Stepping it up
Exploring the link between running shoes and injury

ALSO IN THIS ISSUE:

ON TRACK
College builds momentum with new strategic plan
Better. Together.

I’m excited to begin this new academic year, and I’m especially pleased to do so with a strategy that charts a compelling future.

After more than a year and countless meetings across the college, university and community, the framework for our strategic plan for the next five years is now defined.

And the work to implement the plan begins.

Working together is at the heart of our work, our plan and our path forward. We are committed to collaborative work with our colleagues across OSU for an integrated health sciences initiative. This initiative advances the emerging university-wide strategic priorities to promote healthy humans, a healthy environment, a healthy economy and healthy cultures. This means nurturing new relationships with campus and external partners, working collaboratively with communities and continuing to integrate our Extension and on-campus faculty.

The OSU Center for Health Innovation (OCHI) will be front and center in building these connections between college faculty and university and outside partners. The center will have a new director this fall, Allison Myers, the first full-time person to hold the position. You can read more about her on page 4.

An important initiative for OCHI and for the college as a whole is contributing to solutions that address the mental health crisis affecting communities in Oregon and nationally. Be sure to check out pages 12–14 to learn about our youth and family mental health initiative and broader, emerging plans for increased resources to tackle the upstream determinants of mental health in rural and urban communities in the state. Also read valuable insights from Vivek H. Murthy, the 19th U.S. Surgeon General, who powerfully spoke about mental health and well-being with the college and supporters at a 2018 lecture in Portland.

INTERCONNECTEDNESS. INTEGRATION. SYNERGY.

These words aren’t new, but I am confident they will take on new life as we write the college’s next chapter and champion health and well-being in powerful new ways.

F. Javier Nieto, MD, PhD, MPH
Dean
College of Public Health and Human Sciences
Oregon State University
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In conjunction with National Nutrition Month and National Eating Disorder Awareness Week, the Nutrition and Dietetics Club hosted a fashion show featuring models wearing headdresses created from fruits and vegetables.

Their message:

“Being healthy isn’t about reaching the finish line or having a specific body. It’s a behavior that you can incorporate no matter how much you weigh.”

– Tyler Chase
Club president and senior majoring in Nutrition
A competitive national search this spring tapped Allison Myers, PhD, MPH, to lead the Oregon State University Center for Health Innovation (OCHI).

“Allison emerged at the top of our well-qualified pool of finalists, and I couldn’t be more excited,” says CPHHS Dean F. Javier Nieto. “I appreciate the support from our longtime partner, PacificSource Health Plans, in making this happen. The center’s role in developing innovative health solutions, coupled with OSU’s unique set of capabilities, means we have the opportunity to make a significant impact in health here in Oregon and worldwide. Dr. Myers is the perfect person for the future of this important endeavor.”

Allison most recently served as the Robert Wood Johnson Foundation Health Policy Fellow for U.S. Senator Sheldon Whitehouse (D-RI). She is also co-founder and executive director of Counter Tools Inc., a nonprofit dedicated to advancing place-based public health that she launched in 2012 in the Gillings School of Global Public Health at The University of North Carolina at Chapel Hill (UNC). Counter Tools contributes data collection and visualization technology, training and technical assistance to retail-focused tobacco prevention policy efforts in 18 states.

She had plans to return to North Carolina after her fellowship — until she learned about OCHI.

“Never before in my life had I seen a job announcement asking specifically for someone like me — with combined experience in public health research and entrepreneurship,” she says. “All of my professional...
National health innovation leader takes the helm of OSU Center for Health Innovation

BY KATHRYN STROPPEL

career, I have talked about myself as a ‘boundary spanner’ between industry, academics, government and community, and here was an opportunity to do just those things to meet the mission of a land grant university. I couldn’t believe it.”

Allison says the center is a thoughtful, brave idea that will live up to its potential of breaking new ground and collaborating to solve pressing public health problems.

“I see OCHI as an incubator — a kind of laboratory for new partnerships and projects. We’re also a connecting point for business, government, community and academics. I want partners who have been labeled ‘non-traditional’ in public health to find a role here. “My job is comparable to an orchestra conductor — but one who needs to see into the future and tap into the great minds in our broad community.”

She has substantial goals in mind for the center. “By Summer 2019, I’d like to have a few budding projects. Big buckets of effort could mirror the strengths of campus and pressing issues in Oregon and around the world: mental and behavioral health for families and communities, social enterprise and economic development, climate change and public health preparedness, improving value in our health care system, building community resilience and preventing chronic disease.”

