Motorcycle noise

When the band Steppenwolf sang of heavy metal thunder in “Born to be Wild,” their classic ode to the freewheeling biker lifestyle, they equated rocking out to the new electric music of their time with the ear-pounding experience of riding a motorcycle.

The notion that loud music can damage hearing is common knowledge, but the noise produced by motorcycles poses similar risk to riders, UF experts caution.

In a pilot test of 33 motorcycles, audiologists at the College of Public Health and Health Professions have found nearly half produced sounds above 100 decibels when throttled up — equivalent in intensity to a loud rock concert or a chainsaw. The ongoing UF effort is the first scientific study aimed at producing quantifiable data on noise levels for motorcyclists.

The National Institute for Occupational Safety and Health cautions that exposure to noise at 100 decibels is safe for only 15 minutes. Permanent hearing loss can occur with prolonged exposure to any noise measuring 85 decibels or above.

“Almost all of the motorcycles we tested reached action-level noise, which in the workplace would require ear protection,” said Joy Colle, one of the study’s researchers in the department of communicative disorders. “The loudest bike we tested measured 119 decibels.

In the UF study, noise levels were tested at riders’ ear levels from stationary motorcycles when idle and throttled up. Further research should include measurement of noise levels when the motorcycles are driven at cruising speeds to account for the effects of wind noise, Colle said.

Although noise-induced hearing loss is permanent, it is entirely preventable, Colle said. Motorcyclists should limit the amount of exposure they have to high-decibel levels, and although motorcycle helmets don’t provide any significant protection against noise, inexpensive foam earplugs, available at drug stores, can reduce sound levels by 20 to 25 decibels.

Riders should pay attention to the warning signs of noise-induced hearing loss: a ringing sound in the ears immediately after exposure, and hearing voices and other sounds as muffled.

“These new data about the sound levels to which motorcyclists are exposed will help audiologists and others who work in hearing conservation advise their clients about healthy choices when it comes to how long to ride and when to wear hearing protection,” said Ted Madison, president of the National Hearing Conservation Association.

Above: Audiology graduate student Andrea Pierce uses a noise dosimeter to measure the loudness of Dano Roller’s motorcycle.
Dr. Robert G. Frank

“Then you should say what you mean,” the March Hare went on.
“I do,” Alice hastily replied; “at least—at least I mean what I say—that’s the same thing, you know.”
“Not the same thing a bit!” said the Hatter. “You might just as well say that ‘I see what I eat’ is the same thing as ‘I eat what I see’!” —Alice in Wonderland

Like Alice, the clinical disciplines in our college have frequently found themselves confused. For years, many argued the interventions practiced by our colleagues were critical and could not be subjected to empirical evaluation. Indeed, it is hard to imagine a man sustaining a spinal cord injury or stroke could be told he has been assigned to the no-treatment “control” group for his rehabilitation program. Consequently, many of the key concepts underpinning rehabilitation and psychological interventions were slow to be tested.

In the late 1990s, the faculty of the College of Public Health and Health Professions developed a vision for the college that considered the challenges facing our disciplines in the marketplace. Many disciplines were experiencing decreased payment for services because it was argued the scientific basis for our interventions was lacking. Recognizing this, the faculty determined the college should become a national leader in the science validating our disciplines, and they set goals to increase our research output.

Looking back some six years later, it is clear we have succeeded to a degree none of us imagined possible. The result of the faculty’s efforts has been a staggering array of research in diverse areas ranging from treatment outcome evaluations to public policy, bioterrorism to cognitive processing of facial asymmetries, and gene transfer to accelerate muscle recovery to enhancing spinal cord recovery and plasticity.

Our faculty’s growth in research funding began during a period of expansion in national research funding by the National Institutes of Health. From 1998 to 2003, Congress increased the NIH’s research budget by 15 percent per year.

The NIH’s budget is now essentially flat, and more than 80 percent of proposals go unfunded. Despite the increased competition, our faculty has continued to obtain new grants, a true testament to the quality of our faculty and the importance of the research questions they are addressing.

