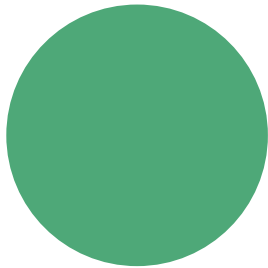
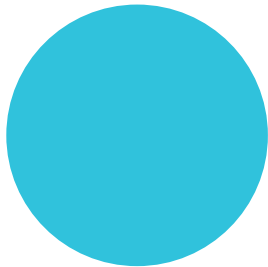
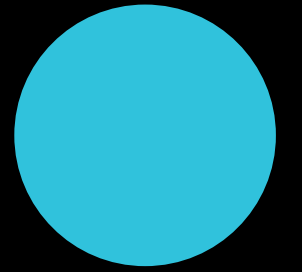


OUR
TIME IS
NOW





OUR
TIME IS
NOW



THINK TEACH DO



Building on the Past. Preparing for the Future. Building on the Past. Preparing for the Future. Building on the Past. Preparing for the Future. Building on the Past. Preparing for the Future.

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Dear Colleagues,

It is a tremendous honor to be in service to the Boston University School of Public Health community!

Prior to joining, I knew SPH for its steadfast commitment to health equity, social justice, and global engagement. After several months as dean, it is inspiring to experience the shared passion, dedication, and commitment to excellence from our staff, students, and faculty.

At the same time, it is no secret that the field of public health has faced immense challenges over the past year. Yet, it is under these types of threats that we remind ourselves of courage, empathy, and grace. We will succeed despite the challenges.

In 2026, SPH will celebrate its 50th anniversary, a tremendous milestone and accomplishment. We will recognize the legacy of our history, the achievements of our 12,000+ alumni, and our impact in communities local and global. And we will look forward to the next 50 years as we live and power our mission:

The mission of the Boston University School of Public Health is to improve the health and well-being of populations worldwide, particularly the underserved, through excellence and innovation in education, research, and practice.

We invite you to join us! Share our research, support our students, join an event, or make a financial contribution to support the next 50 years of SPH.

We have hard work to do. But we will do it together.

Warm regards,



ADNAN A. HYDER, MD, MPH, PhD
DEAN & ROBERT A. KNOX PROFESSOR,
BOSTON UNIVERSITY SCHOOL OF PUBLIC HEALTH



INTRODUCING

Adnan A. Hyder, MD, MPH, PhD

Dean and Robert A. Knox Professor, Boston University School of Public Health



DR. ADNAN A. HYDER is dean and Robert A. Knox Professor at Boston University School of Public Health. Recognized among the world's premier scholars in health systems and policy, Dr. Hyder has worked to advance global health across Africa, Asia, Latin America, and the Middle East. Through National Institutes of Health-supported research, he has made significant contributions to the global understanding of the epidemiological burden, risk factors, potential interventions, economic impact, and socio-cultural correlates of noncommunicable diseases and injuries around the world. Dr. Hyder has led a series of conceptual and empirical studies on research ethics, health systems ethics, and ethics of health policy and systems research.

Prior to his work at BUSPH, Dr. Hyder served as senior associate dean for research and professor of global health at the Milken Institute School of Public Health at George Washington University, and as the founding director of the Center on Commercial Determinants of Health at George Washington University and the Bioethics Interest Group at Milken Institute School of Public Health. He received his MD from the Aga Khan University in Pakistan and his MPH and PhD in public health from Johns Hopkins University.

“After several months as dean, it is inspiring to experience the shared passion, dedication, and commitment to excellence from our staff, students, and faculty.”





Infectious diseases—and the misinformation surrounding them—were on the rise last winter. In an already-fractious moment for public health, SPH is examining how to address the multiple threats we face in the year to come.

BY
JILLIAN
MCKOY

AFTER



ILLUSTRATION BY JON LAVALLEY, ADOBE STOCK/AI

BEFORE

WE'VE SEEN

T

THE SURGE IN VIRAL ILLNESSES across the United States last winter was far from normal, even by postpandemic, “new normal” standards. Influenza activity was the most intense it has been in 15 years, while measles and tuberculosis—the most contagious infectious disease and deadliest infectious disease, respectively—increased from relatively low rates to worrying outbreaks across multiple states. And the H5N1 avian influenza continued to inch closer to a pandemic-level threat as it spilled over to new species.

This occurred at a precarious time for public health. The Trump administration’s sweeping efforts to overhaul the federal government, which included disbanding multiple health agencies, eliminating thousands of jobs, and rescinding billions of dollars for health research, raised serious concerns about the government’s ability to respond effectively to various disease outbreaks.

These federal actions “will inevitably have a negative impact on our ability to track outbreaks including measles, pertussis, and other vaccine-preventable disease threats,” says **DAVIDSON HAMER**, professor of global health. “State and municipal-level health departments need to pick up some of the slack, but the reality is that states receive federal funding for their surveillance and other activities. In states like Massachusetts, the state government is going to need to prioritize and fund disease surveillance and control efforts to make up for the gap in federal funding and technical assistance.”

> SPH faculty examine how massive federal changes may continue to affect the public health response to infectious disease outbreaks.



COVID-19

Endemic Pandemic Epidemic

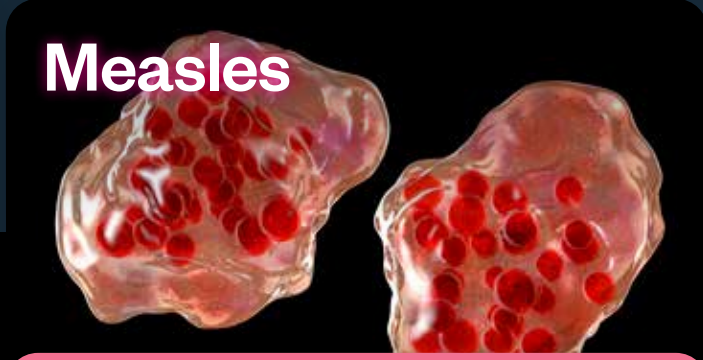
Nearly six years after the World Health Organization declared COVID-19 to be a pandemic, the unprecedented health crisis continues to profoundly reshape society. It has contributed to more than 1.2 million US deaths—likely a substantial undercount—as well as lasting economic strain on millions of families. At least 7 percent of the US population is living with long COVID, the collection of post-viral symptoms for which there is no specific cure. Many of these challenges are inequitably distributed, disproportionately burdening racial and ethnic minorities, the LGBTQ+ community, low-income people, and other underserved groups.

The Trump administration's abrupt elimination of \$11.4 billion in COVID-era funding to state and local health departments last March will only make these issues more difficult to address. This funding largely supported COVID-19 testing, vaccination, and global aid for populations at highest risk of complications from the virus.

"Most experts agree that COVID is now endemic; however, that does not mean that we should not continue to be vigilant to attempt to mitigate its impact," says **LAURA WHITE**, adjunct professor of biostatistics. "This virus will continue to mutate and change frequently."

Our degree of concern about COVID-19 will correspond to the availability of good treatments and effective vaccines for emerging variants—which scientists are still working toward, she says. "Even though we've made tremendous progress since 2020, we still need to take this relatively new disease very seriously and continue to invest in improving these areas."

US population with Long COVID
23.5 Million Cases
US population living with condition



Measles

Endemic Pandemic Epidemic

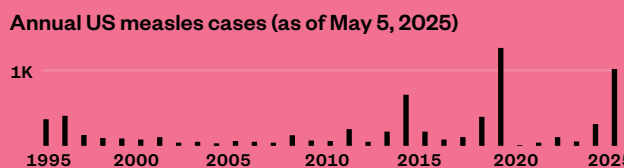
As the first acute global crisis in the age of social media, the pandemic spurred a massive increase in the spread of misinformation, leading people to denounce the safety and efficacy of vaccinations, use unproven treatments, and lose trust in science, all of which were largely characterized by partisan divides. The measles outbreak that spread through Texas and other states earlier this year only exacerbated opportunities for misinformation—due in part to confusing and inconsistent guidance from the federal government—and in March, the US surpassed 1,000 cases for just the second time in 30 years.

