New Dietary Guidelines Initiate a Food Fight Among Health Experts

by Sara Suter, MPH Candidate ’16

The highly anticipated 2015–2020 Dietary Guidelines for Americans (DGA) that was released in January of 2016 has sparked controversy and debate among health experts. Critics of the DGA cite the gap between scientific evidence and the recommendations, the influence of food politics on the guidelines, and a need for improved communication of proper nutrition. Most of the disapproval focuses on the DGAs failure to call for decreased consumption of red and processed meats and sugar-sweetened beverages—the primary source of added sugar in American diets.

According to Miriam Nelson, PhD, adjunct professor of public health and community medicine and 2015 Dietary Guidelines Advisory Committee member, political influence was evident in the DGAs recommendations regarding protein sources. Instead of directly recommending a reduction in the intake of red and processed meats, the DGA noted that teen boys and adult men currently consume more than the recommended twenty-six ounces of animal-sourced protein per week, and suggested they increase the variety of protein foods in the diet (e.g., swap seafood for meat). This weak response seemed especially concerning after the International Agency for Research on Cancer (IARC) recently found that the consumption of red and processed meats can increase cancer risk. As Nelson told the L.A. Times, “The beef industry mounted a highly orchestrated campaign to discredit the really strong science and the scientists who conducted it.”

Fang Fang Zhang, MD, PhD, assistant professor of nutrition at the Friedman School of Nutrition Science and Policy agrees. She tells MedPage Today, “It is misleading to advise less protein for boys and men. Proteins are not all equal, just as calories. The focus should be advising less consumption from red and processed meats, major sources of protein in America’s diet.” Tufts alumna Kristen Sullivan, MS-Nutrition/MPH’03, director of nutrition and physical activity at the American Cancer Society (ACS), says the DGA has been “controversial from the get go.” She adds, “From the cancer perspective, ACS recommends limiting the intake of red and processed meats, so we were pleased to see that included in the DGA advisory committee report last February. But it did not make it into the final guidelines, which is a missed

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Albert Schweitzer – whose portrait hangs outside Dean Must’s office – observed that “Pain is a more terrible lord than even death itself.” Traditionally considered as an individual’s problem, pain and pain management are now increasingly recognized as requiring a societal focus.

Pain was envisioned as a public health problem in a 1999 editorial in Medical Clinics of North America. Titled “Primary Care and Pain Medicine,” this essay’s subtitle was “A community solution to the public health problem of chronic pain.” Authored by Rollin Gallagher, now head of the Veterans Health Administration’s pain programs, it proposed a model of chronic pain that integrated environment, host, and causative agents in the progression from injury to disability and called for community-based rehabilitation of the patient with chronic pain.

That same year, medical sociologist Kathy Lasch, PhD, and Daniel Carr, a biomedically trained physician, received approval to launch a new program on pain research, education and policy (PREP) at the School of Medicine. Initially, we often found ourselves explaining to colleagues and prospective students why we weren’t part of a “hard science” department such as anatomy or pharmacology. We did not then fully grasp the implications of the population-based perspective on health, defined by the World Health Organization (WHO) as not simply the absence of disease but rather “a state of physical, mental, and social well-being” that emphasized prevention and considered social determinants of health.

In 2011, the prestigious Institute of Medicine (IOM) issued a “blueprint for transforming pain prevention, care, education, and research” highlighting pain as a public health challenge: “We believe pain arises in the nervous system but represents a complex and evolving interplay of biological, behavioral, environmental, and societal factors that go beyond… the molecular and genetic to the cellular, neural network, and systems levels.” Subsequently, a panel of clinical and public health experts, patient advocates and federal employees was convened by the National Institutes of Health (NIH) to draft a National Pain Strategy (NPS) to implement the IOM recommendations. The panel addressed the entire spectrum of pain-related needs: professional education and training, public education and communication, service delivery and reimbursement, prevention and care, disparities, and population research.

