

# CITY HEALTH

THE ANNUAL PUBLICATION OF CUNY SPH

2018

## STORIES

*Center for Innovation in Mental Health  
Harlem Mapping Project  
Healthy CUNY*

## PROFILES

*Ashish Joshi  
Lynn Roberts  
Leo Dominguez*





THE ANNUAL PUBLICATION  
OF CUNY SPH

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Dean's  
Welcome



Dear colleagues,

Welcome to *City Health*, the annual publication of the City University of New York Graduate School of Public Health and Health Policy (CUNY SPH). The past year has been an eventful one: our research institutes and centers have undergone dramatic growth, and our educational programs have responded to changing public health demands. We continued to embrace our new role as a unified independent college within the CUNY system in one of New York City's most dynamic and culturally rich communities. Our Harlem neighborhood, celebrated in the cover photo montage, is a fitting reflection of our identity as an urban school of public health, and the only public school of public health in NYC.

These pages feature just a sampling of our public health research and programs, but our commitment to urban health and in particular the health of NYC's diverse population is evident throughout. We're partnering with the NYC Department of Health and Mental Hygiene on the groundbreaking ThriveNYC mental health initiative, working to train a new generation of public health practitioners to focus on the well-being of our aging population, and enhancing accessibility to health service organizations across Harlem. We're moving the science forward on population health informatics and focusing on ending the AIDS epidemic through implementation science work in Africa, India, the EU, and here in New York State.

Last June at our inaugural commencement as an independent college, we celebrated women in leadership at Harlem's historic Apollo Theater. The speakers inspired our graduates to respect equity as a platform upon which to build their future public health careers. Months later, we caught up with some of those who graduated that day and we share with you here how they have chosen to apply their commitment to the principle of health for all.

With my very best wishes,

A handwritten signature in black ink, appearing to read 'Ayman El-Mohandes', with a stylized flourish at the end.

Ayman El-Mohandes, MBBCh, MD, MPH  
DEAN

# A New York State of Mind

SPH'S CENTER FOR INNOVATION IN MENTAL HEALTH  
FOCUSES ON THE CITY'S MENTAL WELL-BEING



**M**ental disorders in their myriad forms have been well documented throughout history and are inextricably linked to the human condition—affecting young and old, male and female, the world over. On the local level, a study by the New York City Department of Health and Mental Hygiene shows that serious mental illness affects thousands of New Yorkers. What’s more, those with serious mental illness are more likely to engage in unhealthy behaviors—such as smoking and substance abuse—that can in turn lead to such physical conditions as hypertension, diabetes and heart disease.

Making great inroads in the way the city is responding to the mental health crisis, CUNY SPH has partnered with the NYC Health Department’s Mental Health Innovation Lab (MHIL) in the creation of the Center for Innovation for Mental Health (CIMH).

According to Dr. Ayman El-Mohandes, dean of the School, “The Center serves to conduct evaluations, provide technical assistance, and serve as liaison among other researchers, investigators, and academic institutions.”

#### **BUILDING ON SOLID FOUNDATIONS**

The CIMH has its roots in the expansive ThriveNYC initiative, an unprecedented commitment to change the way the city handles mental health. ThriveNYC is framed by a comprehensive strategic framework built on 6 guiding principles (Act Early, Use Data Better, Change the Culture, Close Treatment Gaps, Partner with Communities, and Strengthen Government’s Ability to Lead) implemented through 54 initiatives managed across many city agencies. The initiative was established two years ago by the First Lady of New York City, Chirlane McCray, who has demonstrated her passion for improving the lives of all New Yorkers, especially for those with mental health issues and their affected family members. ThriveNYC was designed to pilot and create a model for how cities can attend to the mental health needs of their populations.

“All of us know someone struggling with mental health issues. Reducing stigma, increasing access to preventive and treatment services, and improving the quality of treatment are among the essential approaches of ThriveNYC,” Dr. Jennifer

# 8%

of NYC public high school students report attempting suicide

# 73,000

New York City public high school students report feeling sad or hopeless each month

# \$14B

Estimated annual productivity losses in NYC tied to depression and substance misuse

SOURCE: <http://www1.nyc.gov/nyc-resources/thrivenyc.page>



Dean El-Mohandes and NYC's First Lady, Chirlane McCray at the NYC Mental Health Workforce Summit.

PHOTO: Ed Reed/Mayoral Photography Office

Wisdom, professor of Health Policy and Management and director of the CIMH, explains. “Research suggests this will be a very good investment, as mental health issues are associated with lower work productivity, absenteeism and, of course, increased medical costs. This not only applies to people with severe mental illness, but also for friends and family members with generalized depression or anxiety, or other issues.”

Part of what makes these mental health services so challenging is that they are set within a very complex system involving emotional disorders, substance abuse, jails and courts, schools, child welfare, social services, hospitals, city and state systems, and private providers.

“There are so many groups that have the same goals of improving people’s lives and alleviating distress,” Says Dr. Virna Little, Associate Director of Clinical Innovation at CIMH. CIMH is working with ThriveNYC to find ways for us to work better and more efficiently to make that happen.

ThriveNYC’s initiatives address populations of all ages, from depression screening for pregnant and post-partum women, services for young children and their parents, services for school age children, to criminal

justice diversion programs and elderly home visit programs. Dr. Gary Belkin, executive deputy commissioner at the NYC Health Department, explains. “The program relies on a strategic framework built on six guiding principles: Act Early, Use Data Better, Change the Culture, Close Treatment Gaps, Partner with Communities, and Strengthen Government’s Ability to Lead. It’s a very comprehensive program and the largest of its kind.”

#### BIG DATA FOR BIGGER CHANGE

In addition to the CIMH, the MHIL was also created as a result of ThriveNYC, in order to address the need for more precise and accurate real-time information than is currently available or widely used.

“It is a challenge to collaborate with community-based organizations and networks, set and meet goals to close gaps, support providers to innovate and manage in a changing marketplace, be responsive to those who fall through gaps, focus action on key groups, etc., without more comprehensive, precise data and resources,” Belkin notes. “MHIL works to address this data gap. The establishment of CIMH at CUNY, working in tandem with the Lab helps us engage the academic sector and address these goals through research and evaluation.”

#### The New York City Mental Health Workforce Summit

The 2017 New York City Mental Health Workforce Summit, held at CUNY SPH on June 22, 2017, brought together stakeholders and a broad range of sectors including government, insurance plans, funders, providers, and academia to drive workforce policy and innovation. Summit participants built on the progress made from the 2016 New York City Mental Health Workforce Summit in diversifying and expanding the mental health workforce, enhancing existing mental health training programs, and creating better pipelines and career ladders for Peers and Community Health Workers. In addition, the Summit developed metrics for improving the mental health workforce in New York City. Participants have plans to continue to collaborate in order to move the work forward.

#### Universal screening and care for maternal depression

The Greater New York Hospital Association (GNYHA) and NYC Health Department are leading a maternal depression learning collaborative across 30 NYC hospitals and health systems with the goal of screening all pregnant women and new

mothers for depression and connecting them to appropriate care. CUNY CIMH plays a key role in leading all quality improvement (QI) activities for the collaborative, including developing and implementing all QI strategy and content.

**Interdisciplinary academy for mental health professional development**

Held June 2017, this academy provided new mental health graduates in social work, psychology, public health, and other professions with important information for transitioning them from school to their first professional mental health job. Included were such topics as: the latest trends in mental health, planning a career, thinking critically about culture, ethics, social justice, and equity, and how to take care of yourself to prevent burnout, along with skills-building exercises that are essential to successful career development.

**STUDENT-FUELED EFFORT**

In addition to researchers, doctors and academics, CIMH is propelled by the work of CUNY students: two year-round master's students who are research assistants and two postdoctoral associates. Also involved are summer interns, who last summer worked on evaluating aspects of NYC Well, the city's 24/7 call/chat/text mental health crisis and service connection program, and the maternal depression initiative, which aims to provide universal prenatal and postpartum depression screening for all women in New York City.

Alison Feuer, a student who came on board as a research assistant in 2016, is currently working on the Maternal Depression Quality Improvement Learning Collaborative as part of her capstone requirement for her master's program. The effort evaluates policy implementation of maternal depression screening by

“

*We would like to see New York City be a place to test and establish what a comprehensive public health approach to mental health could look like.*

”



measuring the impact of quality improvement training and coaching at all clinics participating in the screening of pre- and post-natal patients. Feuer not only finds it a learning experience, but a rewarding one as well.

“Knowing that anyone in the field of public health can make an impact, whether big or small, individual or population level, is rewarding to me because I know that every single one of my classmates will make a positive change, no matter their career interests,” Feuer says. “I feel that CUNY is preparing us for a career in public health by hiring the best possible staff along with a wide range of research projects in which students can get involved.”

Wisdom, a strong advocate for mental health, also seeks to instill that same sense of advocacy in her students, with the hope that they will remember some key take-aways from her class.

“First, mental health is an integrated part of our lives, so we might as well acknowledge it and incorporate it into all aspects of our public health practice,” she says. “Second, the service delivery systems are complex, challenging, and difficult to navigate at times—yet they provide many opportunities to improve people’s lives. Even for our students who are not working specifically in mental health, such as physicians, policy makers, and statisticians, we all have an opportunity to help others. Finally, it’s important to base our decisions on how to use precious resources based on evidence as to what really works, in order to alleviate distress and to help people.”

#### URBAN PLIGHT

Studies show that urban living can place extra stress on an individual. Anxiety typically increases with the anticipation of adverse situations, and the fear of not having the adequate resources to respond to them.

“Many immigrants who arrive in New York are coming from homelands where there is war, famine and disease, all of which can take a toll on one’s mental health,” notes El-Mohandes. “New York City is unique in that it is one of the most popular first entry points for people coming to this country. The cultural, social and political acclimation can be enormous, making these new arrivals very susceptible to varying levels of stress. This enhances the importance of focusing on mental health as a pivotal area for this population.”

Providing an umbrella of support, CUNY’s work with the NYC Health Department encompasses all boroughs of the city and takes into consideration the mental health of all New Yorkers. “CUNY is different from other schools in that we are the only accredited school of public health in Manhattan and we find this to be core of who we are in order to serve the population of the city,” says El-Mohandes. “We are indebted to the taxpayers for creating and supporting us. In turn, one of the mandates of our school is to support the functions of NYC Health Department in any way we can, and to train the future workforce. Collaborating with the Department of Health adds to the credibility, veracity and integrity of the work we produce. That defines us as no other comparative school.”

#### THE FUTURE IS NOW

Ultimately, the work of the CIMH will help expand the DOH’s ability to make constructive partnerships with researchers and implementation experts.

“We would like to see New York City be a place to test and establish what a comprehensive public health approach to mental health could look like,” says Belkin. “We want to see what works, what needs changing or adding—and create effective strategies

for adoption in other cities nationwide.”

It’s a noble goal and one that’s already bearing fruit, as widespread national and international interest in adoption of ThriveNYC approaches is already underway.

Also in the works by the CIMH are a host of initiatives designed to build on their efforts thus far including:

- Extend research partnerships and evaluations of Thrive initiatives and related efforts to areas beyond the New York City area.
- Establish population-based measures to assess the impact of ThriveNYC
- Reports, briefings, and papers describing and synthesizing evidence on innovative strategies, interventions, and population mental health approaches.

“Opportunities with the NYC Health Department such as this one elevate our school to a new level,” says El-Mohandes. “These collaborations offer unique avenues not only to affect positive change in the lives of New Yorkers, but they expose our researchers to real-life challenges and expose our students to real-life intervention environments that greatly enhance the quality of education we can provide. It’s a win/win partnership.”

“Mental health is an integrated part of our lives, so we might as well acknowledge it and incorporate it into all aspects of our public health practice.”

# Seeing the Big Picture

CUNY'S NEW IMPLEMENTATION SCIENCE INSTITUTE  
TAKES ON GLOBAL-SIZED PROBLEMS

People with HIV face a very different future than they did in the early 1980s, when a diagnosis was a death sentence. With early and consistent antiretroviral therapy (ART), people with HIV now have a normal life expectancy. But less than half of those with HIV in the US are estimated to be on ART or achieve optimal levels of HIV viral suppression—and the number is even lower globally. Why are these outcomes so abysmal? And how can the treatment gap be narrowed? This is just one of the complex health challenges that collaborators in CUNY's Institute for Implementation Science in Population Health (ISPH) have in their sights.

The Institute, which opened its doors in July 2016, is part of the new and growing field of implementation science, whose practitioners identify and address the social, behavioral, economic, and management barriers that stand in the way of effective implementation of public health and healthcare programs, including treatments.

