



Michael Sherraden (back, right) and Li Zou (back, left) of CSD, with research colleagues from the Chinese Academy of Social Sciences and asset-building program officials in Xinjiang region, western China.

For example, San Francisco recently
launched a city-funded college savings
program "Kindergarten to College"
(K2C), which will offer a college
savings account with a seed deposit
to every kindergartner in the San
Francisco public schools.

Another area of U.S. assets work is
with a coalition in the South, working
especially with historically black
colleges and universities. Our CSD
colleague Gena Gunn McClendon
leads this project, and we want to
expand this initiative going forward.

What about internationally?

Asset building is a growing
theme in social policy and
economic development in
many countries. The most striking
example is Singapore's Central
Provident Fund. Using individual
accounts, this fund has provisions for
retirement security, home ownership,
medical care, education, insurance,
investments, and more.

Over the years CSD has advised
government officials in designing
asset-based policies and programs
in the United Kingdom, Canada,
Australia, China, Korea, Indonesia,

Uganda, Peru, and other countries.
YouthSave, a large research project
on youth savings accounts in
Colombia, Ghana, Kenya, and Nepal,
is under way and expected to inform
national policies and international
development. Gina Chowa and Fred
Ssewamala, both Brown School
doctoral graduates, lead YouthSave
research in Ghana and Kenya.
Margaret Sherraden leads Colombia.
Li Zou and Lissa Johnson, also
Brown School graduates, manage
the YouthSave project overall.

Today at least six countries have
implemented CDAs that cover much
of the child population. The goal
of "an account for every child on the
planet," which we first articulated
many years ago, appears in a growing
number of discussions and agendas for
international development.

Although asset building is still a key area, what other policy areas are you researching?

Under the leadership of
Associate Professor Amanda
Moore McBride, we conduct
research and policy development
on civic engagement and service.
Margaret Sherraden also works on

service. Our research has helped to define the field, informing the 2009 Edward M. Kennedy Serve America Act and the proposed Sargent Shriver International Service Act.

Productive aging is another key area for us. People are living longer, healthier lives, and our traditional notions of "retirement" are being rethought. Older adults will be engaged in employment, volunteering, caregiving, and education. Professor Nancy Morrow-Howell has been working to define and test innovations in productive aging. For example, a major experimental study of Experience Corps® has found that both students and older adults benefitted from participating in the intergenerational tutoring program. Through conferences and research, we have initiated a discussion of productive aging in China, the most rapidly aging country in the world. Another conference was held in August in Beijing.

What has helped your center take its work from research results to real-world applications?

We aim to do research that is both innovative and relevant. We ask ourselves "How can research results be used?" at the start of a research project rather than at the end. We also focus intensely on a few carefully selected questions over a significant time period, seeking to build knowledge that can help define an innovation and put it in place.

For example, if our research on CDAs indicates promise, we will give this knowledge directly to College Savings Plan (529) officials in the states. Many 529 officials want their plans to be more inclusive.

How are Brown students involved in the Center's work?

Many graduate students come to the Brown School because of CSD's track record and leadership. Currently, we have 13 master's students and 13 doctoral students working on a range of projects. In addition, at present we have three postdoctoral fellows who take charge of particular aspects of research projects.

So what do you see in the next 20 years for CSD?

Iview CSD as an "R&D" shop. We operate like a laboratory in the sciences, testing promising innovations. Our goal is to take on new challenges and become even more effective in using research knowledge to inform policies and programs locally, in the states, at the federal level, and internationally.

and consequently can more easily become victims of child labor, sexual exploitation, child marriage, and child soldiering. Identification is also necessary to secure rights to education and health care and later to acquire and protect property.

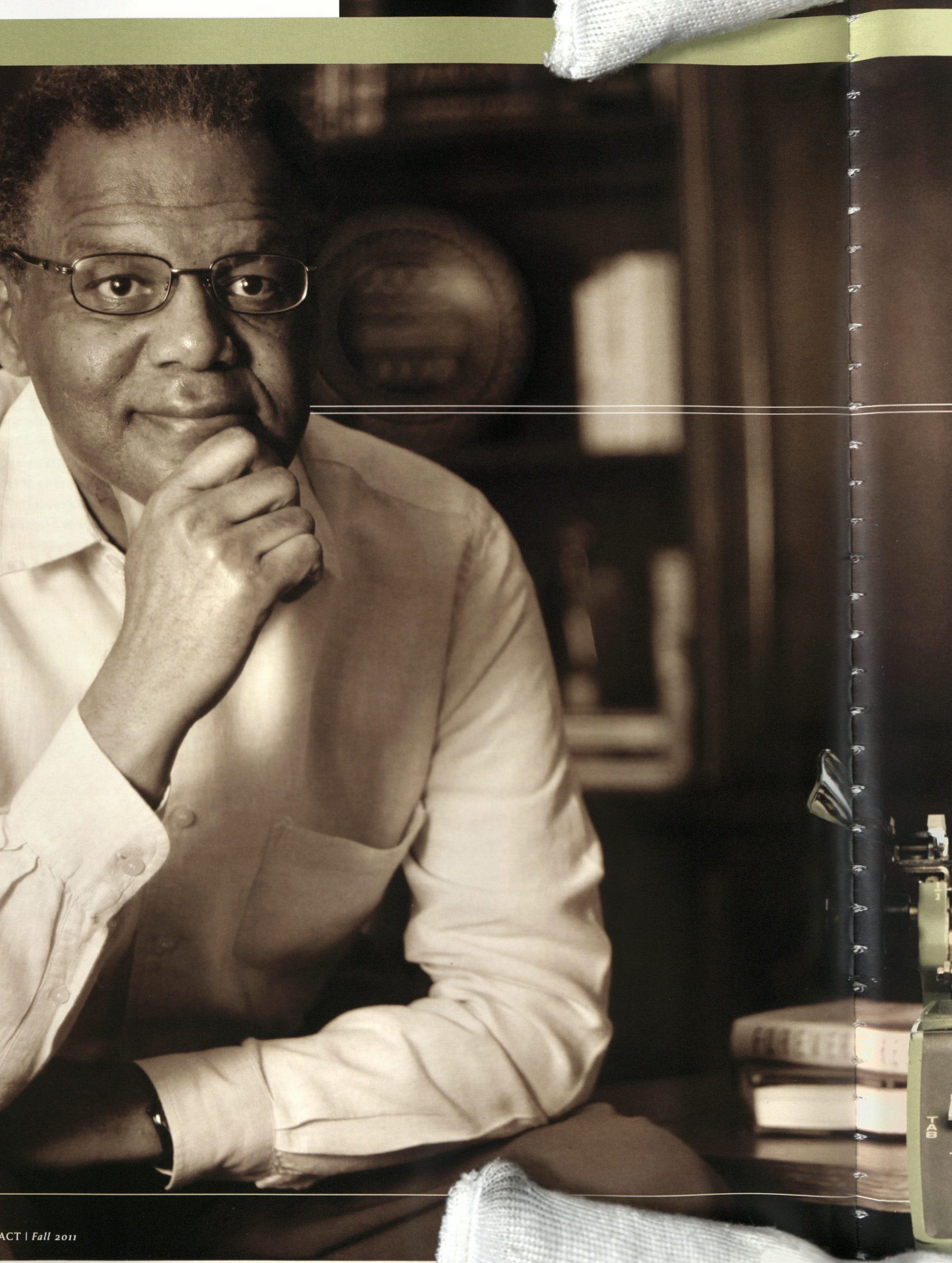
With many partners across campus, we're also leading a university-wide initiative called Livable Lives, which investigates social conditions and policy supports that can make life with a low or moderate income stable, secure, satisfying, and successful. This will be an important project because of the likelihood that the United States will be generating a large portion of low-to moderate-income jobs for many years to come. A major question for the U.S. is whether families earning low incomes can be reasonably stable and raise their children successfully.

"Our goal is to take on new challenges and become even more effective in using research knowledge to inform policies and programs locally, in the states, at the federal level, and internationally."

Are there any specific areas in which discussion is just beginning?

A future area of work is universal birth registration. More than a third of the babies in the world don't have legal documentation of their identity,

Overall, we are very fortunate to have so much good work to do. We have a great team and so many key partners on campus, around the U.S., and abroad. It is the people and partnerships that make this work productive and rewarding. ☺



{ AN INTERVIEW WITH BOB JOINER }

“WHEN I
STARTED OUT,

MOST REPORTERS HAD A TYPEWRITER
AND SOMEONE RUSHED THE
INFORMATION TO THE EDITOR.

NEXT CAME COMPUTERS AND E-MAIL.

NOW WE HAVE SOCIAL MEDIA,
WHICH IS BOTH DANGEROUS AND
ENLIGHTENING.”

INTERVIEW BY ELLEN ROSTAND | PHOTO BY GEOFF STORY



THE RISE OF THE INTERNET, INCLUDING SOCIAL MEDIA OUTLETS LIKE FACEBOOK, YOUTUBE, AND TWITTER, HAS TURNED ORDINARY CITIZENS INTO REPORTERS. THE UPSIDE IS THAT THE AVENUES FOR SHARING IDEAS AND OPINIONS HAVE MULTIPLIED. THE DOWNSIDE: MANY IMPORTANT SOCIAL ISSUES ARE LARGELY UNDERREPORTED OR MISREPORTED.

Robert Joiner, a veteran journalist and health reporter for the *St. Louis Beacon*, a popular online news outlet, talked with *Social Impact* about reporting in today's environment, the need to stay in touch with the community, and why social media is good for us.

How did you find your way to St. Louis and to the *Beacon*?

➔ I moved to St. Louis in 1970. I was in touch with some Washington correspondents for the *St. Louis Post Dispatch*, and they suggested I apply for a position. Except for brief stints at the *Philadelphia Inquirer* and the *St. Louis American*, I never left the *Post*. I have worked the Washington bureau, the wire desk, and the editorial page. I also was a columnist and a foreign correspondent. I left the *Post* about five years ago to help start the *St. Louis Beacon*.

Tell me more about the *Beacon*.

➔ The *Beacon* takes a second look at many issues that do not get the attention we think they should receive. Our tagline is "news that matters," but I like to say "more of the news that matters." Many other media outlets cover important news; we just try to go a step further.

When did your interest in health reporting emerge?

➔ Writing about health issues, particularly health issues impacting the underserved, has really been a calling for me. We read a lot about the cost of health care, but not much of the reporting is focused on underserved communities. Most folks do not understand what goes on in these neighborhoods, what the residents are subjected to and subject themselves to. For example, we know that kids need to eat right and exercise, but people do not realize how difficult this is if you live in an environment where transportation is not the best, housing is not the best, and services are not necessarily there. People who live comfortable lives don't really have a clue. And I don't either. I am always shocked.

You have just completed a Health Journalism Fellowship at the Annenberg School for Communication and Journalism at the University of Southern California. How has this helped expand your reporting about these issues?

➔ The fellowship gave me some time to look at one issue in depth. My editor, Sally Altman, and I chose to explore the extent to which certain groups are still being underserved by the health care system, what are some of their needs, and what can we do to address them. We wrote 19 stories on health access in urban communities, with special stories on diabetes, obesity, lead poisoning, STDs, and access to food.

Do you have a favorite story in the series?

➔ I was struck by the people who are determined to make the system work for them. There was a young woman who didn't have access to anything because her corner store had shut down, so she and her baby would get on the bus — summer, winter, hot, cold — and make the trip out of her community to get the food she needed.

I don't think people realize how access to transportation and super-markets impact the health of a community. I know we take a lot of that for granted.

➔ The Brown School has been working on these issues for a long time, but with the Affordable Care Act we are just beginning as a nation to understand the different factors that contribute to our well-being.

This gets to awareness and understanding. How do we ensure that we discuss the right issues?

➔ At the *Beacon* we host community forums. About twice a month we go into a community to hear what people have to say on a topic and give them a sense of what we are trying to do as well. We also have people who are tweeting, doing Facebook, and blogging.

How has social media changed your work?

➔ Tremendously. When I started out, most reporters had a typewriter and someone rushed the information to the editor. Next came computers and e-mail. Now we have social media, which is both dangerous and enlightening. It is enlightening because there is a way to tell a story in real time without having to wait for the nightly news or the next edition of the paper. But it is dangerous because there is no gatekeeper. You still need someone to follow the story and put it into perspective. Today everyone is his or her own editor.

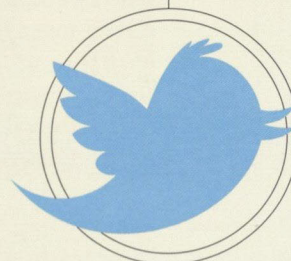
The Missouri Foundation for Health provides some funding for health reporting at the *Beacon*. Is this a new model where an information source is also a funder?

➔ In the old days, you would not have seen any connection between a foundation and the news media. But in this model we have mutual interests. We want to inform people about health issues, and the Foundation provided us with a grant to help us do this. It doesn't choose our topics, review what we print, or exercise editorial judgment over content. I'm pleased with this professional relationship.

We are always interested in working more closely with the media to share our work with a broader audience. How can academic institutions do a better job of working with the media?

➔ The media focuses on timeliness, and not everyone thinks like that. A researcher might complete a wonderful, eye-opening study, but if it is presented at the wrong time it may not get covered and that is unfortunate. The other thing that researchers really need to do is look at the news as it develops and then reach out with information to help us understand a current story. The public relations people are always there to point me in the right direction and get me great stuff, but I don't necessarily know about that unless I talk with them. They need to be the gatekeeper, but we also need more ongoing dialogue with the faculty.

FROM THE TYPEWRITER TO TWITTER, THE WAY WE CREATE AND CONSUME INFORMATION HAS CHANGED RAPIDLY OVER THE PAST TWO DECADES.



Our students want to make an impact in the world. What advice do you have for them?

➔ I don't know how much writing the students do, but the time to start is now. Put your ideas down and engage people in conversations about issues. I also think that students need to know that they do not have all the answers. In many cases the answers are from the people in the community.

I do hope that graduates understand that new media is going to have an impact beyond anything that we could have imagined. Perceptions can change, governments can change, we can enlighten people or confuse them, but we have to understand how to use new media for social good. It is something that everyone needs to know how to do. ☒

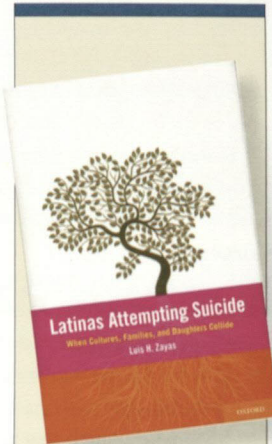
"We can enlighten people or confuse them, but we have to understand how to use new media for social good."

INSIGHT & answers

ABOUT LATINA SUICIDE ATTEMPTS | By Judy H. Watts

Although anti-immigration rhetoric and economic recession have slowed immigration, the number of Hispanics in the United States continues to grow. Since at least the 2000 census, Hispanics have been the nation's largest racial minority group and today make up 15 percent of the population. Yet within the tradition-rich, family-oriented, and diversified cultures of U.S. Hispanics, 15 percent of adolescent girls — the highest percentage of any racial or ethnic group in the United States — have taken pills, cut themselves, or otherwise tried to die. Some were as young as 12.

This shocking situation, with its tangle of mediating and influencing factors and critical events, is the focus of the first study of its kind, *Latinas Attempting Suicide: When Cultures, Families, and Daughters Collide*. Author Luis Zayas, PhD, is the Shanti K. Khinduka Distinguished Professor of Social Work at the Brown School and professor of psychiatry at Washington University in St. Louis School of Medicine.



Latinas Attempting Suicide: When Cultures, Families, and Daughters Collide
 LUIS H. ZAYAS
 Oxford University Press, 2011.

A note about terminology and identity: Zayas uses Hispanic and Latino or Latina interchangeably, "as neither one enjoys a universal preference," although each term "captures meanings that are important to many people." As one way to ensure a homogenous research sample, the youth he studies are U.S.-born, are self-identified as Latina, and have one or both parents who identify themselves as Hispanic — born in a Latin American country, for example, or the children of Latin American immigrants.