Pain researchers and clinicians are now realizing that many of their efforts overlap traditional areas of public health: epidemiology, biostatistics, preventive medicine, health policy, and health services. Issues termed “public health” typically affect large numbers of people and exact a substantial societal burden, are amenable to prevention, and have a social justice dimension. The WHO’s writings on the social determinants of health are especially relevant to pain. They define exclusion as a “dynamic, multi-dimensional process driven by unequal power relationships interacting across four main dimensions – economic, political, social, and cultural – and at different levels.” Echoing papers by Kenneth Craig, PhD, editor-in-chief of Pain Research and Management, the journal of the Canadian Pain Society, and his co-authors that view pain as a population-based, top-down phenomenon, one WHO monograph opens with an African aphorism: “A person is a person because of other people.” These WHO reports resonate with the marginalization and stigmatization of patients with pain, extending into inequities of access to pain assessment and treatment based upon race, ethnicity, and socioeconomic status.

The overlap of pain medicine and public health extends to unintended negative consequences of interventions that target a single component of a complex, population-based problem (e.g., increased cigarette smoking following introduction of “better” filters). In the pain domain, liberalized prescribing of opioids intended to reduce pain and suffering has been paralleled by an epidemic of prescription opioid diversion, misuse, and damage to society of crisis proportions – including tens of thousands of deaths and an upsurge in neonatal opioid abstinence syndrome. Libby Bradshaw and Carr are now active in state and national efforts to better prepare medical students to manage pain and addiction, and increase the availability of abuse-deterrent opioid formulations and the opioid antagonist, naloxone.

The public’s health requires population research, public education and empowerment, prevention and care, and overcoming disparities in accessing treatment. To our knowledge, the PREP Program’s broad pain curriculum is the
New PA/MPH Combined Degree Program Launched in Fall

The goal of the new Physician Assistant and Master of Public Health combined degree track is to blend the clinical skills learned in training to be a PA with a thorough understanding of public health concepts such as global health, epidemiology, community health needs, and health education. Graduates of the program are equipped to become superb clinicians with the analytical skills and public health foundational knowledge required to assess the health needs of a community, develop health education programs, participate in clinical or community-based research, or become faculty at health profession training programs. Eight students are currently in the second semester of the two-year program.

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opportunity to improve public health generally and cancer risk specifically.”

On the positive side, Sullivan believes it was “good to see they included an upper limit on added sugars, which are associated with obesity, and therefore have an impact on cancer risk. “However,” she continues, recommending certain foods and beverages to limit, like sugary drinks, would have made the guidelines simpler to understand.”
(Read Sullivan’s alumna profile on page 6)

In the last few decades, the U.S. Department of Agriculture has struggled to illustrate a balanced diet. Past graphic representations have included iterations of wheels, pyramids, plates, and charts. The current visual food guide, MyPlate (photo, page 1), offers a clearer understanding of the food groups in a portioned amount represented on a plate. It also focuses on balancing all five food groups, and provides examples of cup- and ounce-equivalents of everyday foods such as vegetables, fruits, grains, dairy, and protein.

Despite the criticism, a comprehensive view of the DGA depicts relevant recommendations for a well-rounded diet. Alice Lichtenstein, DSc, professor of nutrition at the Friedman School, was vice chair of the Dietary Guidelines Advisory Committee. As she stated to Boston Magazine, “The focus seems to be on some of the finer details, and not on the overall dietary guidelines. This is something we advocated extremely strongly: The focus should be on a whole dietary pattern, not on individual nutrients or foods.” Future improvements also include direct recommendations rather than subtle messaging and the use of plain language easily understood by the general public.

The release of the 2015-2020 DGA triggered a debate that raised awareness of the importance of proper nutrition as it relates to the public’s health. To learn more, go to health.gov/dietaryguidelines/2015.
It was important for me to work on an Applied Learning Experience (ALE) project that would be rooted in social justice and that would truly impact my partner organization. I knew I wanted to focus my project on men of color, but I did not know in what capacity. Men of color experience more deaths from heart disease, hypertension, diabetes, stroke, cancer, HIV/AIDS, and other health conditions compared to white men.\textsuperscript{1,ii,iii,iv} In addition, men of color are less likely to receive routine medical procedures and are more likely to experience a lower quality of health services.\textsuperscript{v} This affects healthcare utilization and perceptions of healthcare for this population.\textsuperscript{vi} The premature death of men of color has profound consequences for their families and society. Children without father figures are more likely to use drugs and alcohol and enter into the criminal justice system.\textsuperscript{ii}

I told a classmate about my interests and she suggested that I contact Mr. Albert W. Pless, Jr., the program manager of the Men’s Health League (MHL) at the Cambridge Public Health Department (CPHD). It was the perfect match. The MHL was beginning to look at how their projects could be expanded to address systemic issues and have more of a population health approach.

