CITY HEALTH

SPRING 2025

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ACCESS TO HEALTHY FOOD • CLIMATE CHANGE
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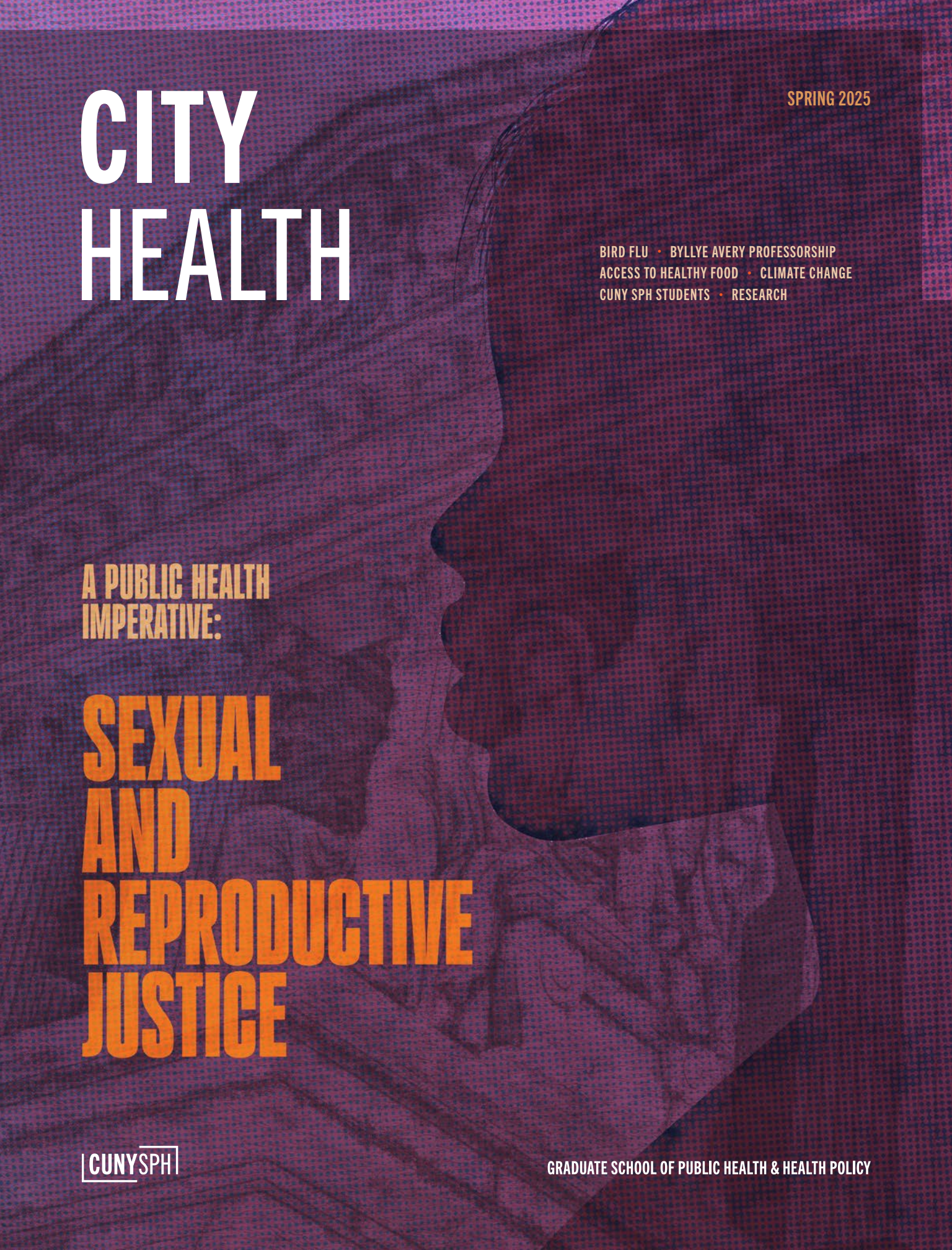

A PUBLIC HEALTH IMPERATIVE:

SEXUAL AND REPRODUCTIVE JUSTICE

CUNYSPH
GRADUATE SCHOOL OF PUBLIC HEALTH & HEALTH POLICY

CITY HEALTH

SPRING 2025

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Dean's welcome

Dear colleagues,

I'm honored to share with you some of the powerful and transformative work in which our students, faculty, and staff are engaged to address the most pressing public health challenges of our time. In this issue, we highlight research and initiatives that promote sexual and reproductive justice for all, address risks and opportunities to protect against the next pandemic, predict the health impacts of climate change, and more.

As we navigate this period of uncertainty and shrinking resources in public health research, education and practice, it can be useful to pause and reflect on our core values. As a public institution we are committed to serve the public and ensure that sound scientific evidence governs all that we do. It is time for us to re-emphasize the core skills and convictions of our public health profession; predicting future risk and facilitating rapid response, resilience, sustainability, fair and responsible allocation of resources, organized collaborative action, and access to all those who need our assistance.

We chose this field because we wanted to make a difference in advancing a healthy and just society that prioritizes better health outcomes for everyone. Public health is only as strong as the weakest link in our population's health chain, and we remain dedicated to addressing vulnerabilities across age, gender, race, culture, national origin, or economic status—because when we protect and support the most at-risk, we create a healthier and stronger society for all.

These principles will never change. As we meet the next set of challenges our mission is more vital now than ever, and we will stay the course.

With my very best wishes,

Ayman El-Mohandes, MBBCh, MD, MPH
DEAN

PHOTO BY DMITRI KASTERINE

CONTENTS

THE SRJ HUB:

A BOLD VISION FOR SEXUAL AND REPRODUCTIVE JUSTICE

by **MARGARET W. CRANE** *and* **BARBARA AARON**

Sexual and reproductive health is an established priority in CUNY SPH's social justice and health equity mission, with a considerable body of related research and training programs.

Rep. Diane DeGette (D-CO) speaks during a press conference with other House Democrats on June 27, 2024 in Washington, DC. House Democrats are marking two years since the Supreme Court overturned Roe v. Wade in the Dobbs decision, allowing states to enact abortion access restrictions.

PHOTO BY SAMUEL CORUM/GETTY IMAGES

Terry McGovern, a human rights lawyer and public health leader, has focused her career on health and human rights, sexual and reproductive rights and health, gender justice and environmental justice (see Lancet profile of McGovern on page 7).

In 2023, when she was recruited to the school from her position as chair of the Department of Population and Family Health at Columbia's Mailman School of Public Health, it set in motion a drive to make sexual and reproductive health a pillar of strength at CUNY SPH.

McGovern, who joined CUNY SPH as senior associate dean for academic and student affairs, quickly engaged with the school's faculty leaders in sexual and reproductive health research and training to collaboratively envision an entirely new entity at the school that would integrate sexual and reproductive *health* with sexual and reproductive *justice* (SRJ).

In January 2024, the Sexual and Reproductive Justice Hub (SRJ Hub) launched as a center for research, advocacy, and training at CUNY SPH, with the aim of addressing systemic inequities and integrating sexual and reproductive justice into all aspects of public health at CUNY SPH. Combining grassroots learning with public health expertise, it will strengthen the school's ability to foster change in local and national communities and around the world.

"Unjust limits on reproductive health and bodily autonomy were inflicting harm even while Roe v. Wade was the law of the land, particularly for people of color, adolescents, and those with limited financial resources," says McGovern. "The Dobbs decision in 2022 drastically exacerbated inequality in states across the U.S."

And now, the recent firehose of attacks from our federal government on women and gender-diverse individuals is already having devastating consequences in the U.S. and worldwide.

"It's more important than ever to ensure that the emerging public health workforce is well versed in the scientific, social, and legal elements of SRJ," she says.

The SRJ Hub is committed to protecting the right to reproductive autonomy and strives to be a leading force in the fight for reproductive justice. But its mission is not limited to abortion rights: recognizing that sexual and reproductive rights are deeply intertwined with broader social justice movements, the Hub also works to advance intersectional solutions that improve health outcomes for all, centering the lived experiences of women of color as well as that of other marginalized people.

OFF TO A ROARING START

LESS THAN A YEAR SINCE ITS INCEPTION, THE SRJ HUB HAS:

Launched a campaign to endow a professorship

Convened SRJ thought leaders from around the world for talks, seminars, and workshops

Designed a master's degree in SRJ at CUNY SPH

Developed a plan to integrate SRJ in the school's core public health curriculum

Published several opinion pieces on reproductive rights

Become the new host for the international initiative called the Global 365 Days of Activism to End Gender Based Violence campaign

Participated as a gender expert in the UN Review of the Sustainable Development Goal to End Gender Discrimination

Played ongoing advisory roles for global, national, and local policymakers

Standing on the shoulders of giants: Black feminism and the birth of a new movement

In 1994, a group of twelve Black women calling themselves, "Women of African Descent for Reproductive Justice" organized a full-page ad in the Washington Post to raise awareness of the barriers they faced in accessing reproductive health care. The ad, entitled, "Black Women and Health Care Reform" and the subsequence press conference on Capitol Hill launched the Reproductive Justice (RJ) movement on a national scale.

Since then, RJ has garnered international recognition as a critical framework grounded in Black feminist thought and human rights and incorporating the principles and practices of self-help and community care. That framework has been expanded to include the right to bodily autonomy, free from all forms of both sexual and reproductive oppression. This expansion resulted in the framework being renamed sexual and reproductive justice (SRJ).

The Byllye Avery Endowed Professorship

The SRJ Hub advanced a funding campaign for the nation's first endowed professorship dedicated to advancing sexual and reproductive justice. Endowing the professorship will make it a permanent academic appointment that isn't dependent on public funding year after year. Named for esteemed Black feminist leader Byllye Avery, (see profile on Avery and the professorship on page 9) the professorship will enable the school to attract an outstanding pool of applicants for the position once the funding is secured.

"We're in the midst of raising funds for the professorship," McGovern says, confident that efforts to meet that goal will be successful.

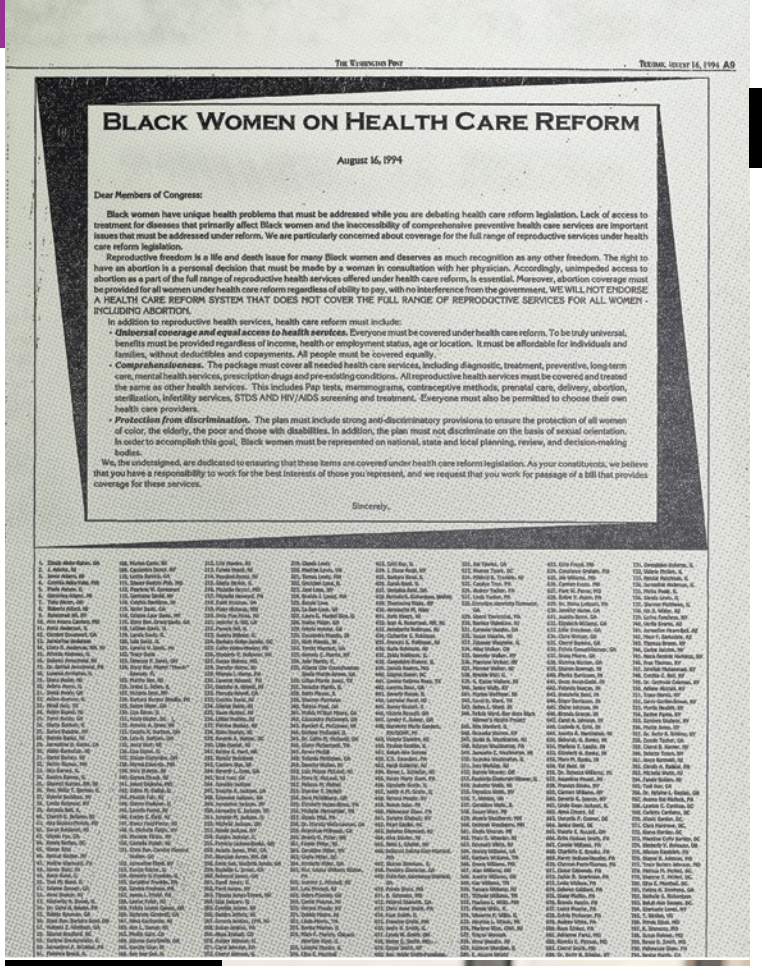
Solutions-oriented scholarship and training

McGovern observes that public health research has long focused on identifying disparities, and that what is needed is an educational curriculum that trains students to think critically and develop solutions. This calls for an approach that integrates grassroots learning and brings together multiple disciplines, including policy, medicine, and the law.

"Students need to recognize that science itself can be biased," she says. "It's important to look closely at who is and who is not included in the datasets that inform public policy."

CUNY has an exceptionally diverse student body that reflects the population of New York City. Who better to engage in the fight for SRJ, especially given the troublingly disproportionate rates of maternal mortality among Black women in the city and nationwide? With the support and resources provided by the SRJ Hub, faculty will educate, engage, and train the next generation of leaders to make the connections between human rights, sexual and reproductive justice, and women's health.

"And we'll continue to help our students get placements with organizations in a position to make the changes we hope to see, from the city and state departments of health to academic institutes and nonprofits," says SRJ faculty member Diana Romero, associate professor of community health and social sciences, and director of the maternal, child, reproductive, and sexual health (MCRSH) curriculum—which will soon be integrated with a broader SRJ curriculum and evolve into a full-fledged master's degree.



THE WASHINGTON POST TUESDAY, AUGUST 16, 1994 A9

BLACK WOMEN ON HEALTH CARE REFORM

August 16, 1994

Dear Members of Congress:

Black women have unique health problems that must be addressed while you are debating health care reform legislation. Lack of access to treatment for diseases that primarily affect Black women and the inaccessibility of comprehensive preventive health care services are important issues that must be addressed under reform. We are particularly concerned about coverage for the full range of reproductive services under health care reform legislation.

Reproductive freedom is a life and death issue for many Black women and deserves as much recognition as any other freedom. The right to have an abortion is a personal decision that must be made by a woman in consultation with her physician. Accordingly, unimpeded access to abortion as a part of the full range of reproductive health services offered under health care reform, is essential. Moreover, abortion coverage must be provided for all women under health care reform regardless of ability to pay, with no interference from the government. WE WILL NOT ENDORSE A HEALTH CARE REFORM SYSTEM THAT DOES NOT COVER THE FULL RANGE OF REPRODUCTIVE SERVICES FOR ALL WOMEN - INCLUDING ABORTION.

In addition to reproductive health services, health care reform must include:

- **Universal coverage and equal access to health services.** Everyone must be covered under health care reform. To be truly universal, benefits must be provided regardless of income, health or employment status, age or location. It must be affordable for individuals and families, without deductibles and copayments. All people must be covered equally.
- **Comprehensiveness.** The package must cover all needed health care services, including diagnostic, treatment, preventive, long-term care, mental health services, prescription drugs and pre-existing conditions. All reproductive health services must be covered and treated the same as other health services. This includes Pap tests, mammograms, contraceptive methods, prenatal care, delivery, abortion, sterilization, infertility services, STDS AND HIV/AIDS screening and treatment. Everyone must also be permitted to choose their own health care providers.
- **Protection from discrimination.** The plan must include strong anti-discriminatory provisions to ensure the protection of all women of color, the elderly, the poor and those with disabilities. In addition, the plan must not discriminate on the basis of sexual orientation. In order to accomplish this goal, Black women must be represented on national, state and local planning, review, and decision-making bodies.

We, the undersigned, are dedicated to ensuring that these items are covered under health care reform legislation. As your constituents, we believe that you have a responsibility to work for the best interests of those you represent, and we request that you work for passage of a bill that provides coverage for these services.