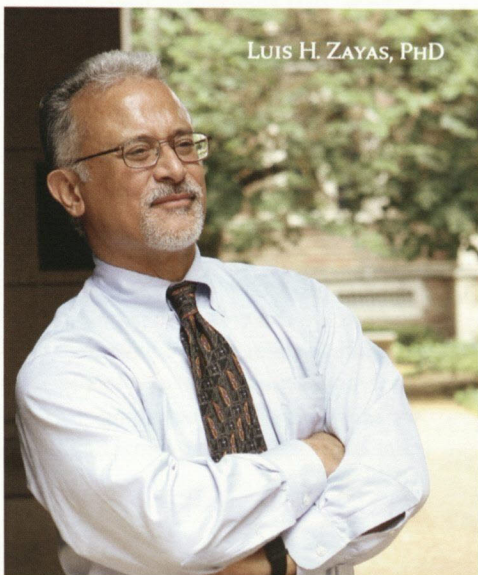
The book will serve undergraduate and graduate students in a range of disciplines, medical residents in child and adolescent psychiatry, professionals in mental health, health and education, and young Latinas themselves.

Latinas Attempting Suicide is the capstone of 30 years of Zayas's work. These were devoted to doctoral study in developmental psychology; medical social work in New York City, where he encountered Latina suicide attempts in clinics and hospitals; clinical work with young Latinas and families; and research that began when few studies of Latina attempts existed but has long received major funding from the National Institutes of Health. Zayas is founding director of Washington University's Center for Latino Studies, where a large portion of his and other investigators' research involves programs and interventions to address pressing issues Latinos face in the Americas.

Zayas emphasizes that the suicide attempts he studies are not the "cries for help" that people commonly attribute to such acts. Rather, they have "the contours and textures of a cultural idiom of distress" stemming from problems in family communications. His book explores in detail the intricacies of "culture, mental health, acculturation, family function and female adolescent development and how all these streams seem to converge — indeed, to collide — at times of crisis to form the suicide attempt."

The book shares the voices of Latinas who did and did not attempt suicide and of their parents. Zayas also examines the phenomenon's history and neglect, and in addition to psychology, draws on traditional and modern socialization theories and

Photo by Geoff Story



LUIS H. ZAYAS, PhD

15 percent

of adolescent Hispanic girls – the highest percentage of any racial or ethnic group in the United States – have taken pills, cut themselves, or otherwise tried to die.

research, including his most recent and extensive study.

These young Latinas face staggering challenges. Suicide attempts are highest among 14- and 15-year-olds experiencing a stressful transition from middle school's comparative safety to high school turmoil. The young women are psychologically vulnerable, undergoing physical, cultural, and psychological changes that create a chasm between family life and a powerful new social setting parents don't know.

Zayas espouses therapy with both generations present and, contrary to some research, has found that Hispanics are very amenable to treatment.

Each side must learn to take the perspective of the other, he says; when both generations understand, they make adjustments to get through life and sidestep wrenching crises like attempted suicide.

Zayas notes that considerable research is needed about treatments that work and do not, and that clinicians, social workers, psychiatrists, and guidance counselors — who can identify depressed and isolated youth — need codified information about approaches and techniques. Nevertheless, he says, teachers and guidance counselors should be able to spot signs of despair and take the time to befriend such girls.

As early reviewers have suggested, the book is life affirming: it is sensitively presented; its trove of scientific and clinical findings are invaluable; and its sections about prevention, treatment, and adult women in their productive years who contacted Zayas when they learned of his work are hopeful. ☞



EVIDENCE-BASED PUBLIC HEALTH:

A Mini-Master's in 312 Pages

By Judy H. Watts

As sophisticated data-mining technologies have allowed researchers to retrieve prodigious amounts of scientific evidence across cyberspace, evidence-based medicine has become increasingly widespread and systematized. Public health has followed clinical medicine's lead: Evidence-based decision making is now a watchword — although practitioners and policy makers too often poorly understand the term, causing confusion and concern.

The multidisciplinary public health arena, moreover, is beset with complicated challenges — practical, political, economic, and societal. The biggest of these? Ross Brownson, PhD, professor at the Brown School and the School of Medicine, says it is the national prioritization of disease treatment over prevention — a fundamental macro-level phenomenon that involves politics and people's socialization and values. "If the health care budget were shifted just a few percentage points toward prevention, we could apply many effective public health approaches, programs, and policies that we know are effective."

That's not all. The dismaying fact is that "most people working in public health have no formal training in the field," Brownson says. To address the urgent need on many

fronts for clear and comprehensive information about evidence-based public health (EBPH), lead author Brownson and colleagues (*see box*) published *Evidence-Based Public Health* — the first book ever written on the subject. (EBPH may be most succinctly defined, says Brownson, as the process of integrating science-based intervention with community preferences to improve health.) A second edition is in bookstores, complete with new findings in science and the latest tools and analytic approaches at readers' fingertips — plus an added chapter on emerging issues.

produce generalizable knowledge, or **(4)** inadequate attention is paid to adapting an intervention to the population and context of interest.

To address these unwelcome possibilities, *Evidence-Based Public Health* provides thorough, richly informative practical guidance in all critical areas. It is structured according to the key competency areas the authors believe public health professionals should master — competencies that build skills essential to improving practice in many agencies.

Supplementing chapter discussions of indispensable topics — with attention to required multidisciplinary skills — are graphs, charts, diagrams, and tables.

"An excellent use of experience and anecdote as a form of evidence" appears in boxes throughout, a reviewer notes (Zaza, S., *Am J PrevMed* 2003; 25 [2]). References, suggested readings, and valuable websites follow each chapter. Among these: <http://www.thecommunityguide.org/index.html> and <http://www.prevent.org>.



IF THE BALANCE OF TREATMENT AND PREVENTION WAS SHIFTED JUST A FEW PERCENTAGE POINTS, WE COULD APPLY MANY EFFECTIVE PUBLIC HEALTH APPROACHES.

As the authors point out, public health programs and policies sometimes miss their goals (a blow to the community sure to affect future funding) when **(1)** a chosen intervention's effectiveness has not been established in the literature; **(2)** implementation has been weak and incomplete; **(3)** inadequate or incorrect evaluation fails to

"Reading the book is like getting a mini-master's degree in public health. We show how to connect all the dots," says Brownson, who spent eight years with the Missouri Department of Health before moving to academia.

ROSS C. BROWNSON, PHD
Professor, Brown School and the
School of Medicine

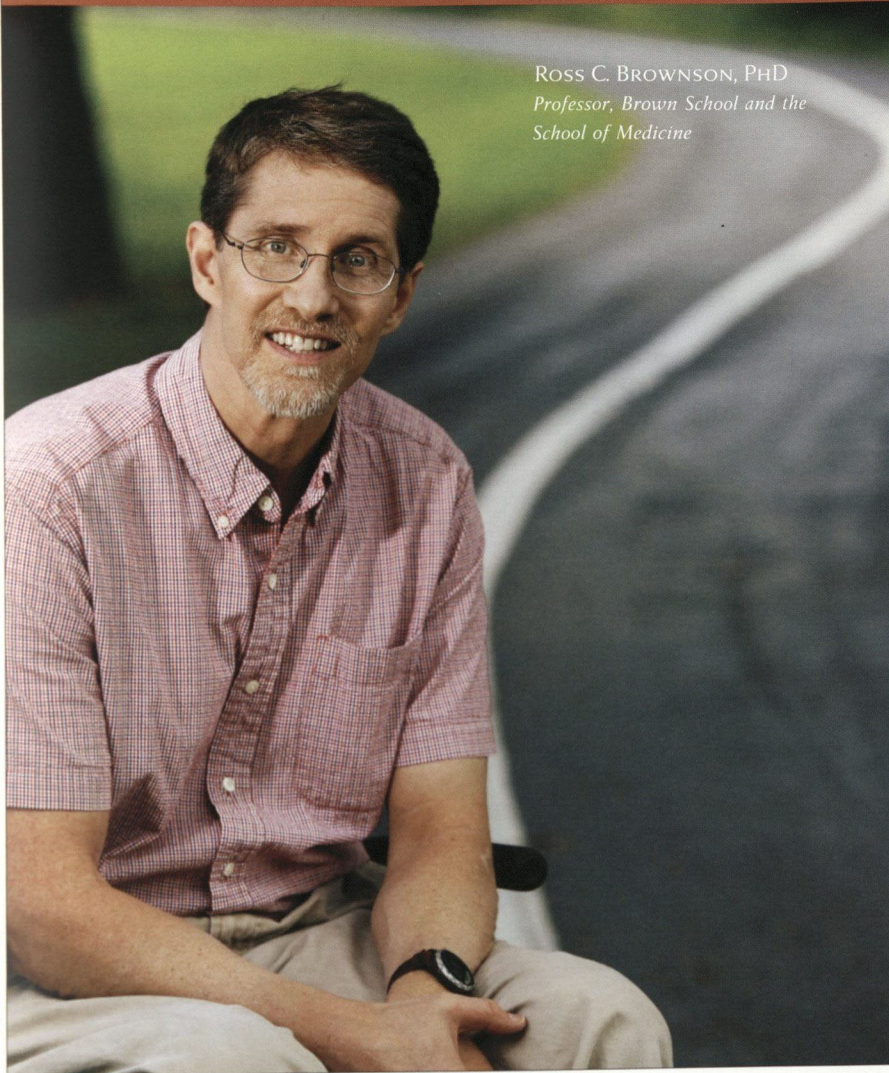


Photo by Geoff Story

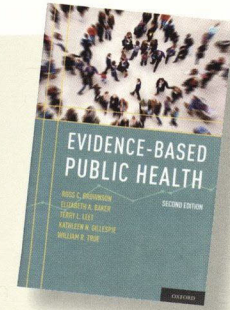
Public health practitioners, then, are the book's primary audience; others are policy makers, advocates, and researchers.

Although practitioners' options typically are governed by the available evidence, Brownson says all "have the opportunity, even the obligation, to carefully review the evidence for the most effective ways to achieve the desired goals."

Academia's help is essential:

"A vast workforce out there lacks time or resources to obtain advance formal training in public health, so universities and practice agencies must do a better job of providing on-the-job training."

The CDC-funded Prevention Research Center, which Washington University and Saint Louis University jointly lead, balances its major research and community initiatives with training — distributing tools and information to practitioners worldwide and offering an EBPH training course for practitioners that addresses core competencies. ☒



A Mini-Master's Degree in Public Health

Evidence-Based Public Health, 2nd ed., Ross Brownson et al., Oxford University Press, 2011.

Introducing the Authors

This list of professors who contributed diverse experience and expertise to both editions of *Evidence-Based Public Health* illustrates the value of cross-university collaborations.

ROSS C. BROWNSON, PhD, professor, Brown School and School of Medicine, Washington University in St. Louis.

ELIZABETH A. BAKER, PhD, MPH, professor, Department of Community Health, Saint Louis University School of Public Health (SLU SPH), and director of the Division of Behavioral Science and Health Education; codirector, Prevention Research Center.

TERRY L. LEET, PhD, late professor and department chair (2009), Department of Community Health, SLU SPH.

KATHLEEN N. GILLESPIE, PhD, associate professor, Department of Health Management and Policy, SLU SPH.

WILLIAM R. TRUE, research professor, Brown School.



advocacy
gets a
business
boost

THE RISE of the SOCIAL ENTREPRENEUR

A new breed of advocate is changing the way the world addresses its intractable ills. Social entrepreneurs — **bold, business-savvy people with out-of-the-box ideas and a passion for change** — are turning their sights on human suffering in its many forms, moving beyond philanthropy and bringing new hope to those in need.

A PASSION FOR CHANGE

The suffering of severe malnutrition among Haitian children inspired a social enterprise. Patricia A. Wolff, MD, clinical professor of pediatrics at Washington University's School of Medicine, founded Meds and Food for Kids (MFK) to provide nutrient-rich therapeutic food to Haitian children. MFK works with Haitian farmers to grow some of the ingredients, thus bolstering local agriculture, and it operates its own facility to make the product, employing local people.

Rebecca Kousky, MSW '06, was troubled that the burgeoning microfinance domain typically failed to help women.

"When you look at microfinance through the lens of social work," Kousky explains, "you see a lot of barriers for women. It charges really high interest rates on women in patriarchal families who've never held a job or had access to family finances. It often doesn't provide education or training, and for a lot of women who are starting craft-based businesses, it doesn't offer access to market." It offers little measurement, she says, of its actual impact in helping women build livelihoods and sustain their families.

The depth of malnutrition among Haiti's children captured Patricia Wolff's heart. The desperate plight of impoverished women fired Rebecca Kousky's imagination. The twin needs for jobs and eye care in the developing world lit a fire under Jordan Kassalow. Each of these people started with a daunting issue and crafted an innovative new solution to it:

Kousky's answer was to create a new model called micro-bartering, and with it she founded Nest. Nest makes loans to artisan groups in the developing world and takes repayment in products, which it then markets first on its own website (<http://www.buildanest.com/shop.asp>) and then by connecting artisan groups directly to retailers like American Eagle and Lord & Taylor.

"We then take that revenue and reinvest it, rather than charging interest to the women, so all our loans are interest free," she says. Nest is active in seven countries and this year launched its first U.S. project, in Queens, New York.

A different issue troubled Jordan Kassalow, OD. Over many years of medical mission work as an optometrist in Asia, Africa, and Latin America, Kassalow learned many lessons, but two in particular caught his attention. He learned, first, that inexpensive drugstore reading glasses could address the needs of about half the world's vision-impaired people, and he learned that more than almost anything else, people everywhere want jobs.

"There are just a lot of people in these settings," he observes, "who earn their living with their eyes and their hands — artisans and mechanics and barbers and on and on. As they get into their 40s their vision fades, their ability to do fine work is lost, their income goes down, and ultimately many times they lose their livelihood — all for the lack of a pair of glasses I could source in China for a dollar."

Kassalow combined this realization with a second idea: to train local women to do routine eye tests and sell glasses to their neighbors. "That way," he says, "we create jobs and sustain jobs at the same time." Thus Kassalow founded VisionSpring, which provides low-cost eyewear and now deploys 9,600 "vision entrepreneurs" in eight countries.

THE INITIATIVE



Social entrepreneurship is exploding across the global landscape, and the Brown School, true to its pathbreaking ethos, is this fall launching the first social entrepreneurship initiative to be housed in a school of social work, a 12-credit specialization within the Master of Social Work program.

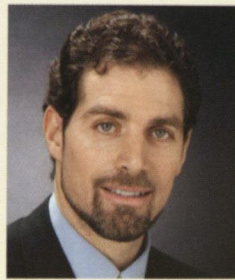
Though based at Brown, it is also offered to students at the university's Olin Business School and is enrolling numerous business, law, and even architecture students.

"It's unique," says Kassalow, who frequently speaks on social enterprise around the country and visited the Brown School this past spring.

"I've had the opportunity to speak at a lot of different schools. The vast majority are business schools. As far as I know this is the only university where the social work school is taking the lead on the social entrepreneurship curriculum."

Social entrepreneurship as an approach to the world's ills is not new. "Social innovation has been taking place since the dawn of man," says Tom Stehl, MSW/MBA '07 adjunct professor at Brown School and program director at MFK. "But the term is recent."

"As far as I know this is the only university where the social work school is taking the lead on the social entrepreneurship curriculum."



JORDAN KASSALOW, OD
Founder and CEO,
VisionSpring

Also new is the dramatically increased interest. "There's a lot of pent-up enthusiasm about this idea," Stehl notes. One measure: The introductory course, taught by various faculty since 2004, is full every year and now is offered both semesters rather than just one.

Kassalow agrees. "There's clearly a movement afoot," he says, "to look at things that can both add social value and sustain themselves through markets. It's an important mind shift."

Stehl acknowledges that a broadly accepted definition remains elusive. "Social entrepreneurship is different things to different people," he says. But for his students he identifies six central tenets, six qualities that successful social enterprises share. (See sidebar)

CENTRAL TENETS of social enterprises



TOM STEHL, MSW, MBA '07
Program Director,
Meds and Foods for Kids

A DISAGREEMENT ON DEFINITION

INNOVATION

These entrepreneurs think creatively across disciplines and hatch bold new ideas to attack social problems.

SOCIAL IMPACT

"It's about big ideas, about trying to change the game," Stehl observes.

MEASUREMENT

Measuring performance and the social value achieved is critical because it is the only way to demonstrate impact.

SCALABILITY

Successful enterprises can scale up to serve not just their original constituencies but much larger populations.

1

2

3

4

5

6

SUSTAINABILITY

Is there a strategy in place to provide the resources — human, financial, material — to carry out the mission of large-scale social change year in and year out? Typically social enterprises rely on philanthropy early on but incorporate revenue-producing components that over time permit ventures to become self-sustaining.

REPLICABILITY

Successful social enterprises create a model that they, or others doing similar work elsewhere, can replicate.

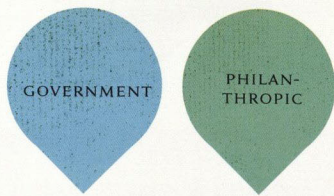
There's rather less agreement on a definition for this term. Some think of it simply as applying business methods to social ills to create social value rather than financial wealth. Jane Leu, a well-known social entrepreneur who founded Upwardly Global to help immigrant professionals penetrate barriers to U.S. careers, expands that definition a little.