US Health and Human Services Secretary Robert F. Kennedy, Jr. has repeatedly spread mixed messages about the measles vaccine, delaying acknowledgment that the measles, mumps, and rubella (MMR) vaccine is the best way to prevent the disease but also downplaying its efficacy and suggesting potentially dangerous and unproven treatments for infected children.

"What's most worrying to me is that state governments are taking action on Kennedy's misinformed claims," says **MATT MOTTA**, associate professor of health law, policy & management, pointing out that some states have ended vaccine mandates for children. He adds that Americans have already begun to lose faith in public health agencies, citing an April 2025 national poll that found 44 percent of Americans expect that they will put less trust in federal public health guidelines going forward.

Health communicators should appeal to parental concerns regarding their children's safety by portraying measles as a serious public health risk that can be mitigated through vaccination, Motta says.

Since March 2025
1,000+ US Cases



SOURCES: CDC, YALE SCHOOL OF PUBLIC HEALTH



Tuberculosis

Endemic Pandemic Epidemic

In addition to the unusual measles upsurge, a tuberculosis (TB) outbreak that began in Kansas City, Kansas, in 2024 ballooned into the largest TB outbreak in US history since the Centers for Disease Control and Prevention began monitoring and reporting cases of the lung disease in the 1950s.

Caused by the *Mycobacterium* bacteria, TB is primarily spread by respiratory droplets and can result in active (infectious) or latent (asymptomatic and noncontagious) infection. While it remains a significant public health concern in low- and middle-income countries, affecting nearly 11 million people worldwide in 2023, TB is considered rare in the US.

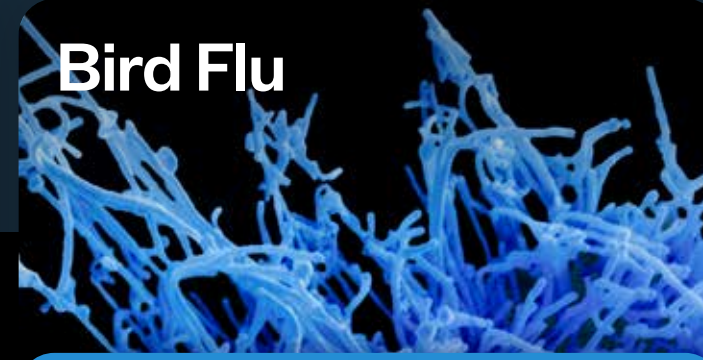
The increase in cases last winter, which resulted in at least 67 illnesses, likely occurred for multiple reasons, says **LEONARDO MARTINEZ**, assistant professor of epidemiology.

"This outbreak could partly be a result of rebound effects of the COVID-19 pandemic, which had a huge impact on TB control inside and outside of the US," he explains, adding that reduced surveillance and coordination between the CDC and the local health departments tasked with leading the efforts to quell TB outbreaks in their communities may also be factors.

This outbreak underscored that TB is not limited to specific countries.

"Decades of evidence suggest that infectious diseases do not respect borders," Martinez says. "To protect people in the US from TB, Ebola, HIV, and other diseases, we must develop a multipronged approach that increases national surveillance and also aims to reduce the burden outside of the country."

2023 Worldwide Infections
Nearly 11 Million Cases



Bird Flu

Endemic → Pandemic Epidemic

While the CDC maintains that the general public is at low risk of contracting the H5N1 avian flu, health experts are continuing to sound the alarm about the potential of the virus to evolve into a pandemic. This concern increased when an H5N1 infection—after previously causing only mild symptoms among infected people, the majority of whom were farm workers in close contact with infected animals—resulted in the first human death in January 2025.

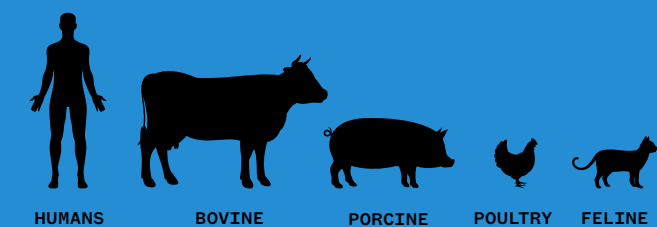
Although there is still no current evidence of human-to-human transmission, the gaps in knowledge on how, and to what extent, the H5N1 avian flu is spreading amongst various species—including poultry, cows, pigs, and cats—underscore the importance of aggressively surveilling and monitoring the virus.

"Surveillance and modeling are foundational to early warning systems, especially for zoonotic threats like H5N1 that can evolve rapidly," says **JESSICA LEIBLER**, associate professor of environmental health. "Without robust, real-time modeling and field detection capacity, our ability to anticipate outbreaks, identify transmission patterns, and coordinate response efforts is significantly weakened."

According to Leibler, the FDA-ordered suspension of milk quality testing in April 2025 is also problematic.

"Halting testing during an emerging outbreak undermines public confidence and limits our understanding of possible human exposure pathways. Transparent, continuous surveillance is essential both for public health and for maintaining trust in the safety of the food supply," she says. ●

Cases Can Be Found in



COVID-19: PNMB / SCIENCE SOURCE; MEASLES: KATERYNA KON / SCIENCE SOURCE; TUBERCULOSIS: KATERYNA KON / SCIENCE SOURCE; BIRD FLU: STEVE GOSHMEISSNER / SCIENCE SOURCE



How Do You Slow or Stop Alzheimer's Disease?

Start Early.

BY JILLIAN MCKOY

SPH researchers are at the forefront of determining the risk factors, treatments, and behavioral and environmental changes that may help alleviate the effects of Alzheimer's disease, which currently has no cure.

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ALZHEIMER'S DISEASE (AD) is a uniquely challenging and distressing experience for those afflicted with this neurodegenerative condition, as well as for their families, friends, and other people in their lives. This disease, the most common form of dementia, is marked by memory loss, behavior and cognitive changes, and a loss of independence and identity. The progressive deterioration AD brings to a diagnosed person often takes physical, mental, emotional, and financial tolls on the person and their caregivers.

Increased federal funding for research on Alzheimer's disease and related dementias (ADRD) has propelled advancements in understanding the risk factors, prevalence, and medications, but there is still no known definitive test, exact cause, or cure for the disease. Even diagnosing dementia remains challenging. There are promising drug treatments approved by the US Food and Drug Administration (FDA) that can help slow Alzheimer's disease progression or mitigate symptoms, but no medication can reverse the AD diagnosis that more than seven million Americans currently experience, including 1 in 9 people aged 65 and older.

At age 45, the current lifetime risk for AD is 1 in 5 for women and 1 in 10 for men.

As the population with ADRD is expected to soar to 13 million in the US and more than 150 million worldwide by 2050, researchers are exploring preventative measures that individuals can adopt earlier in life to possibly delay—or entirely prevent—an ADRD diagnosis in older age.

Several School of Public Health researchers studying the risk factors that may contribute to a person's likelihood of developing AD are shedding light on the modifiable lifestyle

changes people can make in their younger years to lower their chances for developing this condition. Importantly, their work also highlights the policy changes needed to mitigate the structural inequities that place certain populations at disproportionate risk of progressive brain disorders.

"The good news is that we are finding there is probably a very long period of slowly developing disease between the very earliest subtle signs and major clinical impairment," says **MARIA GLYMOUR**, chair and professor of epidemiology. "This suggests we may have important opportunities to slow or fully stop disease progression during those decades of middle age and into old age."

In the absence of definitive causes, the general medical consensus is that ADRD is broadly caused by a combination of genetic, environmental, and lifestyle factors, along with age-related changes to the brain.