While most centers and institutes devoted to implementation science are housed in medical schools, CUNY's ISPH is a university-wide endeavor, allowing



The Ethiopian national HIV program changed their universal HIV testing policy to be more targeted, in part because of the results of ISPH research. PHOTO: DFID

researchers—and students—to draw on expertise and collaborators from every corner of CUNY.

“Implementing large-scale programs and understanding their impact is inherently a multidisciplinary endeavor,” says ISPH Executive Director Denis Nash, PhD. “Through the ISPH we can leverage the breadth of CUNY’s diverse strengths in ways that many other centers and institutes across the country can’t.”

The Institute’s home base is in the Graduate School of Public Health and Health Policy, but faculty at Hunter, Queens, Lehman, and City colleges including behavioral scientists and psychologists are currently among the ISPH’s investigators, and Nash hopes to recruit other investigators to join the Institute in areas like social media, computer and data science, and criminal justice.

“In the era of big data, the information we’re gathering is not all necessarily coming from the health sector,” Nash says. “And with our CUNY-wide orientation we can draw on expertise, perspectives, and disciplines outside of the health sector, but that is nonetheless relevant to population health, for example data on tobacco sales or heroin purity.”

The ISPH is also unusual among implementation science programs in its focus on scaling and evaluating the effectiveness of interventions at the population health level, rather than primarily focusing on translating evidence-based strategies and interventions from research studies to health programs and policies, says Nash.

“Implementation science is often described as the process of translating or integrating evidence-based strategies from the research setting into real-world service programs and policies,” Nash says. “Our Institute is focused on assessing the *impact* of these strategies when they are implemented in the real world, especially as they are scaled-up. Our view is that major population health improvements can be realized through more effective and efficient implementation of strategies that we already know about—that have already proven efficacious in the research environment—and that just need to be more effectively implemented at a larger scale.”

Nash and ISPH Associate Director Sarah Kulkarni, MPH, have worked



Jamot Hospital in Cameroon, one of the five African countries in which ISPH researchers are following large cohorts of HIV+ people under the auspices of IeDEA.

together since 2008 on both domestic and global HIV treatment programs, which have served as incubators for rapid evolution in the field of implementation science over the last few years, according to Kulkarni.

“The inspiration for the ISPH came from the HIV scale-up work that Denis has been involved in for a while,” she says. “He saw opportunities to take the lessons learned from HIV work to other population health priorities and problems, and to create new collaborations among the investigators we were already working with.”

#### FINDING KEYS TO THE HIV EPIDEMIC

Among ISPH’s large-scale projects is its global HIV work, through the International Epidemiologic Databases to Evaluate AIDS (IeDEA). This global network of HIV care cohorts operates in 42 countries, and continuously reviews data gathered on over one and a half million people enrolled in HIV care globally. As part of IeDEA, Nash and colleagues are following large cohorts of people with HIV in five central African countries. He and other IeDEA researchers analyze the outcome data to identify and describe implementation problems, determine how common they are across various settings or whether they’re context specific, and then work to identify solutions, says Nash.



*Implementation science is often described as the process of translating or integrating evidence-based strategies from the research setting into real-world service programs and policies,” Nash says. “Our Institute is focused on assessing the **impact** of these strategies when they are implemented in the real world.”*

Ellen Brazier, a second-year epidemiology doctoral student, is a member of the IeDEA research team at ISPH, and is currently working with Nash on designing and implementing a survey of over 250 HIV care clinics across the global IeDEA network. The survey results will help IeDEA investigators explore the links between health facility capacity, service delivery strategies, and optimal patient and program outcomes such as retention in care, treatment initiation, and, ultimately, viral load suppression.

“Figuring out which health facility attributes and service delivery strategies are more or less effective in keeping patients in care and enabling them to achieve viral load suppression in a timely manner is key to ending the HIV epidemic,” she says. “It’s also an important implementation science question because simply knowing that lowering patients’ viral load will reduce transmission does not tell us what strategies are effective in achieving these ends across multiple health facilities and diverse contexts.”

ISPH collaborators and colleagues in Ethiopia, where nearly 900,000 people are living with HIV, recently completed and published the results of a five-year NIH-funded study there that probed into why people often start treatment at a very late stage in the development of their disease.

“Because 8-25% of people in sub-Saharan Africa who start HIV treatment die within a year—and have likely unwittingly transmitted HIV to others during the years prior to starting HIV treatment—the persistent problem of late HIV treatment initiation is among the most important remaining HIV implementation science challenges,” Nash says. Through six HIV clinics in Ethiopia that deliver services at a very large scale, Nash and his team enrolled and interviewed 1,180 people who were just starting treatment to understand more about what prevented some from getting diagnosed and on treatment earlier.

The results of that study provided a set of new leads, he says, “and even some very clear answers about what needs to be done next.” These answers include the need to expand and better target testing coverage with timely linkage to care, and clinic-based programmatic initiatives promoting patient-centered, stage-appropriate



Denis Nash, ISPH Executive Director

counseling, engagement in pre-ART care, and smoother integration of HIV and TB treatments. The Ethiopian national HIV program has changed their universal testing policy to be more targeted, in part because of the results of this study.

#### TESTING A NEW TREATMENT PARADIGM IN NEW YORK STATE

ISPH is also involved in a large-scale NIH-funded HIV project in New York City focused on people enrolled in the Ryan White Program, the payer of last resort for HIV care. In partnership with the New York City Health Department, a CUNY research team is in the fourth year of a rigorous assessment of the effectiveness of a multi-pronged intervention called HIV Care Coordination, which has enrolled over 8,000 of the most vulnerable people with HIV citywide.

“People targeted by this program have a history of suboptimal HIV treatment outcomes, and have not been able to achieve sustained viral load suppression, which is needed to extend their life expectancy,” Nash explains. “Many of them contend with a number of major barriers to care such as homelessness, mental illness, and substance use.”

McKaylee Robertson, a fourth-year epidemiology doctoral student and member

of the research team, is developing methods for and conducting an analysis of data gathered through the study. Patients in the city’s HIV Care Coordination Program not only get intensive medical care, she explains, but a care coordinator who helps ensure that all of their service providers are talking to each other, and a patient navigator who helps ensure that their practical needs like transportation to appointments and housing are met. Their medical and non-medical needs are routinely assessed, and care and services, including mental health and substance abuse treatment, are adjusted to meet their needs.

The research group has already published several papers planned under the grant.

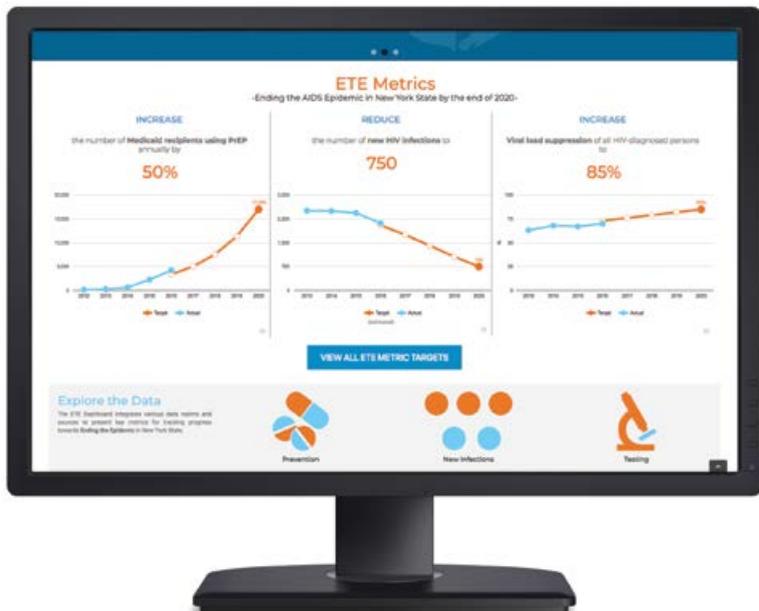
“If, in the end, our research shows that the program is more effective and/or more cost effective than standard of care, or if it’s most effective with newly diagnosed patients or for people out of medical care, there could be a more efficient targeting of the program in New York City through Ryan White funding,” Robertson says. And those results would shape the care provided under Ryan White programs in dozens of other metropolitan areas around the country that have challenges similar to those of New York City, she adds.

#### ENDING THE AIDS EPIDEMIC IN NEW YORK STATE

With funding from the New York State AIDS Institute, the ISPH also developed an interactive, web-based, public facing dashboard system to help track the progress of Governor Andrew Cuomo’s Ending the Epidemic (ETE) Initiative, which seeks to reduce the annual number of new HIV infections in the state of New York to just 750 (down from an estimated 3,000 cases) by 2020.

The ETE Dashboard is an interactive platform facilitating data integration, data analysis and data visualization of HIV trends in the state of New York to address needs of diverse stakeholders for informed decision making.

The latest data posted on the ETE Dashboard indicate that the initiative is just about on-track to achieve its goal. There were an estimated 2,115 new HIV infections in New York in 2016, a 13% drop from the previous year, which almost hit the annual ETE target for the year set at 2,050.



ISPH created the ETE Dashboard to track the progress of New York State's Ending the Epidemic Initiative.

Explore the ETE dashboard:  
[etedashboardny.org](http://etedashboardny.org)

Other key metrics were nearly on target, or in the case of PrEP use among Medicaid recipients, surpassed the ETE goals, suggesting the initiative is making headway.

“While it is too soon to say definitively, taken together, these data may be an early indication that the ETE initiative is having an impact,” says Dr. Denis Nash, Professor of Epidemiology at CUNY SPH, and the Executive Director of ISPH.

The downward trend in incident infections is encouraging, but according to the ISPH, the trend needs to progress at a faster rate, at least a 23% decrease per year, in order to reach the ETE’s 2020 goal of reducing the number of new infections to 750.

### COLLABORATION LEADS TO SOLUTIONS

Beyond HIV, an ISPH team are studying population health in slum communities in Haiti to try to understand more about the demographic and health priorities in those communities, and is assessing risk factors for non-communicable diseases such as hypertension. Another team is working on genetic markers for ovarian cancer risk to understand whether these markers might be useful at a larger scale to predict disease aggressiveness and risk.

Others are researching implementation questions related to smoking and asthma. “If you look across this institute there are 15 investigators and more than a half dozen of Affiliated Investigators, all whom have research foci relating to questions of implementation and policy,” Nash says. The ISPH leadership team now also includes Dr. Renee Goodwin, a clinical psychologist and epidemiologist who joined as the Deputy Director of the Institute, whose research focuses on substance use, smoking, and depression. Goodwin’s research portfolio is also strategic for the ISPH. “These are significant determinants of population health, all amenable to substantial improvements through better implementation of policies, programs and services,” says Nash.

Through fieldwork and thesis projects CUNY doctoral and masters of public health students are working with the ISPH, giving them an opportunity to be involved in large-scale research projects related to real-world implementation—work that they might not otherwise be able to work on until after they graduated, Nash says. “Implementation science in population health, and the associated methodological approaches, haven’t really made it to a

classroom or a curriculum yet, so to learn it you need to be part of it.”

Nash and Kulkarni hope to soon translate some of the training that’s taking place in the field into the classroom, says Nash. “The intersection of implementation science and population health is an emerging area, so the theories related to it are very much in development, and the methods we use are also very applied and not often formally taught in the public health curriculum. We are looking for way to infuse it into the curriculum at CUNY.” As a start, Nash envisions developing a seminar-style course that brings together people from different perspectives and disciplines, and then to identify and develop more detailed courses.

Implementation science attracts a certain kind of researcher, according to Nash. “People drawn to implementation science in the field of population health tend to like the idea of working on big, complicated, real-world problems. Once you wade into the details of why something is working or not working,” he says, “there’s never one answer, and there’s a lot of complexity and messiness to it—but there *are* solutions that can have substantial impact at the population level. And that’s, of course, why most of us get into public health.”

**ASHISH JOSHI** MBBS, PhD, MPH

## Improving the Student Experience



PHOTO: Diane Bondareff

**F**ourteen years into his career as a public health practitioner, Associate Dean Ashish Joshi wears many hats. As a researcher, professor, mentor, and entrepreneur, he has a passion for solving health disparities. As a dean, he makes a practice of fully identifying with students in order to meet their needs.

“When I look at a student, I think of myself as a student and that’s how I make my decisions as an administrator,” Joshi says. “That makes me think differently—you have to be adaptive to understand those things from a broader population perspective.”

Joshi arrived in the states as an international student in 2002. He had \$3,000 to his name—a first semester student loan—and limited computer literacy. When he became an associate dean, one of his first missions was to introduce on-campus jobs in his student affairs office to help students pay for their education and learn valuable administrative skills.