The work of Public Health and Health Professions faculty promises to greatly enhance our understanding of why treatments work and which treatments hold promise for future examination. This work demonstrates the importance of setting a vision and having clarity of purpose to go the distance.

Savoring silence
Patient successfully treated for tinnitus enjoys the quiet

S

am Haddad has heard a faint hissing sound in his ears for as long as he can remember.

“Most of the time I didn’t notice the hissing unless I was in a quiet room and really thought about it,” said Haddad, manager of industry relations at John F. Kennedy Space Center and a Titusville resident.

But that changed suddenly one day in September 2002, when the low level hissing noise became a roar.

“The noise in my ears was so loud, I could barely hear voices,” Haddad said. “And outside noises, like an air conditioner, sounded like they were amplified several times. I was literally going crazy.”

Haddad was diagnosed with tinnitus, the perception of sound in one or both ears when no external sound is present. It is often referred to as “ringing in the ears,” although some people may hear hissing, roaring, whistling or chirping sounds.

Haddad’s physicians told him that his condition was not treatable and would worsen over time.

“As the tinnitus got worse, I couldn’t focus on my work or my singing,” said Haddad, who performs locally on the weekends. “It also affected my relationship with my family, and I wasn’t getting more than an hour of sleep a night. I almost wished that I could lose my hearing altogether so it would end the tinnitus.”

Haddad found relief through treatment he received from James Hall III, Ph.D., a clinical professor in the department of communicative disorders at the College of Public Health and Health Professions.

Although the exact causes of tinnitus are unknown, several conditions are suspected of triggering or worsening tinnitus, including noise-induced hearing loss, stress, ear or sinus infections, jaw misalignment, head injury, certain medications and wax build-up in the ear canal.

After months of suffering, Haddad was desperate for a solution. He turned to Hall, chief of audiology at the UF Speech and Hearing Center and an internationally recognized expert on tinnitus treatment.

“At my first meeting with Dr. Hall he predicted that within six months, the hissing noise in my ears would be back to the low level I had before. I thought that was unbelievable, but when the noise was gone after a month, I called Dr. Hall and told him I was a miracle worker!” Hall used a component of tinnitus retraining therapy to treat Haddad’s tinnitus, a technique that helps a person gradually ignore the sound of tinnitus. The method involves extensive counseling on tinnitus’ causes and custom devices to fit in or behind the ear that are given to some patients to help distract them with soft, pleasant sounds.

Cognitive behavioral therapy is another promising management approach for tinnitus, and drug therapy, vitamin therapy, biofeedback, hypnosis and tinnitus maskers have been successful for some patients, although these methods have not been tested by formal research.

“Tinnitus is a good outcome is good with appropriate professional care; that is, the person may get to the point where the tinnitus sounds are usually not noticeable, and the tinnitus does not interfere with daily activities, such as the ability to concentrate or to fall asleep at night,” Hall said.

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Dr. James Hall

Dr. Robert G. Frank

Sam Haddad

PHOTO BY LISA BALTOZER

HEARING IMPROVEMENT PROGRAM

PHOTO BY LAURA K. COX
Teachers of the year

The College of Public Health and Health Professions’ teachers of the year were recognized at the student welcome in September. Here they share the secrets of their success.

Michael Robinson, Ph.D., professor, clinical and health psychology
Teacher/Scholar of the Year 2004

Q: What do you think your students appreciate most about you as a teacher?
A: Relevance of material and methods, accessibility, humor.
Q: What is the funniest event that has ever taken place in your classroom?
A: I decline to answer this to protect my standing in the witness protection program.
Q: What is your teaching philosophy?
A: What is taught should be integrative of all the professional roles to which students aspire. The material then becomes more relevant and more easily assimilated. I also believe that incidental learning, rather than intentional learning, is more efficient and better retained, making mentorship or “on-the-job training” models better than classroom lecture models.
Q: How did you become a good teacher?
A: I’m never satisfied with my teaching performance, so I’m hesitant to state that I am a good teacher. The demands of being a researcher, teacher/mentor, clinician and administrator result in compromises of aspired performance in each of those roles.

