After Success With Tobacco, New Initiatives for Healthy CUNY:
Contraception, Alcohol Abuse, Mental Health

HIV: Exploring the Best Approach to Treatment
NIH funds research grant for a partnership between SPH and city’s Department of Health
Fulfilling Our Mission

EVER BEFORE has public health taken a more prominent presence in our national debate. The urgency of dealing with emerging health problems of epidemic proportions, including obesity, cancer and violence, has been intensified by the need to ensure access to health care for tens of millions of Americans. All this while we continue to debate the public health challenges presented by climate change and a global need for sustainable development.

Against this backdrop, the CUNY School of Public Health stands committed to carrying out its mission of innovative teaching, research and service to create and sustain a healthier New York City and to promote equitable, efficient, evidence-based solutions to serious urban health problems around the world.

We fulfill our mission by bringing together the best minds in public health and engaging our community of learners in the most vibrant academic environment. Employing the resources of The City University of New York, the nation’s largest and most diverse urban university, CUNY SPH seeks to create new models of public health education. The school was established as a consortium, including multiple campuses: Hunter College, Lehman College, Brooklyn College and the CUNY Graduate Center.

The school brings accessible and quality programs to students across the five boroughs of our city, offering degrees at the undergraduate and graduate levels including Bachelor of Science (B.S.), Master in Public Health (MPH), Master of Science (M.S.) and Doctor of Public Health (DPh). Through a dynamic blend of teaching, research, community engagement and service, we offer our students and faculty the best opportunity to make a difference.

During its first decade, the school will focus on fulfilling several broad, interrelated goals that reflect major current health challenges.

- Creating a strong public health focus at CUNY
- Fostering the development of healthier cities
- Promoting healthy aging through the lifespan
- Preventing chronic diseases and improving their management
- Promoting health equity

And we’re continuing to grow. Earlier this year, the CUNY Board of Trustees unanimously adopted a resolution, “The CUNY School of Public Health — Lease Agreement,” supporting the growth of the School of Public Health. (In the coming months, I’ll be providing more information about this effort.)

With renewed energy across all our consortial campuses, we are moving forward to achieve the level of excellence we are committed to achieve. We have received approvals for 13 new hires, including administrative positions and faculty who will be located at a state-of-the-art facility on 125th Street in the heart of Harlem. We will continue to offer the highest quality and most affordable public health educational programs in the city at all the consortial campuses and grow them even more, exploring new and cutting-edge disciplines of learning.

We are in the early phases of launching three new initiatives: an MPH degree program in criminal justice and public health in collaboration with John Jay College and MPH program in managing primary care in collaboration with Baruch College. We are also exploring new models for Global Health Education and Research that look outward to the world and inward to the culturally and ethnically diverse populations from across the globe who have chosen to start a new life in our city.

Our research success continues to grow. The caliber of our projects is making its mark in the field, and a new endeavor to create a division in Public Health Practice, under the guidance and leadership of professor Nick Freudenberg, represents concrete evidence that practice is an essential component of who we are — and what we represent.

My priority as dean is to help create a nurturing environment for young faculty, as well as create incentives for interdisciplinary thinking and productivity among the more senior and established researchers. School of Public Health faculty will benefit from two new grant mechanisms funded by the Dean’s Office to support mentorship grants for young faculty, and collaborative cross-disciplinary and cross-campus collaborations among all SPH faculty.

Students, of course, are at the heart of our mission. They are our alumni of the future, who will represent us among the public health workforce.

The school started a new tradition of supporting students who have submitted abstracts to the American Public Health Association for oral presentations, and I hope such incentives will encourage even more students to participate next year. I would like to focus on enriching our undergraduates — major in public health, integrating our core curriculum at the MPH level, and providing the needed support for our doctoral students to excel in their dissertation efforts.

Here, then, are some of the innovative efforts we’re incubating at the CUNY School of Public Health:

- Come dream with us, help us grow and make a difference. Here, then, are some of the innovative efforts we’re incubating at the CUNY School of Public Health.
- As a public institution in New York City, the CUNY School of Public Health must stand out from many sectors of the city.
- Students, of course, are at the heart of our mission. They are our alumni of the future, who will represent us among the public health workforce.

Dr. Ayman El-Mohandes
How can public health researchers and policymakers work together to promote evidence-based policy change? The relationship between scientific evidence and political power is complex and requires a deeper analysis. This article highlights the relative roles of evidence and power in improving population health.