CPHD is a city department administered by Cambridge Health Alliance (CHA), a regional healthcare delivery system. It operates an array of innovative programs, including the MHL which focuses on improving men’s health and reducing chronic disease disparities. At CPHD, I developed a greater understanding of how medicine, public health, and policy are integrated.

CHA is an organization dedicated to delivering multi-cultural and multi-dimensional care and has made many strides in responding to health disparities. My ALE deliverable was to create a set of recommendations on how CHA could better prepare and support physicians to meet the needs of men of color, with a focus on cultural competency. To gather data, I interviewed CHA providers and the MHL staff, and held a focus group with black men in Cambridge.

Many themes emerged from the interviews. The participants’ responses provided insight on the reciprocal interaction between personal, behavioral, and environmental factors, and their impact on the medical encounter. I collected a lot of information and the hardest part was trying to make sense of it all. As I was coding the data, I began to see how disconnected the men and CHA providers were in their views about the patient experience. For example, physicians mentioned listening, working in groups, and being curious as key components to practicing culturally competent care. However, some men shared that they often felt like they are not valued as patients.

Despite this, I saw a lot of opportunity for more collaboration. I knew that it would take more than a cultural competency training solely targeted to physicians to solve the complex issues. Some of my recommendations included: 1) provide more opportunities for patient-provider partnerships, 2) create avenues for physicians to share best practices, and 3) find ways to connect CHA physicians to the MHL as a resource for reaching men of color and connecting them to social services.

My experience reminded me of the value community organizations and community health centers have in changing the way people think about their health and experience healthcare. We all have a role in ensuring the health of our communities and with that role comes the responsibility to look at issues holistically and ensure that a diverse group of leaders and community members are helping to make decisions.


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Health Literacy: Bridging the Gaps in Language, Culture, and Health

by Sara Suter, MPH Candidate ’16

“Never doubt that a small group of thoughtful, committed citizens can change the world; indeed, it’s the only thing that ever has.” This sentiment, expressed by Margaret Mead and often mentioned at health literacy conferences, also describes the dedicated work of Sabrina Kurtz-Rossi, MEd.

Kurtz-Rossi is assistant professor of Public Health and Community Medicine at TUSM, director of the Health Literacy Leadership Institute, principle of Kurtz-Rossi & Associates, and an active member of the Clear Language Group. She is nationally recognized for her health literacy curriculum development, which is used in adult English for speakers of other languages (ESOL) classes. Currently, she is working on developing a curriculum for Literacy for Life.

Kurtz-Rossi’s training as an educator introduced her to health literacy when it was an emerging field. Through her work in health literacy, she is able to build a bridge between the fields of adult literacy and public health.

A common definition of health literacy, cited by the Institute of Medicine (IOM) in their 2004 report Health Literacy: A Prescription to End Confusion, is “the degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions.” Kurtz-Rossi further explains the term, “we must also focus on reducing the complexity of the health care system.” She adds, “I apply critical learning theory in my work to improve health literacy to go beyond teaching for understanding to teaching for change.”

Domestically, health literacy has a focus on access to healthcare and quality improvement, whereas internationally, health literacy is more population-based and public health-oriented. According to Kurtz-Rossi, “Training health professionals and working with communities as a whole,” would help improve health literacy in the U.S. and across the globe.