Sincerely,

The full-page ad that appeared in the *Washington Post* by Women of African Descent for Reproductive Justice.

Byllye Avery on campus at CUNY SPH.

Terry McGovern speaking at the UNFPA special exhibit on the 365 Days campaign.

For decades, Associate Dean Lynn Roberts, a national leader in the RJ movement and now SRJ Hub faculty member, has taught the course in Community Organizing to Advance Health and Social Justice, with the highest student accolades. At the intersection of scholarship and activism, the course will be a central feature of the new master's concentration.

Roberts' community organizing began with an HIV/AIDS prevention program focused on women and youth in Brooklyn during the 1990s. That's where she first crossed paths with McGovern, and it's where she learned first-hand what works and what doesn't.

"We need all kinds of leaders now to change the narrative," she says. "We need insiders who think like outsiders and vice versa. Public health and reproductive justice belong in every sector of society."

Global 365 Days of Activism to End Gender Based Violence campaign

In partnership with the United Nations Population Fund (UNFPA), CUNY SPH took on the stewardship of a global campaign originally called 16 Days Against Gender-Based Violence (GBV), formerly sponsored by the Center for Women's Global Leadership at Rutgers University.

For more than 30 years, feminist activists and movements around the world have used the 16 days between the International Day for the Elimination of Violence Against Women (November 25) and Human Rights Day (December 10) to advocate for an end to gender-based violence. With the help of the SRJ Hub, the campaign is transitioning into a year-round initiative, reflecting the 365-days-a-year efforts of feminist activists to shift norms, secure accountability, and transform power structures that oppress women, girls, and gender-diverse people.

"Gender-based violence is rampant in the workplace, in armed conflict, and in everyday life," says Clarisa Bencomo, project director for gender justice at the SRJ Hub. But like the SRJ issues CUNY SPH is championing, GBV is vastly under-recognized, under-funded, and under-reported.

"There's simply too much at stake to limit the campaign to 16 days," says Bencomo, "which is why we've decided to make it a year-round effort."

GENDER-BASED VIOLENCE STATISTICS

ALTHOUGH NATIONAL DATA COLLECTION SYSTEMS TRACK ONLY A FEW FORMS OF GBV, THE AVAILABLE DATA ARE SHOCKING:

One in three women and girls aged 15 or older has experienced physical or sexual violence at least once in their lifetime

The majority of killings of women and girls are gender motivated. On average, someone kills a woman or girl in their own family every 11 minutes

Roughly 86% of women and girls live in countries that offer no legal protection from GBV

LULU KITOLOLO

The **365toEndGBV** campaign toolkit includes illustrations by artists from South West Asia and North Africa (SWANA), South Asia, the Southern Cone, East Africa, and Mexico. The artists were prompted to visually express what enjoyment of bodily autonomy might look like in their countries and regions.

The current campaign amplifies the efforts of feminist grassroots groups to resist and counter the impacts of gender-based violence by framing bodily autonomy as a fundamental human right. The campaign is on Instagram, X, LinkedIn, and TikTok as @365toEndGBV and campaign materials for activists are available for download through the SRJ Hub's website.

Funding for the SRJ Hub's ambitious agenda

Danielle Green, executive director of state and local public health initiatives and head of the Office of External and Government Affairs, secured half a million dollars from New York State, allowing CUNY SPH to get the SRJ Hub up and running in its inaugural year.

"When the Hub was in its infancy, we introduced ourselves to our representatives in the State Senate and Assembly, laying the groundwork for a future relationship," Green says. "Then last fall we focused on issues of concern in the aftermath of the Dobbs decision: abortion access in New York State that women couldn't get elsewhere. Maternal mortality was also in the mix of issues that we brought to the attention of our elected officials in Albany."

The $500,000 appropriated by the state is being used to hire staff, create the new master's concentration, design and carry out pilot projects, and apply for research grants to test ideas, Green explained.

Investment in solutions-oriented research is a central component of the SRJ Hub's agenda.

"Research in MCRSH has been woefully under-funded," notes Romero. "With the SRJ Hub in place, we'll be able to conduct the research needed to motivate action and increase our impact."

2025 and beyond

With faculty and staff who bring a human rights focus, policy and legal chops, as well as years of training and activism in reproductive health and social justice, the SRJ Hub is a unique powerhouse in coordinating solutions-oriented scholarship, training and advocacy.

The Hub continues to leverage the local, national and international networks that its faculty and staff bring to the table—and the powerful connections and legacy of the nation's largest public urban university.

In consequence, it is rapidly becoming the central hub in New York City and State for SRJ resources for educators, policy makers, NGOs, and advocates.

"That's exactly where we want to be," says McGovern. "The goal is to provide tools, materials, guidance, and support to every person and institution engaged in this fight."

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Vol. 404, Udani Samarasekera, Terry McGovern: reforming sexual and reproductive justice training, Page 1632, Copyright 2024, with permission from Elsevier.

I THOUGHT WE NEEDED TO GO MUCH FURTHER AND START MIXING DISCIPLINES AND START TRAINING STUDENTS TO DEVELOP SOLUTIONS. THEY NEED CRITICAL THINKING. THEY NEED TO KNOW WHO'S NOT IN THE DATASETS.

PROFILE

Terry McGovern: reforming sexual and reproductive justice training

by UDANI SAMARASEKERA

Terry McGovern is an internationally renowned human rights lawyer and researcher on sexual and reproductive health and rights, gender justice, and environmental justice. In July, 2023, she became Senior Associate Dean for Academic and Student Affairs at the CUNY Graduate School of Public Health and Health Policy, New York, NY, USA, and is developing a sexual and reproductive justice programme that can "offer a concentration that is much more multidisciplinary, much more interrogating of the upstream factors causing inequity in health outcomes, injecting critical thinking into every aspect of the training, but critical thinking across disciplines beyond the silo of maternal child health disparities", she says.

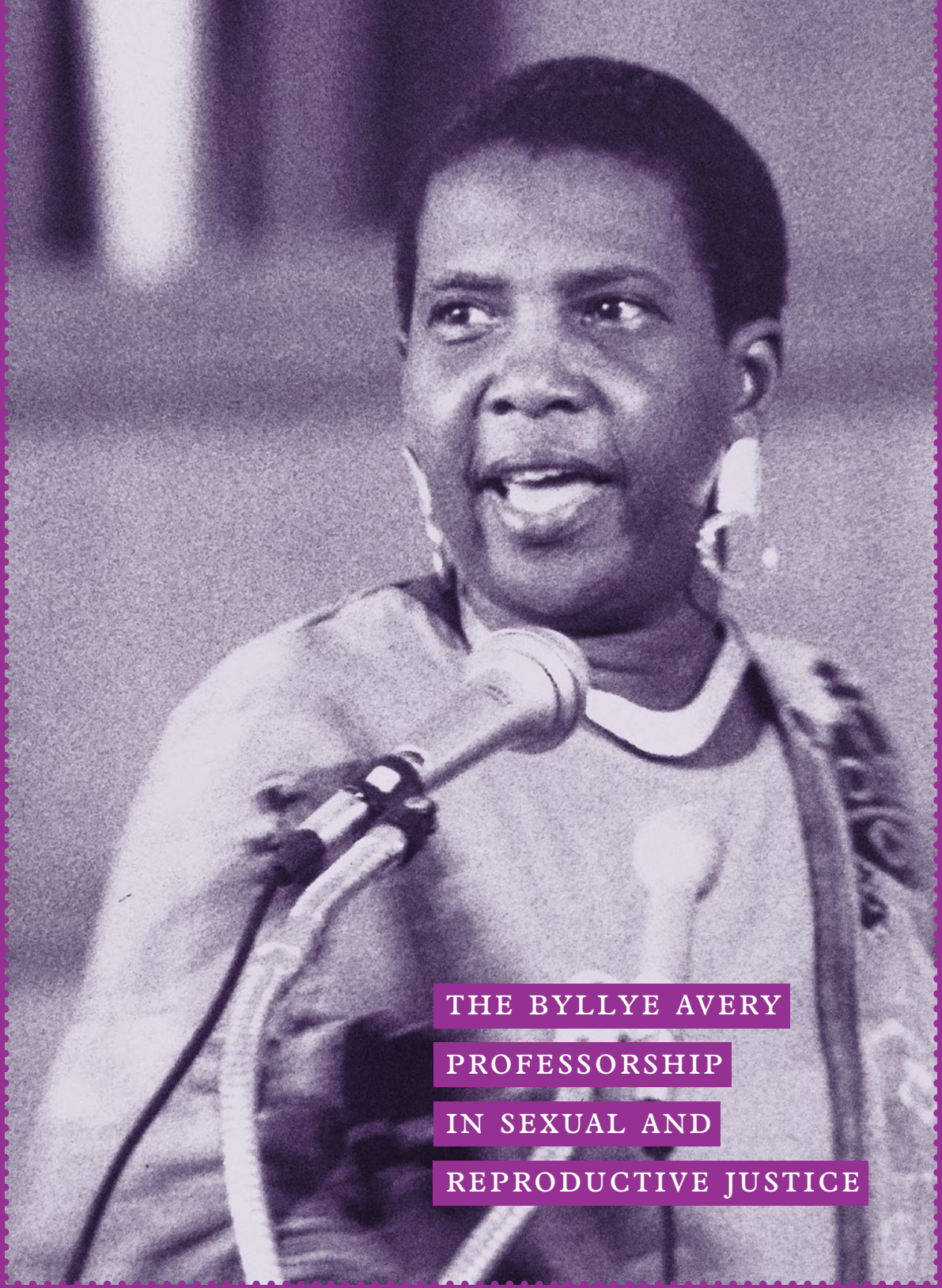
Before her move to CUNY, McGovern was the Chair of the Heilbrunn Department of Population and Family Health at Columbia University Mailman School of Public Health in New York. There her work focused on health and human rights and she became concerned about the "emphasis on disparities rather than solutions and the way that public health is really siloed. I thought we needed to go much further and start mixing disciplines and start training students to develop solutions. They need critical thinking. They need to know who's not in the datasets… and about what was happening, which was a total disregard for maternal child health and obsession with restricting bodily autonomy", she says. Some of her former students work in government health departments in the USA and abroad and McGovern is "extremely grateful that I've had the opportunity to impact the generations who are now out there". At CUNY, she is keen to share her knowledge with students, many of whom are racially minoritised or overseas students.

McGovern was raised in Long Island, NY, USA, by her Irish Catholic parents who were "more left of centre than traditional Irish Catholics", she says. From a young age, she recalls challenging authority. At her Catholic girls' school, she "constantly asked complicated questions about why were we being bused to an anti-abortion rally and why the nuns had such lower status than the priests", McGovern recalls. Going to the State University of New York broadened her experiences and outlook: "I became pretty political and also was carrying a lot of anger about the ways that I had seen the church and others really violate human rights." McGovern went on to study law at Georgetown University in Washington, DC, USA. "It was a lot of cases about property and contracts and no narrative on who the people were… So I immediately realised I was only going to survive this experience if I started to do work that I cared about", she recalls. McGovern found work that resonated during an internship representing migrants.

After passing the Bar examination, she worked for legal services and became an HIV lawyer at the height of the HIV/AIDS epidemic. Early on, she represented women who were HIV positive but were being denied Medicaid and social security disability insurance because they did not meet the US Centers for Disease Control and Prevention (CDC) definition for AIDS. Founding the HIV Law Project in 1989, she worked with women with HIV, doctors, and activists who realised the CDC's definition of AIDS was based on analysis of one portion of the affected population, white gay men. In October, 1990, McGovern successfully litigated against the US Department of Health and Human Services and the Social Security Administration (SSA) for discrimination and violating their mandate. The litigation, along with a country-wide grassroots activist campaign, led to the CDC expanding their definition of AIDS and the SSA broadening their eligibility criteria. The case informed her future work, "understanding that science is not unbiased, that what is happening upstream is really important. So we need to… look at how policy is formulated. We need many disciplines and we need to centre community. That lawsuit was successful because I was working with doctors, community activists, and the women themselves were in the lead", she says. Natalia Kanem, the Executive Director of the UN Population Fund (UNFPA), comments: "Terry has devoted her career to advancing the rights of structurally disadvantaged populations—globally and in the US… Her work with the HIV Law Project was groundbreaking, rooted in the belief that we all have equal rights, including the right to live with dignity and respect. She has changed so many lives for the better." Having worked closely with doctors during her legal career, McGovern moved to the Mailman School of Public Health in 1999 and became interested in a multidisciplinary approach to health. "I got really interested in combining disciplines and teaching public health differently through the lens of what I'd seen", she says.

Turning to women's health now, McGovern is frank about the impact of abortion bans in several US states. "It is absolutely stunningly heart-breaking what's going on… We are now seeing deaths, and I'm sure those are just the ones that are surfacing", she says. McGovern believes wide-ranging policies are needed to make a difference for women and children and she would like to see political leaders "broaden the conversation. It's not just about restoring Roe v. Wade, it's actually setting right this longer set of connections. This is not just about abortion. This is about a whole set of interacting factors. We are not holding states accountable for refusing to invest in maternal and child health or their unwillingness to invest in sexuality education and pregnancy prevention training, or accountable for foster care systems rife with abuses", she explains. "I don't feel like the conversation goes deep enough, and so I feel like they're missing opportunities."

The annual National Women's March at Freedom Plaza on January 22, 2023 in Washington, DC. The march, also called "Bigger than Roe," was held to mark the 50-year anniversary since the ruling on Roe v. Wade, and to protest the Supreme Court's ruling in the Dobbs case, which takes back federal protections for access abortions. PHOTO BY ANNA MONEYMAKER/GETTY IMAGES



THE BYLLYE AVERY PROFESSORSHIP IN SEXUAL AND REPRODUCTIVE JUSTICE

by MARGARET W. CRANE

Creating a model for other universities to follow.

Efforts are underway at CUNY SPH to raise funds for an endowed professorship in sexual and reproductive justice (SRJ). Named for an extraordinary Black feminist leader, Byllye Yvonne Avery, the professorship will be crucial to the development of an SRJ curriculum and expanded opportunities for research, training, and advocacy among students and faculty alike.

BYLLYE AVERY

"I'm honored to the moon," Avery says. "What CUNY SPH has in mind is to create a model for other universities to follow. At the heart of it is the perfect marriage of human rights and reproductive justice—the brainchild of Terry McGovern," who joined the school as senior associate dean for academic and student affairs in July of 2023. At the same time, it's a model based on Avery's achievements and leadership style, honed over five decades of organizing and grassroots advocacy.

The founding mother of the reproductive justice movement

Avery studied psychology at Talladega College in Alabama and went on to earn a master's degree in special education from the University of Florida in 1969. Less than a year later, her husband died of a heart attack at age 33. That tragic event led her to a new sense of purpose centered on improving health in the Black community. She hadn't yet found her way to public health, but she was all too familiar with the social determinants of health—especially racism—that eroded, and continue to erode, the health status of Black Americans.

She soon gravitated toward feminism and reproductive justice—a term that combines reproductive rights and social justice. In 1971 she gave her first public lecture on reproductive health. In 1974, a year after Roe v. Wade, she and a colleague opened an abortion clinic in Gainesville, Florida.

She convened the first national conference on the theme of Black women's health at Spelman College, a historically Black women's college in Atlanta in 1983. More than 2,000 women participated, and a new movement was born.

The event featured panels and workshops on high blood pressure, diabetes, lupus, childbirth, and mental health. But beyond addressing diseases, the conference encouraged Black women to share information and consider how racism and oppression affected their interactions with the health system.

Avery proceeded to found the Black Women's Health Imperative (BWHI). More than 40 years later, BWHI is still serving the needs and aspirations of Black women, other women of color, and members of marginalized communities in the United States and around the world.