Allison, who earned her MPH and PhD in health behavior from the Gillings School of Global Public Health at UNC, will begin her responsibilities at OSU in September 2018.

Want to learn more about Allison? Read a question-and-answer interview with her at health.oregonstate.edu/ochi/myers.
As a young adult, Michelle Meierotto, ’02, wished she had a strong professional female role model. When the college introduced its CATALYST Mentoring Program, she jumped on the opportunity.

“I’m 42 years old and I feel like my generation was the last generation of predominantly stay-at-home moms,” the public health alumna says. “I didn’t have a lot of influence of strong professional women in my life.”

She means this as no disservice to her mom, but believes this background contributed to a steep learning curve. “Getting into the working world was more of a struggle for me,” Michelle says. “My focus is to be a professional female role model to another female.”

Michelle currently works for Housecall Providers as a community liaison. Her mentee, Carly Watkins, is a sophomore majoring in Public Health and is pursuing both Health Management and Policy, and Health Promotion and Health Behavior degree options.

To Michelle’s surprise, her mentee doesn’t have the same need for a female role model as she did at her age.

“My mentee is a go-getter and has done more than I have,” Michelle says. “I’ve learned this generation has grown up with more examples of two working parents.”

Regardless, Michelle still believes it’s important to be an example of a strong professional female.

“The only way we can remain professional is to share our information,” she says. “We can bring up the whole profession by sharing. It helps us all in the long run.”

In her position, Michelle loves developing one-on-one relationships and educating people about palliative and hospice care. These traits also make her an influential mentor.

Every month, Michelle and Carly jump on the phone to discuss what Carly is learning in class or a topic they’ve previously chosen.

Carly says she has learned more about health care in Oregon — and about different career opportunities within the public health field. She finds their meetings fulfilling and encourages fellow students to apply to the mentorship program.
Since 1984, Team Oregon’s mission has been to keep motorcyclists safe. Rider safety data, combined with first-hand accounts, prove its mission is being fulfilled.

The statewide motorcycle rider training program, housed in the college, provides basic training courses approved for Oregon’s mandatory training requirement and advanced courses for experienced riders.

Motorcyclists encounter situations that require split-second decisions. Training provides riders with skills to navigate hazards, such as the need to suddenly change path of travel, entering a curve too fast or encountering a distracted driver.

“One quarter of all vehicular crashes in Oregon involving fatalities and serious injuries are tied to motorcycling, making it the most pernicious mode of transportation,” says Team Oregon Director Aria Minu-Sepehr. “What is often overlooked is the impact these crashes have on survivors. Families suffer life-altering changes. Communities are torn apart. Economically, the burden spreads through employers, first responders, law enforcement, insurance companies, emergency rooms and the public at large.”

To further address rider health, Team Oregon plans to broaden its training options — specifically in the area of cognitive training.

Some of the drills we did are life-saving maneuvers. I remember coming around a corner and seeing a deer that had just bounced off my friend’s bike. I think Team Oregon was the reason I did the right thing.” – CJ Strauss
Finding the ideal
Researcher evaluates maximal running shoes and risk for injury

BY HANNA KNOWLES

Christine Pollard has made it her mission to better understand how to help runners prevent injury and find their ideal running shoe.

“While there are many factors that lead to injury, one of them is footwear,” the associate professor says. “Really understanding how footwear influences biomechanics is critical because it’s a tool we can use to actually help prevent injury.”

Christine’s fascination with footwear biomechanics began with her doctoral studies and has been renewed with dramatic changes in running shoes in the last 10 years.

“In traditional running shoes there is typically more cushioning under the heel than under the toe,” Christine says. “In minimal shoes, there is nearly no cushioning, and with maximal shoes the cushioning is spread evenly across the shoe.”

While maximal running shoes have been on the market since 2009, only recently have they gained traction.

“The minimal shoes really took off — and then they got less popular as people got more injuries. People were running in these shoes as if they still had cushioning, and this caused a lot of injuries.”

Christine says around 2014 there was a decline in minimal shoe sales and use, and an increased interest in maximal shoes. With their rise in popularity, Christine started asking questions.
Her study, published in The Orthopedic Journal of Sports Medicine in June, is the first research publication to evaluate maximal running shoes.

Christine and JJ Hannigan, a post-doctoral researcher, enlisted 15 runners from central Oregon to participate in the study conducted at OSU–Cascades’ Functional Orthopedic Research Center of Excellence (FORCE) Lab.