Joanne Foss, Ph.D., OTR/L, lecturer and program director, occupational therapy
Teacher of the Year 2004

Q: What do you appreciate most in your students?
A: I appreciate students the most when they share their insights, ideas and learning experiences. Most students are excited about learning, and changing the way they think about things. This type of student energizes me and teaches me, too.
Q: Did you aspire to be a teacher when you were a student?
A: Actually, as a teenager I always said the one career I knew I did NOT want was teaching. Both of my parents were secondary school teachers and I knew that they were underpaid and overworked, and I felt that teaching was not respected in this country. However, all of the career choices I made led me to teaching, and I would not be anywhere else.
Q: Did another teacher influence how you teach?
A: My mother…she always made her students feel respected. She expected them to put forth their best effort and be responsible people, but she knew they would make mistakes and need help with second chances. She was always willing to help them get back on track, and believed they had it in them to be better than in the past.

Bruce Thomason, Ph.D., (right) founding chair of the department of rehabilitation counseling, speaks to schoolchildren circa the late 1950s about disabilities and prosthetic devices.
The department established a faculty and student exchange program with the University of Oxford Course in Clinical Psychology in 1999. Faculty provide lectures, and students attend classes and work in clinic. Participating faculty include Drs. Michael Perri, Ronald Rozensky, Sheila Eyberg and Stephen Boggs from UF and Drs. Paul Kennedy and Susan Llewelyn from Oxford. Two students from each program have also participated.

Oxford is one of oldest and greatest centers of learning in the world. Without a doubt, the exchange of ideas and the opportunity to learn about alternative perspectives represents the major benefit of the exchange.

Michael Perri, Ph.D.
Professor, department of clinical and health psychology
Associate dean for research, PHHP

My Oxford colleagues and I enjoyed pleasant conversation over daily tea breaks, and I was strongly encouraged to balance my career and personal/recreational life. It was striking to me how much emphasis folks in the U.K. place on this balance. It’s evident in media ads for frequent holidays (vacations), in generous allowances for maternity leave, and it’s a lesson this particular “workaholic” carried home with her to stay.

Leanne Cianfrini, Ph.D.
UF postdoctoral fellow and clinical and health psychology internship graduate

The Florida department provides specialist experiences in clinical and health psychology which are not easily available in the U.K., such as involvement with transplant work and some of the neuropsychology work. The opportunity to see the rural program is also fascinating for us, as is the child health work. I suspect a major difference between our cultures is the funding arrangement, since all of our work is funded by the National Health System and all patient care is provided free at the point of delivery, irrespective of ability to pay.

Susan Llewelyn, Ph.D.
Director, Oxford University doctoral program in clinical psychology

This exchange will allow the University of Jordan, the oldest and most prestigious university in Jordan, to establish the first graduate program in clinical psychology in Jordan, and possibly in the Arab Middle East. There are a lot of stressors, familial, economic and political, in this area of the world. All of these stressors create psychological problems that need to be addressed. Clinical and health psychology professionals will be very important in trying to assist the population in coping.

Arwa Aamiry, Ph.D.
Associate professor, University of Jordan

This is a very unusual relationship between universities. It’s a good example of a grass roots relationship between people with a goal and hope of promulgating the UF method of training clinical psychologists as scientists and practitioners throughout the Arab world.

Ronald Rozensky, Ph.D.
Chair, department of clinical and health psychology

The Jordan exchange grew out of a relationship with Arwa Aamiry, Ph.D., a psychology faculty member at the University of Jordan. Trained as an experimental psychologist, Aamiry received a second doctoral degree in clinical psychology from UF and returned to the

University of Jordan faculty Drs. Mohammad Baniyounes, Arwa Aamiry and Fares Hilmi.