A lack of opportunity for health literacy professional development in the field led Kurtz-Rossi to develop the Health Literacy Leadership Institute, a week-long course held each June as part of the School of Medicine’s Health Communication Program. Currently in its fifth year, the institute promotes peer learning and sharing of research and best practice among professionals directly engaged in health literacy. This March, Kurtz-Rossi also hosted the (continued on page 8)

Preparing and Supporting Physicians to Meet the Needs of Men of Color

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“We know that smoking is a huge risk factor for cancer; but many people don’t realize that obesity, poor diet, and physical inactivity are second to smoking as causes of cancer,” explains Kristen Sullivan, director of Nutrition and Physical Activity at the American Cancer Society (ACS) in Atlanta, Georgia.

In 2003, Sullivan received an MS in Nutrition from the Friedman School of Nutrition Science and Policy and a Master of Public Health from the School of Medicine. The Friedman School’s Master’s Program in Nutrition Communication initially attracted her to Tufts. As she found herself increasingly interested in the scientific aspect of her studies, she decided to also pursue an MPH with a concentration in epidemiology and biostatistics. In combination, these two degrees have made her a very attractive candidate to employers. She has the skills to act as an invaluable liaison between health and research experts and the public, “worlds that can be very different at times.”

According to Sullivan, nutrition and physical activity are becoming more of a focus of cancer prevention efforts, as well as for cancer survivorship. “Evidence is growing that healthy eating and physical activity are important for those who have a history of cancer, including reducing the risk of recurrence, improving survival, and enhancing quality of life for some cancer types.” The ACS has begun reevaluating existing programs to integrate elements of healthy eating and active living. Internally, the ACS is also improving on ‘practicing what they preach’ through workplace wellness programs, hosting healthier work events, and fostering the education of staff and volunteers on healthier lifestyle habits.

Sullivan and her team are dedicated to implementing environmental change— in communities, schools, health systems, etc.— with the ultimate goal of making it easier for people to make healthier choices. Part of this work involves empowering staff, volunteers, and constituents, including cancer survivors, to become advocates for change where they live, work, learn, shop, and play, “The vision is to harness the collective power of cancer survivors and others to create healthier homes, workplaces, and communities.”

“Keep an open mind,” is Sullivan’s straightforward advice for students. She admits she did not exactly know her career path when she first graduated from the MS/MPH program, but her Tufts education gave her a broad perspective, from “touching on biochemistry to how to write a press release,” which allowed her the flexibility to try different positions, learn from them, and find her niche. She adds, “When opportunities present themselves, do not be afraid to take them, even if they are outside your comfort zone.”

Learn more about the American Cancer Society at www.cancer.org.

H. Jack Geiger to Receive an Honorary Degree

H. Jack Geiger, physician and human rights advocate, whose career has focused on health, poverty and civil rights, will receive an honorary doctor of public service at Tufts commencement on May 22, 2016. Dr. Geiger was a professor of community health at TUSM when he wrote the grants that funded the nation’s first two community health centers, in the Mississippi Delta and Boston, pioneering a nationwide network that now serves 28 million low-income patients. In addition to providing health care, these sites have served as economic engines and as foci for channeling young people into higher education and careers as health professionals.
Faculty Notes

Libby Bradshaw, DO, MS, Academic Director, Pain Research, Education and Policy Program (PREP) and Dan Carr, MD, MA, Director, PREP Program, were recruited into several state and national level initiatives addressing the epidemic of opioid abuse. Since the Fall of 2015, Bradshaw and Carr have been supporting the School of Medicine’s Dean Harris Berman, MD, and Dean for Educational Affairs Scott Epstein, MD, on Governor of Massachusetts Charlie Baker’s task force on medical education, headed by Public Health Commissioner Dr. Monica Bharel.

Alia Bucciarelli, MS, Adjunct Assistant Professor, Public Health and Community Medicine (PHCM) published the article “Engineered Immunotherapies Improve Targeting” in the January issue of AABB News. Bucciarelli and Sabrina Kurtz-Rossi, MEd, Assistant Professor, PHCM, kicked off a scientific writing workshop series for Biogen in Cambridge in January. The series is designed help participants to develop high-quality, field-ready communications.