**Facility News, Research & Awards**

**RESEARCH & PUBLICATIONS**

**LINKING TESTOSTERONE AND CARDIOVASCULAR RISK**

**A TEAM OF RESEARCHERS from the CUNY School of Public Health, led by Professor Mary C. Schooling, has been studying the correlation of testosterone levels and cardiovascular disease. Testosterone in men declines with age and ill health, so low testosterone levels tend to correlate with cardiovascular disease risk factors. Evidently, that while testosterone replacement is increasingly promoted to older men, the safety of testosterone replacement has never been assessed in a large trial.** (Currently, the FDA is investigating the safety of testosterone.) Using an innovative study design—a separate-sample Mendelian randomization study, Schooling’s study last year did not corroborate any observed protective effects of testosterone on cardiovascular disease risk factors or risk of cardiovascular disease. Instead, the research confirmed that testosterone lowered HDL-cholesterol and suggested that testosterone raises LDL-cholesterol. The researchers concluded that testosterone replacement should be used cautiously, considering the potential detrimental effect on LDL— as well as on HDL—cholesterol, and hence, most likely, increased risk of cardiovascular disease.

To read the study’s findings, published online in the International Journal of Epidemiology, visit the School of Public Health website, www.sph.cuny.edu/faculty-staff.

**Manga Comics and Snack Choices**

Assistant professor May Leung, along with co-author Gina Tripathchi and Alon Agaronov (two graduates of the School of Public Health MS-Nutrition program) and a colleague from the University of Chicago, have published a paper on “Manga Comic Influences Snack Selection in Black and Hispanic Children.” The paper was published in the Journal of Nutrition, Education and Behavior. Leung was a featured researcher in the Spring 2014 Journal article, “Navigating the Urban Food Environment: Challenges and Resilience of Community-Based Food Entrepreneurs.”

**GRANT**

Beryllium-Related Disease Assistant Professor Frank Mirer, at Hunter College, won a grant from the National Institute for Occupational Safety and Health (NIOSH) for a collaborative research project involving the Centers for Disease Control and Prevention. The grant, titled “Beryllium-Related Disease,” is for $960,772.

**Community-Based Participatory Research Needs Greater Political Power**

In a new commentary online in the American Journal of Public Health, two CUNY School of Public Health faculty members, Nicholas Freudenberg, Distinguished Professor of Political Science and Public Health at the Hunter College campus, and Laura Berry, executive director of the New York City Food Policy Center, note that effective action to promote policies that improve population health requires a deeper analysis of the roles of scientific evidence and political power in bringing about policy change. They encourage researchers and policymakers to promote population health by moving beyond the individual and the process of evidence-based participatory research (EBP) to the recognition that evidence-based decision-making requires the transformation of political power and policy-making systems.
New Initiatives For Healthy CUNY On Contraception, Alcohol, Mental Health

By Margaret Ramirez

Trekking to hundreds of New York City drugstores near college campuses, a CUNY School of Public Health doctoral student and her research team is documenting how emergency contraception is sold. Scouting the outside of liquor stores and bodegas in East Harlem and the South Bronx, another group of SPH researchers will soon team with community members to examine alcohol’s effect on their neighborhoods. And inside CUNY conference rooms, public health researchers and Student Affairs staff are brainstorming how to remove the stigma of using mental health services.

The diverse projects on sexual health, alcohol and mental health comprise the newest phase of Healthy CUNY, a comprehensive University-wide initiative led by the school to tackle the chronic health problems that block academic success and graduation.

Since the initiative began seven years ago, Healthy CUNY’s most successful accomplishment was assisting in the development and implementation of a groundbreaking policy that led to CUNY becoming the nation’s largest tobacco-free university in September 2012. The bold move made national headlines and made CUNY a tobacco-free model for other universities. Now, as the Healthy CUNY effort expands from its initial focus on tobacco and diabetes to a broader public health agenda covering sex, alcohol and mental health, the project leaders anticipate having a greater impact on the entire city.

“We prepare CUNY students to contribute to the health of their families and their communities as both individuals and citizens,” said Nicholas Freudenberg, Distinguished Professor at the CUNY SPH and Hunter College.

And, because such a high proportion of the young adults in this city come through CUNY, we really have the potential to contribute to the health of the city as a whole.

The mission is ultimately to make CUNY students — on all 24 campuses — the healthiest urban university in the nation. By improving the health of the University, Freudenberg hopes for a public health ripple effect, spreading from CUNY to city to the nation.

“The goal is that every student graduates healthier than when they started,” said Freudenberg, who is also co-founder of Healthy CUNY. “That, from a public health perspective, is really important because for many young people their health deteriorates as they move from the teens into the 20s and 30s,” he said. “They gain weight. They have more problematic drug and alcohol and tobacco use. They become less physically active. So...”

Please turn to Page 11.