“Sometimes you have to go out of your comfort zone to rethink how you can make a social transformation,” Joshi says. “When I came to the United States to study, I couldn’t get an on-campus job. The challenge so many students face is how to pay tuition, how to pay their bills. Very basic things. The degree is important but at the same time, they need access to the resources that will enable them to succeed in their studies.”

His other initiatives range from creating a global health club, in which international students present on their home countries’ public health systems, to championing research partnerships with faculty and outside organizations that let students network and find employment opportunities to enhance their education and their future careers.

Another recent achievement for Joshi and CUNY’s graduate public health students is the successful launch of the new CUNY SPH Graduate Student Government Association. From electing representatives to ratifying its constitution and receiving trustee approval, the process of making the student government a reality took from November 2016 to June of 2017. And while Joshi says the formation process could have waited until the following year, the administration and the students involved wanted

to have representatives addressing student issues as quickly as possible.

“The school is here for the students—they’re the priority,” Joshi says. “What is the best way to address student needs? To know and understand them. And what is the best way to understand their needs? To have a student government so that students have an equal voice in shaping the school.”

### A NEW APPROACH TO HEALTH INFORMATICS

He describes himself as an “aggressive implementer,” a term reflected in his *curriculum vitae*. Three years after joining SPH, he is successfully juggling numerous grant-funded informatics projects across multiple countries, including India, Brazil, and Nigeria. He also lectures regularly and, in October 2017, released his first textbook, *Population Health Informatics: Driving Evidence Based Solutions into Practice*, co-authored with Lorna Thorpe (New York University School of Medicine) and fellow CUNY SPH faculty member Levi Waldron.

When Joshi launched an online Population Health Informatics Certificate, the program inspired state and local departments of health to offer CUNY informatics students opportunities to intern and research outside the city and in states such as Texas. Joshi sees this development as evidence of the growing recognition of the centrality of population informatics skills in the public health workforce and the value of his certificate program.

“Strategically, I’m showing that the need is there—that is the goal,” says Joshi. “I am not creating a curriculum; I’m creating and tailoring my curriculum to the public health needs of organizations like the Department of Health and the communities they serve.”

A clinician by training, Joshi earned a master’s degree in epidemiology and biostatistics from Boston University in 2004 and a PhD in public health informatics from the University of Texas. His interpretation of health informatics encourages public health workers to use technology to proactively address health disparities to “prevent, monitor, and self-manage” health issues rather than wait until a patient reaches the level of hospitalization.

“I call my platform and research ‘SMAART:’ Sustainable, Multisectoral,

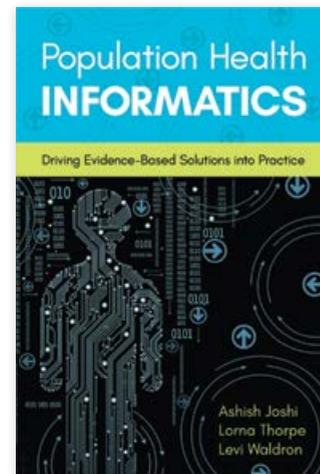
Accessible, Affordable, Reimbursable, Tailored,” Joshi says. “The health of the population has many contributing factors. For instance, if someone is not financially independent or not able to afford health solutions, how can they maintain their health? All my research is built around creating culturally adaptive material that allows communities to modify their behavior while keeping their social circumstances in mind.”

### LOOKING AHEAD

In the future, Joshi aspires to expand the student-centered master’s experience he has helped develop thus far. His list includes making the new student government a success, finding new ways to limit student debt, and creating an enhanced database of organizations that connects students to new domestic and international job opportunities. He also continues his research projects both locally and globally and continues to involve students every chance he has.

“The vision was first to create an environment for the students that allows them to succeed academically,” Joshi says. “Then to provide the environment that also allows them to have non-academic enrichment.”

“Student centeredness and thinking outside of the box,” Joshi says. “Those are the keys.”



“

*Sometimes you have to go out of your comfort zone to rethink how you can make a social transformation.*

”

# Connecting the Dots

SPH BRINGS HARLEM ORGANIZATIONS TOGETHER THROUGH MAPPING PROJECT

- HEALTH SERVICES ESTABLISHMENTS
- SOCIAL SERVICES AND POLITICAL ADVOCACY
- PROGRAMMED RESIDENTIAL
- CHILDCARE AND SCHOOLS
- PHYSICAL FITNESS

In April, Dr. Marilyn Aguirre-Molina and Dr. Meredith Manze, Professors of Community Health and Social Sciences, hosted CUNY's first panel discussion to explore opportunities for collaboration with local community-based organizations (CBOs). The meeting, dubbed "Academia in Action: Serving the Harlem Community," brought together the leaders of Northern Manhattan Perinatal Partnership, Harlem Grown, Boys & Girls Club of Harlem, and Harlem United. Although each group has a long history of activism in Central Harlem, some of those leaders had never met until they sat down together for the panel. That surprising discovery planted the seed for what would become SPH's new Harlem Mapping Project, Aguirre-Molina recounts.

Under Manze's and Aguirre-Molina's guidance, a team of SPH graduate students worked with MAPSCorp NYC and its local partners, youth from the Mount Sinai Adolescent Health Center, to compile the data that will be used as the foundation for the Mapping Project.

"Over the summer the kids collaborating with Mt. Sinai worked in small groups to do a block-by-block inventory and envi-



## Harlem Mapping Project

ronmental scan to document every health and social services organization in Central Harlem,” Aguirre-Molina says. “After analyzing the data, MAPSCorp NYC then makes that data available publicly.”

CUNY’s SPH student team is adding a more detailed informational layer about the CBOs. “Our students approached the CBO leadership to learn, in more detail, what populations they serve, what services they provide, what their capacity is, if they have the ability to serve more people, etc.,” says Aguirre-Molina. The resulting database of 50-100 CBOs is now an open-access website that lists services available throughout Central Harlem—a valuable resource for Harlem residents. The site can be found here: <http://arcg.is/0H0DXi>

Users of the map will be able to select themes that are important to them, such as the location of every childcare provider in the neighborhood.

“By selecting data points they can get information about each facility they’re interested in,” says Dr. Andrew Maroko, Associate Professor of Environmental, Occupational, and Geospatial Health Sciences. Maroko geocoded and mapped the organizations, and created the interactive web map.

As part of the project, adds Manze, “our team will assess pockets of need or duplication of services, so CBOs can better understand where they might benefit from collaboration or where there are needs not being met.”

Maroko points out that mapping the spatial distribution of CBOs might reveal areas where there is lack of access to important services, and notes one example showing that geographic access can be important for different health outcomes.

“Studies have shown that access to methadone clinics is correlated with lower morbidity rates for opioid overdoses,” Maroko says.

Manze says she doesn’t anticipate uncovering any major pockets of need in Central Harlem, “but there might be a lot of duplication, which is also important information for programs to have.”

“We found that some service organizations that have been in the community for a lot of years haven’t reached out to each other or made connections,” says Aguirre-Molina. “So one of the major contributions we can make would be to help the CBOs connect with each other and create some synergy and a more dynamic environment.” She expects SPH to play a continuing role in that effort: “CBOs are up to their eyeballs in day-to-day issues, so we hope that we can take this project beyond just a list on a website, and facilitate exchanges across these groups.”

Dominique R. Jones, Executive Director of the Boys & Girls Club of Harlem, says she is encouraged by the SPH’s development of a digital directory of services.

“The directory will provide us with an essential tool to better support the children and families we serve, and help them access critical resources that will enable them to thrive,” Jones says.

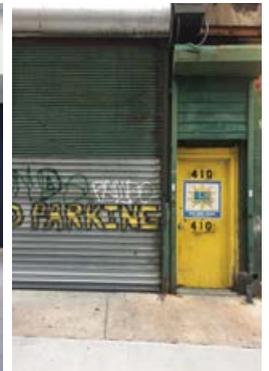
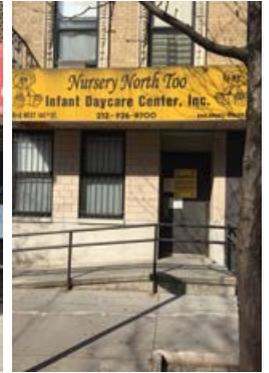
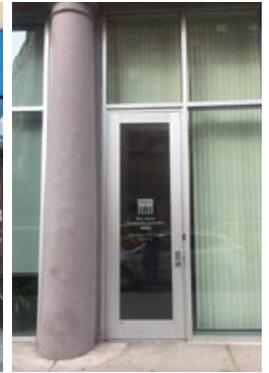
The SPH project is focusing on Central Harlem specifically—the area bound by Fifth Avenue to the east, the Harlem River to the north, Central Park to the south, and the Hudson River to the west—because “this is where CUNY is,” Aguirre-Molina says. “These are our neighbors. We are not a school of public health that has no interest whatsoever in the community it sits in,” she adds. “Because CUNY SPH is grounded in the values of social justice and equity, this is an organic outcome of our school’s values and beliefs.”

“Our involvement is genuine,” agrees Manze. “It’s a project in keeping with CUNY’s mission to be not just ‘in Harlem’ but ‘of Harlem.’”

## Health and social services organizations in Central Harlem

PHOTOS: Ariana Costakes

“The directory will provide us with an essential tool to better support the children and families we serve, and help them access critical resources that will enable them to thrive.”



Oberia D. Dempsey Multi Service Center, 127 W 127th St.

The African Services Committee, 429 W 127th St.

Countee Cullen Community Center, 271 W 144th St.

Harlem United, 306 Lenox Ave

The Children's Village Harlem Dowling, 2139 Adam Clayton Powell, Jr. Blvd

Heritage Health Care, 1727 Amsterdam Ave.

The Drew Hamilton Houses Health Center, 2698 Frederick Douglass Blvd.

Start, 119 W 124th St.

The Charles Project, 214 W 142nd St.

Youth Intervention and Development, 262 W 145th St.

The Drew Hamilton Learning Center, 2672 8th Ave.

Harlem United, 123-125 W 124th St.

The Graham-Windham Manhattan Center, 274 W 145th St.

The Bridge Mental Health and Housing Solutions, 2493 Adam Clayton Powell, Jr. Blvd.

Logan Gardens, 450 West 131st St.

Children's Health Fund, 215 W 125th St.

West Harlem Development Corporation, 423 W 127th St.

Nursery North Too Infant Daycare Center, 249A West 144th St.

SMC Manhattan Center Incorporated, 512 W 126th St, #516

Leader Electric, 410 W 127th St.

STORY

Age-Friendly New York

# Age-Friendly New York

EMPOWERING OLDER NEW YORKERS



Last July, Dean Ayman El-Mohandes and Jo Ivey Boufford, then President of the New York Academy of Medicine (NYAM), initiated an exciting collaboration to advance opportunities for CUNY SPH students and faculty to contribute to social justice for older adults and healthy aging initiatives in New York City through Age-friendly NYC. Age-friendly NYC is a one-of-a-kind partnership between the Office of the Mayor, the New York City Council, and the New York Academy of Medicine that works to identify and catalyze improvements to enable older people to access, enjoy, and contribute to city life.

As the population of New York City grows older—with adults ages 60 and above projected to account for 20.6 percent of the city’s population by 2040—Age-friendly NYC uses the Active Aging Policy Framework developed by the World Health Organization to reduce or eliminate barriers to optimal social, physical, and economic participation. The partnership with NYAM will contribute to the evidence base for age-friendly interventions, help to refine

and retool interventions as appropriate, and encourage faculty and emerging professionals to focus on reducing disparities in healthy aging in an urban environment.

“The New York Academy of Medicine is pleased to partner with CUNY SPH to build the evidence base for the age-friendly communities model currently being implemented in over 500 localities across the world and to advance the spread and scale of age-friendly interventions throughout New York City,” Boufford says. “Through this collaboration, we look forward to engaging a new generation of public health practitioners about successful aging in an urban environment today.”

The timing of the new NYAM-SPH partnership coincided with the release of Mayor Bill de Blasio’s July report, *Age-friendly NYC: New Commitments For a City For All Ages*, which was intended to help meet the demands of this demographic shift.

“New York would not be the city it is today without the invaluable contributions of our senior citizens—a debt we are paying down with programs to help them age in

Age Friendly NYC will engage a new generation of public health practitioners in understanding successful aging in an urban environment.

PHOTO: Federico Rostagno



place,” said de Blasio. “The initiatives outlined in Age-Friendly NYC will build on the progress we have made in meeting the needs of our growing community of older New Yorkers.”<sup>1</sup>

The near doubling of life expectancy in the last century is a true public health success story. Yet emerging challenges associated with an aging population require our urgent attention. Not all older adults share the same prosperity and progress. Life span disparity between the rich and the poor has more than doubled since the 1970s and continues to grow. Today, for men born in 1950, the difference in life span between the top income 10 per-

cent and the bottom income 10 percent is 14 years, for women, the gap is 13 years. Public health attention is crucially needed to address this social injustice.