"Social entrepreneurship in my mind is setting out to solve society's intractable problems at a systemic level, using all the tools available from various sectors — private, nonprofit, and academic," she says.

Ken Harrington, director of the Skandalaris Center for Entrepreneurial Studies at Washington University, puts some flesh on the bones. "We currently deploy a lot of resources for various societal problems — education, health care, the environment, social welfare, arts and culture," notes Harrington, an active partner with the Brown School in its new initiative. "We rely on the government and philanthropy for that."

"Many social entrepreneurs are unhappy with the way that current system addresses these problems. Particularly younger people are saying, 'How can we use nonprofit structures and for-profit structures in a blended way to achieve both financial sustainability and social value?'"

TYPE OF FUNDING

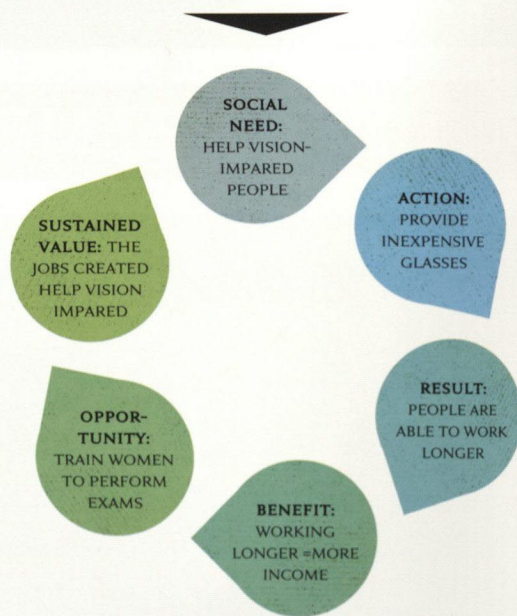


APPLIED TO SOCIETAL PROBLEMS



= CURRENT MODEL FOR SOCIAL CHANGE

FINANCIAL SUSTAINABILITY + SOCIAL VALUE = NEW, IMPROVED SELF-SUSTAINING MODEL



Example taken from Jordan Kassalow's story (page 17) about addressing vision needs in Asia, Africa, and Latin America through his own entrepreneurial venture, VisionSpring.

BORN OR MADE?

But how to teach entrepreneurship? After all, we typically think of the entrepreneurial spirit as an innate trait, something hardwired into some people and not others. Harrington acknowledges that "the founder entrepreneur" is born rather than made, but he goes on to suggest that others can acquire these traits. "The founder is a special individual," he acknowledges, "but the other important components are the members of the team.

"For every founder you'll have four to five collaborators. It's very experiential. You can't instill a gene, you can't change the spots on the leopard, but you can increase the competency and the collaboration between people.

"The more experience you have and the more skills you pick up, the more comfortable you become with uncertainty and your ability to overcome it. As you get comfortable with how to solve problems, you're more inclined to be entrepreneurial."

"You can't instill a gene, you can't change the spots on the leopard, but you can increase the competency and the collaboration between people."

KEN HARRINGTON

"... a certain breed of person is just inclined to be more entrepreneurial, more adventuresome, more risk-taking — this is how they're wired."

TONYA EDMOND, PhD



TONYA E. EDMOND, PhD
*Associate Professor,
Brown School*

A NEW SPECIALIZATION IS BORN

Tonya Edmond, PhD, associate professor, says this question of what is innate and what can be learned has been a recurring theme as the school developed the new MSW specialization.

Using a Skandalaris Center grant, the school created a speakers' series bringing social entrepreneurship experts to Brown to consult on the new program, give guest lectures in Stehl's Introduction to Social Entrepreneurship course, and address larger audiences as well.

"When we talked with each of these experts," Edmond says, "there seemed to be a belief that a certain breed of person is just inclined to be more entrepreneurial, more adventuresome, more risk-taking — this is how they're wired."

For such students, the school will teach specific knowledge and tools to apply to their ventures.

For others who might not be as entrepreneurial by nature, the program has components that will introduce them to innovative approaches and give them the skills and knowledge entrepreneurship requires.

Rebecca Kousky is unquestionably a born entrepreneur. "It runs in my family," she says. "My mom started a nonprofit, and my father is a serial entrepreneur in the for-profit technology space, so it's pretty genetic." But she also believes it can be taught, that it's a combination of traits and skills.

Kassalow agrees. "There are clearly some people whose brains and dispositions are such that they're always thinking entrepreneurially. However, there are other people who can be taught those skills, how to think across disciplines, to see opportunities. A lot of entrepreneurship is just knowing the building blocks of business, what a good profit margin is, how to look at a balance sheet, sales and marketing techniques. These hard skills can be taught."



REBECCA KOUSKY, MSW '06
*Executive Director and
Founder, NEST*



KEN HARRINGTON
*Director, Skandalaris
Center for Entrepreneurial
Studies, Washington
University in St. Louis*

Introductory Course:



Students begin the program with Tom Stehl's introductory course focusing on the six central tenants of innovation, social impact, measurement, sustainability, replicability, and scalability.

"I didn't know any business or management, and that was a challenge. I didn't know what a profit and loss statement was. I had to learn everything on the go."

REBECCA KOUSKY, MSW '06

CURRICULAR ELEMENTS

Budgeting & Fiscal Management



Students gain financial planning skills to help launch and sustain their ventures.

The Hatchery:

(Business Planning for New Enterprises)
Students form teams around a social venture idea proposed by a student or community entrepreneur. The deliverables for the course include two presentations to a panel of judges and a complete business plan.



Elective Course:

Students select from an approved list of elective courses from Brown School (for business students) or Olin (for social work students).



Field Work:

Field work, with a focus on social entrepreneurship, is a program requirement. In their final year, students are encouraged to participate in the Skandalaris Center's Youthbridge Social Entrepreneurship and Innovation Competition, one of the nation's premier mission-based venture competitions.



To teach them, and to equip those already hardwired as entrepreneurs, the new specialization starts with Stehl's introduction course. It also includes a course in budgeting and fiscal management, though business school students can satisfy that requirement with courses from the Olin School curriculum. All students will take the Olin School's signature Hatchery course, Business Planning for New Enterprises, and will elect a fourth course from approved lists at Brown (for business students) and Olin (for social work students). The specialization also requires field work with a social entrepreneurship focus, and all students are encouraged to enter the Skandalaris Center's Youthbridge Social Entrepreneurship and Innovation Competition, one of the nation's premier mission-based venture competitions, in their final year.

Entrepreneurs and academics alike agree that basic business skills are indispensable. "Students must be equipped with a basic understanding of accounting and finance — income statements, balance sheets, cash flow statements," Stehl says. "This is really the foundation for organizations."

Kousky, who'd had no business training before starting Nest, acknowledges that she was at a disadvantage.

"I didn't know any business or management, and that was a challenge. I didn't know what a profit and loss statement was. I had to learn everything on the go."

CONFLICT & CHALLENGE

In addition to basic financial management, Stehl says exposing social work students to the business school is valuable. "It's really about the culture," he says. "You have to be able to operate in multiple environments."

This cross-disciplinary element is fundamental, Edmond believes. "In any kind of interdisciplinary context you have different frames of reference, different conceptual models. People are going to think about problems from different perspectives and create opportunities that wouldn't otherwise

exist. We're influenced by different sets of values, and that creates conflict and challenge. But being able to work through those conflicts and challenges gives an opportunity to really deepen our understanding of the issue at hand and to develop more sophisticated skills."

Another basic strategy the program teaches is to be alert for problems or "pain points." "We teach them to watch out for things that they perceive to be not right," Harrington explains. "If they recognize those, they can either complain about them or see

them as opportunities. What we try to do is give them tools and evaluation templates with which they might turn that opportunity into a venture."

In forging this new specialization, the Brown School seeks nothing less than transformative change in the way society addresses its ills. Asked what she hopes to see from this initiative in five years, Edmond replies: "I hope that we would see groups of students graduating from our school with this specialization and creating innovative solutions to complex social problems."

MEASURING SOCIAL VALUE

She and Stehl hope, too, that the Brown School will lead the way in social entrepreneurship scholarship. "How do you measure social value?" Stehl muses.

"Social value is rooted in the definition of social entrepreneurship, but there's still not a good way of measuring it. I'd like to see the school carve out a niche for itself that complements the core competencies of the school and then have a research agenda coming out of that."

Edmond agrees. "This is an area that doesn't have a strong body of scholarship," she acknowledges. "What is exciting is that we have junior faculty members who are starting to think about how it might have relevance for their research. We have a couple of new faculty members who during the interview process were curious about our social entrepreneurship curriculum and how it might fit with their research interests.

This measurement issue is a critical component, trying to look at what these social impacts really are."

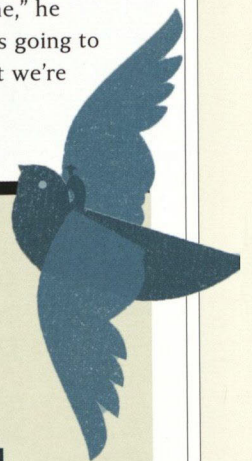
Harrington is confident that their hopes will be fulfilled. "They're already the number one school of social work in the country," he notes, "and I think they're well on their way to creating the number one social entrepreneurship program in the country.

And when you combine the co-curricular components, as the school interacts with the St. Louis community, the region has an opportunity to be a real model. The impact on the region is going to be very powerful over many years.

"After it's all said and done," he concludes, "I think this is going to be one of the things that we're most well known for." ☞

"Social value is rooted in the definition of social entrepreneurship, but there's still not a good way of measuring it."

TOM STEHL, MSW, MBA '07



Story by Susan Thomson, Photos by Whitney Curtis

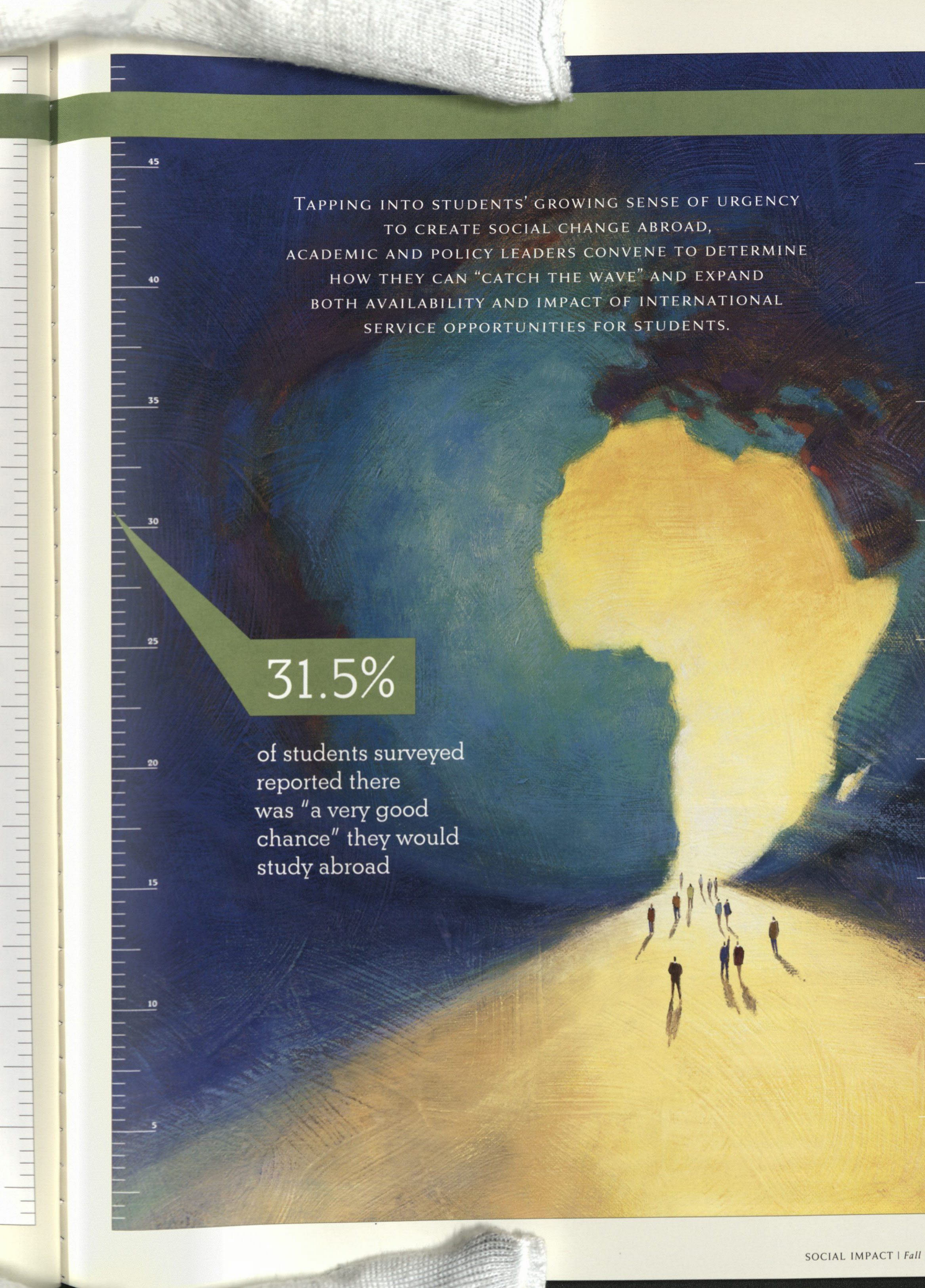
SCALING UP ABROAD

They came of age in the shadow of terrorism, recession, wars, tsunamis, and hurricanes. Though some may turn away from the sobering realities surrounding them, a significant and growing minority of today's college students are choosing to meet the stricken world and its woes eyes open and hands on.

Surveyed in 2010, 32.1 percent of U.S. college freshmen indicated "a very good chance" they would take part in volunteer or service activities, and 31.5 percent reported "a very good chance" they would study abroad. Both measures were at record highs for the respected survey, conducted every year since 1965 by UCLA's Higher Education Research Institute.

To John Pryor, the survey's director, these two trends together suggest a cohort of collegians who — even while racking up record levels of educational debt and staring down dim job prospects — "want to do good in the world and help others who are in difficulty."

That conclusion tallies with the observations and research of Associate Professor Amanda Moore McBride, associate dean for social work, research director at the Brown School's Center for Social Development, and director of the university's Gephardt Institute for Public Service. The whole Millennial Generation — consisting of people born since 1980 — has "a sense of urgency about social change," she says. She shares that sense and is particularly urgent for more students to help in other countries as part of their college experience, so much so that she was instrumental in convening a national symposium on the possibilities.

An artistic painting of a globe with a path leading to Africa. The globe is rendered in dark blue and green tones, with the continent of Africa highlighted in a bright yellow. A path of small figures leads from the bottom of the frame towards the continent. The background is a textured, dark blue. On the left side, there is a vertical ruler with markings from 5 to 45.

TAPPING INTO STUDENTS' GROWING SENSE OF URGENCY
TO CREATE SOCIAL CHANGE ABROAD,
ACADEMIC AND POLICY LEADERS CONVENE TO DETERMINE
HOW THEY CAN "CATCH THE WAVE" AND EXPAND
BOTH AVAILABILITY AND IMPACT OF INTERNATIONAL
SERVICE OPPORTUNITIES FOR STUDENTS.

31.5%

of students surveyed
reported there
was "a very good
chance" they would
study abroad



HOW ARE STUDENTS HELPING ABROAD?

They are teaching classes; tutoring children; building houses; planting gardens; starting small businesses; organizing environmental initiatives; and helping out in health clinics, day care centers, orphanages, prisons, social service agencies, and hospitals.

Image © AFP/Getty Images

Not a new phenomenon

College students have been giving their time to good causes for years. Break Away, which for 20 years has been training college students to lead alternative, volunteer experiences during school breaks, reports that a total of about 62,000 students took alternative spring breaks in 2011. About 15,481 of that total participated through Break Away chapter schools. The organization reports that campus programs have been growing by 10 to 15 percent a year for the last five years, according to executive director Jill Piacitelli. While about 85 percent are domestic, overseas trips account for about half of that growth, she says.

More recently, colleges themselves have been catching and advancing this new wave of student altruism by initiating international volunteer programs of their own. Under their auspices, students are traveling thousands of miles from home and sacrificing its comforts for the rigors of living and doing good for weeks or months at a time. In these out-of-the-way places, they are teaching classes, tutoring children, building houses, planting gardens, starting small businesses, organizing environmental initiatives, and helping out in health clinics, day care centers, orphanages, prisons, social service agencies, hospitals — whatever the host community needs and its young visitors can provide in their allotted time.