NAME: Nicholas Freudenberg

COLLEGE: CUNY School of Public Health and Hunter College

TITLE: Distinguished Professor at CUNY SPH and Hunter College, and co-founder of Healthy CUNY

QUOTE: The goal is that every student graduates healthier than when they started. That’s really important because for many young people their health deteriorates as they move from the teens into the 20s and 30s. By Margaret Ramirez
if we can overcome that, we could play a huge role in preventing chronic diseases that are the main threat to the population in the U.S. today.”

During the first stage of the initiative, Healthy CUNY led campaigns against diabetes and obesity, organizing educational workshops and creating more physical activity options on campus. They also waged battles against junk food and sugary drinks in cafeterias and vending machines, pushing for insertion of health criteria in CUNY’s contracts with food-service vendors.

Although enforcement of the tobacco-free policy outside campus buildings remains a sticky issue, Healthy CUNY researchers say the measure has been effective. After the University’s tobacco-free policy was implemented, the number of smokers from CUNY seeking help from the New York State Smokers’ Quitline jumped from 10 callers in 2010-2011 to 131 callers in 2012-2013.

The rationale behind Healthy CUNY emerged from evidence that shows college student populations are a microcosm of the nation’s health inequalities, with blacks and Latinos suffering disproportionate rates of diabetes, obesity, lack of health insurance and depression. CUNY, with its diverse population of immigrant and low-income students, provided health researchers with a testing ground to find effective ways to reduce those health gaps.

More importantly, Healthy CUNY researchers state that poor health is often a barrier to academic success. By tackling chronic health problems, colleges and universities could improve academic achievement and graduation rates, especially among minority and low-income students.

According to a recent report on Healthy CUNY published in the Journal of American College Health, the most common health problems associated with academic difficulties are psychological problems, substance use, and unintended pregnancy.

Healthy CUNY’s new efforts to improve sexual health will focus on the availability of emergency contraception at drugstores near CUNY campuses. Emergency contraception, also known as the morning after pill, is effective in decreasing the chance of pregnancy when taken within three days after unprotected sex.

Last year, the Obama administration stated that the emergency contraception could be sold over the counter. However, health advocates say the pill is often not easily accessible. Some drug stores place the pills in a locked security box requiring a key to open before purchase. Others keep the pills behind the pharmacy counter where a customer must request it.

SPH doctoral student Dana Watnick has begun a mapping project to determine where CUNY students can purchase emergency contraception and how accessible the drug is. Watnick said she hopes the research leads to a policy change making the drug more readily available for CUNY students and the public.

To combat alcohol abuse, Healthy CUNY is planning a community-based research effort and a campus campaign. The community project will focus on the impact of alcohol advertising in East Harlem and the South Bronx, where a large population of CUNY residents live. The campus effort will focus on underage drinking and the influence of social media. Healthy CUNY’s research director, Stephanie Kneeshaw-Price, said the aim is to combat social media images that glamorize drinking.

A campaign to reduce the stigma of seeking help for mental health is in the planning stages, Freudenberg said. As more colleges and universities learn about Healthy CUNY, Freudenberg said its research holds lessons on the benefits of eliminating chronic public health problems among college students.

“It’s a service effort but also a research effort to better understand the challenges that young people of college age face and how universities can play a stronger role in addressing those health problems,” he said. “Here’s an opportunity to promote health that didn’t exist before and we’re hoping to seize it.”

Name: Stephanie Kneeshaw-Price
College: CUNY School of Public Health
Title: Healthy CUNY Research Director
Focus: The campaign effort will focus on underage drinking and the influence of social media. The aim is to combat social media images that glamorize drinking.

Name: Dana Watnick
College: CUNY School of Public Health
Title: SPH doctoral student
Focus: Research that leads to a policy change making emergency contraception more readily available for CUNY students.

Eliminating the stigma of seeking help for mental health problems is an important goal.
IT'S BEEN NEARLY TWO DECADES since HIV transitioned from a fatal diagnosis to a manageable condition, and in the last few years the treatment has become scarcely more complicated, or expensive, than a daily pill and quarterly blood work. As long as an HIV-infected person is diagnosed with reasonable timeliness and goes on standard antiretroviral therapy, the likelihood nowadays is that the virus will be suppressed to a level considered undetectable and never progress to AIDS. It's not a cure, of course, but as a practical matter of life expectancy, it's close.