In US cities such as NYC, as well as cities across the globe, public health professionals are partnering with communities to build and sustain intersectoral urban infrastructure that can meet the needs of our expanding older populations. While there have been numerous efforts to identify indicators of an age-friendly community, including AARP’s Livability Index and the WHO Kobe Center’s Core Indicators, there have been few studies of how age-friendly initiatives improve the health and well-being of older people. SPH faculty and students, at the forefront of NYC age-friendly initiatives, have pioneered research with community-based organizations documenting the connections between neighborhoods and healthy aging.

As NYC’s population ages, it’s more important than ever before to expand the body of research exploring the health and well-being of older people.

<sup>1</sup> Press Release: <http://www1.nyc.gov/office-of-the-mayor/news/494-17/de-blasio-administration-releases-age-friendly-nyc-new-commitments-city-all-ages>

PHOTO: Chris Goldberg

“Through this collaboration, we look forward to engaging a new generation of public health practitioners about successful aging in an urban environment today.”

For instance, Professors Marianne Fahs and William Gallo, working with graduate students and fellows, found that neighborhood characteristics such as walkability, perceived safety, and social cohesion are associated with positive health indicators including nutritional security and hypertension management.

Today, our formal collaboration with NYAM will allow SPH students and faculty to be involved in developing environments and implementing policies and programs that are responding to the public health challenges of healthy urban aging.

“The aging of the population is one of our biggest public health challenges,” says El-Mohandes. “With this exciting collaboration, SPH students and faculty will have firsthand opportunities to contribute

innovative research and practice that can impact positively the health and well-being of older adults, which increases the quality of life for all.”

Potential collaborative projects include: 1) Evaluation of built environment interventions to improve walkability; 2) Evaluation of programs to increase access to physical activity in age-neutral spaces; 3) Partnerships with Community Boards to contribute to district assessments and action plans, including conducting surveys and town hall meetings using Age-friendly NYC assessment tools spanning the Eight Domains of an Age-friendly Community; 4) Comparative studies of aging as experienced by different immigrant groups (over 50% of NYC older people were born outside the US), analyzing indicators such

as access to resources, informal and formal support systems, health literacy and outcomes, and perception of the aging process; and 5) Evaluation of age-friendly local business initiatives to inform local economic development efforts.

Developing new public health leadership and evidence to support older adults in living healthier lives and remaining fully engaged in their communities will have a significant positive impact on the quality of life of the community as a whole.



*“The aging of the population is one of our biggest public health challenges.”*

PHOTO: Nicolas McComber

**SUSAN KLITZMAN** PhD, MPH

## An Enduring Commitment to Public Health



PHOTO: Diane Bondareff

For over thirty years, Dr. Susan Klitzman, Senior Associate Dean for Administration, has brought vision and expertise to public health. Her career has been rooted in two of New York's premier public health institutions: CUNY and the New York City Department with Health and Mental Hygiene, with many accomplishments in policy and program development research, teaching, student mentorship and administration. But among Klitzman's proudest achievements was one that brought to bear all of her accumulated wisdom and skill: the "once-in-a-career opportunity" to help create the CUNY Graduate School of Public Health and Health Policy.

Klitzman earned her master's and doctoral degrees from the Columbia University Mailman School of Public Health (1982, 1985) and a post-doctoral certificate from the University of Michigan (1987). Upon graduation, she led programs for 12 years as an environmental and occupational health epidemiologist at the New York City Department of Health and Mental Hygiene (DOHMH). There, she spearheaded investigations and developed policies and programs to address a wide-range of environmental and occupational health hazards, from lead and mercury poisoning, to indoor allergens, to occupational fatalities and injuries and neighborhood cancer and other disease clusters.

While she had notable successes at the DOHMH, Klitzman was inspired to take on new challenges.

In 1999, Klitzman joined CUNY as a professor in Hunter College's Urban Public Health Program.

### ENHANCING PUBLIC HEALTH PROGRAMS AT CUNY

In 2006 the CUNY Chancellor announced the university would create a collaborative CUNY School of Public Health, with Hunter College as the lead institution. The new school would comprise the existing public health programs across four CUNY institutions: Hunter, Brooklyn, Lehman and the Graduate Center and focus on urban health. Soon after, Hunter's dean called a group of senior faculty into a room and said that a faculty volunteer was needed to coordinate the complex academic work of creating a school. Klitzman raised her hand.



*We had the potential to fill a unique niche as a public school with a focus on urban health that could offer high-quality affordable programs to students across several boroughs.*



“This was a unique opportunity,” she says. “It had been over 70 years since the only school of public health in NYC had been established. In 2006, there were no public schools of public health in NYC. We had the potential to fill a unique niche as a public school with a focus on urban health that could offer high-quality affordable programs to students across several boroughs.”

#### **CUNY SPH TAKES FORM**

Faculty and senior administrators from each of the four campuses and the CUNY Central Office spearheaded the massive effort to create a new school, integrating and expanding the master of public health programs across three campuses, building a doctoral program, hiring faculty and staff, identifying best practices for running a consortial school, and developing a vision and a governance plan with representation from all four campuses. The CUNY School of Public Health launched in 2008.

In 2010 Klitzman became the Associate Dean for Academic Affairs and in 2011, the School received full accreditation from the Council on Education for Public Health (CEPH). It was an incredible achievement, but the consortium remained “a monster to administer,” and created logistical challenges for students, faculty, and staff. There were no central faculty, staff or students—all were housed at one of four campuses across three boroughs. There were no independent or centralized resources—all belonged to one of the campuses. It was challenging to forge a school-wide identity and to advance the school’s infrastructure to better support its faculty and students. In addition, it appeared that the current structure would not meet future accreditation requirements.

In 2013, the School’s first permanent dean, Dr. Ayman El-Mohandes, was

appointed following a national search. Dean El-Mohandes quickly recognized the School’s potential to become a leading center for training, applied scholarship and practice on urban health and health policy. Realizing this vision would require transforming the current consortial model into a streamlined and consolidated free-standing graduate school of public health. Klitzman quickly became Dean El-Mohandes’ right hand in this endeavor, and once again played a leading role in a complex, monumental, and ultimately successful transformation. In November of 2015, the CUNY Board of Trustees approved the transition to a single CUNY Graduate School of Public Health and Health Policy, and the new independent CUNY college set its roots down at 55 West 125th Street. In April of 2016, the School in its new incarnation was re-accredited by CEPH for a full seven years.

#### **GROWING AS A SCHOOL AND A COMMUNITY**

In her current role as Senior Associate Dean for Administration, Klitzman is the Chief Operating Officer of the School. Over the past two years, she has led the creation of a comprehensive administrative infrastructure that makes the scholarly and educational mission of the school possible. Her responsibilities include space allocation, facilities, IT, public safety, human resources, and financial services—a daunting portfolio for anyone...with the possible exception of Klitzman herself. Her background as a former public health student, her experience as an administrator at the DOHMH, and her time as a faculty member at Hunter have all given her unique insight into the needs and aspirations of the various stakeholders at the school.

“If you look at the top ranked schools of

public health in the nation, all have been in existence for decades. This tells us that creating a top-notch school requires an enduring commitment. You have to be in it for the long haul.”

While she looks back fondly on her time as a researcher and professor, Klitzman is filled with passion for where her work has led her. “It’s very exciting—challenging but with a lot of rewards,” Klitzman says. “To see some of our students go to CUNY from undergraduates to master’s to doctoral to graduates and now in leadership positions in academia and other organizations throughout the city—and to develop meaningful relationships with people in the process of achieving something that everyone believes in. I feel very fortunate to have that experience.”

Students try out a web-based health app designed by the Healthy CUNY Tech Team.

# Healthy CUNY

## PROMOTING HEALTH FOR ACADEMIC SUCCESS

As more college students around the nation experience depression, anxiety and high levels of stress, universities are trying new approaches to preventing problems that can make lives miserable—and interfere with academic success.

Even MTV is weighing in, with a campaign to reduce the stigma that can block students from getting the help they need. While shame associated with mental health is a reality on campuses throughout the U.S., CUNY students may face even more obstacles to getting help. Black and Latino students, women, and community college students appear to experience a greater burden of stressors compared to other college and university students around the country. And those facing poverty, high rents, racial prejudice and unsafe neighborhoods face added stress that can worsen even mild psychological problems.

For the past three years, Healthy CUNY, a university-wide initiative to reduce health problems that interfere with academic success, has been developing new approaches to helping CUNY students get help for mental health concerns. According to Healthy CUNY's February report, *Promoting Health for Academic Success: An Assessment of Opportunities at City University*

*of New York*, CUNY students experience mental health problems at worrying rates. More than 18 percent of CUNY undergraduate and community college students reported suffering from depression and 20 percent reported suffering from anxiety. The report notes that multiple stressors impose a disproportionate mental health impact on racial and ethnic minority students, women, and community college students compared to their respective peers. In focus groups led by Healthy CUNY researchers, students described the resources they turned to for help and the barriers they encountered. For some students, families, peers and professors provided the help they needed to resolve their mental health problems. Others turned to mental health professionals on their campus or in their communities. Some students, however, recounted that their families discouraged them from seeing a counselor or that they had trouble finding help on their campus.

Moreover, one third of CUNY students reported that a mental health issue interfered with schoolwork in the past 12 months. That's an enormous challenge for a university working to improve its retention and graduation rates.





*At the CUNY Graduate School of Public Health and Health Policy, a team of students worked with Healthy CUNY faculty and staff to develop a new app offering mental health resources—as well as assistance with sexual health, food security, and health insurance access.*

But there is good news. Two years ago, First Lady of New York City Chirlane McCray, along with the New York City Department of Health and Mental Hygiene and the Mayor’s Office, launched Thrive NYC, a comprehensive initiative designed to change the way people think about mental health—and the way the city delivers its services.

During the 2016-2017 academic year, with funding from the CUNY Office of the Chancellor, the United Hospital Fund, and Thrive NYC, Healthy CUNY reached out to thousands of students across four CUNY campuses to encourage them to seek help if they felt stressed, depressed, or anxious. This outreach included a marketing campaign, an app for use on mobile phones, and student “mental health ambassadors,” trained to help their peers get help for depression and anxiety. On two CUNY campuses in the Bronx, ambassadors directed their peers to on-campus and community resources.

At City College of New York, undergraduates in the Advertising and PR program developed posters to promote these initiatives.

“Many of our students, in developing this campaign, reflected on their own realizations about reaching out to friends and seeking help themselves,” says Gerardo Blumenkrantz, a City College marketing and communications professor who worked with the students to develop the campaign.

At the CUNY Graduate School of Public Health and Health Policy, a team of students worked with Healthy CUNY faculty and staff to develop a new app offering mental health resources—as well as assistance with sexual health, food security, and

health insurance access. Two SPH faculty, Spring Cooper and Chris Palmedo, played key roles in this project as did CUNY doctoral student Sonia Gonzalez.

“Many CUNY students feel that whatever they’re going through—*anxiety or depression—it will subside,*” says Isabella Divilova, a Thomas Hunter honors scholar who worked on the Healthy CUNY outreach and app development team, while studying at Hunter College. “And although that may be true *sometimes,* the stigma that exists around mental health is keeping many students from getting important help that they actually need.”

Using a human-centered approach to designing the app, CUNY students from around the university visited CUNY campuses, introduced students to the app and invited their suggestions for improvements. The human-centered design approach meant that the app’s intended audience was involved in all aspects of app development. At John Jay College, Borough of Manhattan Community College (BMCC), Brooklyn College, Kingsborough College and Medgar Evers College, Healthy CUNY researchers used student feedback on the app to improve it.

“When I first came to college, it was extremely difficult for me. I dealt with a lot of depression” says Yasmine Subtyl, a Queens College student who worked on design team. “But when I found out that there was an app that could help, I wanted to be a part of that.”

Healthy CUNY researchers are now completing an evaluation of these demonstrations. They will use the findings to design, then launch and evaluate a more

comprehensive intervention that combines the best elements of peer support and outreach, app-based information and referrals, and campus-based mental health professionals. Their ambitious goal is to ensure that in the future any CUNY student with mental health concerns can get help before the problem interferes with school.

Healthy CUNY also seeks to put CUNY at the forefront of national efforts to improve educational achievement among low-income urban college students.

“In the last decade, CUNY has developed nationally recognized models of providing our students with academic and financial support,” says Nicholas Freudenberg, Distinguished Professor of Public Health and Director of the Healthy CUNY Initiative. “In coming years, CUNY has the potential to further contribute by helping students to overcome health challenges such as depression, anxiety, lack of access to health care, sexual and reproductive health issues, and food insecurity that often undermine academic success.”