The notion of volunteering as an educational experience has been gaining ground from secondary schools on up for about 30 years, Piacitelli and others say.

According to Piacitelli, 62,000 students took alternative spring breaks in 2011, and overseas trips account for half of that growth.

A boost from Brookings

For colleges, a boost along the way came in 2006, when the Brookings Institution launched its Initiative on International Volunteering and Service. This includes the Building Bridges Coalition, open to all organizations interested or involved in international volunteering. It has grown to more than 300 members, including volunteer-sending organizations, government agencies, policy makers, corporations, and more than 70 universities and colleges, Washington University included, which share ideas through their own special subgroup.

The Brookings thrust was timely, coming as the schools themselves were reexamining their rightful roles and obligations to students in a shrinking, technology-driven, and increasingly problematic world. Coalition chair Steven C. Rosenthal says the result was “a mandate from the highest levels of the institutions to produce graduates of higher education that are globally aware and globally engaged.” But how? Already there was a plethora of study-abroad programs. Already there were some international volunteer opportunities, sponsored by the schools themselves and outside groups. So what else and what next?

How about a college-sponsored precollege year of service abroad? The possibility was raised in *Princeton in the World*, a 2007 report coauthored by that university's president Shirley M. Tilghman and provost Christopher L. Eisgruber and calling for, among other globe-minded goals, “increasing the proportion of undergraduates who have a substantial experience abroad” before graduating. The result two years later was the university's innovative Bridge Year. Instead of immediately matriculating, accepted freshmen spend nine months living and working in needy communities in Ghana, India, Peru, and Serbia. The university aims to gradually increase the number of participants to 100, out of a freshman class of about 1,300, from the initial group of 20.

At Duke University, the impetus was the administration's 2006 strategic plan, which took “internationalization” as one of its themes and fostering in undergraduates “a commitment to making a difference in the world” as one of its goals. That thinking and a designated \$30 million endowment — half from the private Duke Endowment and half from the Bill and Melinda Gates Foundation — gave rise a year later to DukeEngage.

71% of students report an immediate “great impact” as a result of participating in the DukeEngage program

Its mission: to make it possible for undergraduates to make a difference through immersive and meaningful summer service opportunities.

Through 2010, more than 1,000 students had taken part in projects in more than 40 nations.

They included Emily Lang, who spent eight summer weeks before her college junior year living with a family of two adults, six children, and a bunch of chickens in “a kind of little hut” without electricity in rural Kakamega, Kenya. Lang was among the program’s second full batch of students, serving in the summer of 2009.

For DukeEngage enlistees and for those in Bridge Year, “doing” trumps book study, and abstract issues take on human faces. These students attend no lectures, take no tests, write no papers, and get no academic credit. Their reward is the experience itself, impossible to quantify but still a learning one. Theory has it that working at the grass roots, close-up with and among people less fortunate than themselves, inevitably and permanently expands the workers’ geographic, intellectual, and social horizons. For some, it’s said, the work upends priorities and redirects lives.

That was what happened with Lang. Before she went to Kenya, she had been a varsity swimmer at Duke, training in the pool six hours a day. Upon her return, she started thinking about “other things I’d like to try out.” She quit the swim team to advocate for DukeEngage with

Amanda Moore McBride says the Millennial Generation has “a sense of urgency about social change.”

prospective donors. She envisions a career in micro-finance, helping low-income people get loans to start and sustain themselves with small businesses.

International service vs. study abroad

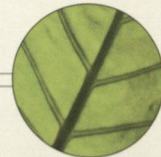
Although both capitalize on students’ intellectual curiosity and sense of adventure, international service is a different model from traditional study abroad. The two models can, however, be melded with similarly transformative effects on students. Under the auspices of the Gephardt Institute, for instance, Washington University students have received academic credit while doing volunteer work in Chile and Kenya. In the summer of 2010 John Delurey, A&S ’12, spent four weeks in Kenya earning six credits while working in schools. The experience “helped cement the idea in my mind that I want to work in East Africa,” perhaps as a career, he says. “Wanting more” when he left, he went on to spend an academic semester in Zanzibar.

Similarly, Brown School offers opportunities for social work and public health students to complete required practica abroad; take advantage of international exchanges in China, Chile, and India; or pursue personal projects by applying for social change grants through the Gephardt Institute. (See *sidebars*)

Like Washington University, Stanford University combines academics and service in a hybrid program, new in 2010. Twenty-four undergraduates spend an academic quarter or two in Cape Town, South Africa, learning about postapartheid South Africa through an integrated combination of credit classes, community research, and service learning.

Eric Mlyn, executive director of DukeEngage, says it’s no coincidence that Stanford,

This summer, Brown School social work students found new ways to serve those in St. Louis and abroad through \$5,000 social change grants awarded through the Richard A. Gephardt Institute for Public Service.



Malang Sustainability Theater

REBECCA GLUCKSTEIN
INDONESIA

Although environmental issues are a growing concern in Indonesia, sustainable living is only beginning to be taught in schools.

Rebecca Gluckstein’s project, the Malang Sustainability Theater, uses a combination of dance and drama to teach children at Kedungmonggo Art Center in the Malang regency to engage children in discussions about environmental issues and help them educate others in their community. Through the program, children increased their knowledge of sustainable living, particularly around recycling, preventing litter, and alternatives to trash burning. The project culminated in a performance that incorporated elements of the traditional, local dance to convey the children’s ideas about sustainability.

“The chance to get this program up and running is kind of a pilot for what I’d like to pursue as a career and will give me valuable insights about what makes a program like this work.”



Dollar-a-Day Initiative

DAVID GITHINJI
ST. LOUIS

David Githinji conceived the Dollar-a-Day program – an asset-building and mentorship program – as a way to address the unique challenges faced by immigrant youth.

After he and his wife came to the United States with their two sons, Githinji said it was difficult to be available to provide guidance and emotional support to their children while working long hours to put food on the table.

"I also witnessed that the situation was not unique to me but was affecting the large Kenyan immigrant population in St. Louis," he adds.

The program serves 50 youth aged 13 to 18 whose parents are immigrants from Kenya. The program provides the teens with information needed to be successful in the United States and instills savings principles that can help secure their future. The teens meet once a week to develop knowledge of life skills including career choice, courtship, entrepreneurship, time management, financial discipline, and character development. Speakers are drawn almost entirely from the Kenyan immigrant community. Githinji also created an asset-building component that encourages minimum savings of a dollar a day.

The social grant allowed him to expand the reach and scope of the program through an eight-week intensive summer session.

"The roots of social work are in volunteer action. As the voluntary sector and international development have grown, social workers are uniquely positioned to lead this field."

AMANDA MOORE MCBRIDE, PHD



Washington University, Duke, Princeton, and other private universities are leading this expanding field: For one thing, they have the resources. For another, public institutions more naturally lend hands to the localities or states that support them financially.

Yet some public institutions are reaching beyond their own and the nation's borders to school their students in global good works. Since 2007, for instance, two-year public Kirkwood College in Cedar Rapids, Iowa, has been offering its health sciences students a two-week, three-credit summer course in Guatemala that has included building houses, working in clinics, and distributing school and medical supplies.

One size does not fit all

In the view of leaders in the field, these several groundbreaking developments in just a few short years are just the beginning. Hence the title "International Service & Higher Education: At the Threshold of a New Era" for a symposium, held at Washington University in Spring 2011 and cochaired by McBride and Mlyn. Sponsors included the Brookings Institution, DukeEngage, and the Brown School's Center for Social Development, which have been doing joint research on the topic as part of the Brookings' five-year-old emphasis on international volunteering. David Caprara, who directs the Brookings initiative, says the Institution picked CSD as a study partner because it was already doing "path-breaking research on civic service around the globe."

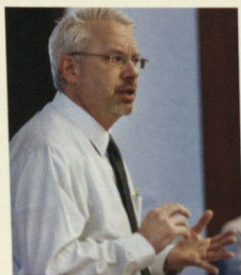
"We're not sending students to Paris, London, and Rome. They may be sent instead to places like Egypt and Haiti, where political winds and even the ground underfoot can shift without warning." ERIC MLYN, PHD

Its topic is a natural one for social workers and social work researchers, says McBride. "The roots of social work are in volunteer action. As the voluntary sector and international development have grown, social workers are uniquely positioned to lead this field."

Brown School faculty and students were among the 100 or so registrants along with key leaders in the field. From all over the country, from academia and nonprofits, they came together for the first time. Over three intense days of presentations and conversations, they got what amounted to a survey course in college students' current international volunteer options, no two programs exactly alike. A major lesson, voiced by several speakers, is that there is no one-size-fits-all, best way for a college to do this.

Scaling up

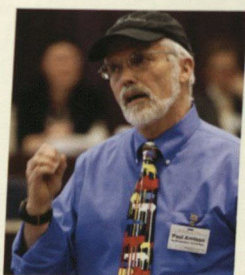
On that note, the conference went on to consider how higher education might "scale up" to make it possible for even more students to become global volunteers. If the lopsided supply-demand equations at Stanford and Duke are any indications, the students are more than willing. Both universities report twice as many applicants as their programs can take.



ERIC MLYN, PHD
Executive Director,
DukeEngage, Duke University



JILL PIACITELLI
Executive Director,
Break Away



PAUL ARNTSON, PHD
Professor, Global Engagement
Summer Institute,
Northwestern University

From their perspective on the supply side, conferees noted that the hoped-for future growth could come from expanding existing programs or starting new ones. Either way, they agreed, was far more easily said than done.

Obstacles to meeting demand

The obstacles are several and complex — money, for starters, and not just for staff. A major expense is the student volunteers' travel, which some schools may choose to underwrite wholly or in part. Because not all are able to, there was an undercurrent of concern at the conference that schools with fewer resources might find international service beyond their means.

Once committed, institutions face the ongoing administrative challenge of assigning students in down-to-earth, remote locations where they can be not just useful but safe as well. As Mlyn notes, "We're not sending students to Paris, London, and Rome." They may be sent instead to places like Egypt and Haiti, where political winds and even the ground underfoot can shift without warning.

Symposium speakers urged that student overseas volunteers be placed with equal sensitivity to their

host communities, their cultures, and their needs and that student service be offered in a spirit of partnership, not paternalism. Take care not to foster dependency in these places, they cautioned.

Paul Arntson put it this way to the group: "Never do for a community what a community can do for itself. If you do, you are incapacitating the community while feeling good about yourself." He heads Northwestern University's Global Engagement Summer Institute, which has been dispatching students from various U.S. colleges and universities to Bolivia, India, Nicaragua, and Uganda since its founding in 2006.

Measuring impact

Anecdotal evidence and the limited amount of research so far suggest that students do indeed feel good about their global service. Surveyed on their return, 71 percent of DukeEngage students have checked that their experience had an immediate "great impact" on their lives.

But how long will that impact last? What differences, if any, might their youthful cross-cultural adventures make in the ways these eager students view the world and in the choices they make for the rest of

their lives? Longitudinal studies that could tell have yet to be done, though Duke plans on tracking its students once they become alumni.

The impacts of their service — short and long term — on the communities that receive them and the colleges and universities that send them — have been studied even less. Symposium attendees agreed that the field of international service and higher education is wide open for evidence-based research.

As the event ended, it was being described as a landmark, maybe the first of regular get-togethers around the same subject. "Our hearts and heads are in this work. Building the field and doing research is worth doing, and it's worth doing together," McBride said by way of summing up. And the participants? "They share that sentiment." ❧



"Never do for a community what a community can do for itself. If you do, you are incapacitating the community while feeling good about yourself."

PAUL ARNTSON, PHD



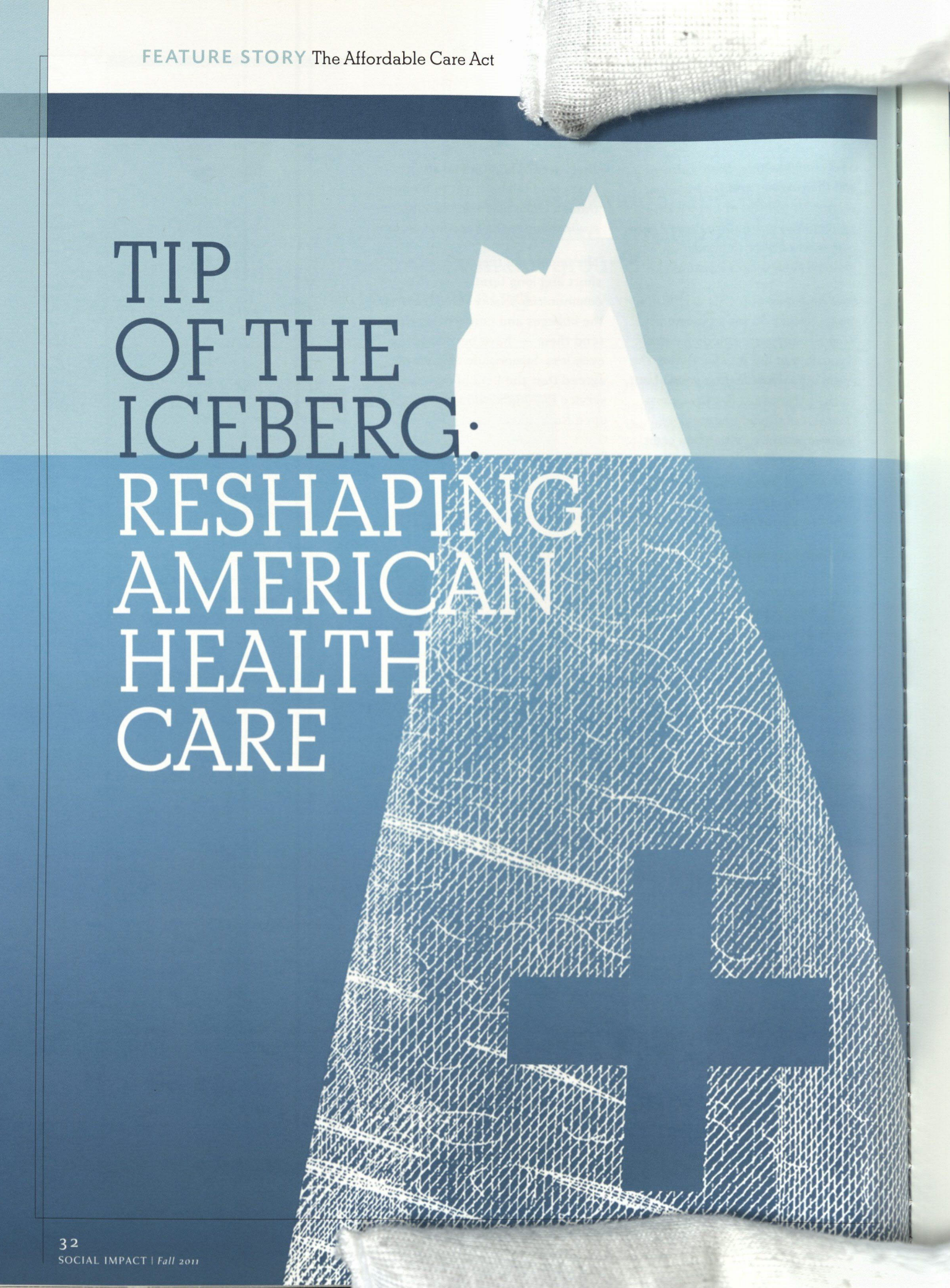
Em Chi Initiative

MARK PHAM
VIETNAM

Mark Pham always knew he would pursue a career in social work, following the footsteps of his mother, who is a licensed clinical social worker. But it was his experience working for the group Volunteers in Asia that opened his eyes to the plight of many young girls living in Vietnam.

Through his project, the Em Chi Initiative, Pham wants to help prevent sexual exploitation of young girls living in brothel districts in rural southern Vietnam. His program built upon a unique partnership between local officials and members of the commercial sex industry to engage girls the most at risk. It combined an intensive mentoring program with support services. He also had to work to raise awareness among local officials, educators, employers, and families that these girls have an opportunity to thrive and contribute to a higher standard of living in their community. Convincing the young women of their self-worth, however, posed one of the greatest challenges.