UJ faculty. For a population of more than 5 million, Jordan had very few clinical psychologists and no child clinical psychologists, Aamiry explained.

Through a unique collaboration, the department of clinical and health psychology is now partnering with UJ to train a select group of UJ students who, once they finish their graduate education at UF, will return to Jordan as faculty members. Ashraf Al-Qudah and Hadil Faqih are currently enrolled.

This unique collaboration is a good example of a grass roots relationship between people with a goal and hope of promulgating the UF method of training clinical psychologists as scientists and practitioners throughout the Arab world.

Amman, Jordan

Leanne Cianfrini (center) with Oxford students.
A plan for growth

Health services research, management and policy chair leads through period of expansion

Dr. R. Paul Duncan

More than a year after his appointment as chair of the department of health services research, management and policy, R. Paul Duncan, Ph.D., has time to reflect on the growth of the department, which features new programs, additional faculty and a new name.

"The department has grown from a department with four faculty members and heavily invested in a single master’s degree in health administration," said Duncan, a nationally known health insurance researcher. "We now have 15 faculty and four active graduate programs."

The department is also the transitional home of the college’s public health divisions of epidemiology and biostatistics as the programs are developed.

Six years ago, former chair Niccie McKay, Ph.D., Duncan and Dean Robert Frank, Ph.D., set out to develop a plan for the department’s growth.

"We could have just kept chugging along the way we were, but we made the active decision to expand the department’s program offerings, size and comprehensiveness," Duncan explained. "We did this not just to get bigger, but to broaden the research base represented by our faculty and offer a wider range of degree programs."

The culmination of these efforts has been to change the department’s name from health services administration to health services research, management and policy, a name that more closely reflects all the department’s components, Duncan said.

In addition to offering a master’s degree in health administration, the department now features an executive master’s in health administration for working professionals, a Ph.D. in health services research, and participates in the health management and policy track in the master of public health program.

"We really have good, smart students who are well prepared to work," Duncan said. "I’m very proud of the fact that our graduates are making contributions to health-care delivery, and that they retain life-long ties to the program."

The research conducted by the department’s faculty members falls into three areas. The first is access to health care, or how individuals obtain care, such as medical, dental, nursing home care or mental health services. The second is the study of health-care organizations that serve vulnerable populations like low income, uninsured people or members of racial and ethnic minority groups. Rehabilitation studies, with close ties to the Department of Veterans Affairs’ Rehabilitation Outcomes Research Center, round out the department’s research portfolio.

In his own research, Duncan examines access to medical and dental care, especially issues involving health insurance and the uninsured.

"I was attracted to this research because of the simple fairness and justice of health insurance," said Duncan, the Louis C. and Jane Gapenski professor of health services administration. "It is the most important device used in the United States that tries to make the distribution of health care fairer. I think health insurance is a key part of creating a more equitable system, and I value that a great deal."

Duncan leads a research team focused on estimating the number of people without health insurance in particular states and comparing the health insurance experiences of various groups, including those identified by age, race, income, employment, education, location and combinations of these factors.

In recent years, the team has studied uninsured populations in Florida, Indiana and Kansas.

Duncan, who was appointed by Florida Gov. Jeb Bush to the Governor’s Task Force on Access to Affordable Health Insurance, also recently completed a three-year project to study the origin, design, implementation and outcomes of Florida’s Medicaid Provider Service Network, an alternative health-care delivery program for the state’s low-income population. The research estimates that the network saved the state $34 million.

Duncan’s interest in access to health care extends beyond his research to community involvement. He has volunteered time at the Alachua County Organization for Rural Needs (ACORN) Clinic, and served on the Alachua County health-care board. He also participated in the design of CHOICES, a health-care program for the county’s uninsured.