And yet, there is this jarring statistic: Only 20 to 30 percent of the 1.1 million people infected with HIV in the United States have undetectable viral loads; one 2010 study put it as low as 19 percent. The gap is not as wide in New York City, but still a majority of the city's 125,000 HIV-positive population — 52 percent — is not getting the care and treatment needed to suppress the virus. Some have not yet been diagnosed. Others have been diagnosed but haven't started treatment. Still others get treatment but don't maintain it. Beyond their own long-term prognosis, there are obvious implications for controlling the spread of HIV.

In late 2009, the New York City Health Department launched one of the nation’s first large-scale programs aimed at linking HIV-infected people most in need with ongoing care and case management. Inspired by a model developed in Boston and first used in Haiti, the city’s Ryan White Care Coordination program, named for the federal HIV/AIDS program that provides the funds, targets those at the highest risk of poor outcomes: People whose HIV infection, and health in general, tend
Continued from Page 12

“it’s hard to get people to deal with their HIV when they have so many fundamental issues affecting their lives. The Care Coordination program takes a supportive, holistic and coordinated approach to help them deal with those things so they can begin to deal with their HIV.”

— Dr. Denis Nash

CUNY SCHOOL OF PUBLIC HEALTH

...from Page 12

to take a back seat to more immediate life challenges such as poverty and housing, mental health issues and substance use.

The program is administered through 28 medical and social service agencies around the city, each with case managers who work to help address the broad array of challenges clients face in navigating the HIV care system. The emphasis is on access to care, health education and, ultimately, adherence to antiretroviral treatment, which needs to be strict and permanent to achieve and sustain an undetectable viral load. At any given time, about 3,300 people are enrolled in the city’s Care Coordination program — more than 6,000 total in the four years since it began.

The question, of course, is whether it is working: How many of these HIV-positive patients have achieved viral suppression, and to what extent is the program effective in reducing that troubling 52 percent statistic? Is it successful over the long term, enough to be a model that should be adopted by cities and counties throughout the country?

There were the questions that occurred to Denis Nash of CUNY’s School of Public Health when he learned about the program from his colleagues in the city Health Department’s HIV bureau. Dr. Nash, a professor of epidemiology specializing in HIV and public health surveillance, began discussing these questions with Mary Irvine, the department’s director of research and evaluation for HIV care and treatment. The result was a $1.1-million research grant recently awarded by the National Institute of Mental Health for a joint five-year study by CUNY and the Health Department, with Nash and Irvine as joint principal investigators.

“When you get out in the real world, you see all the barriers and challenges for people with HIV trying to get access to the treatment they need,” Nash says. “You’ll hear many health care providers and community organizations say it’s hard to get people to deal with their HIV when they have so many fundamental issues affecting their lives, whether it’s housing, putting food on the table or other issues. The Care Coordination program takes a supportive, holistic and coordinated approach to help them deal with these things so they can begin to deal with their HIV. It should be effective when it’s implemented on a large scale, but there’s a real need to assess and quantify the effectiveness.”

Irvine says that early assessments have found that clients of the program have become substantially more engaged in primary care and made significant improvements in viral load suppression. But the grant will allow the kind of rigorous “implementation research” that yields hard evidence and knowledge about the program’s real-world efficacy compared with usual care.

“Nationally, there has been a clear call from the CDC and others for research to determine the effectiveness of specific HIV interventions,” Irvine says. “The findings, including interim reports to be issued along the way, may influence HIV policy across the country. “Our purpose is to determine whether this model shows sufficient and sustained effectiveness and cost-effectiveness, to recommend scaling up for use in other jurisdictions.”

The grant is the first NIH-funded research partnership between the CUNY School of Public Health and the city’s Department of Health. Dr. Ayman El-Mohandes, dean of the school, says the research illustrates SPH’s mission in New York. “This is an example of the collaboration that our faculty are engaged in with the practice community. Implementation science that expands the relevance of evidence-based to practice-based success is aligned with the School of Public Health’s mandate.”

Nash and Irvine’s data will be bolstered by interviews with 600 actively enrolled Care Coordination participants during the five-year study. Their study will also be guided by an advisory group comprising HIV care providers, community-based organizations, public health professionals and academics. The advisory group includes some who are living with HIV.

“We’re focused on two measures of effectiveness,” says Nash. “Do participants have regular engagement with HIV care as opposed to cycling in and out for long periods, compared with people who are not in the Care Coordination program? And do they achieve viral suppression and sustain it? Then, if the program is effective, how is it effective? Are some parts more important than others? And the third question is whether it’s cost-effective — is it a good use of public health care funds that other jurisdictions may want to use to improve outcomes?”