Building upon research that suggests up to 45 percent of ADRD diagnoses could be prevented by modifiable risk factors, Glymour is coleading a \$29 million project funded by the National Institutes of Health (NIH) to develop more reliable evidence that will guide ADRD prevention and treatment strategies. In the Triangulation of Innovative Methods to End Alzheimer's Disease project, her team utilizes large datasets to investigate four major modifiable ADRD risk factors: lifetime alcohol use, depression, vision and hearing impairments, and social isolation.

Glymour's past work with **MARCIA PESCADOR JIMENEZ**, associate professor of epidemiology, has also highlighted disparities in midlife depressive symptoms and cognitive decline later in life. Their results in *Alzheimer's & Dementia: The Journal of the Alzheimer's Association* found that depression spurs faster cognitive decline among Black and Latino older adults.

Another study by Pescador Jimenez, published in *Environmental Health Perspectives*, emphasizes potential environmental effects on dementia risk, finding that green space exposure during midlife may slow a person's an-

nual rate of cognitive decline by 66 percent—with even larger effects among people of low socioeconomic status and among carriers of the APOE-ε4 allele, a genetic variant of the APOE gene that is a major risk factor for AD.

"These results shed light into the cognitive benefits of increasing green space exposure at a population level, particularly among vulnerable subgroups of the population," Pescador Jimenez says.

According to research by **JENNIFER WEUVE**, professor of epidemiology, air pollution may be another significant environmental contributor to ADRD risk later in life. A study Weuve coauthored in *JAMA Internal Medicine* found that harmful emissions, specifically fine particulate matter (PM2.5), may increase one's risk of developing dementia—and this risk increases based on the emissions source. Exposure to PM2.5 from auto vehicles and coal-burning, as well as agriculture and wildfires, was associated with higher risk of dementia in older age.

This information is especially crucial as worsening climate change created conditions for historic wildfires from California to New Jersey this year and triggered a record number of air quality alerts across the nation in 2024.

"Our findings, if supported by other evidence, raise the possibility that if we seek to reduce the population's dementia risk by acting on PM2.5 air pollution, we might consider approaches that go beyond smokestacks and tail pipes," says Weuve.

Collectively, this body of SPH research underscores the numerous ways in which racial and socioeconomic inequities shape

ADRD risk in the US. Older Black and Latino Americans are twice as likely and 1.5 times as likely, respectively, to develop ADRD than their White counterparts. People of color are more likely to develop many of the chronic conditions that are ADRD risk factors; to be exposed to air pollution; and to experience biases within the healthcare system, including missed ADRD diagnoses. They are less likely to have access to adequate healthcare or access to green space.

"We may have important opportunities to slow or fully stop disease progression."

—Maria Glymour, chair and professor of epidemiology



Despite these inequities, Black and Latino people are also less likely to be represented in ADRD medical research. The Alzheimer's Disease Sequencing Project (ADSP) is working to close this gap, says **ANITA DeSTEFANO**, professor of biostatistics and principal investigator of a study in this genetics initiative the NIH developed in 2012 as part of the National Alzheimer's Project Act's objective to treat and prevent the disease. The ADSP includes thousands of diverse participants and—among many goals—seeks to understand whether genetic variation and AD risk with specific variants differ by ancestry.

"The genetic discoveries in Alzheimer's disease in the past 10 to 15 years point to new biological pathways that may be important for the development of therapeutics," DeStefano says.

Over the last several years, DeStefano and **GINA PELOSO**, associate professor of biostatistics, have identified several new genes and gene variants linked to AD, including 17 significant variants among 5,000 individuals in a 2024 study in *Alzheimer's & Dementia: The Journal of the Alzheimer's Association*, and also in an expanded analysis among more than 13,000 people in *Alzheimer's & Dementia* later that year that identified rare, noncoding variants.

In a *Neurology* study, they found that genetic risk and unfavorable cardiovascular health additively heighten dementia risk. "Individuals with a high genetic risk of ADRD may benefit from controlling their cardiovascular risk factors," Peloso says.

According to findings in *The Journal of Prevention of Alzheimer's Disease* by **PHILLIP HWANG**, assistant professor of epidemiology, these health-protective actions should include consumption of flavonoid-rich fruit. Middle-aged adults who consumed apples and pears in midlife, or oranges, grapefruit, and blueberries in late life, reduced their chances of developing all-cause dementia by 44 percent, compared to middle-aged adults who consumed a low amount of these fruits.

"Healthy dietary patterns and other evidence have created a strong case that midlife is a critical window to influence vulnerability to developing dementia as a person ages," Hwang says. "The factors that build cognitive reserve can help an individual be more resilient to the disease processes that ultimately lead to dementia later in life." ●



REDUCE THE CHANCE OF DEMENTIA

↓44%

Middle-aged adults who consumed apples and pears in midlife, or oranges, grapefruit, and blueberries in late life, reduced their chances of developing all-cause dementia by 44 percent, compared to middle-aged adults who consumed a low amount of these fruits.

Politics and Health Lab Aims to Depolarize Public Health

BY JILLIAN MCKOY

SPH's new Politics and Health Lab monitors growing trends in the politicization of public health—and looks for evidence-based ways to depolarize future health policy.

MATT MOTTA and **TIMOTHY CALLAGHAN**, associate professors of health law, policy & management, are codirectors of the cutting-edge Politics and Health Lab, which launched in early 2025. The lab's core objective—uncovering the political forces that shape health attitudes, beliefs, and behaviors—has weighed on both of their minds since the two attended graduate school together a decade ago at the University of Minnesota. As it turns out, the hyper-partisan culture that was very much alive then pales in comparison to the political divide that permeates daily life today.

"Over the past several years, we've observed a growing politicization of public health topics, with individuals increasingly making health decisions based on partisanship," says Callaghan. "Matt and I are really interested in understanding these political influences on health to identify effective communication approaches that reduce these harmful impacts. This lab is an opportunity for us to create a nexus for research in this space, both in the School of Public Health and across BU, and we hope to make the University a global leader in the study of politics and healthcare."

The researchers will broadly identify and study public opinion polling regarding support for a range of health policies; attitudes at the state and national levels; effective health communication and promotion; and ongoing surveillance of state and federal policies to identify how social, political, and economic conditions influence support and

passage of health policies. The lab will address a range of health issues that intersect with politics and have already dedicated space for research on vaccine uptake and attitudes within the State Vaccine Policy Project, a first-of-its-kind initiative that tracks trends in antivaccine legislation in each state and shows how these trends have fluctuated before, during, and after the COVID-19 pandemic.

They hope that evidence-based data and clear communication will persuade people to break away from what they call the "runaway health politicization," i.e., the concept of being more likely to accept and adopt health behaviors related to policies that already align with one's political beliefs. Runaway health politicization also incentivizes elected officials to cater to these preexisting preferences or beliefs—whether they are health-protective or not—to curry favor with their constituents, which can ultimately lead to poor policies that benefit no one.

"I fear that we're trapped in a cycle that we can't break out of," Motta says. "So one of the reasons why this lab exists is to try to find evidence-based measures that can finally dismantle that runaway politicization." ●

MICHAEL SAUNDERS

Meeting the Moment

BY MICHAEL SAUNDERS

The new Center for Health Data Science continues a decades-long legacy of supporting data-led research locally and internationally.

DEBBIE CHENG, assistant dean for data science and a professor of biostatistics, is also the founding executive director of the Center for Health Data Science (CHDS). In this role, she aims to "foster new research synergies across multiple disciplines engaged in health data science." CHDS holds frequent seminars, workshops, and seed funding opportunities to help strengthen connections with health data scientists and catalyze innovative health research.

At the center of this interdisciplinary hub is the Biostatistics and Epidemiology Data Analytics Center (BEDAC), a service center housed in BU School of Public Health since 1984 and now under the CHDS umbrella.