"My dream is to develop programs that allow girls in Southeast Asia the ability to succeed in many capacities. It is too easy to underestimate and exploit young girls when community norms dictate that course." ❧



TIP
OF THE
ICEBERG:
RESHAPING
AMERICAN
HEALTH
CARE

Story by Rick Skwiot

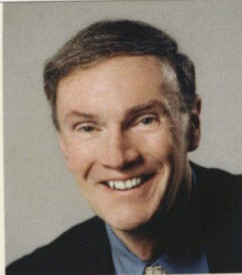
Despite ongoing public debate and litigation surrounding the April 2010 Affordable Care Act (ACA), aka health care reform, its sweeping changes are already reshaping American health care. "And we're just at the tip of the iceberg," says Timothy McBride, PhD, professor and associate dean for public health at the Brown School.

Its implementation, slated for completion by 2014, advances inexorably under the surface, beyond public view, according to McBride and other health policy professionals interviewed by *Social Impact*. Via a steady, quiet process compared to the contentious public debate, 44 of the law's 47 provisions and the complex supporting infrastructure will be in place in most states by the end of 2011, although not without significant struggle. *Social Impact* questioned a range of public policy experts regionally and nationally on ACA implementation, its prospects, and its challenges. Here are their responses:

Stephen M. Shortell +

On implementation progress:

The implementation is probably not moving along as fast as many people might have hoped, but it is not discouraging either — somewhere in the middle. The take-up of the states in trying to get started on their health insurance exchanges is highly variable. In California we're moving ahead, and there are a number of others as well. But my understanding is a number of states do not plan to implement it at all and leave it to the federal government — or are hoping that it might get repealed.



STEPHEN M. SHORTELL,
PHD, MPH

Dean, School of Public Health, University of California–Berkeley; Blue Cross of California Distinguished Professor of Health Policy & Management; Professor of Organization Behavior. An expert on organized health delivery systems in the United States, he has done extensive research on institutional incentives for improving quality of care and health outcomes, particularly when related to the management of patients with chronic illness.

For the
32 million
Americans with coverage, the question is whether the delivery system can sustain that coverage in the long run.

On paying for it:

It's going to be very challenging given the economy of many of the states, and California is certainly in that category. In terms of the expansions with Medicaid and Medi-Cal, it is going to be difficult. Even though health reform initially raises fees for primary care doctors, I think the key thing behind accountable care organizations* is whether or not they're going to be able to be affordable in the long run. And that applies to all of the delivery-system reforms. For the 32 million Americans with expanded health insurance coverage or who have it for the first time, the question is whether or not the delivery system can sustain that coverage in the long run.

*The ACA defines an accountable care organization as a network of doctors and hospitals managing all health care needs for a minimum of 5,000 Medicare beneficiaries for at least three years.

On a new business model for providers:

There is no question this is massive change.

If doctors, nurses, and administrators start getting paid to keep people out of hospitals, that's a new business model. Hospitals are going to make money in the future not on the in-patient margin but on what I call the total-care margin.

AFFORDABLE CARE ACT IMPLEMENTATION TIMELINE

Source: National Governor's Association (www.nga.org)

2010 Access to Insurance for Uninsured Americans' with a Pre-existing Condition • Small Business Health Insurance Credit • No Discrimination against Children with Preexisting Conditions • Relief for Seniors Who Hit the Medicare Part D "Donut Hole" • Prohibits Dropping Coverage When People Get Sick • Eliminating Lifetime

They get the money upfront, say \$100,000 for bypass surgery, and they share in the savings if they can do that for less than \$100,000. Likewise redistribution of income from specialists to primary care physicians may not be of a great magnitude, but even a little bit is something different from what you've been used to.

The payment reform and the delivery system have to coevolve. There have to be the incentives for providers to change behavior, and they have to have the capabilities to do so. Not everyone is a Kaiser Permanente or a Mayo Clinic. Doctors are going to need a lot of technical assistance with implementing electronic medical records and disease management programs. Getting doctors to practice more in teams and at the same time giving them rewards for doing so: I think that's one of the keys.

Edward F. Lawlor

On workforce development:

To be successful, the payment and delivery system reforms envisioned in ACA will require a massive retooling of the health care workforce. Like 15 years ago, the ACA "theory" is that effective primary care will be the foundation of health services. If you simply look at the arithmetic of the number of primary care physicians and how many can be feasibly trained in the next 10 years, there is no way to meet the primary care needs of health reform.



EDWARD F. LAWLOR, PHD

Dean, Brown School; Director, Institute for Public Health.

A national Medicare expert, Edward Lawlor researches and writes on health care administration and policy for the aged and the poor, access to care, hospital reimbursement and performance, and health care reform. A Brandeis University Social Welfare PhD, Lawlor previously served as dean at the University of Chicago's School of Social Service Administration and is the founding editor of the *Public Policy and Aging Report*. For 10 years he served as a member and secretary of the Chicago Board of Health. He teaches classes on health care policy and services and is the author of *Redesigning the Medicare Contract: Politics, Markets, and Agency*.

Long-term success

will depend on hidden challenges such as workforce development.

In rural and underserved urban areas, nurses and allied health professionals will take on major new responsibilities for care. There is considerable attention and emphasis in the legislation on increasing the workforce capacity for primary care — including increasing the diversity of the workforce.

While the implementation of ACA has enough challenge from legal actions, the design of insurance exchanges, and insurance coverage issues, the long-term success will depend on these more hidden challenges of workforce development, delivery system changes, and quality improvement.

On the role of social work:

Providers will be increasingly at risk for not addressing the social circumstance of patients, the coordination of their care (including the management of chronic conditions), and their readmissions to hospitals.

Social work is adapting to this new world, particularly in the field of patient navigation in cancer, but there is much work to be done to define the professional role of social work in a reformed health system.

For example, the implementation of medical homes as the locus of care delivery and the gateway to specialized services provides tremendous opportunities for social work. Providers know in their hearts that many of the challenges for vulnerable populations are social and behavioral, but we have not yet figured out how to deploy social workers as part of the solution.

Limits on Insurance Coverage • Regulating Use of Annual Limits on Insurance Coverage • Covering Preventive Health Services • Improving Preventive Health Benefits • Extending Coverage for Young Adults • Bringing Down the Cost of Health Care Coverage • Reducing the Cost of Covering Early Retirees • Holding Insurance Companies Accountable for Unreasonable Rate Hikes • Reducing Barriers to Providing Home and Community-Based Services in Medicaid • Strengthening Community Health Centers • Strengthening the Primary Care Workforce • Ensuring an

To the extent that the primary care, integrated delivery system vision of health reform is to be realized, we will need to train and place a new generation of health social workers in these community-based primary care settings. This will require new partnerships with providers and new thinking about social work and health education.

Mary Wakefield



On implementation progress:

Speaking strictly from the point of view of the Health Resources and Services Administration (HRSA), implementation of the Affordable Care Act has been challenging and exciting at the same time. HRSA is the lead agency responsible for implementing 50 provisions of the law and colead for implementing 16 others. One of the great things about the ACA is that it gives us new tools to address so much of what HRSA is all about — improving access to high-quality health care services for people who are uninsured, isolated, or medically vulnerable.

Thanks to the ACA we are making great headway in our goals of improving access to quality care and services, strengthening the health care workforce, building healthy communities, and improving health equity.



MARY WAKEFIELD,
PHD, RN

Administrator, Health Resources and Services Administration, U.S. Department of Health and Human Services.

Appointed by President Barack Obama in February 2009, she heads an agency with a \$9.6 billion budget to expand access to quality health care in partnership with health care providers and health professions' training programs. She previously served as associate dean for rural health at the University of North Dakota School of Medicine and Health Sciences.

On the promise of ACA:

The Affordable Care Act is growing the National Health Service Corps (NHSC) so that by 2015 we expect more than 20,000 NHSC providers will be working in underserved areas in return for loan repayment awards and scholarships to help them with the cost of their education. The impact NHSC providers have on the communities they serve is lasting. More than 75 percent of NHSC members report they plan to stay at the site where they are currently working after their NHSC commitment is fulfilled.

And through the Affordable Care Act we are expanding the nation's community health centers, where all patients are seen, regardless of their ability to pay. Many are charged what they can afford for high-quality primary care, which can include oral health care and behavioral health services. These investments came at a particularly critical time given the number of people who lost their jobs over the past few years and often lost their health insurance.

On problems that have surfaced during implementation:

In some cases we have needed to construct new programs authorized and funded by the law. In other cases we've needed to develop new features to current programs. This is complex work that takes committed, energized federal employees. For example, one Affordable Care Act program makes investments in evidence-based home visiting models that support women and infants in at-risk communities. This program, very complex and supporting every state in the nation, has great potential to improve the health of the

75%

of National Health Service Core members report they plan to stay at their current sites even after their commitment is fulfilled.

Effective Appeals Process of a Denial of Coverage • Improving Consumer Information through the Web • Improving Consumer Assistance • Cracking Down on Health Fraud • Improving Public Health Prevention Efforts • Extending Payment Protections for Rural Providers • Ensuring Medicaid Flexibility for States • Expanding the Adoption Credit and Adoption Assistance Program • Encouraging Investment in New Therapies • Providing Tax Relief for Doctors, Nurses, and other Health Professionals with State Loan Repayment • Establishing a National Health Care Workforce

populations it is designed to support. These important programs take shape because of the people at HRSA and across the U.S. Department of Health and Human Services who have worked tirelessly — often across weekends and holidays — to get these programs successfully up and running.

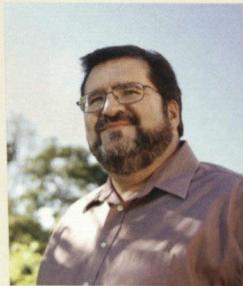
Timothy McBride +

On implementation progress:

Health reform implementation is probably going to be our full-time job from now until 2014 or beyond. I call it the Full Employment Act for Health Policy People. In the popular press you get the sense that health reform is in trouble and might be repealed. People might think that nothing is happening, it's all on hold, and it will be decided politically. But that's not what's really going on. It's moving ahead at about 180 miles an hour. There have been a lot of things that needed to happen by now, and they are already happening. Enthusiasm varies from state to state. Some states are pretty far ahead, and some states are really dragging their heels and fighting.

On insurance company involvement:

Like any private business, when they get involved in this sort of thing they are way ahead of everybody. I'm actually on a board for one of the insurers. They're diving in full speed ahead. They don't want to get caught by their competitors and lose out. I think the big ones are who most people are watching: Blue Cross, UnitedHealthcare, TRICARE, and so on. It might be perceived as being self-serving for the insurance



TIMOTHY MCBRIDE, PHD
Associate Dean for Public Health and Professor, Brown School.

An influential health policy analyst and leading health economist, he has helped shape the national agenda in rural health care, health insurance, Medicare policy, health economics, and access to health care. He is currently studying the uninsured, Medicare Advantage, and Part D in rural areas; health reform at the state and national levels; access to care for children with special health care needs; and long-term Social Security and Medicare reform.

Contrary to perception, health reform is moving ahead at a speed of about

**180
MPH.**

companies, but that was actually the intent of the law because it was supposed to be private plans. The insurers didn't fight it politically because they knew they were going to get 30 million new customers.

The key thing is making sure that the government regulates these markets appropriately.

That's where the policy makers, the policy faculty, and researchers jump in to try to help them sort through that. Our role is to help the community and the government and everybody think through what's the best way to write regulations.

On the lack of public information:

The press has been fixated on the larger questions, like the mandate, and not focusing on the fact that there is a lot going on. That's part of what's going on in Missouri. There has been a lot of focus on the referendum that happened here and bigger issues, but nobody is bothering to ask what's going on behind the scenes. There are a bunch of pieces in the legislation I think people really are not very well aware of, changes in payment systems that are getting a ton of attention by those of us who deal with this every day. The public is not really aware. Ten years from now they'll say, "Now where did that all come from?" It's going on today.

On the increased emphasis on public health and social work:

One entire title in the Act is about public health and prevention of chronic disease, and it's probably 200 pages. It embodies quite a remarkably wide sweep of changes for public health. A number of research

Commission • Strengthening the Health Care Workforce • Special Requirements for Blue Cross Blue Shield • 2011 • Discounts in the Part D "Donut Hole" • Improving Medicare Preventive Health Coverage • Increasing Reimbursement for Primary Care Practitioners • Improving Health Care Quality and Efficiency • Providing New, Voluntary Options for Long-Term Care Insurance • Improving Transitional Care for Medicare Beneficiaries • Transitioning to Reformed Payments in Medicare Advantage • Increasing Training Support for Primary Care Doctors • Increasing Access to

projects have already been started, which a lot of universities are just getting into, as well as community organizations. And a national public health strategy will be put in place for the first time. Also, there is a whole workforce title, which has got a lot of money, for not only primary care doctors, nurses, and such, which you might expect, but also for public health professionals and social workers. So if that stays in there, it will be a pretty big change.

Ronald J. Levy



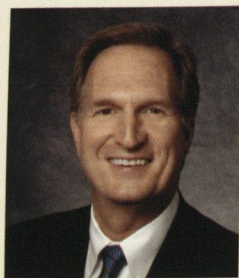
On ACA implementation progress in Missouri:

While there are various initiatives across the country and in Missouri to change or repeal the Affordable Care Act, our viewpoint on implementation is very simple:

As long as the ACA is the law of the land, our job is to implement it in a way that best serves the people of Missouri.

One area we've focused on in Missouri is ramping up preventative services. We know that if we can treat illness and injury in their early stages, we can avoid incredible costs later on. So we've been very proactive and successful in seeking and securing ACA grants to put more preventative services into communities across Missouri.

We've also worked to implement the federal law requirements to change insurance rules and regulations that are a result of this legislation. Finally, we have a number of work groups that have been



RONALD J. LEVY, MHA

Former Director, Missouri Department of Social Services.

Appointed by Governor Jay Nixon in January 2009, he served as the health policy advisor for the governor and state coordinator for developing Missouri's health information exchange. Previously president and chief executive officer for SSM St. Louis, the nation's 10th-largest Catholic health system, he currently is the executive in residence at the St. Louis University School of Public Health.

We expect that
750,000
more Missourians
will now have
health insurance
as a result of
these efforts.

That's good for
the state and the
citizens.

working with state government, with the legislature, and with stakeholders to develop a health insurance exchange for the state of Missouri.

On creating infrastructure for the health insurance exchange:

One of the key elements of this legislation is the development of a "no-wrong-door approach" for eligibility determination and enrollment through the health insurance exchange for small businesses, individuals, and Medicaid recipients.

We will have to create both the technology infrastructure and the administrative infrastructure so that everyone — Medicaid recipients, small businesses, or individuals — can go online, pick up the phone, and if need be meet with someone to enroll for insurance coverage. Our goal is to make the exchange simple and accessible for all populations.

We are in the beginning of researching, evaluating, and actuarially analyzing a plan for our health insurance exchange, which has never existed before in the state of Missouri.

There's a model of it in Massachusetts that has been up and running for awhile, and there's a very small element of it in Utah, but beyond that, there are very few examples. This is truly new and uncharted territory.

It's our estimate — and this is very early — but we expect that 750,000 more Missourians will now have health insurance as a result of these efforts. This is good for the state of Missouri but more importantly for its citizens.

Home and Community Bed Services • Strengthening Health Care Quality • Continuing Innovation and Lower Health Costs • **2012** • Encouraging Integrated Health Systems • Linking Payment to Quality Outcomes • Reducing Avoidable Hospital Readmissions • Reducing Paperwork and Administrative Costs • **2013** • Improving Preventive Health Coverage • Encouraging Provider Collaboration • Increasing Medicaid Payment for Primary Care Doctors • Limiting Executive Compensation • **2014** • Reforming Health Insurance Regulations • Eliminating Annual Limits on

On tailoring local ACA solutions:

One of the bigger opportunities in implementing this legislation is tailoring it to fit Missouri. The law provides a frame, but it's up to us to paint the picture.

This gives us the flexibility to design the exchange in a way that makes sense for Missouri. The insurance exchange is a market-based solution to help provide insurance coverage to thousands of uninsured individuals and small businesses. This is a very real opportunity for Missouri to improve the way we deliver health care.

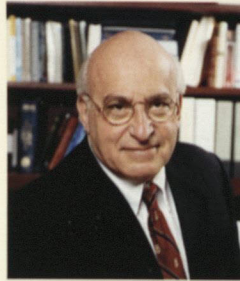
William A. Peck



On the costs of the ACA:

I believe that the cost increases have been underestimated, and I have a lot of company. Too many factors are conspiring to raise future costs.

In my view, one of the greatest challenges in implementing ACA is its financial impact on the states, in part because of the huge impact of the recession and its slow recovery on state budgets. Many states have projected major deficits, yet health care reform is going to require increased state expenditures. ACA sets the Medicaid eligibility limit at 133 percent of federal poverty beginning in 2014, which represents an increase for most but not all states. Granted that the federal government will pay for 100 percent of the new costs for several years, the contribution does drift down.