The researchers also plan to interview 120 people who enrolled in the Care Coordination program but dropped out. “We want to explore if it is more effective with certain groups than others, and if the program targets participants well,” Nash says. “And since they’re in the program, what are the enablers and barriers to achieving good outcomes?”
Mayra J. Ferreira learned about public health and community medicine in a place she fondly remembers as el campo — the countryside: her grandfather’s farm in the Cibao Valley of the Dominican Republic. There, as a girl, it was her responsibility to interpret the labels on medication for the chickens, cows and pigs — and to administer it. “It was my first experience with pharmacology,” she says.

Ferreira earned a Master’s of Public Health in Community Health Education in January 2014 — after being lauded by the faculty as a student leader. It was a process she began at Hunter in 1996, before there was a School of Public Health. Her daughter, now 19 and a college student, was a baby then so she pursued her degree slowly. In the process, she held various positions in the public health field.

She has been vice president for programs at Physicians for Reproductive Health since 2011, after serving as a director at the renowned nonprofit for four years. Ferreira loves talking about her early years in the Caribbean. But at 16, life became more complicated. That’s when she immigrated to her family in Brooklyn, missing out on an opportunity to attend a select Catholic secondary school back home. In America, she went to Bushwick High School, learned English and did well. But later at Barnard, she struggled before excelling in a Latin American studies program.

Despite this academic success, though, she still needed — and wanted — American citizenship. A dean suggested she join the Air Force, “get your papers and come back.” At Reese Air Force Base in Lubbock, Texas, Ferreira was offered the opportunity to choose any kind of work and she did not have to think about her answer. “Medic,” she said.

“That’s where I really started to learn about public health,” Ferreira says. As an aero-medical specialist, she worked “in the only trauma center for miles and miles. I was involved with everything in the flight surgeon’s office, including grounding pilots. But we also had tons of programs in prevention, including hearing programs for people who lived near the base. We looked at cardiovascular risk and obesity in members of the pilots’ families because healthy food was often unavailable to them. The hospital sponsored health campaigns. It was ahead of its time.”

Ferreira adds that she was “trained on the job to create assessment and evaluation involving the community. That is where I learned that one thing doesn’t just affect one person, it affects the community. And I always had this need to know more.”

At the School of Public Health she was able to look at this in a deeper, more scholarly way.

About her work with Physicians for Reproductive Health, Distinguished Professor of Public Health Nicholas Freudenberg writes that “every day she is making a difference in getting women the reproductive health care they need.”

About the School of Public Health, Ferreira says, “I used to do things with gut and rote. Now I do things with evaluation first.” As an example, she explains that bringing “free samples of HIV medicine to Africa and then leaving” does not help people in the long term. As a graduate she asks herself: “Does what I am doing have value? How do I know what will happen when I am no longer here? That is what having a Master of Public Health means to me. To make sure that anything we do is sustainable after we and the money are gone.”
“my birth control + his condoms”

Deborah Kaplan is a public health leader in New York City government who specializes in maternal, infant and reproductive health. But in 2007, she decided to return to CUNY to get a doctorate in a field where she had worked for three decades — and in which she has accomplished much and earned many accolades.

“It wasn’t a career move for me. I was one of the two oldest students,” says Kaplan, who earned a doctor of public health degree from the School of Public Health in 2013. (Her master’s degree is from Hunter.)

“I wasn’t looking for a new job,” she emphasizes. “I was looking to fill gaps in my knowledge that could make me more effective as a leader.”

Kaplan is an assistant commissioner, heading the Bureau of Maternal, Infant and Reproductive Health at the New York City Department of Health and Mental Hygiene, a position she has held since 2003. Her mission includes preventing unintended pregnancies by increasing access to contraception through school-based and community programs. She also works to increase support for new mothers who want to breast-feed their babies.

These missions are sensitive, nuanced and replete with challenges.

For example, although the abortion rate has dropped significantly nationwide, more than half the women who have abortions in New York City have had one previously. Kaplan says most were not offered contraception on the day they had their abortions; most still are not. Provider training, financial and other issues account for this lapse. “Insurance doesn’t necessarily reimburse for getting an IUD the same day,” Kaplan says.

Facing the Challenges of Maternal, Infant and Reproductive Health

“At the School of Public Health, she learned more about how to combine policy with service delivery — and how to use research to bolster efforts. Kaplan says that at the School of Public Health, she learned more about how to combine policy with service delivery — and how to use research to bolster efforts. Her dissertation, “The Contribution of School-Level Factors to Contraceptive Use Among Adolescents in New York City Public High Schools,” speaks to this.

Kaplan notes that every year in New York City, about 17,000 women between the ages of 15 and 19 become pregnant. These are mostly unintended pregnancies and only a small percentage of these teens have used effective contraception “with wide disparities by race/ethnicity and poverty levels,” she says.