Comprised of unsung heroes supporting the public health research community in translating complex data into actionable insights, BEDAC has grown from three members at its inception to today's large, industrious team of statistical programmers, applications developers, analysts, and project managers.

"What's great about us is that we're here to support whatever our researchers are working on," says **EMILY SISSON**, BEDAC senior director of research operations. "We're not tied to one specific area—we don't just do HIV trials or focus only on opioid research. We support it all. We've had 40 years of really wonderful collaborations, and some of them have lasted for decades."

Over the years, BEDAC has partnered with researchers on more than a thousand projects—both small- and large-scale, short- and long-term, local and international—in a variety of subject areas including Alzheimer's disease and chronic traumatic encephalopathy (CTE), alcohol and substance use disorders, HIV/AIDS, tuberculosis, veterans' health, maternal and child health, and more. BEDAC is equipped to handle everything from grant development, research design, and project planning to comprehensive project and data management, including regulatory compliance and technical support.

In 2025, CHDS pivoted to address the unprecedented upheaval in biomedical research. To support the broader public health community as data was removed by the US federal government, CHDS launched **findlostdata.org**, a free, online collection of datasets. CHDS also offered Supplemental Research Awards at Boston University, allowing BEDAC to provide data analytic support to researchers whose funding was rescinded. ●

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“I learn from them as much as they learn from me.”

-Veronika Wirtz

Metcalf Award Recipient

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The Vital Next Era of Generation Health

by Megan Jones



HODAN MOHAMED (SPH'25)

Two years on from the launch of Generation Health, which funded students' practica in underresourced nonprofit organizations, the work is more essential and at risk than ever.

MEGAN JONES/SPH

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"I would not have been able to have such a transformative experience without [Generation Health]."

—Hodan Mohamed (SPH'25)

TO SUSTAIN PUBLIC HEALTH PRACTICE in the face of budget cuts and to prepare the future leaders of the field, the School of Public Health hopes to extend Generation Health, an ambitious, two-year, \$1 million investment announced in 2022 to provide compensation to students who complete practica at underresourced, nonprofit organizations.

Students training to become the next generation of public health professionals are navigating the nationwide erosion of research funding, the politicization of health education, and the weakening of public trust in scientific authority.

After years gaining specialized knowledge and skills, they are discovering that the way public health should operate—through government investment in public data-sharing infrastructure, grant-funded research, and the dissemination of accurate health messages reached by scientific consensus—may no longer be the reality awaiting them in the field.

Yet, now more than ever, community-based organizations benefit from the contributions of public health practitioners who are training via internships and practicum experiences, both required components of the MPH program. Nonprofits and local government agencies have long entrusted practicum students to spearhead important work, but unfortunately—for the same reasons these agencies need students—they often cannot afford to pay them.

Launched in 2022 by former SPH Dean Sandro Galea, Generation Health was endowed with a \$1 million investment from SPH alumni and friends to ensure that every student would have the financial security to pursue the practicum of their choice. Through the program, accepted applicants are eligible for grants worth up to \$5,000 in exchange for 240 hours of work on behalf of an underresourced organization.

HODAN MOHAMED (SPH'25), who earned an MPH from SPH in epidemiology and biostatistics, received a grant from Generation Health for her practicum with the nongovernmental organization Management and Development for Health (MDH) based in Dar es Salaam, Tanzania. The funding covered her travel and expenses abroad, enabling her to expand her professional network globally and apply skills in a real-life setting that she had previously practiced only in the classroom. "I would not have been able to have such a transformative experience without it," Mohamed says.

Mohamed used the programming language R to conduct statistical analyses of MDH's readily available data on HIV, later distilling her findings into concise presentations with recommendations to MDH for potential interventions. "I strengthened my research and professional skills internationally, and I am beyond grateful for the opportunity," she says.

Mohamed is one of more than 200 students who have benefited from Generation Health funding. When the initiative began, more than half of practica were unpaid; today, more than 70 percent of SPH students are compensated for their work.

An MPH student studying program management, **MICHELLE VERAS (SPH'25)** completed her practicum with the support of Generation Health at NeighborHealth (formerly East Boston Neighborhood Health), the largest community-based primary care health system in Massachusetts. As a food access program intern, Veras contributed to the operations of a variety of local initiatives, including the East Boston Farmers' Market, a community garden, and the Kids Activity and Nutrition Department at NeighborHealth.

"I had a very positive and enriching practicum experience," Veras says. "Receiving the Generation Health funding allowed me to stop worrying about my finances and truly focus on thriving in my practicum." •



Consider supporting Generation Health to allow SPH students to pursue rewarding practicums within organizations improving health outcomes despite hardships.

Teaching for Transformation. And for the Better.

BY MICHAEL SAUNDERS

Veronika Wirtz, professor of global health, wins Boston University Metcalf Award for Excellence in Teaching.

VERONIKA WIRTZ, professor of global health, joined a select group of her School of Public Health peers as a 2024 recipient of the prestigious Metcalf Award for Excellence in Teaching, one of the University's highest faculty honors.

The Metcalf Cup and Prize and Metcalf Awards were established in 1973 to create "a systematic procedure for the review of the quality of teaching at Boston University and the identification and advancement of those members of the faculty who excel as teachers."

Over the past few years, SPH has hired its largest cohort of new faculty, most of whom will have teaching responsibilities. Wirtz says her advice to these new colleagues is to find good mentors.

"I think it's so important to have people around you who take teaching seriously, especially when you will hear so many voices that say other things matter more," she says. "Teaching can be so fulfilling, and having mentors who help you thrive as an educator is as important as it is in research. You need to build your skills with somebody who knows what they're talking about."

Wirtz cites previous colleagues who were generous with their time and advice, occasionally even sitting in on classes to offer feedback and tips or sharing a meal to discuss strategies for an upcoming semester. Nearly all were award-winning teachers themselves, including **JAMES WOLFF**, now adjunct associate professor of global health who himself won the Metcalf Award in 2018.

Her expansive perspective on teaching is popular among her students, with one calling her "the best instructor I've had in my college career."

Wirtz notes, "It's not that you just augment their knowledge. You want them to change; you want to inspire them to become better."

In her public health career, Wirtz has incorporated several different roles on multiple continents. Her work focuses on strengthening health systems and evaluating policy and programs to promote equitable, affordable, and quality-assured access to medicines, especially in low- and middle-income countries.

Initially trained as a pharmacist at Albert Ludwig University of Freiburg, Germany, Wirtz went on to earn both her master's in clinical pharmacy and a PhD in pharmaceutical policy from the University of London. Prior to joining SPH, she spent nearly a decade as a researcher and lecturer at the National Institute of Public Health in Mexico, where she helped launch a research group carrying out pharmaceutical policy analyses throughout Latin America.

Wirtz is currently director of SPH's World Health Organization Collaborating Center in Pharmaceutical Policy, one of more than 800 institutions in 80 countries recruited to assist WHO in strengthening research and training that support national health development. She also has worked as a technical adviser for international organizations including the Pan American Health Organization; the World Bank; Global Fund to Fight AIDS, Tuberculosis and Malaria; the Bill and Melinda Gates Foundation; Alliance for Health Systems and Policy Research; Health Action International; and the Ford Foundation. ●



PHOTO COURTESY OF VERONIKA WIRTZ



Rethé 2.0

Expanding Representation and Resources in Research

BY MICHAEL SAUNDERS

Associate Professor of Global Health Elaine Nsoesie is expanding African representation in scientific publishing through clinics, workshops, video resources, and more.

Emerging scholars from across Africa participated in the Rethé series of workshops held in Lagos, Nigeria and Arusha, Tanzania, that are designed to hone academic writing skills.



LED BY ELAINE NSOESIE, an associate professor of global health, Rethé 2.0 is the second iteration of a groundbreaking initiative to help increase African representation in scientific publishing. To achieve that goal, Nsoesie and her international team provide scientific writing tools and comprehensive re-

sources to emerging scholars in Africa via partnerships with local African institutions that help host workshops.