Originally from Canada, Duncan and his wife Margo enjoy taking advantage of Florida’s coastlines by kayaking, scuba diving and snorkeling in their spare time. After a successful career in scientific illustration, Margo currently focuses on painting and stained glass, while continuing her active support of animal welfare organizations such as the Alachua County Humane Society. It is no coincidence that the Duncan family includes six cats, all of them rescued. Their daughter Renee lives in New York and is a flight attendant for American Airlines.
Health-care leader

On the eve of retirement, alumnus looks back on health administration career

When Dyer Michell, master’s degree in health administration, ‘67, began his career in the late 1960s, there were no HMOs or hospital mergers and Medicare was brand new.

Health-care delivery has changed by leaps and bounds since then, and despite a challenging health-care climate, Michell has expertly led Munroe Regional Health System, a non-profit hospital in Ocala, Fla., from status as a small rural hospital to a nationally recognized tertiary care provider.

Michell leaves the organization in excellent shape when he retires in March 2005 after 36 years at Munroe Regional, 28 of them as president and CEO.

“Dyer Michell is one of the program graduates of whom we are especially proud,” said R. Paul Duncan, Ph.D., chair of health services research, management and policy. “Dyer is so well regarded throughout Florida. He is known for having been an effective, steady administrator no matter what changes were taking place in health care.”

Michell has overseen six major building programs at Munroe Regional, bringing the number of beds from 150 when he started in 1968 to 421 today. A second campus at the TimberRidge site in west Marion County now includes a nursing and rehabilitation center, physician offices, radiation oncology and renal dialysis centers, imaging center, and full-service emergency department.

Munroe Regional’s net revenues have grown from $9 million in 1977, following Michell’s first year as CEO, to a projected $280 million in 2004.

The career achievements Michell is most proud of include Munroe Regional’s interventional heart program, which has been awarded Top 100 Cardiovascular Hospital status by Solucient Inc. for more successive years than any other non-teaching hospital; the hospital’s recognition as a Distinguished Hospital by Health Grades for overall clinical excellence; and the creation of a joint ventured, nationally acclaimed indigent care program.

“I have a heart for reaching out to make sure everyone in the community gets the care they need,” Michell said.

While it has been rewarding to ensure that people with low incomes receive care, it has also been one of the most difficult aspects of his career.

“In every community folks have divergent opinions about what kind of health care should be available, who should get what and how it should be paid for,” Michell said. “Those issues were broadly debated in the community, and I’m happy to say the great majority came behind the institution to say they believe in our mission.”

That kind of community and hospital board support has contributed to Michell staying in his position for so many years, a rarity in the health-care administration field.

“I fell in love with the community and the mission and vision of the hospital,” Michell said.

“And with the continued support of the board and staff, how could I leave? I’ve been blessed that things have come together, allowing me to stay and foster growth at Munroe Regional.”

Giving back

Distance learning education company CEO to assist in fundraising efforts

UF graduate Dan Devine might not be an alumnus of the College of Public Health and Health Professions, but he can be counted among the college’s closest friends and supporters.

As co-founder and CEO of Compass Knowledge Group, a distance learning service provider, Devine was instrumental in launching the college’s distance Doctor of Audiology program. A longtime member of the college’s advisory board, Devine was recently tapped to serve as the board’s chair of major gifts.

A 1985 graduate of UF’s electrical engineering program, Devine had his sights set on owning his own business even as a youngster. His father was self-employed, and Devine admired the way that his father was in control of his professional future.

In the mid-1990s Devine acquired part of Intelicus, a company offering a distance education program in life care planning through a partnership with the college’s department of rehabilitation counseling.

With that introduction, Devine developed relationships with Horace Sawyer, Ed.D., chair of rehabilitation counseling, Robert Frank, Ph.D., dean of the college, and John Lombardi, former president of UF. The partnership evolved into Intelicus working with UF to launch a working professional Doctor of Pharmacy with the College of Pharmacy and the Doctor of Audiology.

UF provides the curriculum for the distance education programs, and Devine’s company handles the marketing, recruiting, student support and logistics of running a distance program.