Included among Kaplan’s detailed findings are that sexually active teens in public high schools are more likely to use contraception if they feel safe in their school and if they attend a school where a high percentage of teachers have been at the school for more than two years.

Last year, Kaplan also published a research article in the prestigious Journal of School Health on the association between early sexual activity and other high-risk outcomes such as alcohol and drug use, depression, suicidal ideation and forced sex.

Kaplan began her career as a physician’s assistant. She still remembers the patient she saw at a walk-in clinic at Jacobi Hospital in the Bronx who died the same day from congestive heart failure most likely because he could not afford preventive health care. As noted in her dissertation, the effect of poverty on health was also among Kaplan’s concerns when she became one of the first students in the doctoral program at the CUNY School of Public Health.

Deborah Kaplan

College: School of Public Health

Title: Assistant Commissioner of the Bureau of Maternal, Infant and Reproductive Health at the New York City Department of Health and Mental Hygiene

Focus: Preventing unintended pregnancies for teens and increasing support for new mothers to breast-feed.
NEW YORKERS are being asked for information about their medical history to help researchers get a better understanding of urban health. Nearly 3,000 New Yorkers have been randomly selected to participate in the New York City Health and Nutrition Examination Survey, or NYC HANES.

CUNY School of Public Health and the New York City Department of Health and Mental Hygiene are conducting the large representative study on the health of city residents. Participants are asked to take a brief physical exam and a computer-based survey, and researchers will analyze the blood, urine and saliva samples to test for conditions like exposure to secondhand smoke. Funding for the NYC HANES study was provided by the deBeaumont Foundation, with additional support from Robin Hood and New York State Health Foundations.

A study as in-depth as NYC HANES reveals many things that one could not get from a standard health survey, says Lorna Thorpe, who is the lead investigator of the study and a professor of epidemiology at the School of Public Health. “It actually tells [researchers] what the burdens of chronic conditions are and how much New Yorkers have been exposed to certain environmental hazards,” adds Thorpe.

Of the 3,000 people selected for the survey, researchers are aiming for a minimum of 2,000 participants. “We’ll be working hard to get a high enough response rate for the results to be meaningful. It’s very difficult to find New Yorkers at home, and when we do reach them they are skeptical and wary and we need to persuade them to participate in the study,” says Thorpe. But participants will not have to divulge information that makes them uncomfortable, and the survey does not include questions about immigration status. There is also a $100 cash incentive for people who participate in both the survey and the physical exam.

This is the second time the city has conducted the NYC HANES, and results from the 2004 study revealed that one in four adult New Yorkers had high blood pressure and high cholesterol with an elevated risk of heart disease and stroke. In response, the city banned the use of artificial trans fats by restaurants. “We have a number of municipal policies we are trying to evaluate to see if they have improved health, and we’ll use the new data to inform new policies,” says Thorpe.

Thorpe hypothesizes that we will see some improvements in the city’s health but we won’t know until the results are available, which may not be until the fall of 2014. “There have been aggressive efforts to make New York City a healthy environment. At the same time, some of those efforts may have been offset by a worsening economy. So it’s hard to know what we’ll see.”

Most students enter public health because they want to make a difference—contribute to healthier communities and populations, develop more effective programs and policies, or conduct public health research that can lead to better health. The CUNY School of Public Health offers these opportunities and more. Students complete field placements or practica at more than 100 organizations. Given the size and diversity of New York City, CUNY’S deep roots in the city, and the many national and international organizations headquartered here, students can usually find a placement that gives them the opportunity to work on any health problem, with any population, in any setting they seek.

Many students work with faculty on research projects at the eight research centers and institutes with which public health faculty are affiliated. Students learn from their classmates, whose diverse academic, professional and personal backgrounds bring New York City and the world into every classroom.

Making a Difference in NYC
new programs

GISc
Mapping the Geographic Distance to Good Health

Andrew Maroko, assistant professor of health sciences and associate director of the Urban GISc Lab, said the track was created because of the increasing demand for public health professionals with strong GISc skills. He explained that the CUNY SPH specialization focuses on Geographic Information Science (GISc), the science behind the technology, whereas Geographic Information Systems (GIS) refers mainly to learning the software.

“There are a lot of people that do GIS who are not geographers. And there are a lot of people that know health, but don’t know how to put the geographic element to it,” Maroko said. “So putting those two disciplines together really gives our students a leg up over their colleagues.”

Recent graduates have said it was their GISc experience that gave them the competitive edge for securing a job, according to Glen Johnson, associate professor of Health Sciences, who teaches several GISc courses.