"We'll cover everything from how to write research papers to research ethics, and then also have sessions where people can ask questions about their papers and we can give them feedback," Nsoesie says. The project is funded by an SPH Practice Innovation Award aimed to further the school's commitment to improving the conditions that promote health in local, national, and global communities.

Last year, Nsoesie was one of 25 honorees and artificial intelligence (AI) innovators worldwide celebrated as change agents by the Mozilla Foundation. Nsoesie was recognized for leading the way in diversifying AI and for her ongoing work focused on ensuring that technology is inclusive of those historically excluded from the tech world.

The initial Rethé project launched in 2019 in Arusha, Tanzania, with an in-person session at the Nelson Mandela African Institute of Science and Technology, then shifted online for subsequent meetings during the pandemic; workshops were held in conjunction with institutions in Nigeria, Tanza-

nia, Sierra Leone, South Africa, and Kenya. Nsoesie, who was born and raised in Cameroon, says the overwhelmingly positive reception to the project's initial iteration greatly influenced her decision to seek funding expanding its reach and making it more accessible to new scholars across the continent.

For Rethé 2.0, Nsoesie recorded video presentations in Lagos, the center of the thriving Nigerian film industry known as "Nollywood" that has become the second-largest producer of movies in the world after India. With the new project, Nsoesie says, "we will have videos people can watch, and then we will have in-person workshops. But instead of teaching people how to write, we can focus on actually doing the writing and getting papers out."

By streamlining the process with the early video instruction component, Nsoesie says the in-person sessions can concentrate on the details of creation, revision, and submission. "We can make sure that what they're writing is in the correct format and that they're ready to get it to a journal."

Past online sessions held in partnership with three Nigerian institutions drew as many as 200 scholars, many of whom participated in lively question-and-answer events that furthered their aspirations. Nsoesie recalls that in 2023, she was at a conference in Kigali, Rwanda when someone introduced himself as a former Rethé student whose interest in research was sparked by one of her writing classes; he is currently pursuing a PhD at Carnegie Mellon.

"That's what makes me really excited about this program," Nsoesie says. "People actually learn from it, take knowledge with them, and use it." ●



Alum. Advocate. Innovator.

BY MEGAN JONES

Bridging business and public health, Eddie Lai (SPH'19) puts his SPH experience to work in Atlanta's growing healthcare innovation industry.

AS THE DIRECTOR of business development for the Atlanta branch of Portal Innovations, a life sciences venture capital firm, **EDDIE LAI (SPH'19)** regularly applies his training from the School of Public Health to the promotion of healthcare innovation in the private sector.

"My public health training and time at SPH were critical in shaping how I approach the health continuum, helping me navigate how early-stage life sciences startups contribute to health holistically," says Lai, who earned certificates in healthcare management and pharmaceutical development, delivery, and access as an MPH student.

After graduating from SPH, Lai honed his skills as the former senior manager of life sciences and digital health at the Metro Atlanta Chamber of Commerce, a private nonprofit serving the 29-county Atlanta metropolitan statistical area. There, it was Lai's job to find the sweet spot between industry and health tech, supporting and growing these industries across the region—which recently surpassed Washington D.C. and Philadelphia to become the sixth most populous in the country.

Lai first arrived in Atlanta to complete a prestigious, two-year administrative fellowship at Emory Healthcare, Georgia's largest healthcare system comprising 11 hospitals and more than 250 outpatient clinics. In a trial by fire, Lai's time at Emory coincided with the COVID-19 pandemic. He emerged a seasoned healthcare leader after managing university-wide

staffing and a volunteer plan for Emory's outpatient vaccine clinic and spearheading a system that administered more than 70,000 doses of the COVID-19 vaccine in the first three weeks of operation. He also led a team of more than 30 employees to coordinate with more than 1,000 different vendors and donors to procure PPE (personal protective equipment) for frontline staff.

During his time at Emory, Lai cofounded the Association of Asian Healthcare Leaders to nurture the careers of other Asian American and Pacific Islander (AAPI) professionals in the healthcare industry. Early in his undergraduate education in health sciences at Drexel University, Lai decided that he should understand the business side of healthcare, "because [the two] are so intertwined in our country."

Lai's role at Portal helps him continue the path he sought after SPH; his work affects health at the population and clinical levels while also engaging him with startups and other organizations developing cutting-edge technology.

"This builds upon the interest in health innovation I developed in Boston and has been a theme of my career growth in my roles at Emory Healthcare as an administrative fellow and in the Emory Healthcare Innovation Hub," he says. "I always saw health as a really tangible way to help people, and I saw public health as a larger way to be able to impact higher population levels and still use the skills and interests that I had." ●

PHOTO COURTESY OF EDDIE LAI



From Arts to Advocacy

BY MEGAN JONES

MLK Jr. Fellow Krista Idowu (SPH'26) is turning her background as an artist, filmmaker, and community organizer toward global health advocacy.

IN FALL OF 2024, KRISTA IDOWU left her career in the arts and her lifelong Atlanta-area home to study program management and global health in the on-campus MPH program at the School of Public Health.

Each year, Boston University bestows a select number of matriculating graduate students with Martin Luther King, Jr. Fellowships for demonstrated commitment to the social justice principles espoused by BU alum Martin Luther King, Jr. (GRS'55, Hon.'59). As fellows, these students receive up to three years of full-time tuition and a living stipend to support their pursuit of higher education.

Like King, Idowu grew up in a predominantly African American community in Georgia rich with cultural traditions, some of which formed the basis of her film work; for example, she produced and served as a consultant for a National Geographic-sponsored documentary celebrating dance line culture at historically Black colleges and universities. She has also contributed to and consulted on projects that emphasize both the challenges and triumphs of the Black community, including a documentary that explores the journey three women from different social backgrounds take to financial wellness titled *Legacy Lives On*.

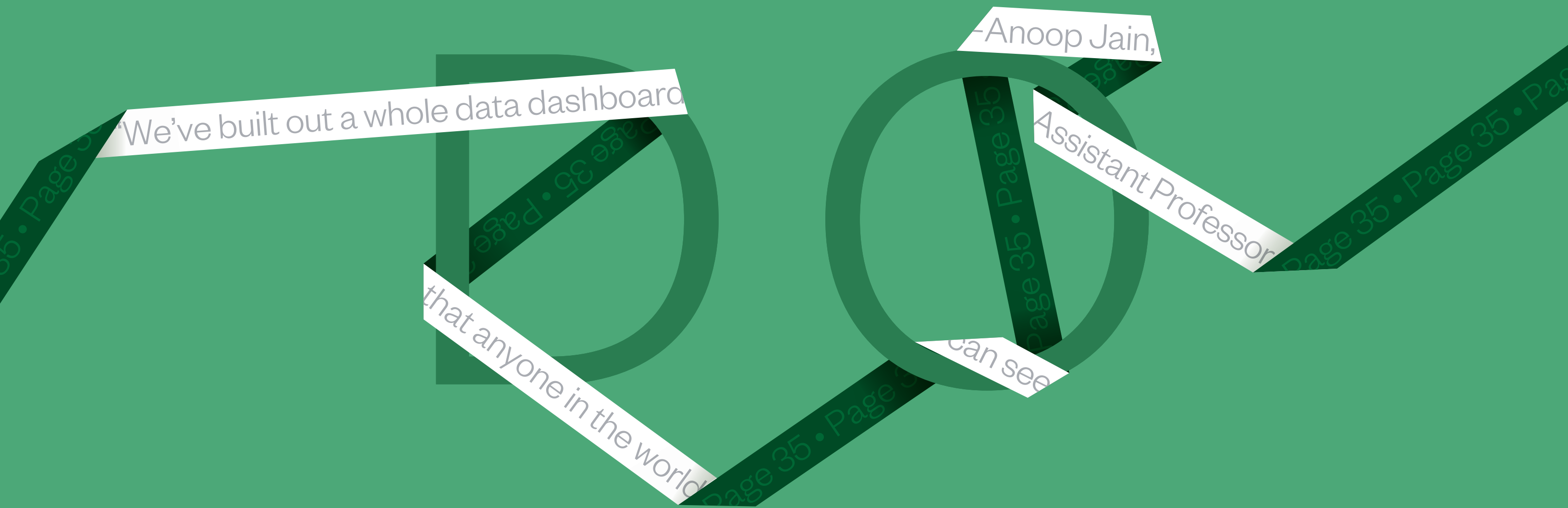
"If you go to MLK Drive in almost any city, it is going to be one of the most sadly dilapidated areas," says Idowu, adding that it breaks her heart to see African Americans experiencing homelessness, substance use, and poverty. She

recalls her frustration upon visiting friends and family in the hospital and seeing a McDonald's restaurant in the lobby. "What are we doing?" she remembers asking herself. She noticed that regardless of whether a neighborhood is high or low income, most African American communities in Atlanta have limited access to healthy foods.