Virginia Rall Chomitz, PhD, Assistant Professor, PHCM, presented “Obesity and Chronic Disease Prevention in Boston Chinatown: Collaborative efforts between Tufts University Public Health and Community Agency Partners” at the Redstone Center Symposium on Innovative Collaborations between Communities and Schools of Public Health, at the George Washington University. Other authors included PHCM faculty: Carolyn Leung Rubin EdD, Susan Koch-Weser ScD, Kenneth Kwan Ho Chui, PhD, Mohan Thanikachalam MD, and Aviva Must, PhD.

Carol Curtiss, MSN, RN-BC, Adjunct Clinical Instructor, PHCM, published the article “I’m Worried about People in Pain” in the January issue of the American Journal of Nursing.

Sue Gallagher, MPH, Director, MS in Health Communication Program, co-authored a paper in the Journal of Health Communication that was published in January entitled “Career Paths of Recipients of a Master’s Degree in Health Communication: Understanding Employment Opportunities, Responsibilities, and Choices.”

Jeffrey Griffiths, MD, MPH, AB, TM, Professor, PHCM, and Former Chair of the US EPA Drinking Water Committee, was an Expert Participant in the webcast “Chemical Exposures and the Brain: The Flint Water Crisis,” part of the Andelot Series on Current Science Controversies hosted by the Harvard TH Chan School of Public Health.

The book co-edited by Barry S. Levy, MD, MPH, Adjunct Professor, PHCM, “Climate Change and Public Health,” has won two awards – the 2015 Environmental Health Book of the Year presented by the American Journal of Nursing and an Honorable Mention award from Atmospheric Science Librarians International.

Ewan McNicol, RPH, MS, Assistant Professor, PHCM, has updated four in-depth systematic reviews for the prestigious Cochrane Library in its collaborative review group on pain, palliative and supportive care. McNicol invited other Tufts faculty and Pain Research, Education and Policy student Baraa Tayeb to join in this process.

Dominique S. Michaud, ScD, Professor, PHCM, published “Periodontal disease and risk of all cancers among male never smokers: an updated analysis of the Health Professionals Follow-up Study”. Michaud also began teaching a new course for the spring semester, Methods and Statistical Modeling in Chronic Disease Epidemiology.

Pamela Katz Ressler, MS, RN, HN-BC, Adjunct Lecturer, PHCM, was appointed to the Stanford University Medicine X Program’s Executive Leadership Board for a two- year term.

Beth Rosenberg, ScD, MPH, Assistant Professor, PHCM, was awarded a five-year contract from the United Steelworkers of America, the largest industrial union in the country, to evaluate their health and safety training program. Beth is excited to participate in efforts to keep USW’s members safe on the job.

Anthony Schlaff, MD, MPH, Director, Public Health Program, is serving as the Chair of the recently formed Policy Committee of the Association for Prevention Teaching and Research (APTR). He has led an effort to develop a policy and toolkit to assist faculty of health professions and public health faculty in addressing and combating structural racism through their teaching and their work at their home institutions and in their communities. He presented the policy and toolkit to the APTR membership at the association’s annual meeting in March in Albuquerque, New Mexico.

David Tybor, PhD, MS, MPH, Assistant Professor, PHCM, led the Boston Chinatown Wang YMCA Teen Powerlifting Club to win eleven medals and set three state records at the 3rd Annual St. John’s High School Classic in January.
two-day Plain Language Writing and Design Workshop, a collaboration between CommunicateHealth and the School of Medicine, with funding from the National Network of Libraries of Medicine New England Region.

Kurtz-Rossi received the 2015-2016 Health Literacy Teaching Award from the Association for Prevention Teaching and Research (APTR). She plans to use the award funding to expand her health literacy work beyond the U.S. to a global audience. To support this goal, she recently presented at the International Conference on Health Literacy and Healthcare Efficiency sponsored by the Asian Health Literacy Association in Taiwan.

By bringing her health literacy work into the classroom, Kurtz-Rossi is helping to inspire new public health professionals to reduce health inequities. She remains steadfast in her work while welcoming opportunities to teach and share her passion for health literacy.

Follow her blog and learn about upcoming events at: www.kurtz-rossi.com/blog/.