IT'S ABOUT LEADING FROM BEHIND. IT'S NOT ABOUT EXPERTISE. PEOPLE ALREADY HAVE THE ANSWERS, SO THE MOST IMPORTANT QUALITY A LEADER NEEDS IS THE ABILITY TO LISTEN.

A unique leadership style

Avery describes her leadership style in paradoxical terms. "It's about leading from behind," she says. "It's not about expertise. People already have the answers, so the most important quality a leader needs is the ability to listen."

"A good leader is a good follower," she continues. "We talked about our lives. By telling our stories many times, we found out what was really going on, from sexual abuse to miscarriages, maternal and infant mortality, diabetes, and numerous other health problems that disproportionately affect Black women."

She shared two crucial lessons from her long career as a scholar-activist-organizer: be prepared to excel at fundraising and don't give up!

A life of stunning achievement

Naming the new SRJ professorship for Avery makes perfect sense in light of her achievements as a teacher, mentor, and holistic thinker. Consider a few of her career highlights:

- She is the recipient of the MacArthur Genius Award for Social Contribution, the Essence Award for Community Service, and the Audre Lorde Spirit of Fire Award from Fenway Health.
- She was a visiting fellow at the Harvard School of Public Health from 1991 to 1993.
- She served on the Charter Advisory Committee of the NIH's Office of Research on Women's Health.
- She co-led classes on reproductive health and advocacy at the Heilbrunn Department of Population and Family Health at Columbia University.
- She holds honorary degrees from seven institutions of higher education.

Yet she wears her achievements lightly, with no trace of ego. Avery's spirit of "leading from behind" will surely inform the professorship named for her.

Back to the future

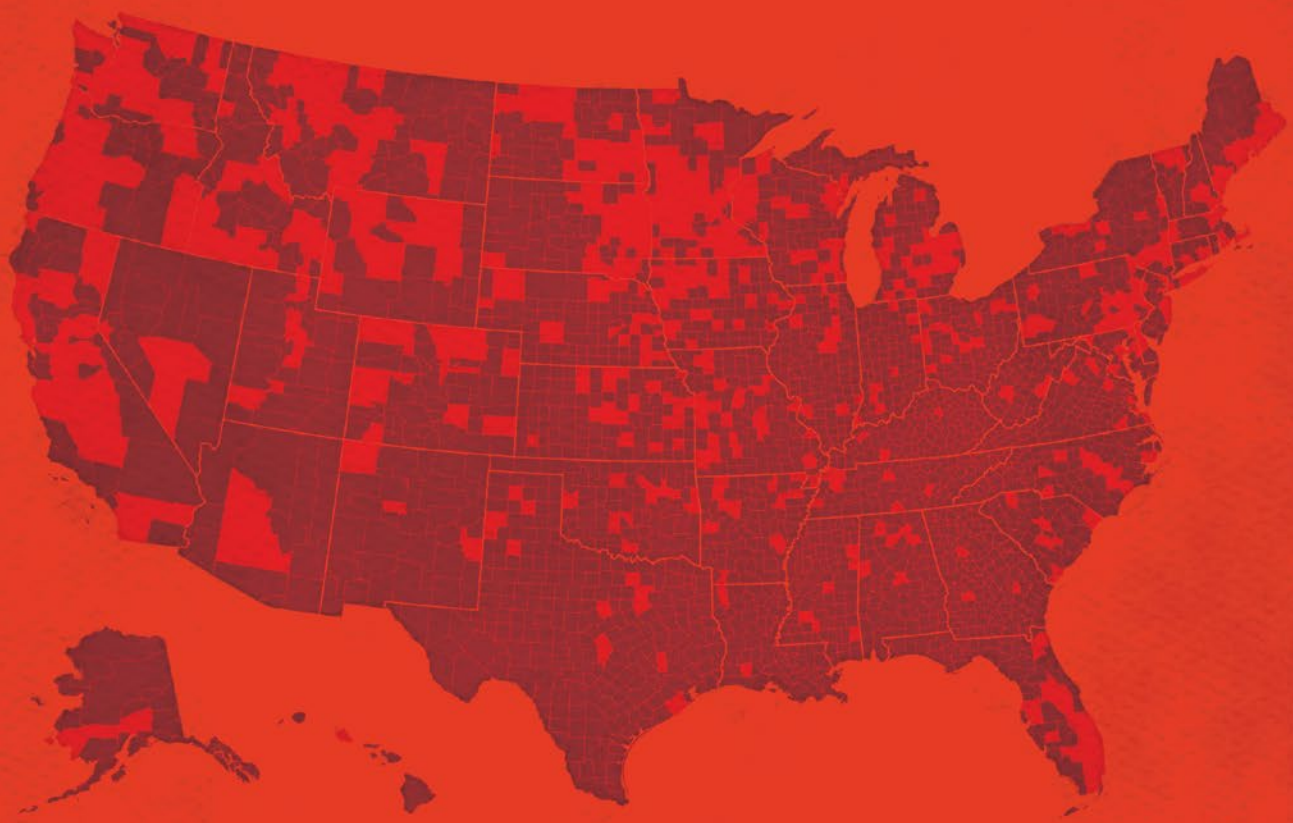
As far as Avery is concerned, Roe v. Wade never went far enough in securing the right to have an abortion. But she stresses that the Dobbs decision has been a major setback for girls, women, and others who may become pregnant, and the struggle has become that much more urgent. Moreover, there are other aspects of the period we're living through that are simultaneously terrible and, potentially, fruitful.

For example, she calls attention to the rise of white supremacy in our time. "In the struggle for SRJ, we need to get our white sisters to deal with that," she says. "We can't live in a just society if we don't." If it makes some people uncomfortable, she added, so be it.

"It's okay to be uncomfortable," she says. "Because the solutions we need will emerge from that discomfort."

THE U.S. IS MISSING A CRITICAL OPPORTUNITY TO HEAD OFF A **BIRD FLU PANDEMIC**

by **BARBARA AARON**



This map of the United States highlights the counties impacted by bird flu outbreaks in poultry flocks since 2022. As of April, 2025, a total of 168,331,727 birds have been affected.

SOURCE: U.S. DEPARTMENT OF AGRICULTURE

Bird flu is spreading in the U.S. While the number of severe human cases remains low, the slow response from the federal government and a recent human death from the virus are raising alarms.

DENIS NASH

The H5N1 variant, also known as highly pathogenic avian influenza (HPAI), was first identified nearly 30 years ago among domestic waterfowl in Southern China. Sporadic human infections have been reported in 23 countries since then. According to the World Health Organization (WHO), as of December 31, 2024, there have been 954 confirmed cases of H5N1 infection in humans worldwide, with 464 fatalities (49%). (For comparison, the COVID-19 fatality rate in the U.S. in 2020 was 2-3%.)

Today, H5N1 is widespread among wild birds worldwide, and has spread to infect wild terrestrial and marine mammals as well as domestic mammals.

In the U.S. it was first detected among domestic poultry in 2022. In March 2024 it began spreading through U.S. dairy herds, and at latest count has been detected in 972 herds across 16 states.

Since April 2024, more than 70 human cases have been confirmed in the U.S., the majority among workers exposed to the waste and milk of infected poultry and cows. Human H5N1 infections in the U.S. have ranged from relatively mild illness to severe pneumonia, depending on the degree of exposure: eye infections have resulted from being splashed with infected milk at dairy operations; severe infections are more likely to be associated with contact with sick and dying chickens.

The first human fatality in the U.S. was recorded in January 2025 in an individual exposed to wild birds and a backyard poultry flock.

The Centers for Disease Control and Prevention (CDC) and the U.S. Department of Agriculture (USDA) continue to assure the public that H5N1 currently poses very low risk to humans. But numerous epidemiologists, virologists, and biosecurity experts have expressed fears that with the right mutations or reassortment, the virus could develop the ability to spread between people.

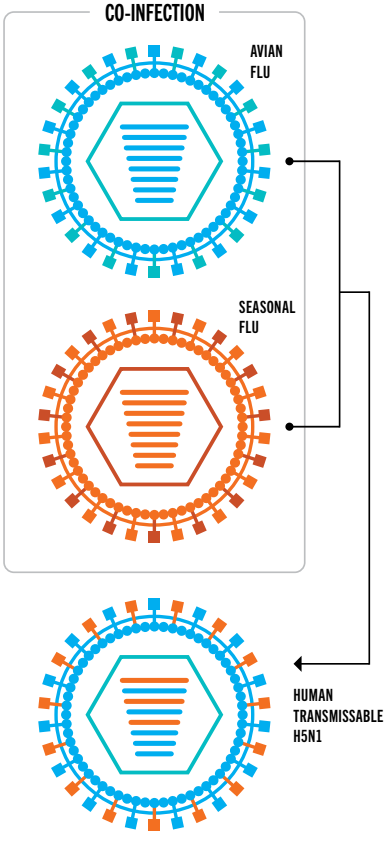
"If that happens, it could ignite a pandemic," says Denis Nash, executive director of the CUNY Institute for Implementation Science in Population Health (ISPH) and distinguished professor of epidemiology. "So, the risk to humans is low—until it isn't."

The most likely way H5N1 could acquire the ability for sustained human-to-human transmission is through a process called reassortment, wherein two viruses present in the same host (a co-infection) exchange genetic material, producing a new virus with enhanced attributes. Reassortment can occur when a person (or animal) is infected with both H5N1 and the seasonal influenza that's currently circulating in people. The result could be the creation of a flu virus that is both more pathogenic and capable of human-to-human transmission.

"Limiting opportunities for viral reassortment is a priority,"[1] says Nash. "We need to prevent co-infection with seasonal flu and H5N1, and to do that, we have to control the spread of both viruses in people and in livestock."

To prevent co-infection and potential reassortment, Nash says that our efforts should concentrate on the groups most at risk for H5N1 exposure: poultry and dairy workers. The government should promote the seasonal flu vaccine, consider providing those at high risk of H5N1 exposure access to the avian influenza vaccine, track the virus in livestock, and provide effective antiviral medications to anyone exposed to or infected with H5N1.

"As a salient example, seasonal flu hit NYC residents hard this winter, and even now in April, cases and hospitalizations are elevated," Nash notes. "Moreover, in the past two months, H5N1 has been detected at multiple live poultry markets around the city. How many of people working and visiting these markets also had seasonal influenza? The chances of co-infection and reassortment are much higher during flu season,



Reassortment happens when two different influenza viruses infect the same cell, leading to the mixing of their genetic segments (RNA) during replication. The result is a new virus with a combination of genes from both parental viruses.

and having people vaccinated against flu, especially poultry and dairy workers, is a pragmatic strategy that can reduce the occurrence of seasonal flu infection, as well as its severity and duration among those most likely to be exposed to H5N1."

The federal government has taken some steps to promote the seasonal flu vaccine among vulnerable workers and recommended that antiviral medications be offered to workers exposed to H5N1 as post-exposure prophylaxis. However, at this point, these recommendations represent an unfunded mandate for poultry and dairy farms, and data on their uptake and implementation has not been made available.

Vaccinating people against the H5N1 virus would be effective at reducing opportunities for co-infection and reassortment. The U.S. has a stockpile of H5N1 vaccine, but there has been no official move to distribute it, even to vulnerable workers. Notably, some European countries are already offering the H5N1 vaccine to workers on farms where bird flu has been detected.

Work is underway in the U.S. to develop H5N1 vaccines for livestock. Even this positive development is a cause for concern for some in the industry: their ability to export their products could be hindered because many countries won't accept products from animals that have received vaccinations.

As far as tracking the virus as it spreads among dairy herds, the U.S. has been slow to implement comprehensive testing and reluctant to share data about the results of the testing it has done.

In an opinion piece[2] in The Hill, CUNY SPH faculty Rachael Piltch-Loeb, Scott Ratzan, and Nash assert that, "… we must systematically monitor the spread among cattle and other farm animals whether or not they show signs of illness. Local, state and federal government entities must then communicate this information with timeliness, intent, and transparency. Effective communication can build trust before people are expected to take action."

Tracking and testing too few dairy herds and workers

The U.S. government failed to eliminate the virus on dairy farms by moving quickly to identify infected cows and taking measures to keep their infections from spreading early on, when it was confined to a handful of states. Current actions to track and contain the virus are hardly encouraging.


RACHAEL PILTCH-LOEB

> WHEN THE INFORMATION COMING FROM THE GOVERNMENT IS COMPLETELY INADEQUATE, HOW CAN WE MOVE FORWARD TO INFORM THE PUBLIC AND PROTECT VULNERABLE POPULATIONS?

While the USDA has claimed to be working "swiftly and diligently" to assess the prevalence of the virus in U.S. dairy herds and respond accordingly, the scale of their efforts has not been commensurate with the rapid spread of the virus.

In May of 2024, the USDA instituted a voluntary herd monitoring program that offers weekly bulk testing of milk for H5N1. However, of the roughly 24,000 dairy herds in the U.S., only 90 had enrolled in the program by April 2025.

The challenges are substantial: the dairy industry remains unconvinced of the benefits of surveillance and is reluctant to invite federal scientists to monitor their operations and test their livestock, fearing financial losses that federal compensation may not fully offset.

Meanwhile, dairy workers—the group most at risk—are often migrants who are reluctant to participate in testing due to fears that a positive test result could lead to job loss and potentially deportation.

In December 2024, the USDA issued a federal order for a national milk testing strategy to address H5N1. For a moment it seemed like the federal government was

TOP Testing milk samples at the Animal Health Diagnostic Center at Cornell University. PHOTO BY MICHAEL M. SANTIAGO/GETTY IMAGES

BOTTOM Turkeys being kept under shelter to prevent exposure to avian influenza. PHOTO BY NATHAN HOWARD/GETTY IMAGES

finally taking the massive step of conducting bulk milk testing on a national scale and not relying on dairy farms to volunteer. But the order, which requires individual dairy farms to share raw milk samples only upon official request, lacks teeth.

Conflicting missions

"The USDA's responsibility is to support the economic livelihood of the agriculture industry, as well as regulate health and safety practices," says Piltch-Loeb, assistant professor at CUNY SPH, an investigator at the ISPH, and Workforce Capacity and Preparedness lead at the NYC Preparedness & Recovery Institute (NYC PRI). "Sometimes, those missions can be in opposition."

Cracking down on the dairy and poultry industries to conduct and report comprehensive testing of their livestock and workers would likely be highly disruptive to their profitable operation, and the USDA appears reluctant to do that.

"The U.S. government subsidizes the dairy industry to the tune of $20 billion a year," says Piltch-Loeb. "It would need to plow something like another $20 billion into compliance efforts to scale up testing to a meaningful level. It would be a massive undertaking, and at this point it doesn't seem likely."

Thus far the USDA has not been forthcoming about bulk milk testing requests they have made, nor the results from those tests. Slow-walking both virus tracking efforts and data sharing may be the order of the day.

"The incentive to identify and track an emerging pathogen at an early phase is firmly not there," says Piltch-Loeb. "That is incredibly difficult to reconcile with something that could lead to a human health pandemic."

Communication is key

Given the conflicts of interest and trickle of data, it's hard to know who we should be listening to. As we saw with COVID-19, confusing and conflicting information breeds mistrust, and the absence of consistent communication leaves a vacuum that can quickly be filled with misinformation.

In a STAT op-ed,[3] CUNY SPH Distinguished Lecturer Scott Ratzan and Senior Scholar Ken Rabin argued that government agencies need to declare when they will communicate about H5N1 and when they will not, and stick to the plan. Given the uncertainty surrounding the virus, they recommend that agencies develop a comprehensive intergovernmental communication plan based on multiple scenarios, and coordinate communication across agencies on a daily basis, with an emphasis on providing accurate and trustworthy information to the public.