For Idowu, giving birth to her second daughter was a turning point. She'd had her first daughter in a traditional hospital setting, which, she says, left something to be desired. For her second daughter's birth, she visited a birthing center in Atlanta, where she had a "phenomenal" experience. Idowu, aware of the higher rates of maternal morbidity and mortality among African American women, recognized the value of this type of holistic care, but knew also that many do not have access to it—or even know it exists. She decided she wanted to change that.

While she originally thought she might become a naturopathic doctor, after speaking with a friend who works for the Centers for Disease Control and Prevention, she learned that addressing the root causes of the healthcare issues she cares about is the domain of public health. Looking back at her journal entries over the years, she realized her spirit had always pointed in the direction of working in both public and global health. ●

MEGAN JONES/SPH



STILL HERE

By *Jillian McKoy*

STILL INVISIBLE

Official US records underestimate Native American deaths and life expectancy, underscore need for investment in public health.

A BUSPH-LED STUDY published in *JAMA* reveals the “statistical erasure” of Indigenous Americans, finding that the gap between American Indians and Alaska Natives (AI/AN) life expectancy and the national average was 2.9 times greater than official vital statistics indicate.

The nationally representative study found that death certificates for at least 41 percent of AI/AN decedents failed to identify them as AI/AN, in most cases misreporting their race as “white.”

Aerial view of the Rosebud Sioux Native American Reservation in South Dakota. ▼

As a result of these death certificate errors, official vital statistics greatly underestimate AI/AN mortality, overestimate AI/AN life expectancy, and understate the mortality disparities between AI/AN and other Americans.

The study showed that the actual gap in life expectancy between AI/AN and the national average was 6.5 years, 2.9 times the number reported in unadjusted official statistics. This life expectancy gap nearly doubled during the study period, increasing from 4.1 years between 2008–2010 to

eight years between 2017 and 2019. Over the 11-year study period, AI/AN life expectancy averaged only 72.7 years, similar to the life expectancy in El Salvador and Bangladesh.

“Since European contact, Indigenous people in today’s United States have survived attempts at physical and cultural erasure that have contributed to present-day health inequities,” says study lead author **JACOB BOR**, associate professor of global health and epidemiology. “Tragically, their ‘statistical erasure’ in routine public health data has obscured the severity of today’s mortality crisis among AI/AN.”

Compared to other Americans, AI/AN mortality was particularly high for young and middle-aged adults and was higher than the nation-

al average for AI/AN people living both on and off reservations. Even college-educated AI/AN individuals died far younger than their non-AI/AN counterparts. Deaths from heart disease (16 percent), cancer (11 percent), and diabetes (10 percent) accounted for the largest shares of the overall mortality gap between AI/AN and other Americans.

“Our findings underscore the need for increased investment in the health of AI/AN people and accurate public health data to understand and address these health inequities,” Bor says.

The analysis is the first contemporary study to prospectively assess mortality among self-identified AI/AN people in a nationally representative study. The study linked records from the 2008 American Community Survey (ACS)—a national representative survey conducted by the Census Bureau—with mortality data from US vital statistics, enabling calculation of mortality rates and life expectancy that were not biased by underreporting of AI/AN race on death certificates.

For the study, Bor and colleagues from SPH, the Kewa Pueblo tribe in New Mexico, the University of California, Berkeley, CUNY’s Hunter College, Harvard Medical School, the US Census Bureau, and the University of California, Los Angeles, analyzed mortality and race/eth-

nicity data among 4,135,000 respondents to the 2008 ACS, including 30,500 who self-identified as non-Hispanic AI/AN only, and 58,000 who self-identified as AI/AN only or in combination with another race.

The ACS was linked to death certificates through 2019 using Social Security numbers, which enabled the researchers to estimate mortality rates for self-identified AI/AN and mortality disparities relative to other Americans. The Mortality Disparities in American Communities (MDAC) data also enabled the researchers to compare decedents’ self-identified race and ethnicity in the ACS with the race and ethnicity recorded on their official death certificate, which is usually filled out by a funeral director.

Based on the MDAC data, the mortality rate for AI/AN individuals was 42 percent higher than the national average. By contrast, in official vital statistics, the AI/AN mortality rate was only five percent higher than the national average.

Although the researchers say AI/AN groups vary, most of the population shares common histories of presence in the Americas prior to European settlement and subsequent removal from their lands during the European colonization of the Americas—displacement that resulted in disease and warfare that killed an estimated 95 percent of the indigenous population in what is now the US. They emphasize that shared histories also encompass forced assimilation, economic marginalization, and complex arrangements of political sovereignty. This historical trauma now contributes to high current-day rates of psychological distress, substance use, chronic illnesses, and injuries, all of which lead to shorter life expectancy.

These findings underscore the need for continued investment in measuring AI/AN health accurately, including collaboration with AI/AN tribes on linking mortality data of national samples, updating misclassification ratios to correct routine vital statistics, and training funeral directors to collect accurate race and ethnicity data from next of kin.

“The history of genocide against Indian people is generally minimized, even today,” says study coauthor Michael Bird, past president of the American Public Health Association and a member of the Kewa Pueblo. “Genocidal policies—including the intentional introduction of infectious diseases and wars waged on Indians on their own land—sought to eliminate anything Indigenous. Millions of us perished with no record. So, the yawning gaps in data on Indian peoples’ lives and deaths come as no surprise. This study supports what Indian people have always known: We are still here, yet invisible.” ●



Compared to other Americans, AI/AN mortality was particularly high for young and middle-aged adults.

TOP: KELLY OULMAN/SPH, BOTTOM: GETTY PHOTO





PHOTOS COURTESY OF SURYAN AND DANG

Shrinking Inequality Through Sanitation

BY MICHAEL SAUNDERS

Anoop Jain, assistant professor of environmental health, researches the far-ranging benefits—and sees the real-world impact—of shared high-quality toilet facilities serving impoverished communities in India.

Images from one of the 18 community toilet facilities run by Sanitation and Health Rights in India.



IN 2010, Assistant Professor of Environmental Health **ANOOP JAIN** and two colleagues launched Sanitation and Health Rights in India (SHRI), a nongovernmental organization dedicated to improving sanitation and access to clean water in some of the country's densest and more impoverished areas.

In the years since, the organization has grown into a robust team of 70 people ensuring the smooth operation of shared community toilet facilities offering some of India's most vulnerable citizens safe, dignified places to defecate.

SHRI currently operates 18 facilities—and plans to introduce hundreds more—that serve nearly 8,000 people per day across two Indian states. Jain says the shared facilities are in communities where households often don't have the space, money, or resources to have a private toilet.