# A Very Special Inaugural Commencement at the Apollo

Last June, CUNY SPH held its inaugural commencement ceremony at the historic Apollo Theater in Harlem, celebrating master's and doctoral graduates from the Class of 2017, as well as from the Fall Class of 2016.

Celebrating our commencement at a neighborhood landmark underscores CUNY SPH's commitment to our Harlem community.



The School presented Chirlane McCray, First Lady of New York City, with an honorary Doctor of Science in Public Health degree in recognition of her leadership of ThriveNYC, a comprehensive mental health plan for New York City. Her husband, Mayor Bill de Blasio, made a surprise appearance onstage to present her with a bouquet of flowers to commemorate her honorary degree.

Dr. Mary Bassett, Commissioner of the New York City Department of Health and Mental Hygiene, was honored with the Champion of Public Health Award for her transformational work in addressing population health in New York City.

Linda Sarsour, co-organizer of the National Women's March and former executive director of the Arab American Association of New York, delivered the keynote speech, in which she called upon the

“

*We will stand up, we will speak truth to power no matter the consequences, we will demand change, we will center those most directly impacted because they, we, who are closest to the pain are also closest to the solution.*

”

— Linda Sarsour





Keynote speaker Linda Sarsour; Dean Ayman El-Mohandes with Champion of Public Health awardee NYC Health Commissioner Mary Bassett; NYC Mayor Bill de Blasio surprises his wife—honorary doctoral awardee Chirlane McCray—with flowers.

graduates to denounce sexism, violence, discrimination, racism, xenophobia, Islamophobia, anti-semitism, and homophobia.

“We in this room together must commit to never being bystanders to poverty, lack of jobs and healthcare,” Sarsour said. “We will stand up, we will speak truth to power no matter the consequences, we will demand change, we will center those most directly impacted because they, we, who are closest to the pain are also closest to the solution.”

Sarsour went on to emphasize the importance of social justice and recognized the intersectionality of the practice of public health.

“We know that we can’t talk about economic justice without talking about racial justice, and we can’t talk about racial justice without talking about reproductive rights, or immigration reform, or environmental justice. There is no such thing as

a single-issue struggle because we do not live single-issue lives,” she said, quoting Audre Lorde.

Sarsour made an impassioned plea to graduates to act in their capacity as future public health practitioners, to address the suffering of those without a voice.

“I truly believe that dissent is the highest form of patriotism, that silence is an endorsement of the status quo and makes us complicit in the suffering of the most marginalized amongst us,” she said. “We must stay righteously outraged. We must never feel despair or complacency or submit to the idea that this is just how it is.”

Sarsour concluded by pledging to stand against injustice and suffering everywhere.

“I will be righteously outraged every day until we are all treated with dignity and respect, and we are all free in every part of this world; because when one of us is not

free, none of us are free,” she said. “I will be righteously outraged and I will make sure to contribute something every day to alleviating suffering and pain in my midst.”

Following Sarsour’s address, Bassett led the graduates in the recitation of the public health pledge, in which graduates vowed to “safeguard human and environmental health through prevention, protection, promotion, and educational efforts.”

The CUNY SPH Dean, Ayman El-Mohandes closed the ceremony by inviting the graduates to turn their cell phones on and take a selfie.

“No one can take this moment away from you. It is yours, and yours only,” El-Mohandes reminded the graduates. “When bad times come, pull out that selfie and look at it. It is the flag that you have planted at the peak of Mount Everest. Congratulations! Go in peace.”

LYNN ROBERTS PhD

## Applying Radical Reproductive Justice Beyond the Classroom

Over the course of her career, Dr. Lynn Roberts has been instrumental in shaping and enhancing New York City's sexual and reproductive health initiatives. As Assistant Professor of Community Health and Social Sciences at SPH, her impact as an educator has transcended the classroom, helping to foster a meaningful public dialog around sexual and reproductive justice.

Reproductive Justice asserts the human right of every person to choose whether to have children and the conditions under which to give birth, to care for children with the necessary social supports in a safe and healthy environment, and to control their own body and self-expression, free from any form of sexual or reproductive oppression.

"Reproductive Justice employs several strategies," Roberts says. "We believe in addressing these intersecting oppressions, analyzing and working to change the unjust systems of power in our society, always centering the most marginalized amongst us, and supporting the Indigenous and women of color leadership that exists. For that we have to build a socio-political economic power base, we have to mobilize across issues, we have to coalition-build with allied social justice organizations to fight for all of our human rights, and we have to take care of ourselves and support each other."

Roberts' influence as an educator has helped apply the Reproductive Justice framework to New York City public health policy. In 2016, at the suggestion of two former students who were interning at the city Department of Health, Roberts was taken on as an advisor to help retarget and refine a sexual and reproductive health campaign. Roberts worked with health department staff to cultivate a partnership known as the Sexual and Reproductive

Justice Community Engagement Group (CEG) to achieve an ongoing dialog with community leaders, activists, and non-profit organizations around the sexual and reproductive health inequities facing the city. The CEG meets monthly to plan and implement activities so that all New Yorkers can safely express their sexuality and gender identity with dignity, exercise bodily autonomy, and have the resources to lead healthy and fulfilling lives.

Roberts' work culminated in November 2017 with the publication of *Radical Reproductive Justice: Foundation, Theory, Practice, Critique*, an anthology presenting the Reproductive Justice framework in a teachable format. *Radical Reproductive Justice*, published by the Feminist Press at CUNY, is the product of 10 years of collaboration between four editors, including Roberts, and combines historical text, policy analysis, personal narrative and poetry.

Roberts says the book's publication couldn't be more timely given the current political climate, the ongoing national dialog regarding sexual harassment and assault and the widespread media coverage of disproportionate maternal mortality rates among Black women and other women of color in New York City and across the nation. The Reproductive Justice framework the anthology presents is needed now more than ever, she says.

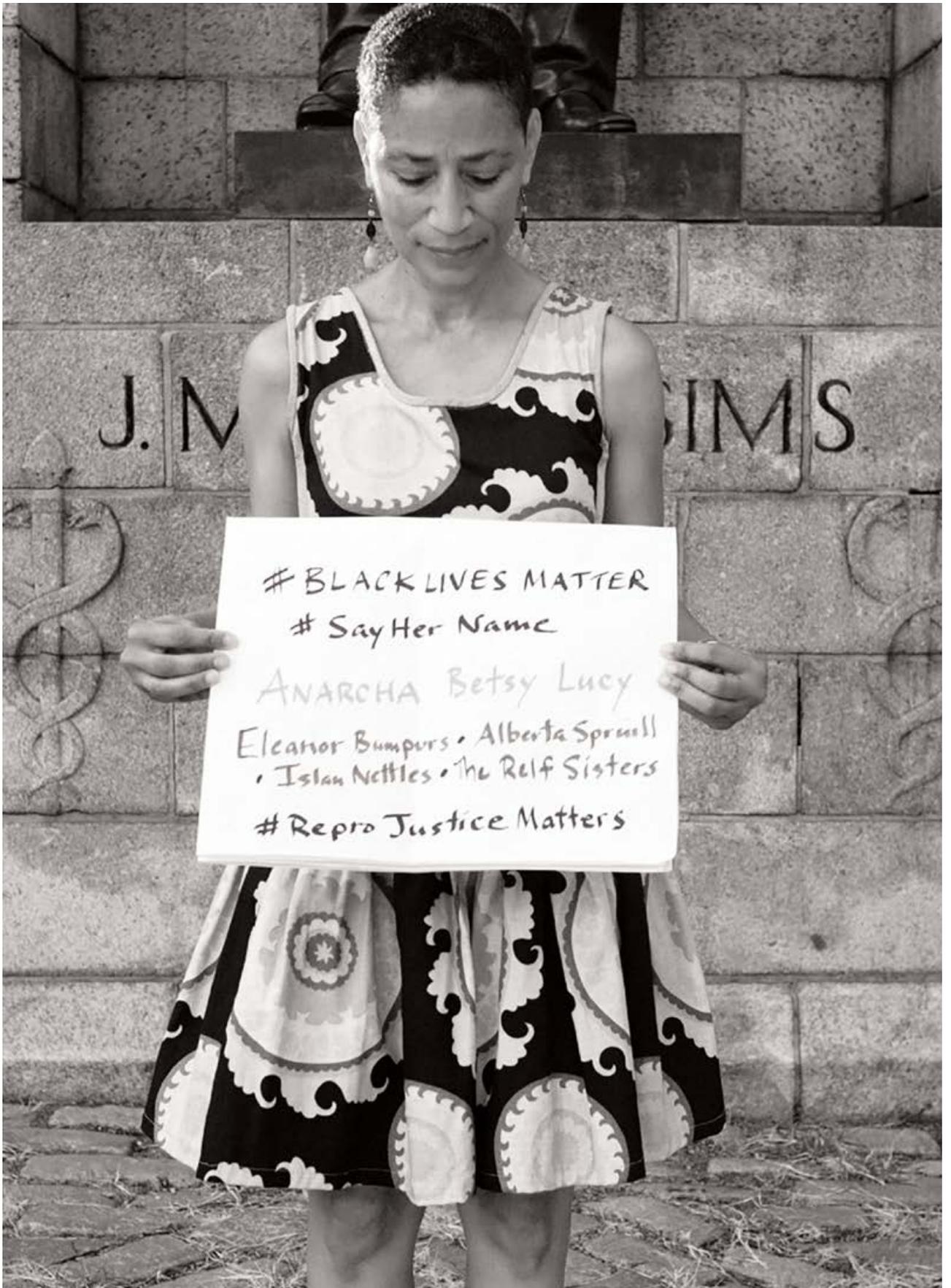
"The new Administration and the conservative-led Congress reversed reproductive rights measures that had been in place for the past 40 years," Roberts says. "Within the first weeks of 2017, the President reinstated and extended the Global Gag Rule, several states introduced laws which impose restrictions on providers that perform abortions, and as we closed out the year new federal rules

were introduced that make it possible for employers to deny access to contraception. Sexual and reproductive health is related to so many other intersecting issues; living in a safe community, having access to quality health care, housing and employment, freedom from discrimination and fear of deportation, and the inequitable burdens of the 2018 Tax Bill and FY 2019 Budget... all of these things that can determine our reproductive and sexual well-being have been under attack."



Professor Roberts protesting in front of the statue of J. Marion Sims, the "father of modern gynecology" who performed experimental surgeries without anesthesia on enslaved African-American women in the mid-1800s. In April 2018, thanks to the efforts of activists like Roberts, the statue was removed from its place in Central Park across from the New York Academy of Medicine.

PHOTO: Liam Alexander



# Food Policy in New York City Since 2008

LESSONS FOR THE NEXT DECADE

For more than a century, New York City has used the authority of municipal government to make healthy food, that most basic of human needs, more available for all city residents. In the last decade, the city's mayors and City Council have launched dozens of new initiatives to prevent diet-related diseases, reduce food insecurity and create a more sustainable urban food system.

In a new report from the School of Public Health's CUNY Urban Food Policy Institute, Professors Nicholas Freudenberg, Nevin Cohen, Jan Poppendieck and Craig Willingham ask what New York has accomplished in food policy in the last decade and analyze the lessons for urban food policy in the coming decade.

The report, *Food Policy in New York City Since 2008: Lessons for the Next Decade*, is based on analyses of four sources: 20 major reports on food policy prepared by New York City and State public officials

The Farmers Greenmarket at Union Square in Manhattan. PHOTO: JayLazarin





*Despite new governance mechanisms that improve coordination on food policy among city agencies, most New Yorkers still lack any voice in shaping their local food environment.*

between 2008 and 2017; six annual Food Metrics Reports produced by the Mayor’s Office of Food Policy between 2012 and 2017; a review of evidence on implementation and impact of 40 major city and state food policies from the last decade; and an examination of 10-year city trends on key health and social outcomes including fruit and vegetable and sugary beverage consumption, rates of obesity and overweight, diagnoses of diabetes, and the number of food insecure individuals.

The study found that the food policies of the last decade sought to achieve six goals: (1) improve nutritional well-being; (2) promote food security; (3) create food systems that support economic and community development; (4) ensure sustainable food systems; (5) protect food workers; and (6) strengthen food governance and food democracy. The review identified policy successes and disappointments.

### FOOD POLICY SUCCESSES

Perhaps the most impressive accomplishment is that food policy is now squarely on the municipal agenda. Two Mayors and City Councils have launched new food policies, created and expanded the Mayor’s Office of Food Policy, and included food goals in major strategic plans for the city. Although there are some differences in emphasis over the years, the report noted the consistency of food policy and the commitment to making it an intersectoral priority.