"Communication is not an afterthought," says Ratzan, who has spent three decades in health communication, health literacy, and strategic diplomacy. "It is absolutely central to emergency response and can be a deciding factor in maintaining control over the effects of an outbreak."

CUNY SPH scientists are focused on aiding surveillance and protecting at-risk workers

Piltch-Loeb, whose background is in public health emergency preparedness and response, is working with the ISPH and the NYC PRI on preparedness research, evaluation, and practice.

"With H5N1 we have an opportunity to start educating people early, before the situation becomes dire," she says. "Unlike the COVID-19 scenario where the pandemic was unfolding rapidly and we didn't have all the answers, this time we have a better understanding of H5N1 epidemiology at an earlier point. Because of that, we can make public health recommendations at an earlier point in time that are based in scientific reality. But we have to recognize, people are tired of public health interventions that require changing day-to-day life. At this moment I think we are vastly unprepared for the population reaction if they are asked to take protective measures because of bird flu."

When the information coming from the government is completely inadequate, how can we move forward to inform the public and protect vulnerable populations?

"We're working on ways to bring the relevant stakeholders to the table, folks like agricultural workers, dairy workers and food handlers," says Piltch-Loeb. "Most dairy workers are Spanish-speaking migrants. They're in direct contact with infected animals and raw milk, yet they lack the protections of occupational safety laws and have minimal access to health care."

"Our goal is to identify opportunities for workforce training to help at-risk groups minimize their exposure to H5N1," she continues. "We're engaging colleagues who focus on occupational health to think through what those will look like, and we're also working on convening different health practice groups to determine how vital information could reach the public in a timely manner."

Wastewater surveillance

During the COVID-19 pandemic, wastewater testing demonstrated great potential for early detection of that threat on a large scale, providing hospitals and policy makers with advance warning of surges in their area well before the first cases were clinically identified. Wastewater surveillance systems are in place throughout the U.S.; most are part of the National Wastewater Surveillance System, which is supported by the CDC.

While this surveillance system is critical for national pandemic preparedness and response, scientists at the ISPH deemed the current system "vastly under-leveraged for H5N1 at this precarious moment" in a STAT opinion.[4]

Wastewater surveillance for H5N1 is hindered by several challenges. Community based wastewater contains waste from both humans and animals, making it impossible to rapidly detect and differentiate human outbreaks of H5N1 from animal outbreaks.

In addition, current monitoring methods can only broadly detect influenza A viruses. This means that the avian influenza A (H5N1) virus can be detected but not distinguished from seasonal influenza A virus subtypes that have been circulating for years.

To address these limitations, the ISPH, in collaboration with teams at CUNY's Queens College and NYC Health and Hospitals (H+H), launched a pilot study within New York City's public healthcare system[4] to monitor wastewater at four H+H facilities. The Queens College team, led by Professor John Dennehy, previously established a similar surveillance program to detect SARS-CoV-2 in wastewater. Since H+H sites process human waste only, samples are free from contamination by livestock or wild animal runoff. The team also worked to validate and deploy genetic tests based on specific H5N1 sequences released by the USDA, for use in testing hospital wastewater in New York City.

"Given that influenza A subtypes are commonly circulating in the population, particularly during flu season, it will be crucial to develop more precise testing methods to detect the presence of H5N1 and any recombined version of the H5N1 outbreak strain with seasonal influenza viruses among humans," says Nash.

Tracking severe respiratory infections across the U.S.

Nash recently told Healthbeat New York[1] that a good bird flu preparedness plan would include the following: quick, scalable access to testing and masks, effective and widespread public health messaging, and swift vaccine production.

"We're hopefully not going to be in a place like we were with COVID, where we couldn't tell the extent of the outbreak, and how fast and where it was spreading until it was way too late," he said. "If that happens with something like this virus, if it's more pathogenic than COVID, we'll be in a really bad place."

Nash and his team at the ISPH, in collaboration with Pfizer, are focusing on severe respiratory infections currently circulating among the population. They recently launched a new prospective cohort study (n=6,000) of severe respiratory infections, called Project PROTECTS, which will be tracking influenza A, influenza B, RSV, and COVID-19 across the U.S. The project utilizes both at-home rapid antigen and PCR tests to investigate the incidence and symptom severity of these viruses. It also aims to address gaps in our understanding of the short- and long-term effects of these viruses on daily life, in the context of existing vaccines, background immunity, and treatments.

"If bird flu does eventually go off the rails, and starts spreading between people, this cohort could be fundamentally helpful in providing early insights around its spread and population health impact," says Nash.

The wrong time to slash federal health agencies

In early April 2025, the U.S. Department of Health and Human Services (HSS) initiated layoffs of 10,000 employees, including 3,500 at the Food and Drug Administration (FDA), 2,400 at the CDC, and 1,200 at the National Institutes of Health (NIH). Among those laid off at the FDA were the senior veterinarians overseeing bird flu response. Just days before that, the top vaccine regulator at the FDA was forced out of the agency.

Federal health agencies have been effectively kneecapped in their efforts to monitor and respond to H5N1. The last pandemic originated in Wuhan, China. If H5N1 becomes a pandemic, the origin will be the U.S.

WASTEWATER MONITORING

An early detection tool that can help communities prepare for and take action to address increasing cases of infectious diseases such as H5N1.

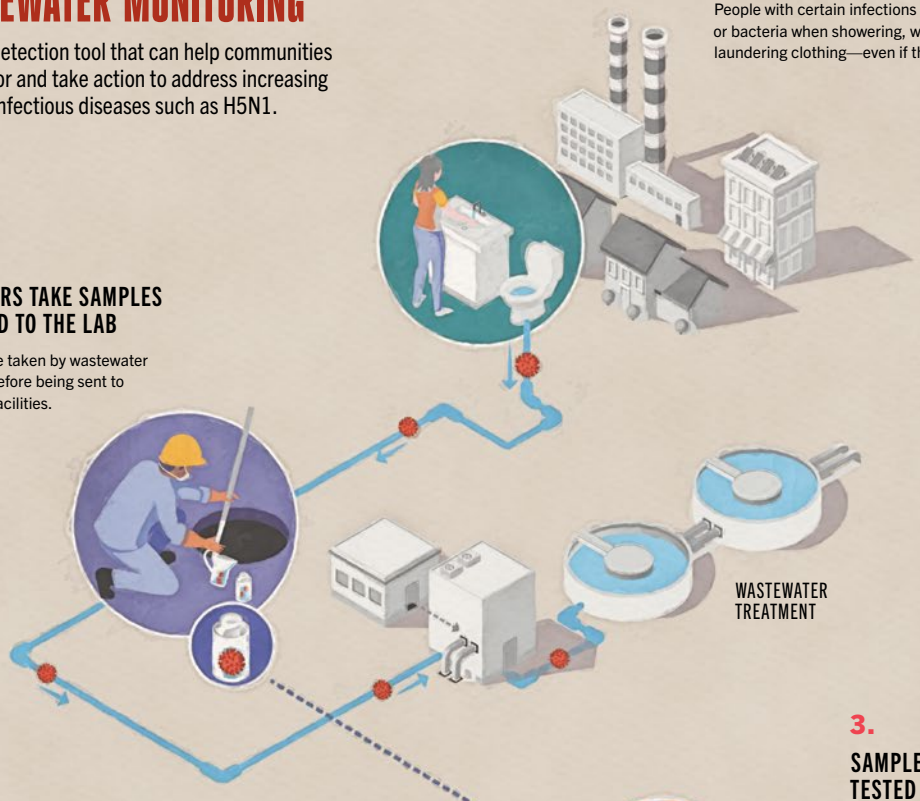
1. **VIRUSES AND BACTERIA ENTER THE WASTEWATER SYSTEM**

People with certain infections can shed virus or bacteria when showering, washing hands, or laundering clothing—even if they are asymptomatic.

2.

OPERATORS TAKE SAMPLES AND SEND TO THE LAB

Samples are taken by wastewater operators before being sent to treatment facilities.



3.

SAMPLES ARE TESTED AND RESULTS REPORTED

Infections circulating in a community are detected and reported. This information can be available within as few as 5 to 7 days after waste enters the system.

4.

DATA IS INTERPRETED TO INFORM ACTION

Public health officials use reported data to better understand disease trends, make decisions, and provide guidance.

SOURCE: CDC

1 Fawcett, E. Bird Flu Isn't an Immediate Health Threat in New York, but Preparations Have Begun. Healthbeat New York, January 24, 2025. https://www.healthbeat.org/newyork/2025/01/24/bird-flu-risk-nyc-health-hospitals

2 Piltch-Loeb R, Nash D, Ratzan S. The Bird Flu Outbreak Has Spread to Humans — Are We Too Late to Prevent the next Pandemic? The Hill, June 24, 2024. https://thehill.com/opinion/healthcare/4708130-bird-flu-outbreak-h5n1-pandemic

3 Gorman S, Ratzan S, Rabin K. H5N1 communication has been strictly for the birds. Didn't the federal government learn anything from Covid? STAT, May 9, 2024. https://www.statnews.com/2024/05/09/h5n1-communication-didnt-federal-government-learn-anything-from-covid

4 Nash D, Dennehy J, Trujillo M, Silvera L. From sewage to safety: Hospital wastewater surveillance as a beacon for defense against H5N1 bird flu. STAT, May 1, 2024. https://www.statnews.com/2024/05/01/h5n1-bird-flu-hospital-wastewater-surveillance

FACING THE HEAT

CUNY SPH faculty address the challenges presented by a warming planet

by **BARBARA AARON**

A health surveillance assistant with the Malawi Ministry of Health provides services to HIV-positive woman in an antiretroviral therapy (ART) clinic built by the Tingathe program with support from USAID.

CREDIT: BAYLOR COLLEGE OF MEDICINE CHILDREN'S FOUNDATION–MALAWI / ROBBIE FLICK

Climate change, accelerating alarmingly over the past several decades, has impacted human health globally, manifesting in heat-related illness, displacement and migration, increased spread of infectious disease, food and water insecurity, and disruption to healthcare services.

It is exacerbating health inequities, with vulnerable populations—including those in low-income countries, children, the elderly, and those with pre-existing health conditions—facing the greatest risks.

Researchers at CUNY SPH are engaged in measuring these interconnected effects and creating tools to help health organizations around the world counter them to protect population health.

They're also taking on the challenge of how to communicate the urgency of current and impending climate change threats to governments, business leaders and the broader public in order to raise awareness and promote preparedness.

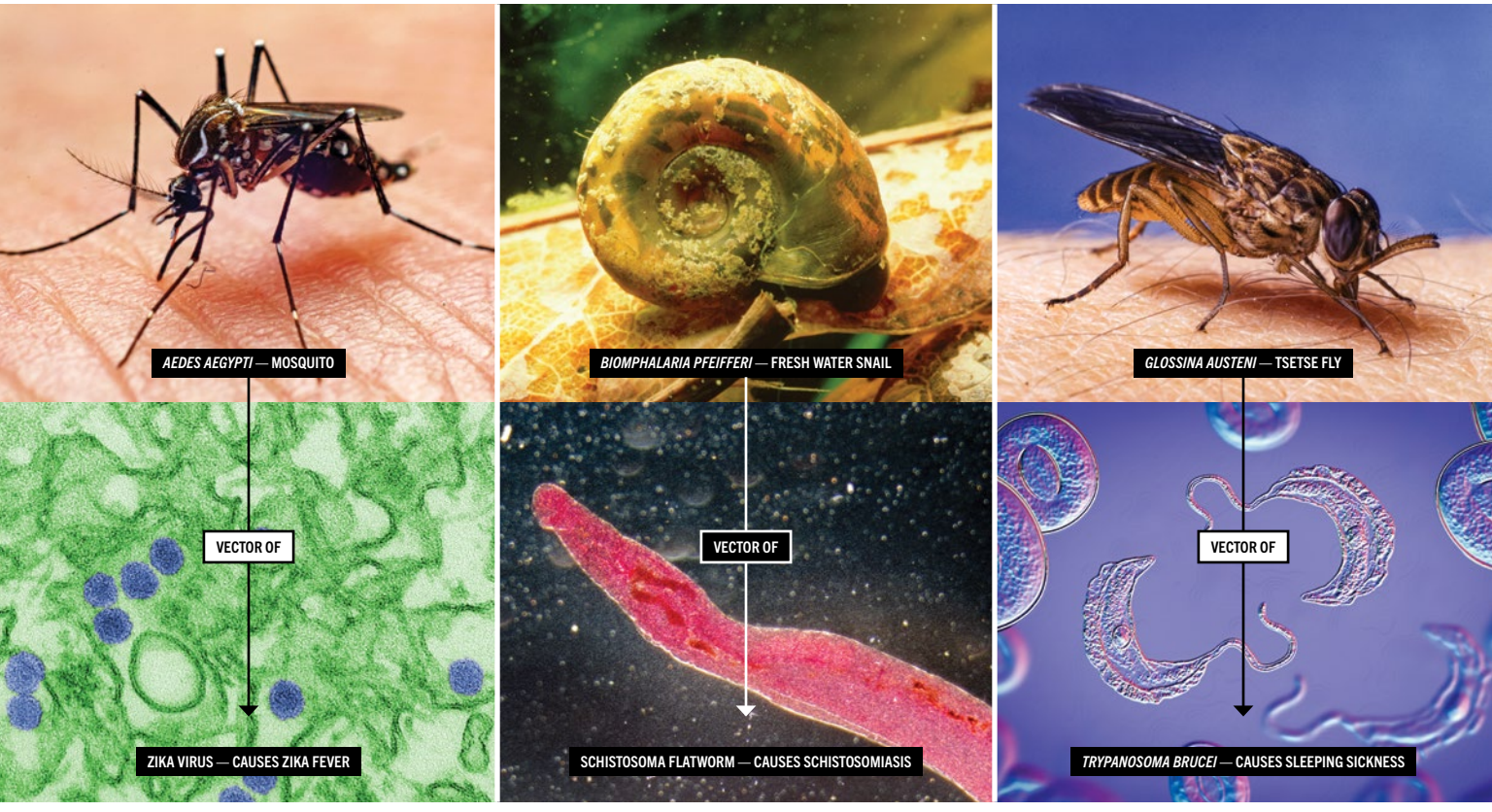
Climate change and HIV outcomes

Two grants from the National Institute of Allergies and Infectious Diseases (NIAID), a four-year, $3.2 million award and a 12-month, $550,000 administrative supplement, will support innovative research to advance the understanding of how climate change and extreme weather influence HIV-related health outcomes around the world. A multidisciplinary team of researchers from the CUNY Institute for Implementation Science in Population Health (CUNY ISPH), housed at CUNY SPH; the University of California, San Francisco (UCSF); the University of California, Santa Barbara (UCSB); and the Icahn School of Medicine at Mount Sinai will examine the effects of extreme weather events such as heavy rainfall, hurricanes, and drought on short and long-term outcomes of more than two million people living with HIV who have enrolled in HIV care at clinics in 44 countries around the world.

"Most of the 37 million people living with HIV are on treatment, which requires continuous access to antiretroviral medications both to ensure a normal life expectancy and prevent onward transmission of the virus," says Distinguished Professor Denis Nash, executive director of CUNY ISPH and a principal investigator of both studies. "We know very little about the ways that extreme weather influences HIV outcomes and, by extension, its past and present influences on the trajectory of the HIV pandemic."

The research will combine data from the global IeDEA cohort collaboration[1] with

WE KNOW VERY LITTLE ABOUT THE WAYS THAT EXTREME WEATHER INFLUENCES HIV OUTCOMES AND, BY EXTENSION, ITS PAST AND PRESENT INFLUENCES ON THE TRAJECTORY OF THE HIV PANDEMIC.