SHRI's shared facilities are a sanitation hub for small communities, providing free sanitary toilets connected to waste biodigesters that generate and trap methane. The gas is collected and used to power small electric generators that pump and filter drinking water to a high standard, which is then sold to villagers for less than a penny per liter. The nominal charge covers the staffing and operation of the facilities, making most self-sustaining.

Over the past 10 years, the Indian government embarked on a massive public works project called Clean India Mission to eliminate open defecation by providing low-cost or free toilets to households, improving solid waste management

and infrastructure in cities and villages, and subsidizing the construction of more than 600,000 toilet facilities across the country. While the ambitious undertaking has achieved mixed results, Jain and his colleagues viewed the government's commitment to ending open defecation as an opportunity to switch their focus from building similar facilities to researching best practices for improving existing ones.

"Oftentimes, these facilities are not kept in good condition," Jain says. "They're not clean; they're not safe to use." SHRI is currently working on memoranda of understanding (MOU) with several Indian states to adopt some of their facilities and deploy SHRI's operating and monitoring systems to ensure the cleanliness of the shared facilities. "We've built out a whole data dashboard that anyone in the world can see to check the quality and use indicators on a daily basis of any of these facilities," he adds.

SHRI is also well positioned for future involvement in broader disease surveillance efforts in rural and periurban settlements where no sewer network or wastewater treatment plants exist. The community toilets usually store waste in sewage tanks that enable efficient sample collection for periodic monitoring.

"We want to design a system and network of doing this routine surveillance because it's important to be able to track the emergence of infectious diseases in these kinds of underserved communities," Jain says. "There are so many root causes of open defecation, but largest among them is extreme poverty. It's going to take a lot of systematic structural change, which we hope for, but in the time being, we see high-quality shared toilets as a solution that can help shrink inequality." ●

MICHAEL SAUNDERS/SPH

SPH Briefs Mass. Joint Committee on Public Health

BY MEGAN JONES

In early 2025, SPH hosted a briefing for Massachusetts legislators from the Joint Committee on Public Health, offering expertise and insight to shape future policy.

MORE THAN A CENTURY AGO, the landmark US Supreme Court case *Jacobson v. Massachusetts* affirmed the authority of states to steward public health. Since then, state legislatures and public health agencies have held primary responsibility for enacting and enforcing laws and policies to protect the health of their citizens, while the federal government has largely played a supportive role with agencies like the Centers for Disease Control and Prevention lending expertise and financial assistance.

On April 16, 2025, School of Public Health faculty shared their expertise with Massachusetts state senators and representatives from the Joint Committee on Public Health. Over the course of two hours, faculty from departments across SPH delivered 15-minute presentations on a range of topics pertaining to the health of Massachusetts residents. The briefing was the second such session to be held on the BU Medical Campus since 2023.



SPH faculty briefing members and staff of the Massachusetts State Legislature about public health issues facing the commonwealth.

“Throughout history, the federal government has been a reliable partner to states in increasing resources for healthcare and public health. To have that spigot turned off without warning, I think is unique in our history,” said **NICOLE HUBERFELD**, Edward R. Utley Professor of Health Law.

While relying less on federal funding than many other states, Massachusetts has frequently leveraged federal dollars for its public health agenda, including to attain first-in-the-nation status for expanding healthcare coverage to nearly all citizens in 2006.

Huberfeld advised Committee Chair Marjorie Decker and her colleagues to act in ways that will “reduce the risk of illness, injury, and death based on available evidence,” and suggested that the committee focus its energy and resources on the social determinants of health or, in other words, the upstream factors that affect a person’s health, such as their living and working conditions.

Her recommendation would be echoed by several other SPH faculty presenters, including **MADELEINE SCAMMELL**, professor of environmental health; **ANDREW STOKES**, associate professor of global health; **LOIS McCLOSKEY**, professor of community health sciences and director of the SPH Center of Excellence in Maternal & Child Health; **KATHRYN THOMPSON**, assistant professor of community health sciences; **CARLOS RODRIGUEZ-DIAZ**, chair and professor of community health sciences; **CRAIG ANDRADE**, associate dean of practice and associate professor of community health sciences; **DAVIDSON HAMER**, professor of global health; and **MICHAEL STEIN**, chair of health law, policy & management.

Nine legislators and their respective staff members participated in the briefing, including current student Ramla Hagi (SPH’27), committee research director; and Daniella Montero (SPH’23), a committee research analyst.

MICHAEL SAUNDERS/SPH

MOVING → FORWARD AMID → UNCERTAINTY “FOR THE HEALTH OF ALL”

By Jillian McKoy and Megan Jones

Despite lingering public cynicism toward the field and outright attacks on public health research by federal officials, SPH is continuing its work in pursuit of our mission.

WITH FEDERAL RESEARCH FUNDING CUTS looming for academia and medical centers across the US, we take a look at how federally funded research at SPH has produced real-life tangible results.

Research has always been a core part of the School of Public Health's mission to promote justice, human rights, and equity across local and global communities. The data that SPH faculty and staff produce every day informs health policies and programs, supports practical solutions to public health issues, and empowers individuals to make evidence-based decisions about their health.

Federal investment in this work is a hallmark of the US research infrastructure, yet the ongoing attempts to reduce funding provided to academic institutions and medical centers still threaten to erode medical and public health advancement across the nation and globe. The Trump administration's first salvo was delivered on February 7, when the National Institutes of Health announced a policy change to limit reimbursement for administrative and overhead costs related to research to 15 percent—a drastic cut from the average reimbursement of 30 percent, and for many universities, up to 70 percent. The move, part of a broader administration effort to slash federal research spending, came under immediate legal challenge and cast a shadow of uncertainty across much of academia.

“It has turned our entire research enterprise upside down,” says **MICHAEL McCLEAN**, associate dean for research and faculty advancement at SPH. “What’s been most disruptive is more insidious, which is that people just don’t know how to move forward because there doesn’t seem to be a lot of rhyme nor reason into what is now going to be fundable by the federal government. People were setting their research agendas based on what was the most important research to be doing to improve health. And now they’re trying to be strategic in other ways based on incomplete information.”

Legal action halted the targeted elimination of grants by research area, but the follow-on effects will likely last for years, McClean says. “That’s probably something that’s shared by a lot of institutions. This level of uncertainty means you can’t really recruit for positions that you don’t know will be sustained by ongoing research or continuing budgets. So that really does just put a freeze on things.”

In some cases, decades of research have been put at risk, McClean says. “It really is unprecedented. None of us have been through this before.”

No matter the outcome of the funding cuts, SPH remains committed to its mission of creating the conditions for a healthier world. Our faculty are leading the way in maternal health, infectious diseases, climate change, substance use, and a host of other critical public health issues.

Here, we highlight just a few examples of how their work has widened knowledge, propelled interventions, and created tangible health benefits for the general public.

ILLUSTRATION BY JON LAVALLEY

No matter the outcome of the funding cuts, SPH remains committed to its mission of creating the conditions for a healthier world. Our faculty are leading the way in maternal health, infectious diseases, climate change, substance use, and a host of other critical public health issues.



Reducing the Global Spread of HIV

The Providence/Boston Center for AIDS Research (Prov/Bos CFAR) is one of 19 NIH-funded Centers for AIDS Research across the country working to reduce the global impact of HIV through multidisciplinary research. Since Boston University and Boston Medical Center joined the collaborative in 2015, Prov/Bos CFAR has awarded more than 50 developmental grants, totaling roughly \$2 million, to investigators and had its findings cited in over 600 peer-reviewed publications. The collaboration has also produced valuable insights on the interactions between substance use disorders and HIV in the US.

“NIH-funded centers like Prov/Bos CFAR are critical for supporting new collaborations, innovative research, and supporting the next generation of scientists. Prov/Bos CFAR has been a very productive and successful collaboration, leveraging the unique strengths of the partnered institutions to create impactful research findings,” says **LAURA WHITE**, adjunct professor of biostatistics at SPH and a long-time member of Prov/Bos CFAR. There remain important challenges for CFAR to address, she says, such as the significant economic costs of treatment and prevention as well as the uneven distribution of infection risk across communities.