Second, over the decade city government and civil society groups have acted to enhance the power of municipal government to improve local food environments. Since 2008, New York City has improved the city’s institutional food programs through which 11 city agencies serve about 240 million meals and snacks a year. The city has simplified enrollment and expanded outreach for the Supplemental Nutrition Assistance Program (SNAP), a public food assistance program that in 2017 provided food benefits for 1.7 million food insecure New Yorkers. The city has

supported dozens of new farmers markets, subsidized grocery stores in under-served neighborhoods, and made fruits and vegetables more available. This emerging public sector in food has the potential to serve as an alternative and catalyst for change to the private sector, which still prospers by making unhealthy food cheap and ubiquitous.

### OBSTACLES TO A HEALTHIER FOOD SYSTEM

These successes are tempered by significant shortcomings, the authors found. New York City still lacks a coherent comprehensive food plan with specific measurable goals. In the 20 public reports they reviewed, elected officials made 420 specific recommendations for improvements in food policy, far too many for anyone to monitor.

While advocates are campaigning vigorously to make progress on each of the six food policy goals, their work is usually siloed. Neither leaders nor a policy agenda that speaks for the millions of New Yorkers most harmed by our current inequitable food system has emerged. Despite new governance mechanisms that improve coordination on food policy among city agencies, most New Yorkers still lack any voice in shaping their local food environment, a gap that leaves many policy decisions in the hands of real estate developers, supermarket companies or fast food chains.

Of greatest concern, critical health and social outcomes have barely budged in the last decade and the class and racial/ethnic gaps have persisted. While soda consumption has declined among adults, fruit and vegetable consumption has not increased. Modest declines in food insecurity are probably the result of improvement in the local economy. As in 2007, about 55% of New York City adults are overweight or obese and the prevalence of diabetes has increased slightly. These findings suggest that if we simply keep on doing what we’re doing, New York’s most serious food problems will persist.



For the full report, visit [cunyrurbanfoodpolicy.org](http://cunyrurbanfoodpolicy.org)

## Recommendations

**To avoid this fate, the report recommends five actions:**

- 1** With multi-sector participation, create a New York City Food Plan that charts 5 to 10-year food policy goals.
- 2** Identify key outcomes and metrics for these goals that can be used to monitor the food plan.
- 3** Focus New York City food policies and programs more explicitly on reducing socioeconomic and racial inequities in food outcomes.
- 4** Strengthen New York City’s public sector in food to better achieve food policy goals.
- 5** Create new democratic and governance processes that offer New Yorkers a greater voice in shaping their food environments.

“With these steps,” said Nicholas Freudenberg, Distinguished Professor of Public Health and lead author of the report, “New York City can translate the new attention on municipal food policy into measurable improvements in the well-being of its residents.”

CHRISTIAN GROV PhD, MPH

## Improving Health Outcomes for the Underserved

**D**r. Christian Grov, Professor of Community Health and Social Sciences, has dedicated his career to the sexual well-being of underserved communities. A prolific scholar, he has devoted the bulk of his research to HIV prevention, observing the behavior of at-risk populations to identify opportunities for public health interventions.

The son of immigrants from the Bahamas and Norway, Grov came to New York City from Florida in 2003 to begin his doctoral studies in public health at the CUNY Graduate Center. On the way, he obtained three master's degrees, including a MPH from CUNY's Hunter College.

After completing his doctoral studies, Grov spent a year at the National Development and Research Institutes where, as a postdoctoral fellow, he conducted behavioral science training in drug abuse research across high-risk and underserved populations. He came to CUNY in 2008 as an Assistant Professor of Health and Nutrition Sciences at Brooklyn College and joined the faculty at CUNY SPH in 2016 when the school was centralized.

### A COMMITMENT TO LGBT HEALTH

Grov's research has focused primarily on the health and well-being of LGBT individuals. Over the course of his academic career, he has examined trends in gay culture, analyzing behavioral and environmental factors that put gay and bisexual men at risk for contracting and spreading HIV, such as sexual compulsivity, depression, childhood sexual abuse, intimate partner violence, and drug use.

In a 2011 study, Grov and his colleagues noted a disturbing trend: gay and bisexual men accounted for nearly two-thirds of new HIV diagnoses nationwide and

were among the only populations to see increased incidence in recent years, with men of color being the hardest hit among them by the ongoing epidemic. The Centers for Disease Control and Prevention estimated that, if the trend continued, one in six gay and bisexual men would be diagnosed with HIV in their lifetimes, including one in two black men and one in four Latino men. Grov wanted to know why this population was being left behind by HIV prevention efforts on such a large scale.

"In spite of all the tools we have to prevent HIV transmission, too many vulnerable individuals keep falling through the HIV prevention safety net, and we just don't know why," Grov says.

### TOGETHER 5,000

In late 2016, Grov and his colleagues from the ISPH, the Albert Einstein College of Medicine, University of Massachusetts Boston, Rutgers University, and the Foundation for AIDS Research applied for funding from the National Institutes for Health (NIH) to launch a nationwide HIV prevention study of men at risk of infection. Last July, NIH awarded Grov and his team \$2.4 million to conduct a two-year study of 5,000 HIV-negative gay and bisexual men ages 16 to 49, all of whom participate by completing at-home online surveys as well as at-home self-administered HIV testing.

"We are already starting to identify gaps in the HIV prevention safety net," Grov says. "Why haven't these young men been tested before? Why are they finding out their status from a research study? One of the problems we have already identified so far seem to be a lack of resources. Although enrollment is ongoing, more than a quarter of those in the study don't have health insurance, half don't have a



The NIH-funded study's website is available at [together5000.org](http://together5000.org)

primary care provider, and nearly a third of those with a provider haven't told them they have sex with men."

One of the study's main goals is to identify missed HIV prevention opportunities—to identify the holes in the HIV prevention safety net and determine ways to fill them.

"Systematically characterizing and addressing missed HIV prevention opportunities is a priority implementation issue, and critical for ending HIV epidemics for every jurisdiction across the US," says Dr. Denis Nash, Executive Director of ISPH and a co-investigator on the study.

As part of the study, participants are surveyed about their awareness of or experience with pre-exposure prophylaxis (PrEP) a pill that, when taken consistently, has been shown to reduce the risk of HIV infection in the event of an exposure to near zero. This data could help researchers identify opportunities to better target promotion of the prevention method to at-risk populations, address concerns subjects may have about taking the drug, and identify the reasons why subjects never start taking or stop taking the drug.

In July of 2019, the team will report back their findings to the NIH and if enrollment milestones are met, the grant will be renewed for another three years.

"If renewed, that means we will be able to follow participants for a total of four years and generate a wealth of important data on how these men's lives have changed," Grov says.



PHOTO: Diane Bondareff

### SUPPORTING STUDENT RESEARCH

Grov brings his research perspectives to the SPH classroom, providing students with indispensable experience through participation in his many studies.

Alexa D'Angelo, a student in the MPH program, has been working closely with Grov on together 5,000 and PrEP & Me, which assesses PrEP adherence in gay and bisexual men in New York City.

“Dr. Grov is a mentor to me in navigating my graduate studies,” D'Angelo says. “He's offered a plethora of knowledge that has eased the anxiety of navigating graduate school and informed my academic decisions. I've learned so much about academia, HIV research, and the field of public health by familiarizing myself with his work and observing his impressive career.”

Javier Lopez-Rios, a doctoral candidate at CUNY SPH, has worked with Grov on the analysis of data from several HIV prevention studies.

“He has always encouraged me to learn and implement new methods of data collection and data analysis that I have not had much exposure to,” Lopez-Rios says. “Being trained almost exclusively in qualitative methods has encouraged me to look into different quantitative methods courses (i.e. GIS and Survey methods in Social Sciences). He's been extremely supportive in making sure I meet my career goals and get exposure to conferences and manuscripts.”

Grov and his colleagues continue to churn out study after study, producing data that will hopefully lead to reduced incidences of HIV infection among LGBT individuals. Nash says Grov has his work cut out for him.

“Christian's focus is squarely in one of the most challenging areas of implementation science in that he is focused on expanding the reach of proven and very powerful HIV prevention tools to vulnerable and marginalized populations who may not learn about them until it is too late,” Nash says. “This is cutting edge work that will greatly inform efforts to end the spread of HIV in the US.”

“

*In spite of all the tools we have to prevent HIV transmission, too many vulnerable individuals keep falling through the HIV prevention safety net, and we just don't know why.*

”

ANNA MAGERAS MPH

## Forging a Path to Success in Public Health



Anna Mageras came to CUNY SPH with no direct public health experience, and in an impressive show of commitment and dedication to the public health field, managed to earn her way to the designation of valedictorian of her graduating class.

In her final year as an undergraduate student, Mageras wrote an analysis of the power dynamics surrounding colonial medical interventions in British East Africa.

“I became fascinated by how morally complex healthcare delivery could be, and how intimately tied to social and political conditions,” Mageras explains.

After completing her undergraduate studies, Mageras embarked on a career in book publishing where she worked on a number of books related to global health, sparking an interest in becoming more directly involved in public health research.

As she considered graduate programs, Mageras was drawn to SPH for its focus on social determinants of health and its dedication to health equity. The accomplished and diverse student body also appealed to her.

“Many of my classmates were full or part-time public health professionals while completing their master’s degrees,” she says. “This meant that our class discussions were always enriched by their thoughtful reflections on the real-world application of what we were learning.”

Mageras initially worried that, coming to SPH as a career changer, she would feel out of place in her master’s program. Over the course of her program, she realized her fears were unwarranted and upon being honored with the distinction of valedictorian at the commencement ceremony this

past spring, she fully embraced her place in the public health world.

“This award really reinforced my sense of SPH as an open and welcoming community where you can succeed regardless of your background,” she says. “It helped me feel like I fully belonged in the public health world.”

Mageras is currently working with the Viral Hepatitis C group at the New York City Department of Health and Mental Hygiene’s Bureau of Communicable Diseases on an initiative called Project INSPIRE. Project INSPIRE oversees a care-coordination program for Medicaid and Medicare recipients infected with Hepatitis C (HCV). She was brought on board to manage the participant survey, which seeks to evaluate participants’ experience with their care coordinators and HCV doctors.

“It has been gratifying to speak with the patients, many of whom have lived with HCV for decades and have finally been cured, and to hear them express their enthusiasm for the program,” Mageras says. “These conversations have made me so grateful to be part of something that is making a tangible difference in people’s lives.”

Mageras is spearheading the analysis of the survey data from Project INSPIRE, researching and designing an analysis plan, and writing the statistical analysis code to be used in the process.

A talent for statistical analysis is not the only tool in Mageras’ arsenal. She has been chosen to put her writing and editing skills—honed during her years in the publishing world—to work illustrating the experiences of the study’s participants.

Mount Sinai, one of the clinical partners helping implement Project INSPIRE, is interested in complementing the project’s quantitative analyses with narratives of patients’ experiences. Bridging her communications skills with the data analysis skills acquired through her graduate studies and public health internships, Mageras will relate the side of the story that data alone cannot explain.

Though her current work is locally focused, Mageras has not lost sight of her interest in global health. “NYC’s population is extremely diverse, and its large immigrant communities have distinct health needs, making the city an excellent place to engage in globally-minded public health research and practice.”



*I became fascinated by how morally complex healthcare delivery could be, and how intimately tied to social and political conditions.*

LEONARDO DOMINGUEZ MPH

## Applying Epidemiologic Methods to Public Service



Leonardo Dominguez grew up in the CUNY system. Starting as an undergraduate student at John Jay College of Criminal Justice, he first dipped his toes in the pool of public health through an anthropology class project that took him and his fellow classmates to the South Bronx to work with injection drug users at a harm reduction center.

At the time, he was unaware that the field of public health even existed. After years of working in the area of harm reduction and substance abuse, a mentor suggested he consider a master's in public health. He continued his work with injection drug users in the Bronx while simultaneously completing his undergraduate degree in anthropology and political science, and a vision of his future career soon began to take shape. He looked to CUNY's graduate programs in public health and was drawn to CUNY's social mission.

From the beginning of his graduate school experience, Dominguez felt welcomed by the CUNY SPH faculty.

"I had a lot of support," he explains. "Whenever I had some problem or wasn't understanding something I could go to them and they were just there."

Exploring the epidemiology field, Dominguez realized his interests didn't always align with the topics most often covered in his courses.

"I was the weird one in my class because I didn't want to study cancer, and I didn't want to study heart disease. I wanted to study drug users. I think I wrote a paper on drug users every semester," he sheepishly admits. "It was fun to be able to apply these [epidemiological] skills to topics that I was

interested in. The faculty facilitated that."