WILLIAM A. PECK, MD

The Alan A. and Edith L. Wolff Distinguished Professor of Medicine at Washington University; Director, Washington University Center for Health Policy.

Noted medical researcher in bone and mineral metabolism, he has extensive clinical teaching and patient care experience. He previously served as dean of Washington University School of Medicine and vice chancellor for medical affairs and president of the Washington University Medical Center.

In the meantime, joblessness has substantially increased the current demand for Medicaid, prompting many states to apply for and receive federal waivers so that they can in essence reduce their expenditures, leaving more people without a safety net.

ACA also increases state costs related to exchange formation and operation and overseeing eligibility for the new subsidies and benefits packages for the poor who are not Medicaid eligible.

A key contributor to future cost increases is the demand created by the rising burden of incurable but treatable chronic illness, much of which is aging related. And now the first baby boomers are entering that population at risk. Admirably, ACA endeavors to address this issue in many ways, including among other approaches comparative effectiveness research, redesign of practice methods and payment models, and support of prevention. But the outcomes and broad applicability of these approaches remain to be determined.

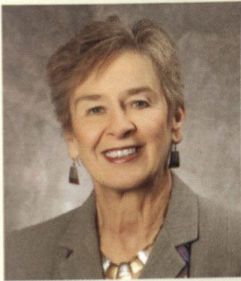
Ruth R. Ehresman

On ACA implementation progress thus far:

Some small businesses are getting tax credits to help with premium costs for their employees. That's huge, as much of America is small businesses. Seniors are being helped and get free preventive care. Kids are not being denied coverage because of preexisting conditions.

There are too many factors conspiring to raise **future costs,** and I believe those increases have been underestimated.

Insurance Coverage • Ensuring Coverage for People Participating in Clinical Trials • Establishing Health Insurance Exchanges • Ensuring Choice through a MultiState Option • Providing Premium Tax Credits and Cost-Sharing Reductions • Ensuring Choice through Free Choice Vouchers • Promoting Individual Responsibilities • Increasing Access to Medicaid • Additional Funding for the Children's Health Insurance Program • Small Business Tax Credit • Quality Reporting for Certain Providers • **2015** • Paying Physicians Based on Value Not Volume



RUTH R. EHRESMAN,
MSW '83

Director of Health and Budgetary Policy for the nonprofit Missouri Budget Project.

The Missouri Budget Project works to advance public policies that improve economic opportunities for Missourians — particularly low- and middle-income families — by providing reliable and objective research, public education, and advocacy. Previously policy director of Citizens for Missouri's Children, she serves as a board member of Vision for Children at Risk and the Missouri Family Health Council and cochairs the St. Louis Children's Agenda.

The challenge is to help the general public understand that the Affordable Care Act puts **power** back into the hands of the consumer.

Young adults get to stay on their parents insurance up to age 26. That's a huge number of uninsured Americans that fall in that category of young adults who are in a first job that don't have health coverage. Those are things that are already implemented.

On evidence-based practices:

I think one of the big positive areas where we could really take health care forward is to focus on using evidence-based practice. Let's pay for care that works, not just for more care. There has been tremendous potential for that because the focus of this is looking at good care.

That's what we want to promote.

On the health insurance exchange:

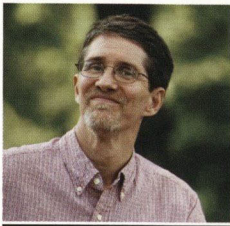
A health insurance advisory panel is figuring out how to handle the expansion of Medicaid, which is going to be enormous in Missouri, and how to integrate Medicaid with the private insurance that will be expanded through the health insurance exchange — a kind of Travelocity for insurance companies. It's a place for consumers to go and make comparisons, apples to apples, so they can make informed choices about what they're purchasing. If the state doesn't create its own exchange, the federal government will create an exchange that we'll be a part of. From our perspective as advocates, at this point we don't know enough details about the federal exchange to know if that would be better for consumers or worse, because there are just so many unknowns.

The challenge is to help the general public understand that the Affordable Care Act takes power, complete power, out of the hands of the insurance company and gives the consumers a chance again. Our insurance has evolved to where if you're sick and you don't already have insurance, it's almost impossible to get insurance. Prices are just out of control for employers and employees. We can't continue down that path. However, you have a tremendous amount of fear on the part of people who have insurance and skepticism on the part of people who don't have insurance. So we think it's really important that we get some of these early wins implemented as fully as possible so people start understanding the benefits of it.

On the promise of ACA:

We have to recognize that this is a program with huge social implications. And recognize that other programs of that scope — Medicare, Medicaid, Social Security — were not perfect when they were enacted. They were tweaked over time, and I think we have to look at this in the same way.

Let's not kill the possible while we're holding out for the ideal. Let's make it work. Let's see where it needs to be changed. It would be a tremendous loss if we don't make it happen. ☺



Ross Brownson

Ross Brownson and Amy Eyler's article, "Measuring the Impact of Public Health Policy," was selected as one of the Robert Wood Johnson Foundation's five most influential research articles of 2010.

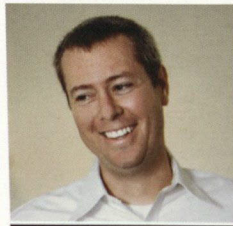
Brett Drake and colleagues recently authored "Racial bias in child protection? A comparison of competing explanations using national data." The article was published in *Pediatrics*.

of *Physician's Weekly*. She and colleagues also authored "Differences in smokers and nonsmokers' assessments of an educational campaign about tobacco use," which appears in *Health Education & Behavior*.



Sarah Gehlert

Sarah Gehlert gave the keynote address at the Puerto Rico Clinical and Translational Research Consortium, Translational Science to Reducing Health Disparities. In March, she participated in the National Cancer Institute conference titled "Multilevel Interventions in Health Care: Building the Foundation for Future Research."



Aaron Hipp

Aaron Hipp helped organize a series of symposia titled "Social Health and Open Space." The first symposium occurred at the 2011 Environmental Design Research Association conference.



Kimberly Johnson

Kimberly Johnson and colleagues authored "The epidemiology of acute childhood leukemia," which appears in *Childhood Leukemia: A Practical Handbook*. She also gave a poster presentation titled "Maternal folic acid supplementation and risk of medulloblastoma in offspring" at the annual meeting of the American Association of Cancer Research. She also presented "Carcinomas in childhood: a record linkage study," at the 3rd North American Congress of Epidemiology.



Matt Kreuter

Matt Kreuter participated in the Behavioral, Population, Epidemiology, and Prevention Provocative Questions workshop in Bethesda, MD, led by Dr. Harold Varmus, Director of National Cancer Institute.



Renee M. Cunningham-Williams

Renee M. Cunningham-Williams participated in an international, invitation-only workshop to discuss research projects that would help in the prevention, diagnosis, and treatment of gambling addiction in Singapore.



Jenine Harris

Jenine Harris's article, "Connecting discovery and delivery: The need for more evidence on effective smoking cessation strategies for people living with HIV/AIDS," was featured in the February 8 edition



Lora Iannotti

Lora Iannotti recently returned from New Delhi, where she participated in a ministerial conference titled "Leveraging Agriculture to Improve Nutrition and Health." She presented preliminary findings from her evaluation of the health and nutrition impacts of irrigation pump ownership.



Melissa Jonson-Reid

Melissa Jonson-Reid authored "Disentangling system contact and services: A key pathway to evidence-based children's policy," which appears in *Children and Youth Services Review*.

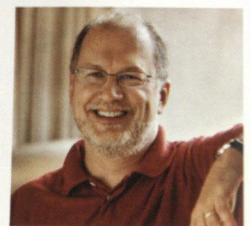


Carolyn Lesorogol

Carolyn Lesorogol and colleagues authored "Livestock or the pen: the effects of inheritance and education on poverty among pastoralists," which is part of the Chronic Poverty Research Center's Working Paper series.



Brett Drake



Doug Luke

Doug Luke and colleagues authored "Family Smoking Prevention and Tobacco Control Act: Banning outdoor tobacco advertising near schools and playgrounds." It appears in the March 2011 issue of the *American Journal of Preventive Medicine*.

He also coauthored a presentation titled "Network centralization and the dissemination of evidence-based guidelines in eight state tobacco control networks." The presentation was given in February at the International Network of Social Network Analysis Sunbelt XXXI Conference.



Monica Matthieu

Monica Matthieu coauthored "Educational needs assessment for homeless service providers on preventing suicide." It appears in *Social Work in Mental Health*.



Amanda Moore McBride

Amanda Moore McBride coauthored "The impacts of international volunteer service," which was presented at a symposium on international service hosted by the University of California, Berkeley. She and colleagues also presented "The social capital impacts of international volunteer service" at a University of Michigan – hosted symposium on international service.

"Youth volunteer service as positive youth development in Latin America and the Caribbean," which she coauthored, appears in *Children and Youth Services Review*.



Tim McBride

Tim McBride was confirmed by the Missouri Senate for a position on the MOHealthNet oversight committee, which provides advice and oversight of the state's Medicaid program. He also participated in a panel discussion titled "Creating state health insurance exchanges: Lessons from the Federal Employee Health Benefit Plans" at the 23rd Annual Health Law Symposium, presented by the Center for Health Law Studies and the Saint Louis University *Journal of Health Law and Policy*.



Nancy Morrow-Howell

Nancy Morrow-Howell was selected as a 2011 Outstanding Faculty Mentor Award winner. Presented by Washington University's College of Arts and Sciences Graduate Student Senate, this award honors faculty members whose commitments to graduate students and excellence in graduate training have made a significant contribution to the success of graduate students in Arts and Sciences at Washington University.

She and colleagues also received a special grant to develop and teach "Interdisciplinary Perspectives in Geriatric Care."



Enola Proctor

Enola Proctor participated in the Congressional Social Work Caucus briefing on "Prevention, Treatment, and Services Research Funding in the National Institute of Mental Health Budget."



Ramesh Raghavan

Ramesh Raghavan's R01 grant, titled "Reducing Disparities in Mental Health Expenditure among Children in Child Welfare," was funded through the National Institute of Mental Health.



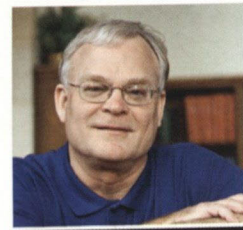
Vetta Sanders Thompson

Vetta Sanders Thompson received the Excellence in Public Health Award for her outstanding work addressing health care disparities in the community by the *St. Louis American* Foundation. She also coauthored "Comparing the use of evidence and culture in targeted colorectal cancer communication for African Americans." The article appears in *Patient Education and Counseling*.



Paul Shattuck

Paul Shattuck authored "Post-high school service use among young adults with an autism spectrum disorder." The article appears in *Archives of Pediatrics and Adolescent Medicine*.



Michael Sherraden

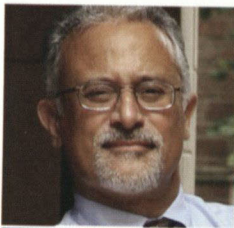
Michael Sherraden delivered "Asset Building: Social Innovation and Research," a public seminar hosted by Hong Kong Polytechnic University. He also delivered "Creating and Testing Social Innovations: Notes from Asset Building" at the Social Work Day events hosted by the University of Pittsburgh. He also authored "Asset-based social policy and financial services: Toward fairness and inclusion," which appears in *Old Assumptions, New Realities: Ensuring Economic Security for Working Families in the 21st Century*.

Continued →



Gautam Yadama

Gautam Yadama coauthored "Evaluation of mass and surface area concentration of particle emissions and development of emissions indices for cookstoves in rural India." *Environmental Science & Technology* published the article.



Luis Zayas

Professor **Luis Zayas's** work was heavily cited in a recent testimony given at a public hearing on "Exploring the Availability of Suicide Prevention Services for Adolescent Latinas in New York City" by the New York City Council - Committee on Mental Health, Mental Retardation, Alcoholism, Drug Abuse and Disability Services, in conjunction with the Committee on Women's Issues and the Committee on Civil Rights. ☒

Brown School welcomes five new tenure-track faculty:

LORENA ESTRADA-MARTINEZ



Lorena Estrada-Martinez joins us from the University of Michigan, where she completed a postdoctoral fellowship on social determinants of health and Latino health disparities.

DARRELL HUDSON



Darrell Hudson just completed a postdoctoral fellowship in the Kellogg Health Scholars Program at the University of California – San Francisco. His research interests include the mechanisms and pathways by which social, economic, political, and environmental inequalities affect health.

CARRIE PETTUS-DAVIS



Carrie Pettus-Davis is a recent graduate of the University of North Carolina – Chapel Hill. Her work focuses on intervention research with current and former prisoners who have substance use disorders and mental illnesses.

JASON PURNELL



Jason Purnell was a research assistant professor in our Health Communication Research Laboratory. His research interests focus on the design and evaluation of interventions that address the complex sociocultural and socioeconomic factors that influence preventative health behaviors in underserved populations.

EMILY WOLTMANN



Emily Woltmann just completed a postdoctoral fellowship at the University of Michigan – Ann Arbor. Her primary interests center on the implementation and sustainability of evidence-based practices in public-sector mental health care systems.

Get to know our new faculty at brownschool.wustl.edu.

Research

Autistic Young Adults Missing Out on Much-Needed Services

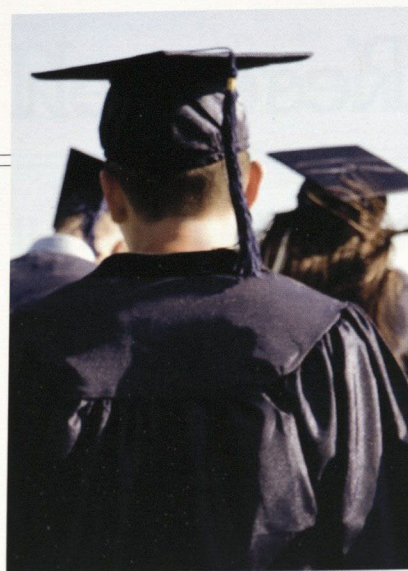
What happens to young adults with autism spectrum disorders (ASDs) once they graduate high school and are no longer entitled to services?

“National, state, and local policy makers have been working hard to meet the needs of the growing numbers of young children identified as having an ASD,” says Paul Shattuck, PhD, assistant professor. “However, there has been no effort of a corresponding magnitude to plan for ensuring continuity of supports and services as these children age into adulthood.”

In a first-of-its-kind study, Shattuck looked at rates of service use among young adults with an ASD during their first few years after leaving high school. He found that 39.1 percent of these youths received no speech therapy, mental health, medical diagnostics, or case management services.

Shattuck also found that the odds of not receiving any services were more than three times higher for African-American young adults compared with white young adults and more than five times higher for those with incomes of \$25,000 or less relative to those with incomes over \$75,000.

In his study, published in the current issue of the *Archives of Pediatric & Adolescent Medicine*, Shattuck looked at medical, mental health, speech therapy, and case management services.



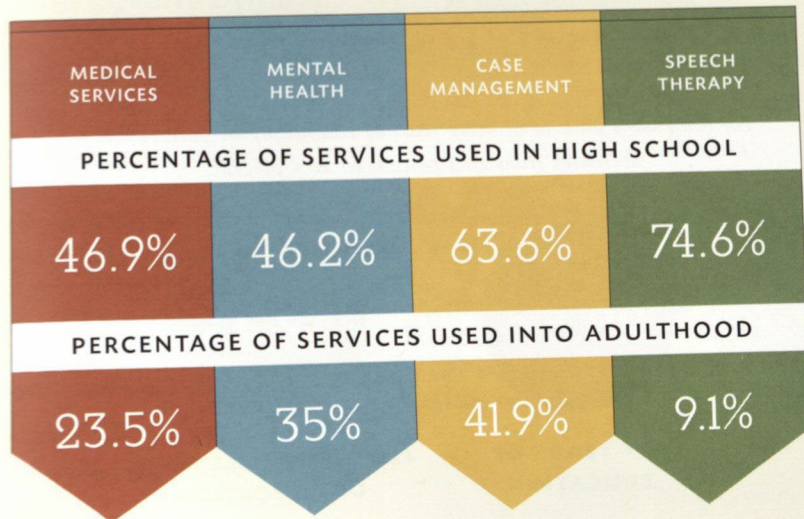
He found that overall rates of service use were 23.5 percent for medical services, 35 percent for mental health services, 41.9 percent for case management, and 9.1 percent for speech therapy.

This compares with service use while in high school: More than 46 percent received mental health services, 46.9 percent had medical services, 74.6 percent were getting speech therapy, and 63.6 percent had a case manager.