To evaluate the difference between the Hoka One One, the first maximal shoe to market, and traditional shoes, each runner ran a 5K in new Hoka Bondi 4 shoes and in traditional shoes a few days later. None of the runners had previously run in a Hoka shoe.

“We thought if you put more cushioning under their foot, we’d see lower impact peak and lower loading rate, but in fact what we found was the opposite,” Christine says. “The impact peak was higher and the loading rate was higher. So, the two things associated with an increased risk of injury went up when they ran in the Hoka shoes.”

The researchers now want to determine if runners strike harder because of the extra cushioning or if the results were related to more cushioning. These questions are leading them into their next study.

Read the full story and see a video of Christine in action at synergies.oregonstate.edu/2018/running-shoe.
In creating the plan, we learned much about ourselves — how our strengths in human sciences are foundational to our public health approach, how our translation of knowledge into practice must be grounded in strong community partnerships, and the importance of rooting our work in equity, inclusion and social justice. That work is strengthened by being part of the state’s premiere public research university, which creates an environment rich for discovery, education and new collaboration.

OSU’s Strategic Plan 4.0 is visionary and bold, providing the framework for the college to advance an integrated health sciences initiative that links expertise and research across OSU and its partners. We welcome these partnerships for discovering new ways to prevent disease and increase well-being, and for studying the process of implementation and translation of this knowledge into practice.

Of course, a plan is not just paper, but also the people who bring it to life. It will take all of us to make that happen — here at Oregon State and with community leaders, organizations and business partners as we explore new ways to make our work impactful to all those we serve.

Stay up to date on developments at health.oregonstate.edu/strategic-plan.
OVERARCHING GOAL:
Champion the discovery and implementation of ideas that advance the lifelong wellness of people and communities as part of OSU’s integrated health sciences initiative.

GOAL 1
LEAD INTEGRATED HEALTH SCIENCES RESEARCH TO IMPROVE THE HEALTH OF INDIVIDUALS, FAMILIES AND COMMUNITIES.
- Leverage and invest in health sciences research to identify problems and discover innovative solutions that improve human health and well-being across the lifespan.
- Expand research capacity to provide solutions for emerging health priorities such as mental and behavioral health.
- Integrate basic and community-engaged research through translation, implementation science and program evaluation.

GOAL 2
GRADUATE PUBLIC HEALTH AND HUMAN SCIENCE PROFESSIONALS PREPARED TO MEET THE COMPLEX HEALTH CHALLENGES OF THE 21ST CENTURY.
- Ensure career readiness for all students by engaging future employers — such as business, academic, community and government partners — in curriculum development and experiential learning opportunities.
- Develop academic programs that align career goals of potential students with workforce needs — including collaborative degrees with other colleges and universities, non-traditional curricula and multiple delivery formats.
- Increase the number and diversity of students we recruit, retain and graduate.

GOAL 3
ENHANCE PROGRAMS AND PARTNERSHIPS THAT FOSTER COMMUNITY ENGAGEMENT AND POSITIVELY IMPACT COMMUNITIES.
- Increase community impact through expanded cross-college, cross-institutional and cross-sectoral partnerships with OSU partners, business, industry, government agencies and community organizations.
- Work collaboratively with communities to help them reach their goals by providing scientific and technical expertise in support of priority setting, program implementation and program evaluation.
- Continue to increase the integration of Extension and on-campus programs and faculty to increase our impact.

ENABLING GOAL
CREATE A SUPPORTIVE WORK CLIMATE AND A CULTURE OF HEALTH THAT PROMOTES EQUITY, INCLUSION AND SOCIAL JUSTICE.
- Enhance efforts and resources to increase visibility of the college both in and outside of Oregon State University.
- Improve administrative processes to increase efficiency and support.
- Foster a participative, collaborative and supportive work climate.
- Increase the academic recognition of community and policy-based work as part of the promotion and tenure process.
- Promote equity, inclusion and social justice in all programs and partnerships.
MENTAL HEALTH
COLLEGE LAUNCHES INITIATIVE TO TAKE ON OREGON'S MENTAL HEALTH CRISIS

MENTAL HEALTH AWARENESS IS PART OF A NATIONAL CONVERSATION THAT'S ALSO VERY MUCH A LOCAL ONE.

Oregon is in crisis, ranking 44 out of 50 states in mental health in 2017. Nationwide, one in two people will experience a mental health crisis at some point in their lifetime, and one in five will be diagnosed with a mental health concern. Of those diagnosed, less than half will get needed help. Children and youth are particularly vulnerable; 50 percent of all lifetime cases of mental illness begin by age 14; 75 percent develop by age 24.