Disease vectors are living organisms that can transmit infectious pathogens between humans, or from animals to humans. Many of these are bloodsucking insects, such as mosquitoes and the tsetse fly. Others are found in important water sources, such as species of freshwater snails.

Due to climate change, several vectors have already expanded their ranges in latitude and altitude, and the length of the season during which they are active is increasing. These trends are expected to continue as the climate warms.

SOURCE: WHO

climate data to understand the long-term effects of extreme weather on HIV treatment outcomes. The goal is to see how disruptions in care, medication access, and clinic visits are influenced by weather patterns, using information like daily temperature and rainfall data.

"We are trying to create a new research frontier within the IeDEA network focused on climate and HIV outcomes, which has further relevance for the larger group of IeDEA-engaged stakeholders, such as the WHO, UNAIDS and PEPFAR, as well as for other health outcomes beyond HIV/AIDS," says Nash.

The team will also conduct qualitative research in countries like the Philippines and Rwanda to identify strategies people and clinics use to cope with extreme weather. The research could provide new insights into how climate change could be a barrier to ending the HIV/AIDS pandemic, as well as inform strategies to mitigate these impacts on HIV care and other chronic diseases requiring continuous treatment.

How climate change is increasing the spread of disease-carrying insects and their impact on global health

The Intramural Targeted Climate Change & Health (ITCCH) program has awarded a two-year, $185,042 grant to CUNY ISPH Investigators Nash Rochman, Elizabeth Kelvin, and colleagues to support work to improve access to historical and forecasted climate data to better understand the impacts of climate change on infectious disease transmission. The multidisciplinary team of researchers from the CUNY ISPH and the National Center for Biotechnology Information (NCBI) at the National Institutes of Health (NIH) will build a website to house historical and forecasted climate data including global temperature measurements, vector range of disease-carrying insects, and population density to facilitate the incorporation of these global change variables into epidemiological modeling and surveillance.

Monitoring air pollutants in underserved communities

Associate Professor Brian Pavilonis and team were awarded nearly $500,000 by the U.S. Environmental Protection Agency (EPA) to monitor air pollutants in New York State communities with environmental and health outcome disparities stemming from air pollution exposure.

The three-year project seeks to improve air quality and public health across these neighborhoods by establishing a community-driven network platform to enhance the understanding of sustainable outdoor and indoor air quality.

"Air pollution has been implicated in the development of many chronic diseases and disproportionately affects marginalized communities," says Pavilonis. "This grant will help us better understand air pollution across New York State, with an emphasis on communities that have been previously underserved."

The importance of effective communication

Despite urgent warnings from the scientific community about the dire consequences of climate change—and what people can do to mitigate it—there has been a lack of urgent response from government and business leaders, as well as much of the public. Better communication is critical if communities are to prepare and adapt to climate change-related risks.

In a special edition[2] of the Journal of Health Communication: International Perspectives (JHC), led by researchers from the CUNY SPH and the New York City Preparedness & Recovery Institute (PRI), the scientific and health communications community assesses these challenges and offers a road map to more effective communications. The special issue, "Climate Communication Challenges: Hazards, Health, Preparedness," was co-edited by Associate Professor Brian Pavilonis, former CUNY SPH professor Ilias Kavouras, and Professor Bruce Y. Lee.

The issue explores how misinformation spreads, the importance of unified communication, and the need to connect human actions to climate and health consequences.

"Climate change is not a localized event: it will touch the lives of everyone," says Pavilonis, who also co-leads the PRI Workforce Capacity & Preparedness Team. "This special issue highlights the challenging and resource-intensive nature of climate communication and provides strategies tailored to various stakeholders. The global climate is intricately interconnected and events in one part of the globe can have cascading effects elsewhere from food shortages to climate refugees."

"We are walking toward a slow-motion catastrophe, and it is imperative that we act with a unified voice so that we depart from the status quo," says Lee, PRI chief technical officer and executive director of the Center for Advanced Technology and Communication in Health (CATCH) at CUNY SPH. "Going forward we need to develop and use newer systems-oriented ways to better communicate the complexities connecting human activity, climate change, and the resulting health and economic impacts."

This special issue offers a comprehensive assessment of the present communications challenges and strategies to overcome them. Topics include a snapshot of current beliefs around climate change and health from a national survey; how politicization and differential media treatment reinforce polarized perceptions of climate change; the relative risks and benefits of communicating fear and anxiety in communities; and a broad systems approach to incorporate the complexities of both climate change and how information is communicated, formally and informally.

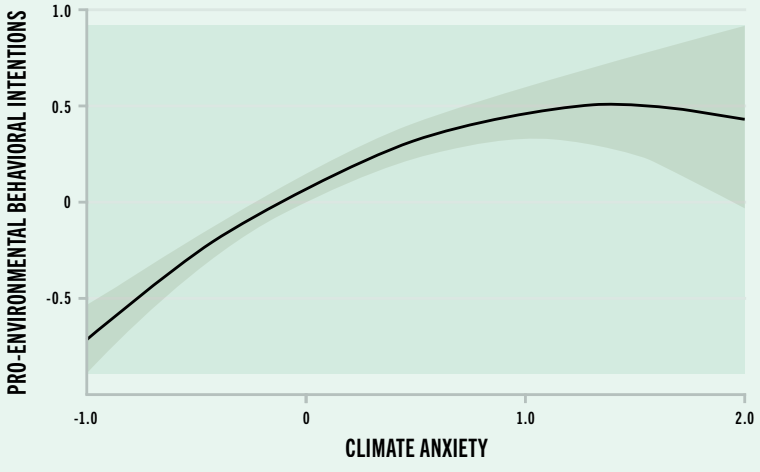
The cascading effects of climate change will impact nearly every aspect of population health. In the months and years ahead, CUNY SPH will continue to play a role in helping to stave off the worst of climate change harms.

1 IeDEA International epidemiology Databases to Evaluate AIDS (https://www.iedea.org/)

2 Journal of Health Communication, "Climate Communication Challenges: Hazards, Health, Preparedness" (https://www.tandfonline.com/toc/uhcm20/29/sup1)

Findings cited in the journal special edition[2] indicate a nonlinear connection between climate anxiety and intentions to engage in pro-environmental behavior. While higher levels of climate anxiety initially lead to increased pro-environmental actions, beyond a certain point, further increases in anxiety are associated with a decline in such behavior.

FIGURE 1 — FROM *SOME SLICE OF CLIMATE ANXIETY... IS GOOD: A CROSS-SECTIONAL SURVEY EXPLORING THE RELATIONSHIP BETWEEN COLLEGE STUDENTS MEDIA EXPOSURE AND PERCEPTIONS ABOUT CLIMATE CHANGE*, BY EMMANUEL MADUNEME.



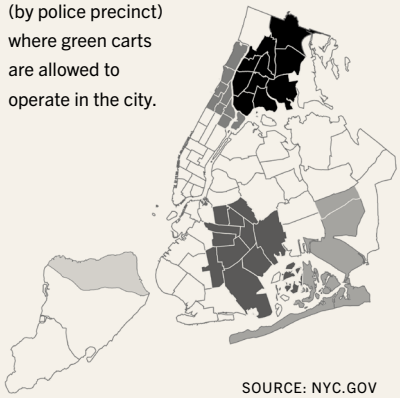
HAVE ENHANCED NUTRITION PROGRAMS IMPROVED ACCESS TO HEALTHY FOOD?

Assessing the post-pandemic New York City foodscape

by ARIANA COSTAKES

The COVID-19 pandemic spurred a food crisis in cities across the nation, but especially in New York City, where historically stark disparities in food security and healthy food access were exacerbated by the pandemic's economic disruption and subsequent inflation. By 2022, an estimated 1.2 million New Yorkers were experiencing food insecurity, about 14.6%[1] of the city's population.

NYC Green Carts sell fresh fruits, vegetables, and other healthy foods in neighborhoods that have historically lacked access to fresh produce. The map below shows the areas (by police precinct) where green carts are allowed to operate in the city.



SOURCE: NYC.GOV

In response to this crisis, city officials and local non-profits redoubled efforts to improve nutrition for vulnerable populations. These have taken diverse approaches, from enhancing mobile food vending and food distribution programs to leveraging technology and e-commerce.

But how effective have these initiatives been? In the five years since the onset of the pandemic, the CUNY Urban Food Policy Institute has been taking stock of the impact of programs designed to meet the evolving challenges of food insecurity in post-COVID New York City, conducting evaluation research while serving up strategies to improve program design and outcomes.

In 2008, the city launched the **NYC Green Carts** program, issuing permits to enable fruit and vegetable vendors to sell produce and—more recently—bottled water, nuts, and cut fruits and vegetables in designated neighborhoods with insufficient food retail. In the post-pandemic period, and after operating for 15 years, the Department of Health was interested in learning about how well Green Carts have operated and hearing evidence-based ideas for improvements. Through a forthcoming one-year evaluation study, the Institute discovered a number of key insights about the program.

While the number of active Green Cart vendors has declined from 490 in 2013 to 241 in 2023, the program continues to play a vital role in the communities in which the vendors sell produce. The study found that customers choose Green Carts primarily for their convenience and affordability, with many reporting buying and eating more fruits and vegetables due to the carts' presence in their neighborhoods. The study also identified several challenges facing the program, including difficulties with permit processes, the need for better cart designs, and issues with finding suitable vending and cart storage locations. Recommendations for improvement include streamlining the permit application process, providing more technical assistance to vendors, and exploring ways to incentivize vending in high-need areas.

"These long-standing programs need to be evaluated regularly to ensure they continue to accomplish their intended goals," says Institute Deputy Director Craig Willingham.

The Grand Street Guild Nutrition Access Center (NAC) is a more geographically targeted intervention, focusing on residents of an affordable housing community in lower Manhattan. This program provides monthly food boxes valued at approximately $50, containing a seasonal selection of fresh produce, dairy, and protein. An evaluation led by Institute Director of Evaluation Katherine Tomaino Fraser found significant benefits for participants compared to non-participants in the same community. NAC users reported lower rates of food insecurity across multiple indicators, and

KATHERINE TOMAINO FRASER

were more likely to report eating more fruits and vegetables and experiencing greater variety in their diets due to the program. The NAC's success appears to be driven not only by the food provided but also by the strong community connections fostered by the program's staff and volunteers. Participants highlighted the program's positive impact on community cohesion and their overall sense of well-being.

"The Grand Street Nutrition Access Center is a high-quality and impactful nutrition access program and a great model for joining housing and food policy to support New Yorkers in the ways they deserve to be supported," says Tomaino Fraser. "The team of volunteers and Grand Street staff that run the NAC built an exemplary program based on trust and genuine community buy-in—an approach that can and should be scaled within the Grand Street community and in other affordable housing communities throughout the five boroughs."

Citymeals on Wheels, a long-standing organization serving older New Yorkers, has adapted and expanded its services in response to the pandemic and ongoing food insecurity. The organization now provides weekend and holiday meals, emergency food, mobile food pantry services, and fresh produce deliveries to homebound elderly residents. A study of the food and nutrition needs of older New Yorkers commissioned by Citymeals and led by Institute Director and Associate Professor Nevin Cohen found high interest in expanded home-delivered meal services, with 79% of respondents expressing interest in receiving at least one meal daily on weekdays and 71% interested in weekend meal deliveries. This suggests significant potential for growth in services targeting older adults. The study also highlighted the need for more varied choice in meal options, improved communication about available services, and support for older adults in adapting to changes in their food habits as they age. These findings point to opportunities for enhancing and expanding food services for the elderly in NYC.

"During the pandemic, as congregate meal programs closed and supermarket shopping was disrupted, food became less accessible for many older adults, particularly those with mobility limits," Cohen says. "The Citymeals study showed the need for more diverse nutrition assistance programs to meet the needs of homebound older adults and the wider, growing population of seniors."

NEVIN COHEN

THE MOST SUCCESSFUL PROGRAMS SEEM TO BE THOSE THAT FOSTER STRONG COMMUNITY CONNECTIONS AND ADAPT TO LOCAL NEEDS AND PREFERENCES.

A novel food security intervention is the **Groceries to Go** program, launched by the NYC Department of Health and Mental Hygiene in 2023 as an outgrowth of pandemic-era food distribution programs and the rapid rise in online shopping as consumers sought alternatives to crowded stores. Groceries to Go provides monthly credits for grocery purchases to low-income residents with diet-related diseases, focusing on enrollees in the NYC Care program run by NYC Health + Hospitals. The majority of NYC Care enrollees are immigrants who do not qualify for federal nutrition benefits like the Supplemental Nutrition Assistance Program (SNAP). Participants can use credits of $140 for households of 1-2 people and $300 for households of three or more to order groceries online through Mercato, an e-commerce platform that distributes food from independent supermarkets across the city. This approach not only improves food access for vulnerable populations but also supports local businesses.

A collaborative program evaluation of the Groceries to Go program co-led by Professor Diana Romero and Professor Nevin Cohen found high satisfaction rates among users. Romero and team conducted 51 interviews, in both English and Spanish, with Groceries to Go participants who had used the program for at least six months. Participants also completed a survey on issues such as delivery preferences, changes in food habits, and time/money saved. The subjects reported improved nutrition, with 82.3% saying they eat more fruits and vegetables due to the program.

The program's use of technology to facilitate online ordering and delivery has been particularly beneficial, says Romero, especially for those with mobility issues or time constraints. However, the study also identified some challenges, such as the need for technical support for those less familiar with online ordering systems.

Romero also described strategies employed by program participants.

"Many folks were quite savvy, for example, in using grocery credits for online purchasing with delivery for heavy, shelf-stable items versus making in-person grocery purchases for items they wanted to select themselves, like meats and produce," she said.

Across these diverse interventions, several common themes and challenges emerged.

"Many of these programs leverage technology to improve service delivery, from online ordering systems to inventory management tools," says Tomaino Fraser. "While technology can enhance efficiency and reach, it presents challenges for some users, who might be less tech-savvy."

Programs also struggle with providing choice to participants while ensuring nutritional quality, the researchers found, particularly in meal delivery programs for older adults. Logistical challenges such as food storage, transportation, and distribution are common across programs, especially for fresh produce. Moreover, many of these initiatives rely on a mix of public and private funding, raising questions about long-term sustainability and potential for scaling.

"The most successful programs seem to be those that foster strong community connections and adapt to local needs and preferences," Cohen notes. "While barriers remain for marginalized populations like undocumented immigrants," Tomaino Fraser added, "these public and private innovations have the potential to reduce food insecurity if replicated and scaled."

As the city continues to grapple with food insecurity post-pandemic, the Institute will continue to evaluate existing nutrition interventions to ensure they continue to meet the evolving needs of New York's diverse communities and will help city agencies and non-profit organizations design and implement new approaches to improving access to healthy, affordable, culturally appropriate food.

"COVID opened the door for equity-enhancing policies and programs to improve food access among those most affected by the pandemic, including immigrants, older adults, and low-income New Yorkers," added Cohen. "The Institute's evaluation research will help improve and grow the interventions that advance an equitable food system and thus a more just and healthier city."

1 Gundersen C, Strayer M, Dewey A, Hake M, Engelhard E. Map the Meal Gap 2022: An Analysis of County and Congressional District Food Insecurity and County Food Cost in the United States in 2020. Feeding America, 2022.

STUDENT PROFILES

Over the past few months, we caught up with our 2024 valedictorian and two current doctoral students. Read on for insights about how they're shaping the public health conversation.