Shattuck says that the years immediately following the age at which students typically exit from high school are pivotal for all youths.

“A positive transition creates a solid foundation for an adaptive adult life course, and a negative transition can set the stage for a pathway fraught with developmental, health, and social difficulties,” Shattuck says.

OVERALL RATES OF SERVICE USE



Research

→ Nearly half of all elderly Americans will experience poverty

Study says risk increases for African Americans, unmarried, and undereducated

Nearly half of all Americans between the ages of 60 and 90 will encounter at least one year of poverty or near poverty, says a recent study by Mark R. Rank, PhD, the Herbert S. Hadley Professor of Social Work.

"Of course, this risk is not evenly distributed across the population," Rank says. "One of the most drastic economic divides is race."

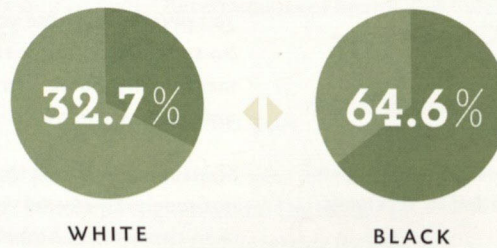
Rank found that although 32.7 percent of white older Americans will experience at least one year below the official poverty line, the corresponding percentage for black older Americans was double that at 64.6 percent.

In addition, for unmarried older Americans, the percentage experiencing poverty was 51.2 percent compared with 24.9 percent for married older Americans. Likewise, for those with fewer than 12 years of education, the percentage experiencing poverty was 48.4 percent compared with 20.5 percent for those with 12 or more years of education.

POVERTY RISK FOR ELDERLY AMERICANS

RACE

Nearly 33 percent of white older Americans will experience at least one year below the official poverty line; the risk for black Americans doubles to 64.6 percent.

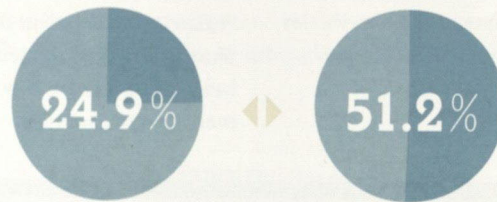


WHITE

BLACK

MARITAL STATUS

For unmarried older Americans, the percentage experiencing poverty was 51.2 percent compared with 24.9 percent for married older Americans.

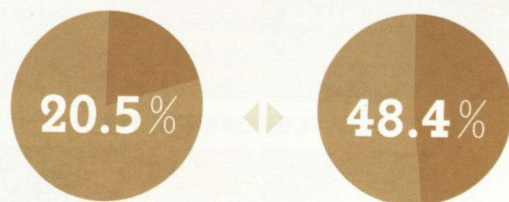


MARRIED

UNMARRIED

EDUCATION

For Americans with 12 or more years of education, the poverty risk decreases from 48.4 percent to 20.5 percent.



12+ YEARS OF EDUCATION

FEWER THAN 12 YEARS OF EDUCATION

Research

Rank's article, "A Life Course Approach to Understanding Poverty Among Older American Adults," is published in the current issue of *Families in Society: The Journal of Contemporary Social Services*. He used data from the Panel Study of Income Dynamics (PSID). The PSID is the longest-running longitudinal data set that contains in-depth information on family demographic and economic behavior.

The study also looks at the likelihood of asset poverty and elderly Americans.

"Fifty-eight percent of those between the ages of 60 and 84 will at some point fail to have enough liquid assets to allow them to weather an unanticipated expense or downturn in income," he says.

As in the case of income poverty, there is a sharp dividing line in experiencing asset poverty by race.

He says that legislators should consider policies that encourage greater levels of savings among the working-age population, facilitating cooperative living arrangements among the elderly, establishing fair terms with respect to reverse mortgage programs, and strengthening the Social Security and Supplemental Security Income programs.

"Practitioners working with the elderly and their families should be aware of the life course risk for

Rank says that there are three reasons to expect that greater numbers of older Americans will face periods of impoverishment across the life course:

1

Americans are living longer.

2

The influx of Americans entering their senior years, coupled with a declining percentage of workers in the prime earning years, will put increasing pressure upon the benefits and sustainability of the Social Security and Medicare programs as well as other social safety-net programs directed at the elderly.

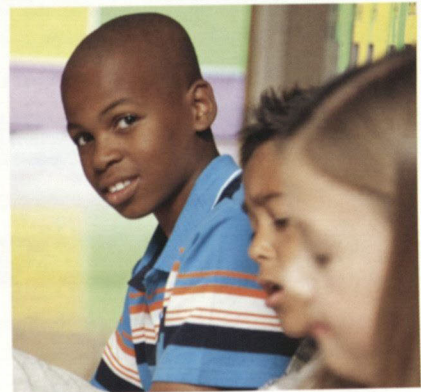
3

Economic trends show that Americans have not been accumulating adequate savings for retirement.

poverty during the senior years in order to address the overall well-being of their elderly clients," Rank says.

"Given the current demographic and economic trends in America, this threat is quite likely to remain in the years ahead." ☞

Reasons other than racism factor into disproportionality in child abuse reporting



Black children are involved in reported cases of child abuse at approximately twice the rate of white children. Until now, this has generally been attributed to racial bias in the child welfare system.

But in a new study published in the journal *Pediatrics*, F. Brett Drake, PhD, professor, finds that much, if not most, of the overrepresentation of black children in maltreatment reporting is due to increased exposure to risk factors such as poverty.

"Racism can exist in any system, but it does not appear to be the driving force behind the racial disproportionality in child abuse and neglect reporting," he says.

Research

RACIAL DISPROPORTIONALITY RATIOS ON VICTIMIZATION RATES

| SUBJECT MATTER | RATE | | | RATIO | |
|---|--------|---------|----------|-------------|----------------|
| | WHITE | BLACK | HISPANIC | BLACK/WHITE | HISPANIC/WHITE |
| RISK | | | | | |
| Below poverty line (% of race/ethnicity) 2008* | 8.6 | 24.7 | 23.2 | 2.87 | 2.70 |
| MORTALITY AND BIRTH OUTCOMES NOT SUBJECT TO SUBSTANTIAL CLASSIFICATION ERROR | | | | | |
| Infant Mortality (per 100 k LB) 2006 | 564.20 | 1339.20 | 590.60 | 2.37 | 1.05 |
| Birth Weight <2.5 kg (% of LB) 2007 | 7.20 | 13.80 | 6.9 | 1.92 | .96 |
| MORTALITY MEASURES WITH HIGHER APPARENT POTENTIAL FOR CLASSIFICATION ERROR | | | | | |
| Infant Accidents (per 100 k LB) 2007 | 14.00 | 41.60 | -- | 2.97 | -- |
| OFFICIAL CHILD MALTREATMENT VICTIMIZATION RATES (NATIONAL CHILD ABUSE AND NEGLECT DATA SYSTEM) | | | | | |
| CA/N: total (per 1 k children) 2007 | 9.10 | 16.70 | 10.30 | 1.84 | 1.13 |

LB indicates live births; DDHS, U.S. Department of Health and Human Service. Dates given in the leftmost column indicate timeframe of data collection, not publication dates.
 *White (non-Hispanic), black (including Hispanic), and Hispanic categories; all other data are white (non-Hispanic), black (non-Hispanic), and Hispanic categories.

Drake also found evidence consistent with the well-known “Hispanic Paradox,” an effect commonly reported in health literature.

It has long been noted that Hispanic families have relatively good child health profiles despite high poverty rates and poor access to health care. The current work found a similar dynamic relative to child maltreatment reporting.

“Even though Hispanic families experience poverty at a high rate, similar to black children, their rate of reported child abuse and neglect was similar to that of white children,” he says.

In the study, “Racial Bias in Child Protection? A Comparison of Competing Explanations Using National Data,” Drake and coauthors used data drawn from national child welfare and public health sources.

They compared racial disproportionality ratios on rates of victimization from official child welfare organizations with rates of key public health outcomes not subject to potential biases such as general infant mortality.

“We do not deny the importance of uncovering bias in reporting or the need to understand culturally specific factors that may help buffer risk,” Drake says.

But he says it is important to remember that more than 30 percent of black children live in poverty.

“So long as our society permits such a large number of our children and young families to live in horrible economic circumstances, we can expect to see high rates of child maltreatment,” Drake says.

“Reducing current racial disproportionality in the child welfare system can be best achieved by reducing underlying risk factors that affect black families, specifically poverty.” ☒

Research

New tool offers free, one-stop access to state legislation information

State Legislative Search Guide valuable for policy organizations

Policy advocates and groups looking at proposing legislation now have a budget-friendly tool that facilitates effective research of information from the 50 public domain state legislative databases.

Created by researchers at the Prevention Research Center in St. Louis (PRC StL), the State Legislative Search Guide is designed for anyone interested in cross-state comparison of legislation.

PRC StL is a collaboration between the School of Medicine and the Brown School at Washington University in St. Louis and the Saint Louis University School of Public Health.

The PRC StL project team for the State Childhood Obesity Policy Evaluation (SCOPE) launched the search guide after finding that the individual public domain state legislation databases were usually as comprehensive as the prohibitively expensive subscription databases that compile legislation.

“Without our search guide, their different formats can make the state databases difficult to use for cross-state legislative research,” says Leah Nguyen, MSW '08, project manager in the PRC and a member of the SCOPE team.

“We want small organizations and individuals that can't afford subscription databases to still be able to effectively conduct cross-state research,” Nguyen says.

Real-world application

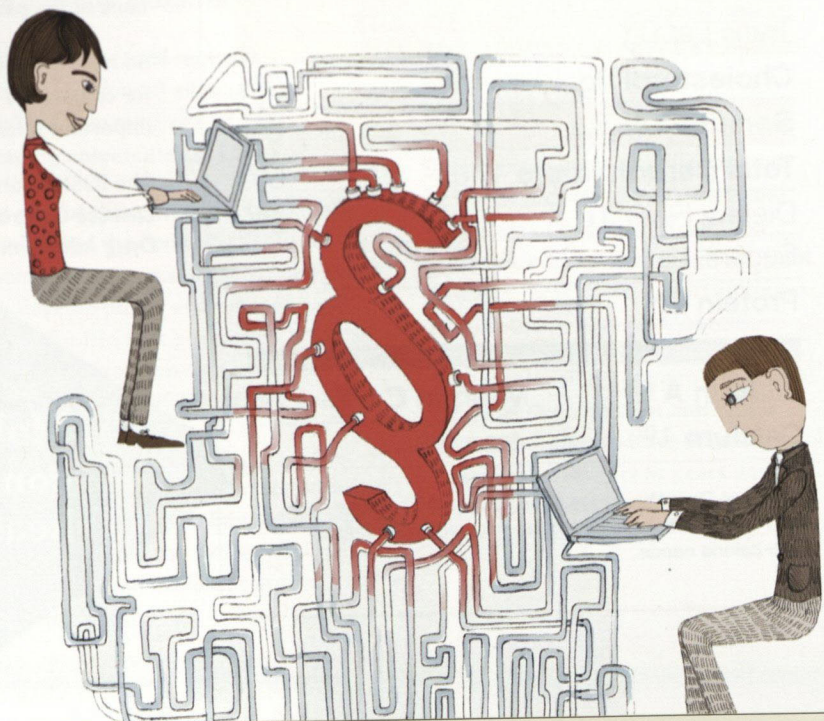
As an example, when obesity prevention policy advocates want to propose a new bill or amendment, this tool will help them review related past and current legislation in other states — along with prior legislation in their state — to develop the elements of their proposal and gather a list of potential champions for their bill.

“Using the State Legislative Search Guide to navigate between the state databases will help make this process less time consuming,” says Nguyen.

The PRC StL has committed to updating the search guide annually because it is a valuable tool for policy advocacy and research.

The District of Columbia is not currently included but will be added in the 2012 revision.

Additional SCOPE team members from the Brown School are graduate student Jooyoung Kong, research assistant at the PRC StL; Amy Eyster, PhD, research associate professor; Elizabeth Dodson, PhD, research assistant professor; and graduate student Kathryn Barnhart, research assistant at the PRC StL. ☒



Research

→ Key front-of-package nutrition information determined in new report

Next report to look at how to best present nutritional information

Nutrition Facts

Key Information

Amount Per Serving

Calories 155 **Calories from Fat** 90

% Daily Value*

| | |
|--|-----|
| Total Fat 11g | 16% |
| Saturated Fat 3g | 15% |
| Trans Fat 0g | |
| Cholesterol 0g | 0% |
| Sodium 148mg | 6% |
| Total Carbohydrate 14g | 6% |
| Dietary Fiber 1g | 5% |
| Sugars 1g | |
| Protein 2g | |
| Vitamin A 0% • Vitamin C 9% | |
| Calcium 1% • Iron 3% | |

* Percent Daily Values are based on a 2,000 calorie diet. Your daily values may be higher or lower depending on your calorie needs.

Nutritional information has popped up on the front of food packages using a wide range of different symbols and rating systems.

But without a common form or standards, there's a risk that consumers could be confused by the new information, says Matthew Kreuter, PhD, professor.

Kreuter and colleagues on an Institute of Medicine (IOM) committee looked at existing front-of-package nutritional information systems and reviewed the leading causes of preventable death in the United States.

They determined that the most important information to highlight on the front of a package — in addition to the information already available in the nutrition facts panel on the backs of all products — are calories, saturated fat, trans fats, and sodium.

"These nutrition factors are the biggest contributors to the leading causes of illness and death in the U.S.," says Kreuter, director of the Brown School's Health Communication Research Laboratory.

The IOM committee's next report will examine how front-of-package nutrition information should be presented to increase the likelihood it will impact people's decisions and behaviors.

"People's lives are busier, and not everyone can take the time to stop and read the nutrition facts panel on the back of the package," Kreuter says.

"So it's worth considering whether we can make it easier for consumers to make healthy choices by putting important information on the front of the package."

The IOM report was sponsored by the Centers for Disease Control and Prevention and the U.S. Food and Drug Administration. ☒

Making it easier for consumers to identify healthy foods.

View "Enhancing Front-of-Package Nutrition Rating Systems and Symbols: Phase I Report" at the National Academies Press website, nap.edu.

Fudan and WUSTL

Founded in 1905, Fudan University is one of the most prestigious universities in China, with an international reputation for excellence in academics and scientific research. Fudan has an enrollment of more than 26,000 full-time students, approximately 3,500 faculty members, and 17 schools. It is actively engaged in international student and faculty exchanges.

Olin Business School

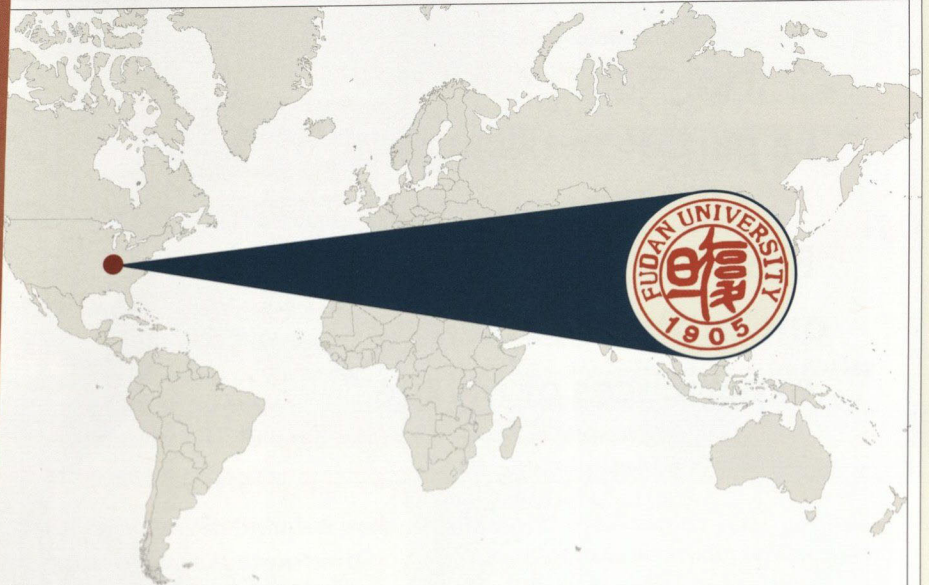
Washington University and Fudan University are partners in several academic endeavors, including the Olin Business School's Executive MBA program, ranked number one in mainland China since 2005 by the *Financial Times*; intensive language programs for undergraduates; and the McDonnell International Scholars Academy.

McDonnell International Scholars Academy

The McDonnell Academy brings together exceptional international graduate and professional students from its 27 partner institutions worldwide to pursue world-class education and research while forging a strong network with one another. The program is designed to prepare them as future leaders knowledgeable about the United States, other countries, and critical international issues.