To respond to this challenge, the college proposes using a public health approach that comprises community engagement, research, community-based implementation and data monitoring. This involves engaging partners in conversations to develop and implement coordinated strategies, which includes working with the university, counties and communities, government agencies, health care organizations and providers, and the OSU Extension Service to create conditions that promote better mental health.

“Extension is uniquely positioned to help communities solve local problems,” says CPHHS Dean F. Javier Nieto. “This campus and county network serves as a ready platform for leveraging a community-based campaign to improve mental and behavioral health across the state.

“For instance, Extension Family and Community Health and the 4-H program are well integrated into communities promoting healthy lifestyles, particularly improving nutrition and physical activities, and positive youth development.

“Additionally, the Oregon Parenting Education Collaborative, through its parenting hubs, delivers high-quality parenting education programs across the state and collaborates to strengthen regional parenting education systems.” The college is also seeking resources to hire additional faculty and staff, for research and for practice, who specialize in mental health and community engagement. This network of academic faculty and new community mental health innovators will partner with communities to develop local solutions for their mental health needs. They will help conduct needs and resource assessments; connect business and mental health organizations; and conduct training, including parent education and mental health management. They also may help communities develop resources such as family programs or centers to increase social connections and reduce isolation and loneliness.

Ultimately, the college strives to:

• Engage strategically with other groups to increase coordination.
• Increase community capacity to support families and respond to emerging mental and behavioral health issues.
• Increase parental and youth resiliency and reduce stress through knowledge.
• Decrease the number of poor mental and physical health outcomes.
• Increase knowledge about what works in different communities to promote better mental health outcomes.

Better mental health is possible.

Learn more about the college’s mental health initiative, as well as the state of mental health on campus, including suicide prevention efforts and mental health first aid training, at health.oregonstate.edu/mental-health.
The head & heart of well-being

BY KATHRYN STROPPLE

On his first visit to Oregon, Vivek H. Murthy, MD, described his unplanned and circuitous path toward his career as a physician and the nation’s 19th Surgeon General. His greatest influence was his parents, and it was one moment in particular that set the course for his life’s work.

Imagine you’re a child, it’s the middle of the night, you’re in Miami, and your mother wakes you up, puts you in the car and drives to a trailer park where she explains your father’s patient died of cancer and they’re worried his widow is grieving alone.

“That captured so much of my own experience and parents’ experience,” he says. “They came to this country not knowing what to expect but hoping there would be a community that would embrace us and offer opportunities for my sister and me. Hoping that this would be a country where we wouldn’t be judged because we had funny sounding names or dark skin, but by our ability to contribute ... our willingness to work hard and reach out and embrace others. I saw in my mother’s embrace that community. I saw a vision and a model of medicine that went beyond a job ... more of a calling and sense of community. That’s what inspired me to go into medicine and continues to be my guiding light of what I want to contribute to the world.”

Fast forward to July 10, 2013, his birthday, and a call from Washington, D.C., that would take his career as a physician one big step forward. He would be the nation’s 19th Surgeon General.

“I have loved our country for as long as I can remember for its incredible opportunities. But it was like loving a family you haven’t entirely met,” he says. “Going to visit communities across the country and seeing this extraordinary sense of kindness, decency and warmth from fishing villages in Alaska to small towns in Missouri, it was the experience of falling in love with America all over again. I feel so grateful for that opportunity and to contribute to the public health of this country.”

And what did he learn in talking with so many Americans? People are hurting.

“The college is doing incredible work to help improve the lives of people in Oregon. Thank you. In times of hardship, it’s easy to step back and say it’s too hard. Do what’s right, despite it being hard.”

Vivek H. Murthy

Continues >>
WHAT’S THE PROBLEM?
On his listening tour, he would ask, “What’s on your mind? What burdens you most?” What he heard formed a consistent theme: addiction, substance abuse, mental health.

“Emotional well-being is at the root of all we do,” he says. “It drives so much of what we care about when it comes to health, but we have very little discussion about it and very little knowledge about how to promote it, much less see a reflection of that in our programs and policies. When you delve even further, the impact goes far beyond health. When you look at our schools, educational outcomes are tied to chronic stress and emotional well-being. Productivity in the workplace is also very much connected to chronic stress and the degrees of loneliness people are experiencing.”