Leading with purpose: CUNY SPH 2024 valedictorian Adrian Blader champions transgender health equity

Adrian Blader, the 2024 valedictorian of CUNY SPH, delivered a poignant address reflecting on the challenges faced by the graduating class, from the effects of COVID-19, to the strain of protests and war, all while navigating remote learning. Blader, the first trans person to present the valedictorian address, emphasized the importance of hope and resilience in the face of adversity.

"During these chaotic times, we were learning about inequity and injustice in the classroom and seeing it in the real world, through the pandemic, through our jobs, through political attacks on health care access for transgender people and reproductive health care," said Blader in their valedictory address. "Seeing all this, it might have been tempting for us to fall into despair, but we didn't. One of my favorite classes in graduate school was Professor Freudenberg's class on activism in New York City. On our first day, he asked what we wanted to take away from the course, and I said, hope, and hope is exactly what I have gotten from this degree and from working alongside you all. I have found hope through learning from previous public health movements and the people who came before us."

Blader began their public health journey as an undergraduate at the University of Wisconsin—Madison, where they completed a major in international studies and a minor in global health and gender studies.

"I was really global health focused as an undergrad," says Blader, and indeed, they joined the Peace Corps after graduation. They spent the next two years in Moldova, a tiny country bordering Ukraine, where they developed and taught health education curricula, wrote grants to support local students, and developed culturally appropriate trainings for staff at a clinic on how to better serve LGBTQ+ youth in healthcare settings.

"But a lot of international development work can be so tricky," says Blader. "How do I do this in a non-imperialistic way? Who am I to come and either teach or impart my cultural norms? Those were really hard questions to answer for myself while I was in the Peace Corps. I loved that experience, it was so important to me, but I was having a hard time wrestling with those emotions."

On returning to the U.S., Blader decided to pivot to more local initiatives. They came to New York City to work at Montefiore in the Bronx as a community health organizer in 2020, just as COVID-19 was beginning its campaign of devastation in the city. "It was difficult timing," recalls Blader.

Undaunted, in January 2021 they embarked on an MPH in community health at CUNY SPH, beginning their studies fully remotely during the extended COVID lockdown. "I loved getting this degree. I really did. It was definitely a lot of work, but it was all work that was interesting and engaging. And so many of the professors have such a social justice focus in a way that I really appreciated and was very different from much of my experience as an undergrad.

Blader found they had a lot of freedom to pursue their particular focus on LGBTQ+ health, specifically the health of transgender and gender nonconforming (TGNC) people, even though it wasn't an official specialization offered by the school. "I got a lot of support from professors when I chose those topics."

They were thrilled to connect with other students who shared that particular interest. "There was diversity of both opinion and background, but I had a lot of classmates who were really values aligned with me, and I didn't feel like a radical."

Balancing full-time work while going to school, as many of their classmates did, was challenging. However, working at a hospital while studying public health proved immensely beneficial. "I feel like public health and healthcare don't always talk to each other. Being boots on the ground, I can see what works and what isn't going to work. Being able to bring those real-life experiences into the classroom, and the lessons of the classroom into my job, really enriched my educational experience."

Blader is fully committed to bringing the lived experiences of stakeholders into their public health research and advocacy. "I learned a lot about community based participatory research in Professor Sasha Fleary's class, Applied Mixed Methods in Community Health Research. Having community buy in, and community input—not just asking them for their opinions, but involving them in the whole process, from start to finish—is absolutely critical. After my concerns about cultural imperialism in the Peace Corp, this class was a big, full circle moment for me."

Currently Blader is a program manager for the community health worker (CHW) program at NYC Health + Hospitals. They manage three departments at the South Brooklyn Health facility, overseeing CHWs in adult primary care, pediatrics, and asthma/COPD. Their team works with patients to identify and address barriers to health and wellbeing, such as housing, financial, food and legal needs, as well as helping them navigate the healthcare system.

"I love that this role, much like the MPH program at CUNY SPH, sees health holistically—not just focusing on the medical aspects, but also on the social determinants of health—and focuses on building sustainable relationships within the community that promote health," they say.

Blader is also the lead of the LGBTQ+ Inclusion Group at South Brooklyn Health, where they work on initiatives to help make the system more inclusive of LGBTQ+ patients, employees and community members. "I would love to do more work that focuses on LGBTQ+ health equity," they say. "My specific area of interest is chronic disease prevention and outcomes for LGBTQ+ folks, specifically trans people."

Finding a public health niche and seeing it through

As an undergrad at Hunter College, Alexa D'Angelo took a public health class that just felt right. "I was like, okay, this tracks," she says. "These broad population health questions are what I'm interested in."

She then took a class in human sexuality, where the professor devoted a lecture to the HIV prevention medication PrEP, which was very new at the time.

"He laid out all the information," she recounts. "'Here are the HIV incidence rates. This is how effective PrEP is. But it's not being used at the rate that we need it to be,' And I just couldn't wrap my head around that. Why isn't this medication reaching the folks who can benefit from it most?"

Her interest sparked, D'Angelo stayed with that question. In 2017, she embarked on her MPH at CUNY SPH and began working as a research assistant at the CUNY Institute for Implementation Science in Population Health (ISPH) with Professor Christian Grov. This was at the beginning of Grov's landmark Together 5000 project, a large cohort study following primarily gay and bisexual men who are vulnerable to HIV across the U.S. to understand factors related to HIV infection as well as PrEP uptake.

Much of her initial work on the project was interacting with study participants, helping them move through a fairly complicated study protocol, in which they were completing annual online surveys and using HIV test kits mailed to them by Together 5000. She eventually became a project coordinator and had opportunities to lead several qualitative sub-studies within the cohort.

Through in-depth interviews with many of the Together 5000 study subjects, it became clear to her that insurance payment barriers, including high out-of-pocket expenses, prior-authorization requirements, and claims denials were substantial impediments to PrEP use. A close read of the Affordable Care Act (ACA) led her to conclude that some of these insurance practices are illegal, and some are attributable to loopholes in the ACA that allow some commercial insurers to forgo coverage for preventive services.

"All told, there are things going on at the regulatory and policy levels that leave folks without a guarantee to universal PrEP access—which is ultimately the goal when you're aiming to end an epidemic," she says. "I think cataloguing these issues, measuring them and calling them out in peer reviewed literature is helpful."

She hopes her work will be useful to advocacy efforts aimed at improving PrEP access in the U.S.

Today, D'Angelo is nearing the end of her doctoral studies. She has been an author on 29 peer-reviewed publications—10 as first author—an extraordinary achievement for a student. She is now project manager of Grov's AMETHST 5000, a continuation the work of Together 5000, but with a greater focus on methamphetamine for its role in HIV vulnerability and seroconversion.

D'Angelo's doctoral dissertation focuses on health insurance as a factor in LGBTQ health disparities more broadly, both as a factor that might exacerbate disparities and complicate access to care, and then as a central, needed source of payment for care. With the help of Associate Professor Emma Tsui, D'Angelo developed expertise in qualitative methodologies, which she uses to learn about how individuals navigate insurance challenges within the domains of PrEP access, accessing gender-affirming care and mental health care.

"I want to follow folks' experiences navigating our healthcare and insurance systems to access care and leverage qualitative methods and data to uncover the issues at the policy level that can be addressed," she says.

Reflecting on her experience at CUNY SPH, D'Angelo says, "I'm probably in the last year of my PhD program, and it's going to be sad for me, because I've really enjoyed my time as a student at the school, and I've been very fortunate to work with so many inspiring professors, as well as my incredible peers in the program."

"I kind of hit the jackpot in terms of finding an advisor who is also a great mentor, but even more important, a great fit," she continues. "That's the dynamic you want in a PhD program, because it propels you through it. I'm also very grateful to professors Emma Tsui, Naomi Zewde, and Nick Freudenberg, who have been generous in contributing both their deep knowledge and their personal experience to my education."

About working at CUNY ISPH, she says, "A real strength of the institute is its ability to shift and respond to what's going on in the world. There's a lot of opportunity and flexibility to meet important research needs as they come up."

Asked about her post-graduation career plans, D'Angelo replies, "I want to do the work I've been doing, which might sound anticlimactic, but I really enjoy this research, and for me, the pairing of qualitative methods with policy analysis has become a methodological niche I particularly enjoy and want to keep exploring. Wherever I end up, I just want to continue this work."

Life's challenges shape a doctoral student's relentless drive

Thinh Vu came to CUNY SPH as a doctoral candidate with a burning drive to achieve. Since his arrival in 2021, he has garnered numerous honors and awards and co-authored 12 peer-reviewed publications (including nine as first or co-first author), with at least 10 more papers in progress.

His body of research spans HIV, substance use, and mental health—problems that can overlap in the lives of people in underserved communities. Growing up in Vietnam, Vu witnessed these issues up-close.

"My family was poor," he recalls. "We were unhoused for about two years, sleeping at a pesticide storage area—there were no homeless shelters. I grew up around sex workers and people who inject drugs, many of whom were living with HIV and faced mental health challenges. These are the people I want to help."

In high school, his best friend committed suicide. "That's another reason I want to focus on mental health, especially in Vietnam," he says.

The notion of mental health in his home country is in its infancy, and mental health challenges are profoundly stigmatized.

In choosing to pursue public health, Vu aimed to break down cycles of disadvantage among underserved and BIPOC communities and dispel the ignorance and stigma that hinder mental health care back in Vietnam and here in New York City.

That mission has fueled the steep trajectory of Vu's scholarly career. He was the first in his family to graduate high school. He went on to earn a bachelor of public health from Hanoi Medical University, where he was valedictorian of his major. He then set about applying for international scholarships in public health master's programs, successfully garnering a total of five such offers. He ultimately accepted a full scholarship from the NIH/Fogarty program that allowed him to attend the UCLA Fielding School of Public Health and earn an MS in epidemiology.

When he arrived at CUNY SPH to pursue a PhD in community health and health policy, Vu sought out the mentorship of Professor Victoria Ngo, director of the CUNY SPH Center for Innovation in Mental Health (CIMH).

"New York was hard-hit by mental health issues during COVID-19, and I wanted to learn from Dr. Ngo's hands-on work in implementing innovative models of mental health care in low-income and minoritized communities in Vietnam and New York City," he says. "I was also drawn to CUNY SPH's mission of promoting health equity and social justice, which continues to be an important focus of healthcare interventions."

He took a position as a full-time research manager in CIMH, and has flourished under Ngo's guidance, co-authoring eight peer-reviewed publications and 13 presentations with her.

Vu has also collaborated on publications with Associate Professors Pedro Mateu-Gelabert, Sean Haley, and Distinguished Professor Luisa Borrell. He marvels at how supportive the community at CUNY SPH has been.

"CUNY SPH is an amazing place," he says. "The faculty are so approachable and available, and ready to help."

He is grateful for the numerous funding sources he has been able to take advantage of at the school, including travel awards from his department, the dean's office, the student government association, and the CUNY Student Senate. These awards have made it possible for Vu to attend international trainings and annual American Public Health Association (APHA) conferences.

Vu's dissertation—for which he received a Dean's Dissertation Award—centers around the experiences of cancer patients and the people who care for them. As with his other public health interests, this focus was inspired by direct experience, in this case witnessing family members' battles with colon and lung cancer.

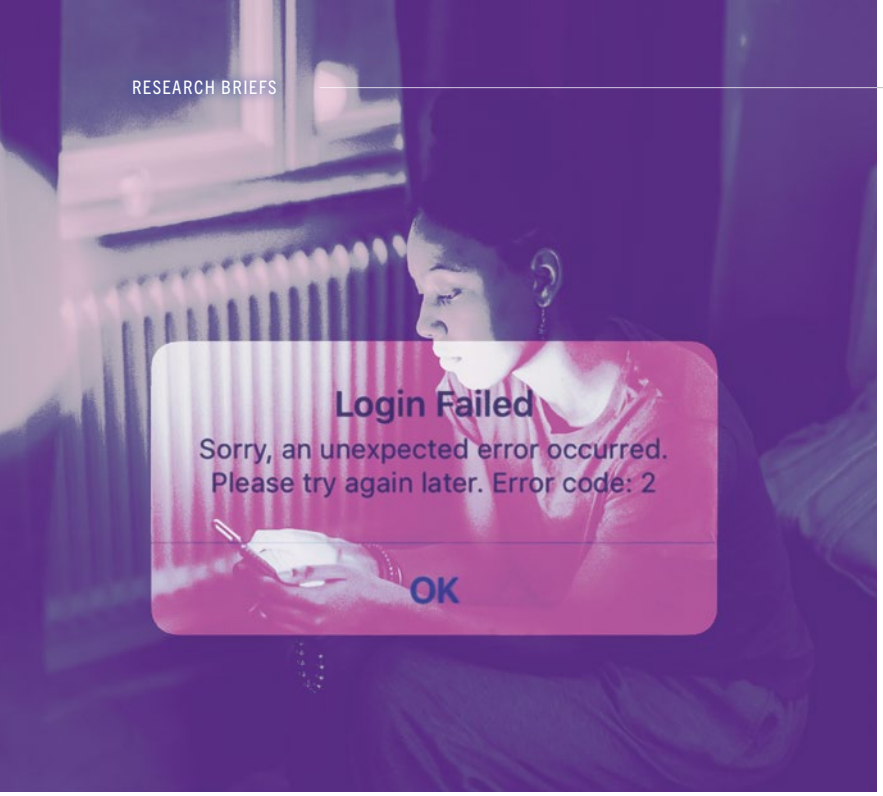
For two consecutive years, he was awarded CUNY's Cancer Epidemiology Education in Special Populations (CEESP) fellowship for his research on mental health symptomatology among cancer patients and their family caregivers at oncological hospitals in Vietnam —an often overlooked and under-supported population in low- and middle-income countries with underdeveloped healthcare and social welfare systems.

In 2024, he received a Weill Cornell Medicine Career Advancement for Research in Health Equity award to further his research on tackling the mental health challenges faced by informal caregivers of hospitalized lung cancer patients in Vietnam. His contributions to cancer and international health research earned him the Cancer Public Health Student Award at APHA 2023 and Young Professional Award at APHA 2024.

Vu's global HIV research has also been recognized. Most recently, he received the International AIDS Society's AIDS 2024 Educational Fund Scholarship, as well as a traineeship through the Fogarty-IeDEA Mentorship Program for 2024-2026.

His career goals are crystal clear: "I hope to promote health equity for BIPOC communities, mentor future underrepresented students and researchers, and conduct innovative research to advance health equity."

RESEARCH BRIEFS



Deplatforming puts sex workers at risk, study says

A study by CUNY SPH alumna Melissa Ditmore and team suggests that laws criminalizing sex work don't prevent human trafficking and leave sex workers vulnerable to coercion and unsafe conditions.

In a national survey developed in partnership with sex workers across the U.S., Dr. Ditmore and colleagues found that sex workers use a range of online platforms. However, due to recent laws banning the promotion of prostitution, platforms often remove and/or limit sex workers' access, thereby restricting their ability to earn income and compromising their safety.