“Training qualified public health professionals who also have GISc skills will give them the ability to examine, analyze and disseminate important public health information in ways their counterparts simply cannot,” Johnson said. “You can share a map and ask why are so many people suffering from asthma in this neighborhood versus that neighborhood,” Maroko said. “Then, you start putting it together and you can affect not only the public perception of what’s happening, but you can influence public policy by showing this to lawmakers and policymakers because maps are very powerful, by nature.”

Across the nation, several public health schools, including SUNY-Albany, Harvard University, Columbia University, the University of Illinois at Chicago and the University of California at Berkeley, have begun offering GISc courses.

However, few schools offer an MPH with a fully developed specialization track such as CUNY’s. One of the more established programs is at Loma Linda University School of Public Health, which offers an MPH in Geographic Information Systems for Environmental Health. Lehman College also provides a logical place to launch the new public health GISc program because the school offers a Master of Science in GISc in the Department of Earth, Environmental and Geospatial Sciences. Maroko said the overlap allows the SPH to share resources and faculty, as well as use of the GISc computer lab.

GIS has long been used to create colorful cluster maps for census figures, election results and crime data. And in recent years, GIS use in the public health sector has increased sharply as a valuable tool for detecting health patterns, mapping disease clusters or making links between the environment and health.

Federal health agencies, such as the Centers for Disease Control and Prevention, city health departments and hospitals have expanded their use of GIS, said Maroko.

“GIS is growing in every sector because more people are learning it and realizing the power that it has,” said Maroko, who has seen GIS maps used by community groups and nonprofit organizations that focus on environmental and health issues to convey complex messages to the public.

“You can share a map and ask why are so many people suffering from asthma in this neighborhood versus that neighborhood,” Maroko said. “Then, you start putting it together and you can affect not only the public perception of what’s happening, but you can influence public policy by showing this to lawmakers and policymakers because maps are very powerful, by nature.”

Before enrolling at CUNY SPH, Bottalico knew little about GIS, but after the first class, she was hooked. Her research paper on low-income pregnant women’s rates of anemia was co-authored by Johnson, who has seen GIS maps used by community groups and nonprofit organizations that focus on environmental and health issues to convey complex messages to the public.

“I loved learning how to transform seemingly monotonic Excel data into a spatial map. I started to realize how place and space really do impact our health.”

— Danielle Bottalico

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“Training qualified public health professionals who also have GISc skills will give them the ability to examine, analyze and disseminate important public health information in ways their counterparts simply cannot,” Johnson said.

Across the nation, several public health schools, including SUNY-Albany, Harvard University, Columbia University, the University of Illinois at Chicago and the University of California at Berkeley, have begun offering GISc courses.

However, few schools offer an MPH with a fully developed specialization track such as CUNY’s. One of the more established programs is at Loma Linda University School of Public Health, which offers an MPH in Geographic Information Systems for Environmental Health. Lehman College also provides a logical place to launch the new public health GISc program because the school offers a Master of Science in GISc in the Department of Earth, Environmental and Geospatial Sciences. Maroko said the overlap allows the SPH to share resources and faculty, as well as use of the GISc computer lab.

GIS has long been used to create colorful cluster maps for census figures, election results and crime data. And in recent years, GIS use in the public health sector has increased sharply as a valuable tool for detecting health patterns, mapping disease clusters or making links between the environment and health.

Federal health agencies, such as the Centers for Disease Control and Prevention, city health departments and hospitals have expanded their use of GIS, said Maroko.

“GIS is growing in every sector because more people are learning it and realizing the power that it has,” said Maroko, who has seen GIS maps used by community groups and nonprofit organizations that focus on environmental and health issues to convey complex messages to the public.

“You can share a map and ask why are so many people suffering from asthma in this neighborhood versus that neighborhood,” Maroko said. “Then, you start putting it together and you can affect not only the public perception of what’s happening, but you can influence public policy by showing this to lawmakers and policymakers because maps are very powerful, by nature.”

Before enrolling at CUNY SPH, Bottalico knew little about GIS, but after the first class, she was hooked. Her research paper on low-income pregnant women’s rates of anemia was co-authored by Johnson, who has seen GIS maps used by community groups and nonprofit organizations that focus on environmental and health issues to convey complex messages to the public.

“I loved learning how to transform seemingly monotonic Excel data into a spatial map. I started to realize how place and space really do impact our health.”

— Danielle Bottalico

Andrew Maroko, assistant professor of health sciences and associate director of the Urban GISc Lab, said the track was created because of the increasing demand for public health professionals with strong GISc skills. He explained that the CUNY SPH specialization focuses on Geographic Information Science (GISc), the science behind the technology, whereas Geographic Information Systems (GIS) refers mainly to learning the software.