Dominguez graduated this past May, and at the commencement ceremony was awarded a Dean's Merit Award for Service for his work around the topic of a safe-injection site in the Bronx. Soon after finishing his class requirements in December, He began teaching at John Jay College, his undergraduate alma mater, and decided to include his students on a project to clean up and implement safe-injection sites at an outdoor shooting gallery in the Bronx, an area where substance users would come to inject themselves with drugs.

Their initial efforts to install porta-potties for use as safe-consumption spaces failed.

"Nobody came and used the porta-potties," Dominguez recalls. "We thought this place was all chaos because that's what it looks like from the outside, but it was a community and they had their habits and they had their practices. So we said, 'Ok, let's take a step back and see what we can do.'"

Dominguez and his students changed tactics and decided that instead of imposing safe-injection sites, they could better serve this community by bringing them much needed supplies like clean syringes, condoms, and clean socks. He began gardening in the area with his class, and even installed an awning under which community members could take shelter on rainy days. This project continued for 10 months, until the city of New York closed the gallery down and forced the community to disperse.

These days, in addition to teaching, Dominguez is working as a research analyst at the CUNY SPH affiliated Institute for Implementation Science in Population Health (ISPH). He is working

with criminal justice data, applying epidemiological methods.

"I like this idea of working in the criminal justice field," he says. "The goal is usually to intervene and to change something for the better, to make a small change and make it affect people in a large way."

Dominguez is considering pursuing a doctoral degree to integrate his epidemiological skills into the criminal justice field. He is particularly interested in the decriminalization of drug use.

"Looking at criminal justice from an epidemiological point of view, there is all this data there, there is all this information there that could show us why arresting people for drugs is bad and has bad health outcomes for them."

Dominguez believes that this type of policy change could have a big impact, but he is staunch about being able to back his case up with epidemiological evidence.

"If I can get this Rikers Island data in order and do all these [epidemiological] methods and give an actual presentation, it would make a much easier case for decriminalization."

"That little change in law could be big. I don't know what breadth of work needs to be done to get those changes to happen, but I feel epidemiology has a role to play."

Asked if he has any parting thoughts, Dominguez replied, "Flint still doesn't have clean water."

MARITA LAMONICA MPH

## Giving Back to Her Community and SPH



Marita LaMonica gravitated towards public health out of a desire to contribute to the health and welfare of others. Before seeking a master's degree in public health she worked in marketing and communications, spending her free time volunteering at a hospital teaching yoga and meditation to patients. Hearing the stories of these patients, she began to wonder how she could make an impact on the health care system.

It was CUNY SPH's mission and emphasis on social justice that attracted LaMonica to its public health graduate programs. She valued the school's connection to the city, the diversity of the student body, and the emphasis on social sciences and health equity within her chosen concentration, Community Health and Social Sciences (CHASS).

"The school exposed me to a broad knowledge base, and I have a much more nuanced sense of the complexity behind the health issues that we face," LaMonica explains about her experience at CUNY SPH.

At the CUNY SPH commencement ceremony in May, LaMonica was awarded the Dean's Merit Award for Research for her work exploring qualitative research methods in the course of creating a Wellness Trust framework that was under consideration for implementation in Brooklyn. A Wellness Trust is an innovative approach designed to fund community-based primary and preventive health care services to improve population health. LaMonica's research was funded through a grant from the New York State Health Foundation, and done in conjunction with CUNY SPH faculty Dr. Diana Romero and colleagues.

"I was attracted to the richness of the data that you can obtain through qualitative research and the methods that you go through to gather it," LaMonica says. "From the in-depth interviews to the process of coding, you come away with broad themes in which to tell the story of your data."

LaMonica has been instrumental in bringing about a Wellness Trust for Brooklyn, working with Romero to develop data collection instruments, conduct in-depth interviews with a variety of key stakeholders, collaborate on data analysis, and contribute to the final report assessing the feasibility of a much needed Wellness Trust in the Central and East Brooklyn areas.

With a mind for giving back to her graduate program, LaMonica is currently part of a team working to develop a new approach to fieldwork for students at SPH and supporting curriculum changes for better learning outcomes at the school. She also sits on a communications committee with the American Public Health Association, drawing on her previous marketing and communications experience.

Outlining her vision for the future of her public health career, LaMonica explains, "I hope to shift the broader conversation on health so that we find ourselves in a place where we see patients as more than their symptoms, and our sick care system is actually a health care system. Within this system, I'd like to see conditions that give everyone their best opportunity for health." She plans to pursue this goal through a mix of teaching, research, and writing.

Asked if she had any advice for current and future CUNY SPH students, she

offered, "I'd like to suggest that students take advantage of as many opportunities as they can while they are here. Speak with your professors about their projects, chat with your advisors about your areas of interest, get involved with student activities or volunteer for one of the faculty-student committees. You never know what you'll learn, or who you'll meet. You may come away with a whole new perspective on your career."



*I hope to shift the broader conversation on health so that we find ourselves in a place where we see patients as more than their symptoms, and our sick care system is actually a health care system.*



## New bioinformatics methods unlock analysis of major public genomics projects

Dr. Levi Waldron, Assistant Professor of Epidemiology and Biostatistics, published two bioinformatics papers which presented new databases and bioinformatics methods to facilitate analyses of major cancer and human microbiome datasets by a much broader range of researchers.

The first paper, published in *Nature Methods*, is the result of a collaboration during Waldron's time as a Fulbright Scholar at the University of Trento in Italy and is co-led by CUNY SPH alumnus Lucas Schiffer. This project provides an integrated database of publicly available human microbiome profiles that were generated by whole-metagenome "shotgun" sequencing. This method involves sequencing the combined DNA of all microbes present at various sites of the human body to determine which microbes are present and their potential for metabolic function based on the microbial genes that are present.

The second paper, published in *Cancer Research*, was led by another CUNY SPH alumnus, Marcel Ramos. It presents a novel data structure for representing and analyzing

multi-omics experiments, which utilize multiple types of observations, such as DNA mutations and abundance of RNA and proteins, in the same biological specimens. The method maps a network which links each observation to its patient and associated clinical data, and incorporates a number of heterogeneous measurements. This integrated representation of the data provides researchers and other methods developers with a simpler interface for previously complicated and error-prone analysis procedures.

Pasolli E, Schiffer L, Manghi P, Renson A, Obenchain V, Truong DT, Beghini F, Malik F, Ramos M, Dowd JB, Huttenhower C, Morgan M, Segata N, Waldron L. Accessible, Curated Metagenomic Data Through ExperimentHub. *Nature Methods* 2017, 14:1023–1024.

Ramos M, Schiffer L, Re A, Azhar R, Basunia A, Rodriguez C, Chan T, Chapman P, Davis SR, Gomez-Cabrero D, Culhane AC, Haibe-Kains B, Hansen KD, Kodali H, Louis MS, Mer AS, Riestler M, Morgan M, Carey V, Waldron L. Software for the Integration of Multiomics Experiments in Bioconductor. *Cancer Research* 2017, 77:e39–e42.



## Despite policy changes, LGBT military personnel still experience sexual trauma and discrimination

Doctoral Candidate Sitaji Gurung examined the prevalence of military sexual trauma and sexual orientation discrimination among lesbian, gay, bisexual, and transgender (LGBT) service members in the United States Armed Forces in the wake of the repeal of the Don't Ask, Don't Tell policy and the update to policies relating to transgendered service members.

A survey of 253 service members (89 women, 164 men) was conducted that assessed the prevalence of offensive speech, physical or discriminatory behaviors, sexual harassment, and sexual assault.

The findings demonstrated that LGBT service members still experienced military sexual trauma and sexual orientation discrimination, both within the military and outside of it. The study demonstrated the need for strong accountability and oversight to protect LGBT military service members while they are serving their country.

The findings were published in the journal *Sexual Research and Social Policy*.

Gurung S, Ventuneac A, Rendina HJ, Savarese E, Grov C, Parsons JT (2017). Prevalence of Military Sexual Trauma and Sexual Orientation Discrimination Among Lesbian, Gay, Bisexual, and Transgender Military Personnel: a Descriptive Study. *Sexuality Research and Social Policy*. doi:10.1007/s13178-017-0311-z

## Telomere attrition associated with herpes virus infections

Dr. Jennifer Dowd, Associate Professor of Epidemiology and Biostatistics, conducted a study to determine whether certain strains of the herpesvirus have an effect on long-term cellular aging.

Several recent studies unearthed associations with certain viruses and an increased mortality rate among those who were seropositive for the virus being examined.

Dowd's study is the first to investigate the role of persistent herpesviruses in accelerated aging as measured by telomere length. Telomeres are the physical structures that cap and protect chromosomes, and their shortening has been proposed as a marker of cellular aging.

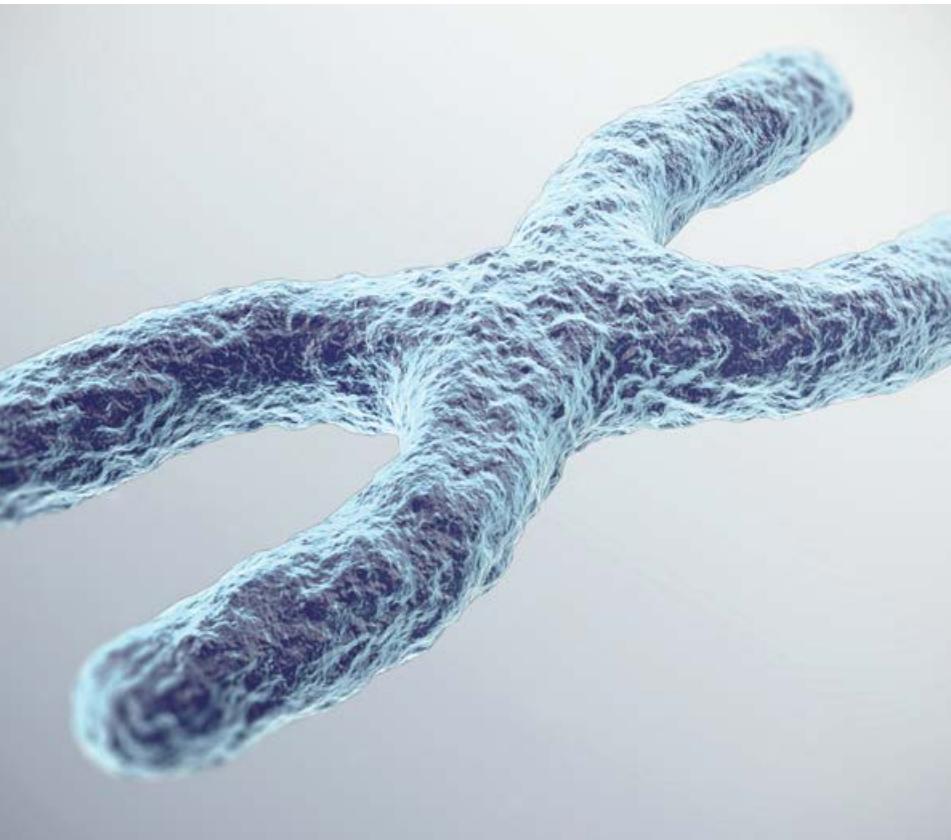
The mechanisms underlying differences in telomere length across individuals is not well understood, but telomere shortening is, nevertheless, taken to represent a general process of aging within an individual.

On average, subject who tested positive for a certain strain of herpesvirus showed telomere shortening that was the equivalent of almost 12 years of additional chronological age compared to those who were negative.

The results suggest that exposure to infectious agents should be an important consideration in future studies of telomere dynamics.

The findings were published in the *Journal of Infectious Diseases*.

Dowd JB, Bosch JA, Steptoe A, Jayabalasingham B, Lin J, Yolken R, Aiello AE. Persistent Herpesvirus Infections and Telomere Attrition Over 3 Years in the Whitehall II Cohort. *J Infect Dis*. 2017 Sep 1;216(5):565-572. doi: 10.1093/infdis/jix255.



Nairobi, Kenya PHOTO: brittak

## HIV testing preferences in Kenya

Doctoral candidate Matthew Romo and Dr. Elizabeth Kelvin, Associate Professor of Epidemiology and Biostatistics, examined HIV testing preferences among long distance truck drivers in Kenya (a group considered high-risk for HIV transmission) to identify testing services that would appeal to them.

The team recruited 305 truck drivers from two roadside wellness clinics along major trucking routes in Kenya. Participants made trade-offs between characteristics of HIV testing service delivery models by making hypothetical choices in a series of paired HIV testing scenarios.