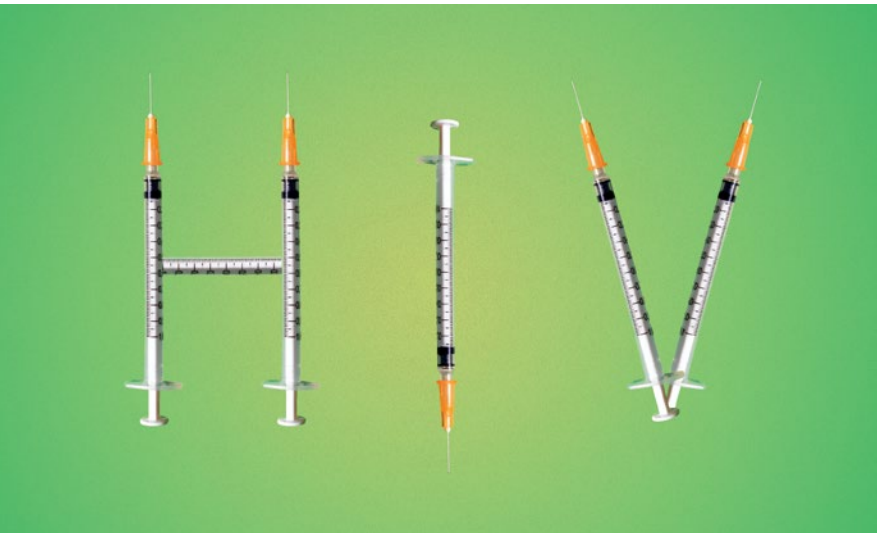
Sex workers have long pioneered the use of online platforms for advertising, providing services, screening clients, collecting payments, and peer-interaction, among other activities. In response to laws like the Stop Enabling Sex Traffickers Act (SESTA) and the Fight Online Sex Trafficking Act (FOSTA), which allow law enforcement to prosecute online providers perceived to be promoting sex work, a number of platforms developed policies to avoid prosecution. Research shows this has compromised sex workers' capacities to live and work safely. Without a platform to advertise and screen clients, for example, the sex worker may be forced to engage in riskier behavior such as seeking clients in public spaces and accepting riskier interactions.

These laws don't impact all sex workers equally, the authors say. Their effects stratify along the lines of race, gender, and ability.

"We found that income loss and safety loss are more likely for non-white/gender-expansive/disabled de-platformed sex workers than they are for white/cis/non-disabled sex workers," says Dr. Ditmore.

Among sex workers, scholars, and advocates, there is an ever-growing consensus that laws like SESTA/FOSTA do little to help sex workers live and work safely, the authors say. This study furthers arguments in favor of repealing such laws.

Majic S, Ditmore M, Li J. 440 Sex Workers Cannot Be Wrong: Engaging and Negotiating Online Platform Power. Social Sciences. 2024; 13(7):337.



In COVID's wake, gauging attitudes toward a potential HIV vaccine

A study by researchers from the CUNY Institute for Implementation Science in Population Health (ISPH) at CUNY SPH found that gay and bisexual men reported a general willingness to consider a potential HIV vaccine, while expressing concerns about side effects, safety, and potential barriers.

For the study, doctoral candidate Alexa D'Angelo, MPH students Michelle Dearolf, Jennifer MacMartin, and Mathew Elder, Distinguished Professors Christian Grov, Denis Nash, and Sarit Golub of Hunter College used data collected as part of the Together 5000 study, a U.S. national, internet-based cohort study of adult cisgender men, transgender women, and transgender men who were vulnerable to HIV. The researchers conducted in-depth interviews with non-PrEP-using men who have sex with men on their perceptions of a potential HIV vaccine.

Participants expressed a spectrum of attitudes towards an HIV vaccine, ranging from enthusiastic support to cautious optimism and skepticism. Positive perceptions were often linked to community-oriented altruism, where individuals felt a sense of duty to protect not only themselves but also their community from HIV.

Concerns about potential side effects and the efficacy of the vaccine were prominent among participants. There was also a notable mistrust in the vaccine development process, which was exacerbated by the experiences and narratives surrounding COVID-19 vaccines.

"The study highlights the importance of addressing both the motivators and barriers to vaccine acceptance among gay and bisexual men to inform future HIV vaccine implementation efforts," says D'Angelo. "Understanding these perceptions can help tailor communication strategies and interventions to increase vaccine uptake when an HIV vaccine becomes available."

D'Angelo, A.B., Dearolf, M.H., MacMartin, J. et al. Gay and Bisexual Men's Perceptions about a Potential HIV Vaccine within a Post-COVID-19 Era: A Qualitative Study. AIDS Behav (2024).

Groundbreaking study highlights hepatitis C prevalence in people who inject drugs

A pioneering study sheds new light on the hepatitis C (HCV) virus epidemic among young people who inject drugs in New York City.

This research, led by Drs. Honoria Guarino and Pedro Mateu-Gelabert and their team from the CUNY Institute for Implementation Science in Population Health (ISPH) at CUNY SPH marks a significant step forward in understanding the virus among this vulnerable population.

The study, published July 2024 in Health Science Reports, is one of the first studies to employ phylogenetic analysis to help understand infection patterns among young people who inject drugs, providing crucial insights into the genetic linkages and transmission dynamics of HCV. The phylogenetic component is an important part of the innovation of this study, offering a novel approach to understanding the spread of HCV in this high-risk population.

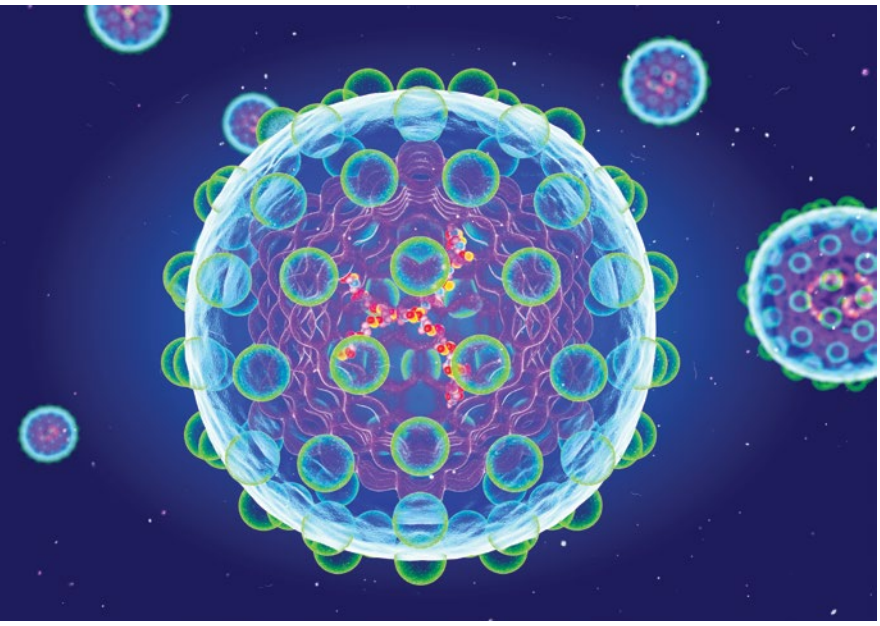
The research was conducted in collaboration with CUNY SPH doctoral student Seanna Pratt, Dr. Renee Hallack from the New York State Department of Health, and Dr. Ben Eckhardt from the NYU School of Medicine.

From 2018 to 2021, the team screened 439 young people who use opioids in New York City as part of the Staying Safe (Ssafe) trial, which evaluated a behavioral HCV prevention intervention. The screening procedures included a brief verbal questionnaire, a visual check for injection marks, on-site urine drug testing, rapid HCV antibody testing, and Dried Blood Spot (DBS) collection. The study found that among the 330 participants who reported injecting drugs in the past six months, 33% tested positive for HCV antibodies, and 58% of those had an active infection.

"The relatively low prevalence of active HCV infection among study participants suggests that treatment-as-prevention strategies could significantly reduce HCV prevalence among young people who inject drugs," says Dr. Mateu-Gelabert. "Targeted community serosurveys are vital for identifying actively infected individuals and linking them to treatment, which can help curb HCV incidence and transmission."

The findings from this study highlight the critical need for ongoing surveillance and intervention efforts targeting young people who inject drugs. By identifying and treating actively infected individuals, public health initiatives can make significant strides toward eliminating HCV in the U.S.

Pedro M-G, Seanna P, Honoria G, Renee H, Chunki F, Ben E. HCV prevalence and phylogenetic characteristics in a cross-sectional, community study of young people who inject drugs in New York City: opportunity for and threats to HCV elimination. Health Sci Rep. 2024; 7:e2211. doi:10.1002/hsr2.2211



Study finds high rates of alcohol misuse and binge drinking among Harlem residents during COVID-19

A study published in the Journal of Urban Health by CUNY SPH doctoral student Thinh Vu and faculty Pedro Mateu-Gelabert, Deborah Levine, Luisa N. Borrell and Victoria K. Ngo found that high rates of alcohol misuse and binge drinking were prevalent among Harlem residents during the COVID-19 pandemic.

The study found that Approximately 42.7% of Harlem residents reported drinking alcohol before the beginning of the COVID-19 pandemic in New York City and 69.1% reported alcohol use during the pandemic. More than a third initiated or increased alcohol consumption during the pandemic (38.7%). Over half of residents reported alcohol misuse (52.3%) and binge drinking (57.0%) during COVID-19. Among those who engage in binge drinking, 38.9% reported infrequent binge drinking with less than monthly or monthly basis, and 18.1% reported frequent binge drinking on a weekly, daily or almost daily basis.

The findings suggest that Harlem residents may have resorted to alcohol use as a coping mechanism to deal with the impacts of depression and social stressors during COVID-19. To mitigate alcohol misuse, improving access to mental health and substance use disorder services and addressing public safety through improving relations with police could be beneficial.

"The findings of this study are concerning, as they suggest that alcohol misuse and binge drinking are significant public health problems in Harlem," says Vu. "It will be important to direct public health measures and policies toward not just alcohol misuse, but its psycho-social factors."

TT Vu, JP Dario, P Mateu-Gelabert, D Levine, MA Punter, LN Borrell, and VK Ngo. Alcohol misuse, binge drinking, and their association with depression severity, and perceptions of police during COVID-19 among Harlem residents in New York City. Journal of Urban Health (2023). DOI: doi.org/10.1007/s11524-023-00738-7

Study: Abortion and miscarriage care was significantly delayed during COVID-19 pandemic

A study by CUNY SPH researchers found that those seeking abortion and miscarriage care in New York State during the COVID-19 pandemic experienced considerable delays.

For the study, published in Women's Health Reports, CUNY SPH doctoral candidate Sarah Pickering, Professor Diana Romero, Associate Professor Meredith Manze, and alumna Jessie Losch administered a cross-sectional survey in June and July of 2020 to New York State residents aged 18-44 years who identified as female or transgender male.

The team found that, of the 21 respondents in the sample who sought or were seeking an abortion during the pandemic, 76.2% reported experiencing a delay in obtaining abortion care, compared to 18.2% of those who experienced a delay prior to the pandemic. A significantly higher proportion of respondents who were pregnant during the pandemic considered abortion, compared to those who gave birth prior to the pandemic. Of the 39 respondents who miscarried during the pandemic, 35.9% delayed care, compared to 5.9% prior to the pandemic.

"Abortion and miscarriage care are essential services that must be available during public health emergencies, and yet access to these services is now severely limited in many states due to the Dobbs v. Jackson Women's Health Organization decision," says Pickering.

Sarah Pickering, Meredith Manze, Jessie Losch, and Diana Romero. Delays in Obtaining Abortion and Miscarriage Care Among Pregnant Persons in New York State During the COVID-19 Pandemic: The CAP Study. Women's Health Reports. Jan 2024.30-39.

New study explains why mothers and children often share a birth month

Do you share a birth month with your mom? According to a new study by Distinguished Professor Luisa N. Borrell, affiliated faculty member Francisco Bolúmar, and colleagues, you are not alone.

Previous research has shown that women's season of birth somehow influences that of their children, but the reasons why have been unclear. Using data from all births that occurred in Spain during the years 1980–83 and 2016–19 and in France during 2000–03 and 2010–13, the researchers analyzed the possibility of transmission of birth season between generations, testing whether relatives tended to be born in the same season.

They found an association or similarity between parents' and children's birth seasons that partially explains the stability of seasonal birth patterns over time. The association also existed between parents' birth seasons, which is explained by an excess of marriages with spouses born in the same month.

"Different socio-demographic groups show differentiated birth patterns, and relatives share sociodemographic features," Borrell explains. "Birth season seems to be related to family characteristics, which should be controlled for when assessing birth-month effects on subsequent social/health outcomes."

The study contributes significantly to research on the social and biological dynamics underlying birth seasonality by unravelling an association that can only be uncovered using large microdata sets.

Adela Recio Alcaide, César Pérez López, Miguel Ángel Ortega, Luisa N. Borrell & Francisco Bolúmar (2023) Is there an association between family members' season of birth that could influence birth seasonality? Evidence from Spain and France, Population Studies, DOI: 10.1080/00324728.2023.2272983

A call for ethical guidelines for social media data use in public health research

Three studies by CUNY SPH investigators highlight the need for stronger guidance on research ethics for using data from social media platforms in public health research, especially the use of personal identifiers.

For a study published in Social Science & Medicine, alumni Hannah Stuart Lathan, Joshua P. Tanner and Rachel Wormer, with doctoral graduate and researcher Amy Kwan, Research Assistant Courtney Takats, Professor Diana Romero, and Associate Professor Heidi Jones conducted a systematic review of Facebook-based public health research published in peer-reviewed journals.

Researchers increasingly use Facebook content and activity as a data source since much of it is publicly available, but the authors question the ethics of this, given that users generally do not read or understand the platform's privacy policies and are unaware of the visibility of their data to anyone aside from their Facebook "friends." Moreover, when made aware of Facebook's privacy policies, users are overwhelmingly unsupportive.

Almost two thirds of the studies reviewed included users' written content, mostly verbatim user posts. Among those studies whose content had not been removed the platform, the research team was able to locate users or posts in 10 minutes or less for half of them. A significant amount of personal information was attached to this content, including race, age, education level and relationship status.

"It was concerning to identify these users with such minimal effort, especially those who may be considered part of a vulnerable population, such as adolescents and people experiencing mental health problems or substance use disorders," says Lathan, who led this review for her master's essay.

A study by the same team with alumna Dari Goldman in the Journal of Medical Internet Research reviewed articles using data from X, the platform previously known as Twitter, and found that only a third (32%) sought ethical approval from an institutional review board, while 17% included identifying information on X users or tweets and 36% attempted to anonymize identifiers.

Finally, a third study in the same journal, led by Tanner for his master's essay, sought to understand the types of public health research being implemented with YouTube data and the methodologies and research ethics processes applied to this research. The majority (69%) of articles made no mention of ethical considerations in study design or data collection. Thirty-three (28%) contained identifying information about content creators or video commenter. About a quarter of studies sought Institutional Review Board approval (26%), but only one sought informed consent from content creators.

"The lack of clarity around inclusion of YouTube videos in research is especially problematic, given that it is not always clear whether all individuals included in a video have consented to being taped and having the video shared publicly," says Tanner.

The authors assert that public health researchers should not be left to figure out the very complex and oftentimes opaque terrain of privacy aspects of social media data, much less make individual decisions on what data should or should not be protected. They recommend that committees overseeing research with human subjects develop guidelines for best ethical practices for research involving data from social media platforms.

Hannah Stuart Lathan, Amy Kwan, Courtney Takats, Joshua P. Tanner, Rachel Wormer, Diana Romero, Heidi E. Jones, Ethical considerations and methodological uses of Facebook data in public health research: A systematic review, Social Science & Medicine, Volume 322, 2023, 115807, ISSN 0277-9536, https://doi.org/10.1016/j.socscimed.2023.115807.