Beginning in 1999, through a newly formed parent company to Intelicus, Compass Knowledge Group, Devine’s team expanded their business to include higher education institutions like the University of Cincinnati, Mountain State University, Florida Hospital College of Health Sciences and Fisher College. Compass Knowledge partners with these institutions on bachelor’s and master’s degrees in disciplines such as criminal justice, educational administration, nursing, radiological sciences and clinical laboratory science.

But Devine admits that UF is the university that has a special place in his heart.

“My parents always gave back to the community, so community involvement was instilled in me at a young age,” Devine said. “I have great respect for the vision and work of Dean Frank and Dean William Riffee of the College of Pharmacy. I naturally like to support people doing great things, and I have always had an affinity for UF.”

In his new role as chair of the college advisory board’s Major Gifts committee, Devine hopes to use his corporate knowledge and innovative ideas for raising funds to help the College of Public Health and Health Professions continue its research, education and service activities with the support of private gifts.

“My hope is that I can help to cast a vision for raising major gifts, develop a 10-year plan for fulfilling that mission, and strategize present and potential donors,” Devine said. “I like the mission and forward movement of the college, and I would like to see the college’s efforts succeed.”
Alumni Reunion

By the numbers

250 Alumni and guests attended this year’s reunion, a new record!
2 Shuttle buses ferried attendees to Florida Field for the UF-LSU game
2,120 Miles traveled by alumni who came the farthest to attend (from Dubois, WY)
90,377 Football fans in the stands
5 Months spent planning the reunion by development and alumni staff
50 Yard line tickets were available to reunion attendees
10 Tackles and 2 sacks made by sophomore linebacker Channing Crowder during the game

To view more reunion photos, visit www.phhp.ufl.edu/alumni

WHAT’S NEW

Share your news with classmates!
Submissions will be published in the Alumni Updates section of a future issue of PHHP News

NAME (INCLUDING MAIDEN)

MAJOR/YEAR

PHONE

HOME ADDRESS (CITY, STATE, ZIP)

E-MAIL ADDRESS

CURRENT POSITION

NEWS TO SHARE

Ginny Cruz, physical therapy ’83, has received board certification as a clinical specialist in pediatric physical therapy. She works at Pearl Nelson Child Development Center in Pensacola, Fla.

Sam Engle, rehabilitation counseling ’96, is the director of the Kenneth Cole Fellowship in Community Building and Social Change at Emory University in Atlanta, the only one of its kind in the United States. Students learn about advancing positive change and achieving equity with respect to housing, health, civil liberties and environmental justice. She also serves as the program chair for Leadership Atlanta, a civic leadership development program.

Tiffany Galvin, occupational therapy ’03, recently moved to Jackson, Tenn., after graduation and works at Jackson-Madison County General Hospital in stroke inpatient rehabilitation and acute care. “I am one of the few Gators in Tennessee since this is Vol country,” she said. “Don’t worry, I am keeping the orange and blue alive in Tennessee.”

Betsy McKenzie, occupational therapy ’01, gave birth to a daughter, Avery, in March 2004. She is now working in home health and enjoys the new challenge. She wrote, “It is wonderful to work in a profession that allows you to have a family and your career at the same time.”

Rhona Gorsky Reiss, Ph.D., occupational therapy ’75, is the director of research and development at Spectrum Center Inc. in Bethesda, Md. She is interested in collaborating with UF faculty, students and alumni on research projects related to sensory processing and Tomatis Listening Therapy.

Todd Sullivan, physical therapy ’97, has achieved board certification as a specialist in pediatric physical therapy. He works at Blake Medical Center in Bradenton, Fla.

Brian Unell, master’s in health administration ’00, was promoted from senior consultant to manager in Capgemini’s health-care consulting practice in July 2004. He lives in Atlanta.

IN MEMORIAM

Henrietta Goldstein, medical technology ’72, lost her battle with cancer on June 26, surrounded by friends and family at home. She was 54. An avid Gator fan who attended almost every home game, she was the wife of college advisory board member Bob Goldstein, physical therapy ’72, and mother of UF graduates Tracey Walding, physical therapy ’03, and Brian Goldstein.