The survey found that participants preferred free, provider-administered HIV testing at a roadside clinic, using a finger-prick test, with in-person counseling, undertaken in the shortest possible time. The strongest driver of choice was the cost of the test, which suggests that, if new testing methods are introduced, they

would have to be low or no-cost in order to be widely-used.

The findings were published in the journal *AIDS Care*.

Strauss M, George G, Lansdell E, Mantell J, Govender K, Romo M, Odhiambo J, Mwai E, Nyaga E, Kelvin E (2017). HIV Testing Preferences Among Long Distance Truck Drivers in Kenya: A Discrete Choice Experiment. *AIDS Care*, pp.1-9.



## Do immigrants use emergency departments for preventable visits?

A research team led by Dr. Jim Stimpson, Professor of Health Policy and Management, analyzed the populations using emergency rooms for preventable visits to address the common perception that immigrants rely on emergency departments for routine care at a greater rate than US native populations.

The team used univariate analysis to describe the distribution of preventable emergency department visits, identified by the Prevention Quality Indicators, across immigration status. They also assessed the association between preventable emergency department visits and immigration status, controlling for demographics, socioeconomic status, health service utilization, and health status.

The study found that immigrant populations tended to visit the emergency department for routine care less often than U.S. native populations.

“This finding not only contradicts the political perception that immigrants are responsible for overcrowded emergency departments, it is also consistent with other research that has found that immigrant populations have significantly lower utilization of healthcare than US native populations,” Stimpson said.

The findings were published in the *American Journal of Emergency Medicine*.

Wang Y, Wilson F, Stimpson J, Wang H, Palm D, Chen B, Chen L (2017). Fewer Immigrants Have Preventable Emergency Department Visits in the United States. *Am J Emerg Med*. 2018 Mar;36(3):352-358. doi: 10.1016/j.ajem.2017.08.018. Epub 2017 Aug 7.

## Younger gay and bisexual men come out earlier, study finds

A study by researchers at CUNY SPH and Hunter College reveals that younger gay and bisexual men are recognizing their sexual orientation and coming out a year earlier than comparable young adults reported a decade ago.

Dr. Christian Grov, Professor of Community Health and Social Sciences, and Hunter College faculty members H. Jonathon Rendina and Jeffrey T. Parsons surveyed 1,000 gay and bisexual men from across the country about their coming-out process, which usually involves four sexual identity development milestones: awareness of sexual attraction to the same sex,

self-identification as gay or bisexual, disclosure of this sexual identity to others, and having consensual sex with someone of the same gender. The results found that the youngest group of men (aged 19 to 25 in 2015) reported passing milestones roughly one year earlier, on average, than men whom they sampled from that age group in 2003–2004.

The study, which was published in *The Journal of Sex Research*, is among the top 10 referenced in the field of sex and sexuality, having been referenced over 300 times.

Grov C, Rendina HJ, Parsons JT. Birth Cohort Differences in Sexual Identity Development Milestones among HIV-Negative Gay and Bisexual Men in the United States. *The Journal of Sex Research*. December 2017:1-11. doi:10.1080/00224499.2017.1375451.



PHOTO: krblokhin



## Junk food advertising in NYC subways

A team led by Dr. Andrew Maroko, Assistant Professor of Environmental, Occupational, and Geospatial Health Sciences, investigated targeted marketing, often towards vulnerable groups, of unhealthful food and beverages in New York City subway stations.

Researchers rode the seven New York City subway lines in the Bronx and systematically assessed all print ads in all stations in 2012. They collected data about subway ridership from the Metropolitan Transit Authority, demographic data about the surrounding areas from the United States Census Bureau and data on dietary intake

and diet-related conditions from a city health department survey.

The research team concluded that subway-station ads for junk food items were located disproportionately in areas home to vulnerable populations facing diet and diet-related health challenges. They also concluded that uneven ad placement did not relate to total rider counts suggesting ads were not directed at the largest possible audiences but rather targeted to specific groups.

The findings were published in *The Journal of Urban Health*.

Lucan SC, Maroko AR, Sanon OC et al. Unhealthful Food-and-Beverage Advertising in Subway Stations: Targeted Marketing, Vulnerable Groups, Dietary Intake, and Poor Health. *J Urban Health*. 2017 Apr;94(2):220-232. doi: 10.1007/s11524-016-0127-9.

## Peer victimization and unhealthy weight control behaviors among New York City youth

CUNY SPH alumna Kriti Thapa and Elizabeth Kelvin, Associate Professor of Epidemiology and Biostatistics, examined how sexual minority, gender, and Hispanic identities interact with peer victimization in predicting unhealthy weight control behaviors among New York City youths.

The study found that sexual minority youths, dating violence victims, and youths bullied at school were significantly more likely to use unhealthy weight control behaviors. The effect of dating violence on unhealthy weight control practices (such as vomiting and using laxatives to lose weight or keep from gaining weight) was strongest among sexual minority males, and the effect of electronic bullying on unhealthy weight control practices was strongest among non-sexual minority males.

The authors concluded that to limit the prevalence and effect of dating violence and bullying among youths, interventions should consider that an individual's experiences are based on multiple identities that can be linked to more than one area of discrimination.

The findings were published in *The Journal of Urban Health*.

Thapa K, Kelvin EA. Peer Victimization and Unhealthy Weight Control Behaviors-the Role of Intersecting Identities Among New York City Youth. *J Urban Health* (2017). doi:10.1007/s11524-017-0163-0



PHOTO: danielvfung

## Applying lessons from countermarketing

Professors of Community Health and Social Sciences Chris Palmedo and Nick Freudenberg, students Eleni Murphy and Sarah Garza, and Lori Dorfman at the Berkeley Media Studies Group reviewed the application of lessons from countermarketing tobacco, which has been demonstrated to contribute to reduced tobacco use, in discouraging consumption of unhealthy food and alcohol.

Countermarketing campaigns reduce the demand for unhealthy products by exposing motives and undermining marketing practices of producers. The review explored the potential for using countermarketing elements to reduce consumption of alcohol and unhealthy foods by de-normalizing the marketing practices of the unhealthy food and alcohol industries.

The research team concluded that integrating countermarketing with other public health strategies and expanding potential audiences to include policy makers and advocates as well as consumers may have a positive effect on the health of a community.

The findings were published in the *Annual Review of Public Health*.

Palmedo PC, Dorfman L, Garza S, Murphy E, Freudenberg N. Countermarketing Alcohol and Unhealthy Food: An Effective Strategy for Preventing Noncommunicable Diseases? Lessons from Tobacco. *Annu Rev Public Health*. 2017 Mar 20;38:119-144. doi: 10.1146/annurev-publhealth-031816-044303.



An ad by the New York City Department of Health and Mental Hygiene



SEP 30, 2014 Protesters block off a major street through the heart of the Kowloon district of Hong Kong.

## Social movements and their effect on depression

Professor of Environmental, Occupational, and Geospatial Health Sciences Mary Schooling collaborated on a study examining the longitudinal patterns and predictors of depression trajectories related to the 2014 Occupy/Umbrella movement in Hong Kong, a 79-day protest which included one fifth of the adult population.

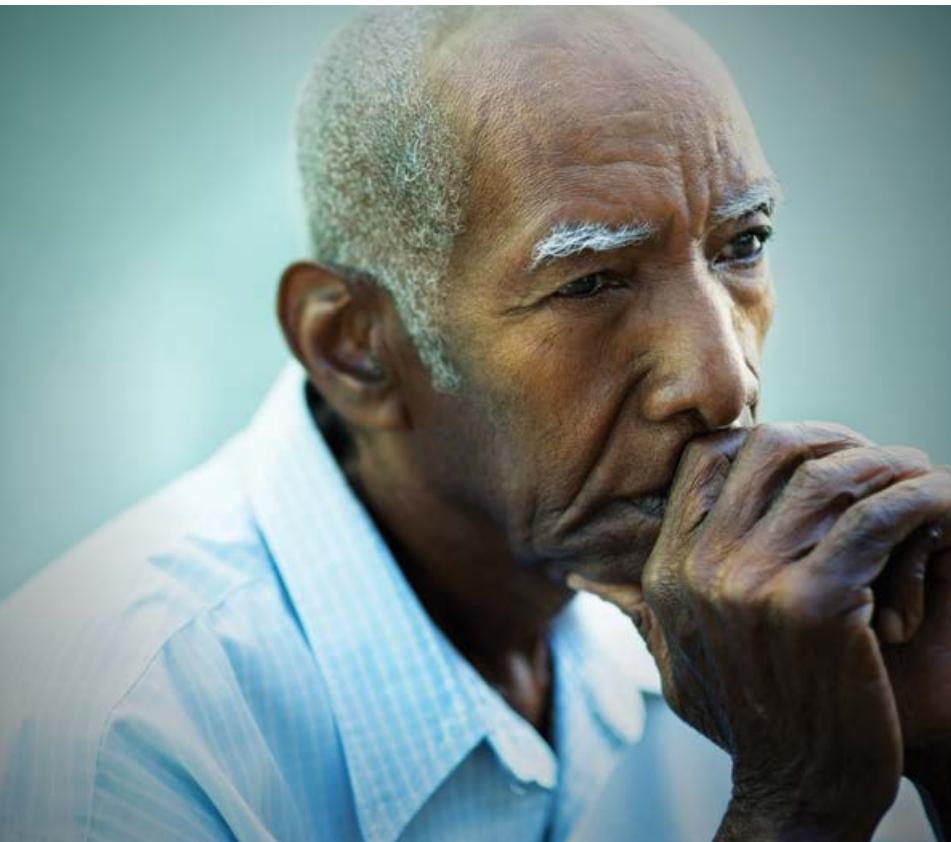
The research team surveyed 1170 adults using a questionnaire to assess depressive symptoms and major depression. They identified 4 trajectories: resistant (22.6 percent of sample), resilient (37.0 percent), mild depressive symptoms (32.5 percent), and persistent moderate depression (8.0 percent). Baseline predictors that appeared to protect

against persistent moderate depression included higher household income, greater psychological resilience, more family harmony, higher family support, better self-rated health, and fewer depressive symptoms.

The research team concluded that depression trajectories after a major protest are comparable to those after major population events such as natural disasters, technological disasters, and terrorist attacks. Healthcare professionals should be aware of the mental health consequences during and after social movements, particularly among individuals lacking social support.

The findings were published in *The American Journal of Public Health*.

Ni MY, Li TK, Pang H, Chan BH, Kawachi I, Viswanath K, Schooling CM, Leung GM. Longitudinal Patterns And Predictors Of Depression Trajectories Related To The 2014 Occupy Central/Umbrella Movement In Hong Kong. *Am J Public Health*. 2017 Apr;107(4):593-600



## Perceived discrimination is bad for health

Professor of Epidemiology and Biostatistics Luisa Borrell led a study examining the effect of perceived discrimination and self-rated health among the immigrant population in Spain's Basque Country. The researchers examined whether the association between perceived discrimination and self-rated health varied according to region of origin, age, sex and education.

The study found that roughly 1 in 10 immigrant adults reported perceiving discrimination. In adjusted analyses, the immigrants perceiving discrimination were almost 2 times more likely to rate their health as poor than those who did not report discrimination. This association did not vary according to region of origin, age, sex or educational level.

The work was published in *Gaceta Sanitaria*.

Rodríguez-Álvarez E, González-Rábago Y, Borrell LN, Lanborena N. Perceived Discrimination And Self-Rated Health In The Immigrant Population Of The Basque Country, Spain. *Gac Sanit*. 2017 Sep - Oct;31(5):390-395. doi: 10.1016/j.gaceta.2016.12.014.

## Can citizens influence environmental health policy?

Dr. Elizabeth Glass Geltman, Associate Professor of Health Policy and Management, examined the influence of citizens on environmental health policy by studying a proposed policy and its outcome on disposal of wastewater created by fracking in the Appalachian Basin.

When a publicly held company proposed shipping wastewaters from fracking sites in the Marcellus Shale by barge over the Ohio River, public sentiment against the proposal was strong. The Ohio River serves as a source of drinking water for over 3 million people in Appalachia, and they had suffered water

contamination from accidents involving extractive industries numerous times in the past.

The study highlighted public success in defeating the proposal, but confirmed the findings of earlier studies showing difficulties individual citizens have in effectively participating and engaging in federal permit and rulemaking proceedings. Geltman suggests that to reduce environmental injustices in future proceedings, federal agencies issuing permits and engaged in rulemakings should adapt procedures to expand Internet availability of dockets.

The work was published in the journal *Environmental Justice*.

Geltman EAG. Shipping Fracking Wastes on the Ohio River: A Case Study in Effective Public Advocacy and How Citizen Groups Can Do Even Better. *Environmental Justice*. 2017;10(5):137-153. doi:10.1089/env.2017.0011.

PHOTO: AwakenedEye





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