As a medical student at UCSF, Blum interned at San Francisco General Hospital, where he came into contact with a large number of impoverished patients. "Much of what we saw was unnecessary illness and could have been prevented," says Blum in an oral history published by the Bancroft Library in 1999. Appalled by the lack of regard for poor patients, Blum felt an affinity for the public health approach to care. "It fit in with my notions of how things ought to be done—that we ought to get there sooner, and it shouldn't be dependent upon whether people have the money to pay for it." After serving in the U.S. Public Health Service during World War II, Blum completed his medical residency at Stanford University. Ultimately, he says, he "succumbed to the lure" of public health and enrolled at the Harvard School of Public Health, where he earned his M.P.H.

In 1955, Blum began a 17-year tenure as the health officer of Contra Costa County, California, during which time he introduced many groundbreaking health measures to the county. His achievements included a highly visible tuberculosis testing campaign, hard-line enforcement of food industry health codes, co-authoring the Bay Area Pollution Control Act, and ensuring the availability of safe birth control methods.

Today’s public health students, professionals, and policymakers take for granted that responsible and effective health planning requires a thorough knowledge of the many environmental, social, cultural, economic, and educational forces that shape communities. Blum’s innovative ideas have produced generations of public health planners that are better able to negotiate the ever-changing, complex public health landscape.

Karen Lutfey was excited to discover the field of medical sociology as an undergraduate majoring in sociology/anthropology. “I found a dynamic and complex set of issues that were intellectually challenging and dealt with socially important problems,” she says. Lutfey, an assistant professor in sociology at the University of Minnesota, received both her M.A. and Ph.D. from Indiana University. In addition to medical sociology, her primary areas of research include social psychology and socio-linguistics.

Lutfey says she appreciates the fact that the Robert Wood Johnson program is interdisciplinary, “yet there is the expectation that you don’t abandon your own disciplinary training.” Currently she is considering the implications of changes in health care systems for providers, patients, and their collaborative management of long-term medical treatment. She is especially interested in the social implications for people living with chronic illness.

“I’m also concerned with patient adherence,” she says. “It is a lynchpin in health services research. A $64,000 question is: Why don’t patients do what their doctors tell them to do?” Lutfey is looking at the ways in which doctors assess adherence, including how they communicate with their patients, and how organizational features, such as continuity of care, play a role. “There are important factors within the medical system that influence assessments of patients and influence treatment decisions,” she says. “Looking strictly to patient behavior may be overlooking or under-appreciating things going on in the system.”

–Michael S. Broder