Part of the problem is stigma. “Addressing stigma might seem minor,” he says. “It’s not. It’s the barrier that blocks everything else. If there are legislators who don’t believe that addiction is a real disease, then they’re not going to fund addiction programs and treatments. If there are communities that see it as a moral failing or bad character, then they’re going to oppose treatment centers in their neighborhoods.”

Doctors and nurses, he says, often still look at addiction as the patient’s fault. “I asked, ‘How are you treating your diabetes patients? Are you shaming them for not doing better in terms of lifestyle interventions or are you allowing them to have their medications?’ It’s an absurd dichotomy we have between addiction and other chronic illness.”

Another problem, he says, is fear that mental health is seen as “being frivolous, fluffy stuff and not serious stuff.” In contrast, “of all the issues I talked about as surgeon general, there was no issue that resonated more with people than emotional well-being. People are dealing with this personally and know something is not quite right. They may not know how to fix it or what to call it, but they know.”

To read the full story and see a video of Dr. Murthy’s address, visit health.oregonstate.edu/mental-health/murthy.

Dr. Murthy says there are three main areas to address to create change.

1. THE FIRST IS INDIVIDUAL, which includes equipping people with tools needed to be emotionally resilient and encouraging social connection, exercise and also sleep. “Exercise can have a positive effect on your mood that can be as powerful as some antidepressants. Sleep, too, often gets dismissed. It’s not a luxury.”

2. THE SECOND IS POLICY. Changes are needed to address structural factors and bolster programs that support emotional well-being, he says. Not only can it save money, but doing so can also help improve grades, reduce alcohol abuse and unwanted pregnancy and more.

3. THE THIRD IS CULTURAL. It’s also the hardest. “We have to change how we see emotions as a society. Most think they’re a source of weakness, not power. That’s the challenge. Elite athletes know the difference between being good and great is not how much time you spend in the weight room, it’s how you combine your head and your heart and channel your emotions into something productive and positive.”

It may sound onerous, but there’s hope. “We can start making change on these levels person by person, institution by institution,” he says. “As you think about your own work in the world, it is the words you choose to use, it is how you choose to treat other people, it is a culture that you support and choose to build, it is the programs, policies and politicians you choose to support based on the values they exhibit. Those are the levers you have to affect our culture and to create a culture that embraces and understands emotional well-being.”
ON JUNE 16, EIGHT GRADUATING STUDENTS WERE THE FIRST TO RECEIVE A MASTER OF ATHLETIC TRAINING DEGREE FROM THE COLLEGE OF PUBLIC HEALTH AND HUMAN SCIENCES. All of the graduates have passed the national certification exam required to become a certified athletic trainer.

Although the accredited undergraduate Athletic Training program has been around for more than 40 years, in the summer of 2016 it transitioned to a professional master’s program. By the following summer, the program was accredited by the Commission on Accreditation of Athletic Training Education (CAATE).

“We did not purposely aim to be one of the first programs to shift to the master’s degree model, but we did recognize early on that the educational direction of the profession was changing and that we needed to adapt,” says Kim Hannigan, PhD, ATC, athletic training program director.

To date, the Oregon State program is the only public institution with a professional master’s program in athletic training in the state.

To complement classroom instruction, each student is paired with a preceptor. Mackenzie Marques, graduating student and certified athletic trainer, was paired with OSU Associate Athletic Trainer Deb Graff and worked with Oregon State gymnastics and men’s golf. Mackenzie has secured a two-year internship with the Buffalo Bills football team.

“I could not have imagined a better experience to prepare me for my next steps,” Mackenzie says. “Deb is an inspiring athletic trainer and provided me the best experience as an athletic training student.”

Clinical Education Coordinator Sam Johnson, PhD, ATC, says the long-term relationships with clinical preceptors is part of what sets the program apart. Faculty and preceptors gather to carefully assign students to clinical preceptors and discuss each student’s needs, where they need to be challenged and which preceptor would be a good fit.

OSU Athletics is just one clinical location. Other sites include Western Oregon University and local high schools, including Corvallis High School, Crescent Valley High School, Philomath High School, West Albany High School and Central High School.

Mackenzie expressed overwhelming gratitude for the program. “I have not only become a better health care professional, but also a better individual,” Mackenzie says. “From program faculty, athletic training preceptors and my classmates to the health care professionals and student athletes I encountered along the way, they all made my experience extremely valuable.”

Read the full story at synergies.oregonstate.edu/2018/osu-at-program.
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Check out our MPH online degree at health.oregonstate.edu/online-mph.