The academy also encourages other initiatives, such as faculty collaboration across institutions on global issues, including energy, the environment, cultural understanding, human health, and economic and social development.

Partnerships



New Alliance with Fudan University

Summer institute and faculty programs in social work initial area of collaboration

The Brown School recently launched a formal alliance with Fudan University, one of the leading universities in China.

As part of this growing relationship, Fudan and the Brown School will hold a summer institute in Shanghai to develop policy and management skills for the first generation of social work leaders, Non-Governmental Organization (NGO) leaders, and government officials.

"Social work is growing at a stunning pace in China," says Edward F. Lawlor, PhD, dean and the William E. Gordon Distinguished Professor at the Brown School.

"In the past several years, with the support of the government, the number of university-based social work programs has grown," Lawlor says. "Fudan seeks a partner that can help them establish programs with high academic quality."

Other initial areas of collaboration between the schools are visits and exchange of faculty and doctoral students, educational programs, joint research, practicum opportunities, and access to library resources.

The relationship between the School of Social Development and Public Policy at Fudan and the Brown School has grown over recent years with school leadership and faculty visiting both institutions. ☒

Read excerpts from our student bloggers at <http://fudaninstitute.wordpress.com>.

"I am very proud to be part of the inaugural MPH class at the Brown School. It's been one of the most defining experiences of my life."



Photo by Geoff Story

→ **Ravikumar Chockalingam: 2011 Outstanding Graduate in the Brown School**

In 2009, Ravikumar Chockalingam, MD, was a brand-new father of a baby girl and working on a rural health system model in rural India.

Forty days later, Chockalingam, taking advantage of an unexpected opportunity, was on a plane to St. Louis to join the inaugural Master of Public Health (MPH) class at the

Brown School. His family would join him later, and despite the uprooting, he's glad he veered from his original career path as a physician.

Chockalingam was in the first class to receive of Master of Public Health degree at Commencement May 20.

Chockalingam's medical training in India and the United States focused initially on laparoscopy and intervention gastroenterology, but when he was working in critical care in a hospital in India, he became interested in public health, particularly health systems.

"Public health is a very nascent field in India, and the only bit of public health exposure that medical graduates have is through community medicine, a rotation in medical school," he says.

"Switching from critical care to public health was like moving from one end of the spectrum to the other. In one, we manage critically ill people at the level of tertiary care, and the other, I am trying to prevent people from getting to the point where they need to be in the hospital.

"Both are extremely important to health systems, but I am convinced the latter does not get the attention that it deserves both in India as well as in the U.S.," he says.

Ravi is working to pioneer evidence-based community and household-level interventions to common health problems such as:



MOTHER/CHILD HEALTH



DIABETES



SANITATION



METABOLIC HEALTH



ORAL HEALTH CARE

Chockalingam began working with the IKP Centre for Technologies in Public Health (ICTPH) in the rural Thanjavur district in India, serving as an associate vice president for ICTPH's rural health system, where he was one of the founders of the community health worker program. He continues to serve from St. Louis in an advisory role.

"In a country like India, it's really not possible or practical to expect a doctor to always be available for primary care," Chockalingam says.

"We simply don't have the kind of human resources needed. A better solution is to deploy alternate resources like nurse practitioners and through training community members to be health care workers."

At the Brown School, Chockalingam worked his community health care worker model into his class work.

"Ravi and another student mapped the locations of community health workers and 2,600 families across a 13-village area," says J. Aaron Hipp, PhD, assistant professor at the Brown School. "They were able to quickly identify physical barriers, including distance and infrastructure, between the community health worker and their population."

"His experiences and knowledge have enriched classroom discussion," Hipp says. "Ravi brings passion for eliminating health disparities combined with a strong statistical aptitude. This blend of compassion and scientific rigor has been a perfect fit for our transdisciplinary public health program."

He also was invited to present his community worker model to St. Louis Health Commissioner Melba Moore as well as a leadership team from Casa de Salud, which provides primary care services to Hispanic populations.

After graduation, Chockalingam will continue to make an impact at WUSTL.

He and Ramesh Raghavan, PhD, assistant professor at the Brown School, will take a group of students to rural south India for a two-month immersion course.

"This summer, 14 students will work very closely with the community-based health system model that

Outside of the classroom, Chockalingam is an accomplished dancer. He choreographed dances and fashion shows for the graduate Indian student association and the annual International Festival.

Chockalingam also is a professional cricketer.

"I played cricket at the professional state level in India, and now I'm playing for a first division professional cricket team in Missouri," he says. "The season starts in May — I'm looking forward to it."

Chockalingam credits his parents with inspiring him to be a better doctor

"Ravi's blend of compassion and scientific rigor has been a perfect fit for our transdisciplinary public health program." J. AARON HIPPI, PHD

I have been working on to come up with evidence-based community and household-level interventions to common health problems like sanitation, diabetes, metabolic syndrome, maternal and child health, and oral health," he says.

He also has established a relationship between the Brown School and ICTPH to offer students interested in international research a place for learning and field experience.

and a public health professional and describes his wife, Anita, also a physician, as the pillar of support.

"There have been faculty members who have profoundly influenced me both professionally and personally," he says. "I am very proud to be part of the inaugural MPH class at the Brown School. It's been one of the most defining experiences of my life." ☺

IN BRAZIL GETTING PHYSICAL

Story by Diane Duke Williams | Photos courtesy of Project GUIA

In Brazil, the largest country in South America, the number of people older than 60 has doubled during the past few decades. Large portions of the country have become urbanized, and in some areas, more than 80 percent of adults do not get enough physical activity to remain healthy. As a result, chronic diseases such as heart attack, stroke, and high blood pressure are the leading causes of death.

To reverse this growing trend, investigators at the Prevention Research Center (PRC) in St. Louis began a project with Latin American colleagues to test, document, and share the best ways to encourage people to include enough physical activity in their lives. In a second phase of the project, researchers will disseminate their findings in the United States to expand the country's knowledge about the best methods to reach the Latino population.

"Physical inactivity, much like obesity, is a complex problem that needs to be addressed through the lens of different disciplines," says Ross Brownson, PhD, Brown School professor and principal investigator of Project GUIA, or Guide for Useful Intervention for Physical Activity in Brazil and Latin America.

"Partnerships that bring together diverse people and organizations

have the potential for developing new and creative ways of dealing with physical inactivity."

When Project GUIA began in 2005, Brazil already had an extensive public health network in place. But its public health researchers wanted help evaluating the effectiveness of physical activity programs and disseminating the results. The research is funded by the U.S. Centers for Disease Control and Prevention (CDC).

"This project is unique because we are working specifically with populations in Latin America," says Diana C. Parra, project manager of GUIA at the PRC and also a doctoral candidate in social work at the Brown School. "This is one of the first projects of its kind because it has more of a global focus."

Project GUIA includes collaborations between the CDC, the PRC in St. Louis, the Federal University of Sao Paulo, the Pan American Health Organization,

and the Brazilian Ministry of Health, among others. The PRC in St. Louis is a collaboration between Washington University and Saint Louis University.

Since its beginning, Project GUIA has evaluated two physical activity interventions in community settings in Brazil and completed a systematic review of the literature (published in three languages in the *American Journal of Preventive Medicine*).

One of those interventions, *Academia De Cidade*, offers free aerobics and dance classes in public spaces around the city of Recife, Brazil's fifth-largest metropolitan area. After forming a partnership with the Brazilian government, the GUIA team designed a telephone survey of randomly chosen city residents to study the effects of *Academia*. The researchers determined that, compared with people who had never participated in the program, those who had were

PHYSICAL ACTIVITY PROGRAMS

twice as likely to engage in moderate or high levels of free- or leisure-time physical activity. Also, many middle-aged and older women said the *Academia* program was the only option they had for a free and convenient way to get regular exercise.

As a result of *Academia's* success, officials in Pernambuco, the Brazilian state in which Recife is located, now hope to expand the program to all of the state's municipalities. Researchers at the San Diego Prevention Research Center also are replicating the *Academia* concept in southern California.

"The United States is the third-largest Latino country in the world, behind Brazil and Mexico," says Brownson, also professor at Washington University School of Medicine and a faculty scholar at the Institute for Public Health. "By understanding strategies for physical activity promotion that work in Latin America, we will be better able to address the needs and preferences of Hispanic populations in the United States."

During the systematic review of the GUIA project, Brownson and his colleagues searched the scientific literature for effective physical activity interventions. The GUIA researchers identified more than 3,500 public health research projects in English, Spanish, and Portuguese, focusing on physical activity interventions. They then determined how many of these studies were conducted with sufficient scientific rigor. The GUIA team concluded that school-based physical education is effective in increasing physical activity, and these programs should be offered to schoolchildren in Latin America and the United States.

To date, GUIA researchers have produced 20 peer-reviewed scientific publications, including a supplement to the *Journal of Physical Activity and*



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Health (May 2010). Brownson and his colleagues also are disseminating their results through work groups, policy briefs, short trainings and social media.

At least 13 graduate students from nine universities in Brazil, Colombia and the United States have participated in Project GUIA. Exchanges of students have provided field experience for U.S. students and opportunities for consultation, data analysis and publication for Latin American students.

Project GUIA has established and built strong cross-national relationships among researchers, practitioners and institutions in the United States, Brazil and Latin America, Brownson says, which he hopes will continue for decades. "The goal is that these partnerships will enable better physical activity research and promotion in Latin America and lower obesity rates in Latin America and in Latin populations in the United States for a long time," he says. ☒



Visit projectGUIA.org

SOLVING PUZZLES

Photos by Mary Butkus

At the Brown School, we love puzzles. They can be challenging, at times messy, and almost always rewarding to solve. Puzzles are also a great metaphor for the types of social challenges our faculty, students, and graduates face in their careers. So it made perfect sense that "Solving Puzzles" was the theme for our 2011 Distinguished Alumni Awards Celebration. Here's a bit about this year's awardees.



Rebecca Kousky
MSW '06

Shortly after graduating from the Brown School, Kousky founded Nest, an organization that raises funds, offers mentoring, and provides microcredit loans to women artisans in developing nations. Nest continues to expand its global reach and now supports women in nine foreign countries.



Barbara Flory
MSW '96

Flory spent many years working in St. Louis to develop public/private collaborative partnerships focused upon the well-being of children. Through her work with Provident Counseling, she developed, implemented, and managed Heritage House, the first supervised visitation program in Missouri.

As project manager at the International Institute of St. Louis, her work to reduce gang violence was recognized by the National Crime Prevention Council. She was subsequently appointed to the advisory board for the Office of Violence Against Women through the U.S. Department of Justice.



Betul Ozmat
MSW '87

Ozmat has had a profound impact upon the growth and development of the Brown School, going above and beyond the call of duty to extend the School's reach into the community.

She has played an indispensable role in the management and operations of virtually all aspects of the school. Ozmat has helped shape the school's long-range plan and has helped build relationships with external constituents. She also has held several community service positions, including director of The Gateway to Giving Coalition and the Metropolitan Association for Philanthropy.



Courtney Berg
MSW '05

Since 2006, Berg has served as the director of Catholic Charities Community Services Southside in St. Louis. She oversees the development and implementation of culturally competent programs and services at a community center serving more than 400 clients a month. Much of her work focuses on meeting the needs of immigrant and refugee populations, and responsibilities range from providing bilingual therapy to victims of human trafficking to implementing training programs for graduate students to develop culturally competent mental health skills.

Berg also contributes to the St. Louis community in numerous ways. She has served as an adjunct professor at the School of Social Work at Saint Louis University, as a community liaison for the Brown School, as a Spanish instructor at St. Louis Community College, and as a member of the State Board of Directors of Missouri Immigrant and Refugee Advocates.

Distinguished Faculty AWARD



**Sister Antoinette
Temporiti**
MSW '88

Temporiti is a Catholic nun, a psychotherapist in private practice, and the founder and executive director of Microfinancing Partners in Africa (MPA).

She helped MPA partner with the Jamii Bora Project in Nairobi, which offers microloans for people to begin small businesses and receive education and professional training, in addition to providing health and disaster insurance. Her work with the Uganda Cow Project allows families to purchase a cow and consume and sell its milk to support themselves.

She has served on the board of the Family Development Center at Saint Louis University, the Recreational Council for Persons with Disabilities, the Development Board for the Interfaith Committee on Latin America, and Partnerships for Global Justice.



**TONYA E. EDMOND, PhD, ASSOCIATE
PROFESSOR AND ASSOCIATE DEAN FOR
ACADEMIC AFFAIRS, HAS PROVIDED
EXCEPTIONAL LEADERSHIP IN ALL
FACETS OF ACADEMIC AND STUDENT
LIFE AT THE SCHOOL.**

Edmond was honored as an outstanding teacher and leader of the Brown School's social work program from 2006 to 2011.

She also serves as the co-investigator of a study titled "Violence Prevention for Adolescent Girls with Prior Maltreatment" with Wendy Auslander, PhD, the Barbara A. Bailey Professor of Social Work, in collaboration with the Missouri Children's Division and the Children's Advocacy Center.

A leader on campus, Edmond is active on numerous committees, including the Association for Women Faculty. She recently secured a diversity and inclusion grant to develop and teach a leadership and negotiation workshop for Washington University women faculty.

To view videos about each awardee, visit youtube.com/WUSTLbrownschool.

MAKING ROOM

for Social Work + Public Health

KEY THEMES: TRANSPARENCY • VISIBILITY • COLLABORATION • IDENTITY •



What does the research and teaching space of the future look like to you? This is one of the questions Brown School faculty and staff answered as part of a two-day workshop facilitated by architects Shepley Bulfinch.

Photos by Lifetime Media

FLEXIBILITY • TECHNOLOGY • CONVENING • DISSEMINATION • TRANSDISCIPLINARY • WELCOMING

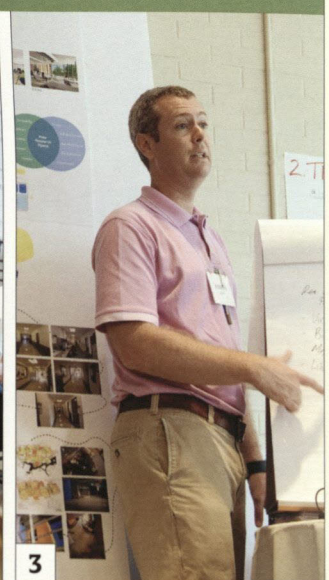




4



1



3

The output of this workshop is just one of the many inputs Shepley Bulfinch is translating into design concepts for renovations to Brown and Goldfarb Halls and plans for a third building. The goal is not just more room but to create a unified space that communicates who we are and offers opportunities for greater collaboration among our students, faculty, staff, alumni, and community partners.

DAY 1:

1 Lead architect Tom Kearns sets the stage for day one of the workshop. Our charge: To discuss many of the key themes and principles we want to represent in our current and future space.

2 Ben Geers, director of information technology, shares trends in technology as they pertain to instructional and research space.

3 Assistant Professor Aaron Hipp facilitates a discussion about ways to organize research space that take advantage of the desire for greater transparency and collaboration, while balancing the need for quiet think time.

4 What does transdisciplinary research look like? Participants, including Assistant Professor Paul Shattuck, post pictures, ideas, and phrases that define this growing approach to research.



2

DAY 2:

5 6 7 On day two, we visually portray our ideas by building crude conceptual models out of construction paper, rubber bands, stickers, paper clips, and other art supplies. Associate Professor Tonya Edmond's team (5) prepares to represent teaching spaces, while Dean Lawlor and other faculty explore new ways to organize research space (6). These "art projects" were placed together to create a colorful montage of the types of spaces we hope to create at our School (7).

8 9 At the end of day two, the teams work with actual floor plans and models to operationalize our concepts. Hank Webber, executive vice chancellor for administration and senior lecturer at the Brown School, speaks about the importance of adjacencies and in particular explores the idea of our proposed Policy Forum, which will serve as a hub for an active program of dialogue about a range of policy issues. ☒



A photograph of two women in traditional Korean Hanbok performing Buchaechum. They are wearing light green Hanbok with gold and red floral patterns. The woman in the foreground is wearing a traditional Korean crown (Gwanmoo) and has her hair styled in a bun. They are holding large, colorful fans (Buchaechum) with red and green floral patterns. The background is a patterned fabric with large red and green floral motifs. The lighting is warm and focused on the performers.

FANS OF BUCHAECHUM

Students from Korea perform Buchaechum, a traditional form of Korean dance that features brightly colored fans and harmonious movements. The performance was part of the annual International Festival, which features music, dance, and dishes from a variety of nations represented by Brown School students.

Photo by Geoff Story





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