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Pediatrician, Epidemiologist, Academician, Dean

AFTER A BUSY, heart-breaking night as a pediatrician for a neonatal unit in a city with the highest infant mortality rate in the country, Dr. Ayman El-Mohandes decided that if he really wanted to help as many patients as possible, he needed to study public health.

That was in the mid-1980s in Washington, D.C. Today, El-Mohandes is also an epidemiologist — and an internationally recognized public health trailblazer.

In May, he was appointed dean of CUNY’s School of Public Health, the only public institution of its kind in the nation to span public health education from the associate degree to doctoral-level training. Previously, he was dean of the College of Public Health at the University of Nebraska Medical Center, where he oversaw major expansions. A George Washington University professor emeritus, he has been a National Institutes of Health researcher on infant mortality reduction in minority communities. He has conducted research in Egypt, where he was born and educated as a physician, South Africa, Indonesia and in American Indian and Alaskan native communities.

Can you define “public health”? Public health is the system that is not recognized until it breaks. When you walk into the shower and the water is hot, abundant and clean, you don’t recognize the need for public health. But if you put the shower on and all that comes down is a trickle of foul-smelling water, you immediately think: Public Health!

So, how do you fix the water — and so much more? It takes looking at things on a deeper level — the very significant challenge of understanding the combined psychosocial and environmental risk factors that engulf communities. Behind disease lie factors that may not be biological in nature. And this is true whether you are talking about bronchial asthma in children, obesity, preterm birth and infant death, occupational hazards and more. As you study the ecological and the broad, comprehensive global path of risk progression, you always end up with common problems that manifest themselves in different ways. One time it may be because a house is poorly ventilating a community. Another time it is because there is no outlet for fresh fruits and vegetables. Or the streets are not safe and people can’t take a walk. Or people don’t have access to good housing or good education.

What role will the CUNY School of Public Health play in this? The school here is newly accredited. It will offer a unique platform that I don’t think any other university in the United States has. Today, 70 percent of the workforce in public health does not have a master’s degree. And we are offering master’s and doctorates of public health programs. But we can also offer certificates and associate degrees in public health, which is important because many departments of health today are hiring high school graduates. That is all they can afford. Even our competitors in the region, which are Ivy League schools, cannot offer this continuum. And the affordability here is obvious.

How will you work with the entire University community? We are already a consortium of three colleges [Brooklyn, Hunter, Lehman] and the Graduate Center. But now I am reaching out, and others are reaching out to me. The school is an umbrella seeking to expand its partnerships. For example, the School of Professional Studies is immersed in providing public health certificates to people who are already in the field or in related ones. John Jay College is looking at the interface between criminal justice and public health.

We are starting to have a tremendous diversity of programs at the master’s level. Lehman College, for example, has started a program in geographic information systems. I feel like I am partnering with a winning team and public health is all about teams.

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Are you and your family enjoying New York? I loved Omaha. It is economically vibrant; it is the Lichtenstein of the Middle West. But Cairo, as a huge metropolis, gave us the skills for living here in New York, the ultimate urban environment. My wife — she was born in Alexandria and works for the Export-Import Bank of the United States — and I feel so at home here. We have two daughters in California. We are very close to them and they are very excited that we have moved here.
The CUNY School of Public Health Invites Your Participation

Do you want to make a difference for a dedicated student who’s seeking to join the vital public health workforce in New York City?

Do you want to contribute to one of the most affordable and comprehensive public health programs in the city?

Do you want to make this world a healthier place?

Then join us, the new CUNY School of Public Health. We stand for health, in every borough, in every community, throughout New York City. Whether you give $50 or $5,000, your choice to support our work in public health makes the difference. Every donor helps strengthen our foundation and advance our mission.

This year, we hope to inspire new friends—individuals, foundations and corporations—to join us in saving lives, millions at a time.

Please make your check payable to the CUNY School of Public Health.
Mail to:
The CUNY School of Public Health
2180 Third Avenue, Room 503
New York, NY 10035
Attn: Zora Flores-Kitongo

For more information about giving to the CUNY School of Public Health, please visit our website at www.sph.cuny.edu and/or call the Office of the Dean at (212) 396-7729.
We invite you to partner with us in:

- Supporting students to join our programs
- Supporting faculty in creating new knowledge through research
- Helping us reach the communities we serve
- Attracting new talent to the CUNY SPH to enrich our academic programs

Join us in exploring all the opportunities that the school can offer as we strive to promote innovative and equitable solutions to pressing health problems facing cities around the world.

For additional information about the school, visit www.sph.cuny.edu or call the Office of the Dean at (212) 396-7729