Takats C, Kwan A, Wormer R, Goldman D, Jones HE, Romero D, Ethical and Methodological Considerations of Twitter Data for Public Health Research: Systematic Review, J Med Internet Res 2022;24(11):e40380. doi: 10.2196/40380

Tanner JP, Takats C, Lathan HS, Kwan A, Wormer R, Romero D, Jones HE, Approaches to Research Ethics in Health Research on YouTube: Systematic Review, J Med Internet Res 2023;25:e43060. doi: 10.2196/43060

CUNY SPH researchers unveil comprehensive database of published microbial signatures

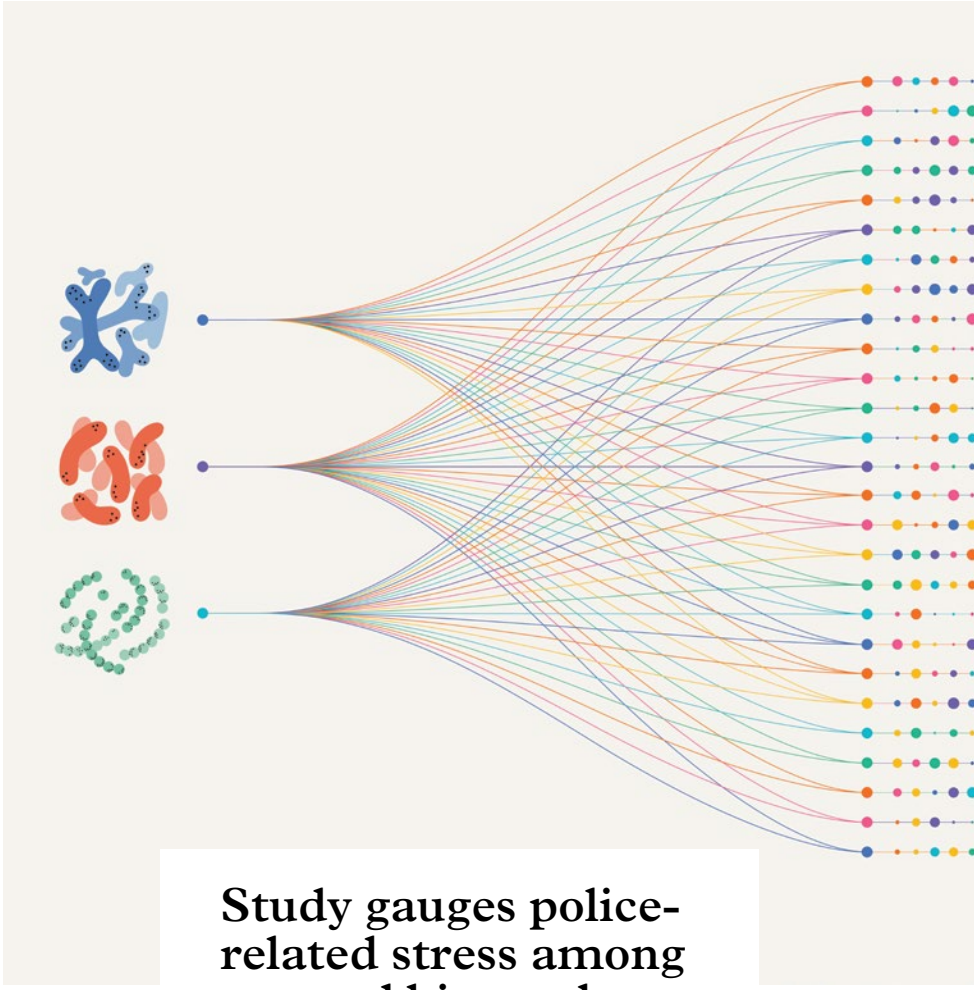
A new study published by researchers from the CUNY Institute for Implementation Science in Population Health (ISPH) at CUNY SPH and colleagues presents BugSigDB, a community-editable database of manually curated microbial signatures from published studies.

The database records essential methods and results to enable high-throughput analysis of similarity of microbial signatures identified by independent studies, of co-occurrence and co-exclusion of individual microbes and of consensus signatures conserved across multiple studies of similar health outcomes and exposures. It allows assessment of microbiome differential abundance within and across experimental conditions, environments or body sites.

First author Ludwig Geistlinger started the project as a postdoctoral student at CUNY SPH. He is now associate director of computational biology at the Center for Computational Biomedicine at Harvard Medical School.

"BugSigDB is the first comprehensive collection of published microbial signatures that can be used to compare host-associated differential microbial abundance across independent studies," says Dr. Geistlinger. "It helped us to uncover reproducible patterns of differential microbial abundance within and across health outcomes that we couldn't notice from just reading the published literature without standardizing it."

BugSigDB — a database for identifying unusual abundance patterns in human microbiome studies. Nat Biotechnol 42, 708–709 (2024). https://doi.org/10.1038/s41587-023-01930-5



Study gauges police-related stress among gay and bisexual men

A study among a national cohort of gay and bisexual mean reveals extreme police-related stress in men of color and low-income men, compared to their White and higher-income counterparts.

For the study, CUNY SPH doctoral candidate Alexa D'Angelo and alumna Erinn Bacchus, along with Professor Christian Grov, used data collected as part of the Together 5000 study, a U.S. national, internet-based cohort study of men, trans men and trans women who have sex with men.

As part of the cohort study, participants received annual internet-based surveys. On their 36-month assessments, which began in fall 2020 and ran through spring 2021, the researchers included measures on experiences regarding police-related stress. In total, 4236 gay and bisexual men completed the assessment and were included in the final sample.

The results show that the odds of reporting extreme police-related stress were 2.7 times higher for Black individuals than for their white counterparts. Odds were also significantly greater for those who have experienced race-based or identity-based discrimination.

"People of color and sexual minorities have been historically over-policed and targeted based on their race/ethnicity and identity," says Bacchus. "Police-related stress should be considered for its potential deleterious effect on HIV vulnerability and reporting violent crime—such as intimate partner violence and hate crimes—to police."

Bacchus, E. C., D'Angelo, A. B., & Grov, C. (2023). Experiences of police-related stress among a U.S. national cohort of gay and bisexual men. American Journal of Community Psychology, 1–12.

Study explores association between alcohol outlet density and violent crime in historically redlined neighborhoods

Low-income neighborhoods that were subject to federally-sanctioned redlining beginning in the 1930s tend to host high concentrations of businesses that sell alcohol for either on- or off-premise consumption.

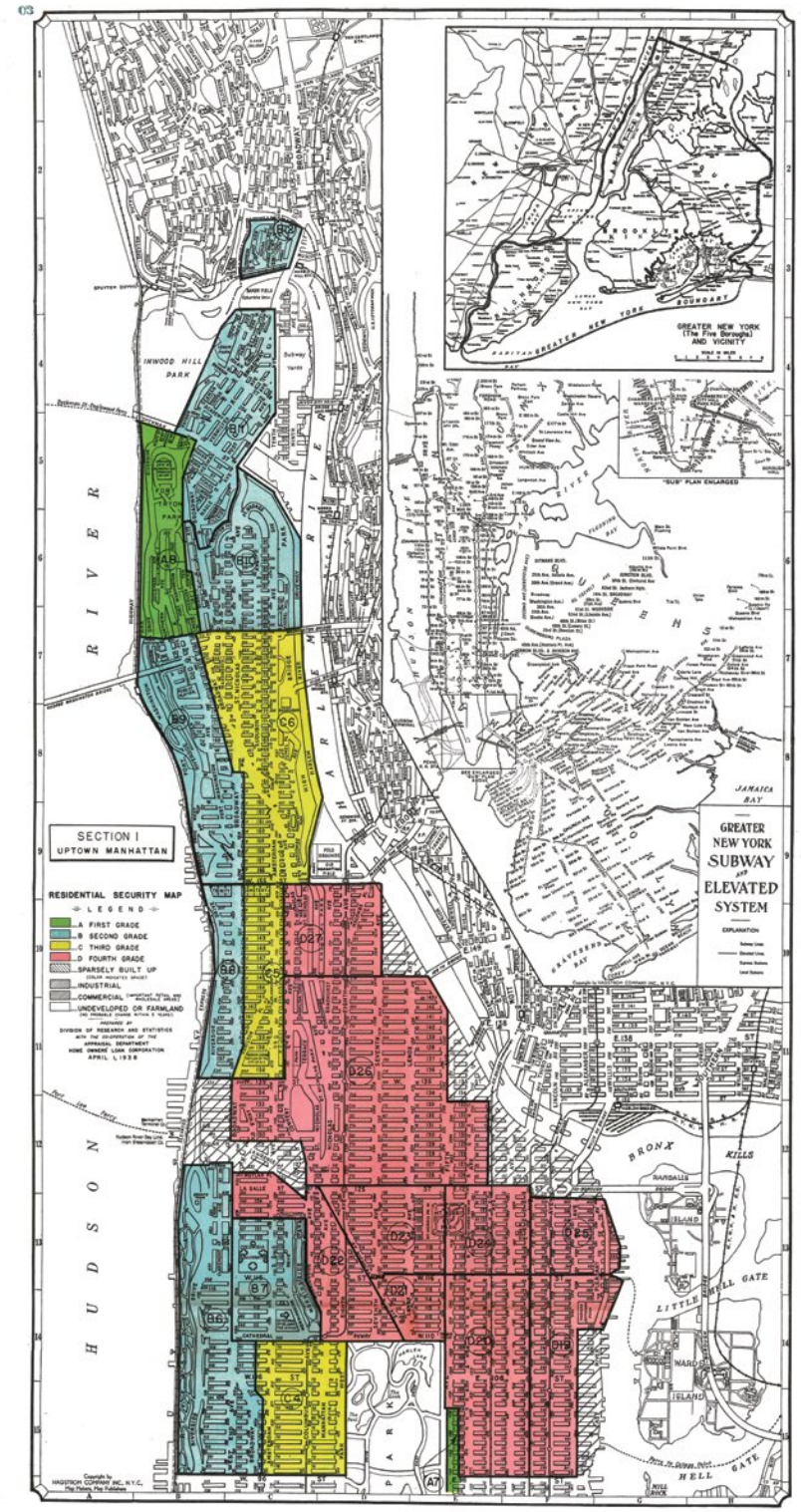
A new study by Assistant Professor Sean Haley, PhD student Shari Jardine, Associate Professor Elizabeth Kelvin, Associate Professor Andrew Maroko and Christopher Herrmann of Jon Jay College assesses whether the associations between alcohol outlet density and violent crime are modified by a history of redlining.

In the paper, published in February in the International Journal of Environmental Research and Public Health, the researchers looked at the association between alcohol outlet density and violent crime in NYC between 2014 and 2018. They found that high alcohol outlet concentration was strongly associated with violent crime, and that the relationship was stronger in neighborhoods that had a legacy of redlining.

In the study, CUNY researchers found that formerly redlined NYC neighborhoods had the strongest associations between off-premise (e.g. liquor stores, bodegas) alcohol density and violent crime. The structural effects of redlining remained when current socioeconomic indicators were adjusted for (e.g. education levels, home ownership, and poverty within the neighborhoods), suggesting that formerly-redlined areas continue to be associated with crime decades after such practices were made illegal. Interestingly, only non-redlined neighborhoods demonstrated an association between on-premise (e.g. bars, clubs) alcohol outlets and violent crime.

"It is important to note that we cannot say that alcohol outlets cause violent crimes, but, given that similar findings have been identified across the country, we can say that they are a strong contributing factor," says Haley. "Given the limited number of strategies available for preventing violent crime, the NY State Liquor Authority, in partnership with communities, might consider reducing alcohol availability in disproportionately impacted neighborhoods."

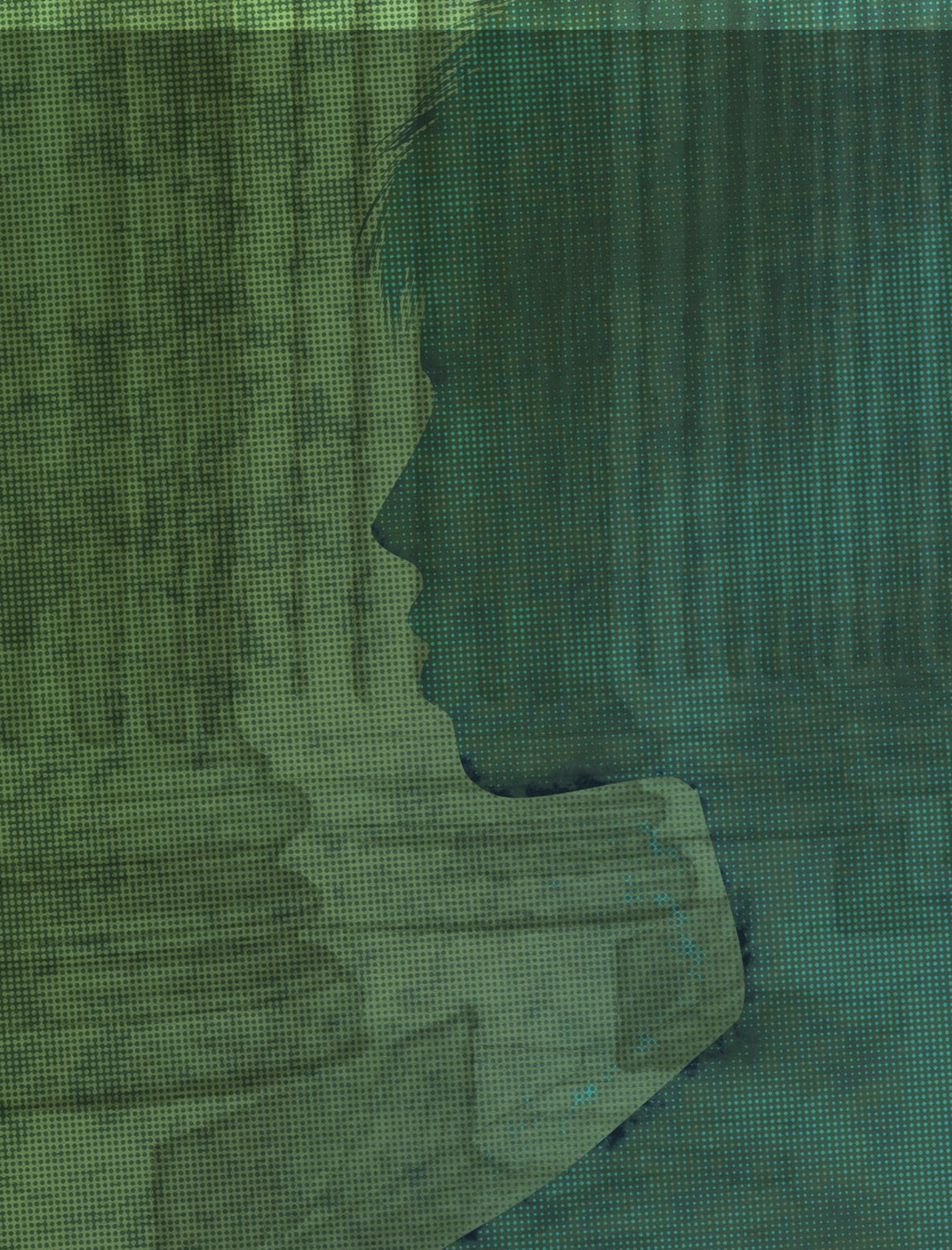
Haley, S.J.; Jardine, S.J.; Kelvin, E.A.; Herrmann, C.; Maroko, A.R. Neighborhood Alcohol Outlet Density, Historical Redlining, and Violent Crime in NYC 2014–2018. Int. J. Environ. Res. Public Health 2023, 20, 3212.



The Home Owners' Loan Corporation (HOLC), a government agency, created this "redlining" map of uptown Manhattan as part of its City Survey between 1935 and 1940. The four colors represent security grades assigned to residential areas, indicating their economic health and mortgage lending risk.

A – *BEST* B – *STILL DESIRABLE* C – *DEFINITELY DECLINING* D – *HAZARDOUS*

SOURCE: CITY SURVEY FILES, 1935–1940, NATIONAL ARCHIVES

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