“We work to try to determine better strategies to serve underserved populations and alleviate suffering,” says White. “Funding mechanisms like the NIH’s support of Prov/Bos CFAR help encourage the collaboration that fuels innovation, leading to good policy and better use of public resources for our communities.”



Lowering Risks of Extreme Heat Exposure

Ever since she secured her first NIH grant to study the effects of heat on workers in Central America, **MADELEINE SCAMMELL**, professor of environmental health, has dedicated the bulk of her career to advancing our understanding of heat and health. In addition to her ongoing research into the role of heat exposure in the chronic kidney disease epidemic in El Salvador and Nicaragua, she is also a coprincipal investigator on the Chelsea & East Boston Heat (C-HEAT) study, an academic-community partnership between SPH and the grassroots organization GreenRoots that aims to build the community’s capacity to respond to extreme heat events.

“[My] NIH-funded research has not only informed workers and industries about the health risks of working in extreme heat, but it has contributed evidence to support interventions for workers to prevent heat-related illnesses of all kinds, including kidney disease,” says Scammell. “My first NIH grant was pivotal to not only my career, but to the doctoral students I have worked with who are now working in government, with CDC and at OSHA, and academia. Not only that, but I have built a repository of biological samples at [BU’s Chobanian & Avedisian School of Medicine] that is analyzed on an ongoing basis as part of a large consortium of researchers studying this form of chronic kidney disease across Central America and India.”

As a resident of Chelsea, Scammell counts herself among the real people to have benefited from C-HEAT’s work in the neighborhood. The data has been useful to the health department in determining the hottest and coolest area of the city, she says, enabling its leadership to make informed decisions around heat warnings and interventions to protect vulnerable populations.



Predicting Our Ability to Conceive

For more than a decade, researchers for the NIH-funded Pregnancy Study Online (PRESTO) at SPH have examined lifestyle, environmental, and medical factors that may be affecting fertility and pregnancy outcomes and driving a decline in US birth rates. The web-based preconception cohort study is the largest of its kind worldwide, following thousands of individuals ages 21–45 who are trying to conceive.

The researchers have published studies that identify modifiable changes people can make to increase their chances of conceiving and having a successful pregnancy. The online structure of the study enables the team to address pressing public health issues in real time. The benefit proved effective during the COVID-19 pandemic, when vaccine misinformation led some people to become concerned about the safety of COVID vaccines, including whether they affected fertility. The PRESTO team was able to add COVID-related questions to their surveys and publish a study that showed that the COVID vaccine does not cause infertility.

“The funding for this work enabled us to address a critical public health issue with immediate value for people who were trying to conceive or thinking about conceiving,” says **LAUREN WISE**, professor of epidemiology and the principal investigator of PRESTO. “These findings offset fears and misinformation about the COVID-19 vaccine and infertility and encouraged people to make evidence-based decisions about what’s best for their own health and the health of their families. If this type of work is defunded, the US risks slowing innovation and compromising the high-quality research that drives scientific progress.”



Validating the Symptoms of Gulf War Illness

A third of all Gulf War Veterans have been suffering with Gulf War Illness (GWI), a chronic debilitating disorder, for more than 30 years. The symptoms of this illness are largely invisible, ranging from chronic pain and fatigue to respiratory and gastrointestinal issues, memory problems, and chronic headaches.

But veterans of the 1990–1991 Gulf War often felt that their illnesses were not being taken seriously—and over 80 percent of their claims for GWI were still denied until very recently—says **KIMBERLY SULLIVAN**, research associate professor of environmental health. Through funding from the Department of Defense, Sullivan served for nearly 10 years as the principal investigator and director of the former Gulf War Illness Consortium (GWIC), a multi-institutional initiative based at SPH that aimed to identify GWI biomarkers to improve diagnosis and develop targeted treatments for Gulf War veterans. The GWIC is now housed within the Boston Biorepository, Recruitment, and Integrative Network (BBRAIN), a four-site recruitment and 10-site data-mining project that Sullivan launched in 2019, which serves as a repository and critical resource for GWI researchers.

“We now know that GWI was caused by toxic chemicals including sarin nerve gas agents, pesticides, and antinerve gas pills that they were exposed to during the war based on our extensive research in this area,” Sullivan says. “Our research team can now predict which veterans meet GWI criteria, with about 71–90 percent accuracy based on blood, genetic, and brain imaging marker studies.” ●

ILLUSTRATION BY JON LAVAILEY

SPH BY THE NUMBERS



SCHOOL RANKINGS

- 7th Overall
- 9th in Health Policy and Management
- 7th in Epidemiology
- 9th in Social and Behavioral Sciences
- 7th in Biostatistics
- 10th in Environmental Health Sciences

According to U.S. News & World Report

APPLICATION NUMBERS



3,665

Total Applications as of July 2025

STUDENTS



1,487

1,004 On-Campus
483 Online

ALUMNI



12,564

ALUMS LIVING IN

122

COUNTRIES*

*Estimate as of July 2025

MEDIA MENTIONS



5,574

as of July 2025

PEER-REVIEWED PUBLICATIONS



1,862

as of 2024

PUBLIC HEALTH CONVERSATIONS



13,317

People engaged in Public Health Conversations

FACULTY & STAFF

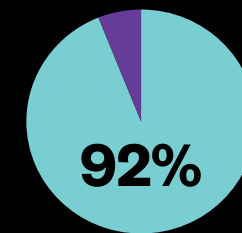
311

FACULTY

228

STAFF

2024 GRADUATE EMPLOYMENT



Employed full time

or pursuing advanced education within 6 months of graduation, 97% within 12 months

RESEARCH FUNDING

\$70.2M

Awarded in 2024

50 Years, One Mission. FOR THE HEALTH OF ALL.

For 50 years, Boston University School of Public Health has pursued groundbreaking research, expanded public health knowledge, and catalyzed new policies to improve health locally and globally.

Revolutionizing Reproductive Health

One of the world's largest online cohort studies on fertility and pregnancy, the Boston University Online Pregnancy Study (PRESTO) has uncovered new links between fertility and environmental and behavioral factors, shaping international guidelines and care.

Transforming Veteran Health

As home to one of the nation's leading research program on Gulf War Illness, the chronic disorder affecting veterans of the 1990-91 conflict, our findings have shaped policy and clinical care standards for veterans nationwide.

Advancing Brain Health

Our researchers have identified over 20 genetic risk factors and early brain changes associated with Alzheimer's disease and led the first-ever US study linking neighborhood noise to increased dementia risk.

Building Healthier Schools

In partnership with Boston Public Schools, we've assessed indoor air quality for more than 54,000 students across 121 schools, which has in turn guided ventilation improvements, and shaped health policies.

Protecting Farm Workers

Working with agricultural workers and community members in Nicaragua and El Salvador, our researchers have uncovered lifesaving links between dehydration, heat stress, and kidney injury.

Confronting the Opioid Crisis

School of Public Health research lends insight into how academic institutions can strengthen and sustain collegiate recovery programs (CRPs), which are emerging as vital pathways for students recovering from substance use disorders and behavioral addictions.



50

1976
2026

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Donate now to be part of our next chapter.

Jonathan Lee (left) and Charlotte Robbins (right), PhD students in the Department of Environmental Health, hang a flyer on a restaurant window to recruit participants for a study of occupational heat exposure.

DEAN AND ROBERT A. KNOX PROFESSOR

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Special thanks to: Mallory Bersi, Meredith Brown, Kelly Culnan, Summer Kaepffel, and Anna McKay


Selected photos courtesy of Boston University School of Public Health.

SPH This Year is produced in partnership with Boston University Marketing & Communications for the alumni and friends of Boston University School of Public Health.


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