

A PUBLIC MISSION:

CUNYSPH

The  
First Ten  
Years of  
CUNY  
SPH

10

CUNY Graduate School of Public Health & Health Policy

*A Public Mission:*

THE  
FIRST  
TEN YEARS  
——— *of* ———  
CUNY SPH

CUNY Graduate School of Public Health & Health Policy

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# Preface

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**IN PREPARING THIS 10TH ANNIVERSARY PUBLICATION THE** editorial team sought to portray the trajectory and values unique to CUNY SPH: the intrepid spirit that led to its birth, the remarkable growth of its research, education, and service programs, the deep diversity of its students, the profound commitment of its faculty, and the sustained community engagement and collaboration that inform and amplify its work.

We chose to tell this story primarily through the voices of people who live it—more than 60 individuals whose conversations made this book possible. Their names appear in a special acknowledgments section at the end of this book.

Even with so many conversations to draw on, the result can only gesture at the full range of CUNY SPH's strengths and accomplishments. But we hope it conveys the singular qualities of this public school of public health—rooted in New York City, and anchored in a great urban university that serves, in the words of its chancellor, as “an Ellis Island of education and driver of upward mobility for New Yorkers of all backgrounds.”

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**CHAPTER**

**1**

## CHAPTER 1

# A School Takes Shape

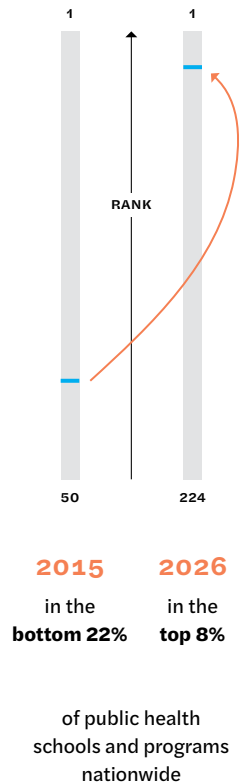
**IN FEBRUARY 2016, SOMETHING UNUSUAL HAPPENED IN AMERICAN** public health education. A new school of public health opened its doors in Harlem—not through a billionaire’s donation or a university’s strategic expansion, but through an act of institutional courage and faculty faith.

The City University of New York Graduate School of Public Health and Health Policy consolidated a program once fragmented across four CUNY campuses into a unified institution. The goal was ambitious: to build a world-class public school of public health rooted in New York City, by and for New Yorkers, with a vision extending across the globe.

Ten years later, student enrollment has nearly doubled. Research funding has nearly *sextupled*. CUNY SPH ranks among the nation’s top public health schools. Degree programs have expanded to meet evolving field demands. Graduation rates are exemplary.

The school’s success emerges from something harder to quantify: the extraordinary commitment of faculty, students, staff, alumni, and partners, all grounded in CUNY’s 177-year mission of access and equity. Together, they have built more than a school. They have built a community dedicated to health justice, innovation, and impact.

This book examines how structure shapes mission. How does a public school of public health differ from private counterparts? What happens when affordable education meets rigorous standards?



CUNY SPH has experienced dramatic advancement in its *U.S. News & World Report* ranking since its 2016 inception. In 2015, the fragmented model ranked 39 out of 50. In 2026, it is 18 out of 224.

Student enrollment has nearly doubled since 2016. Research funding has nearly sextupled.

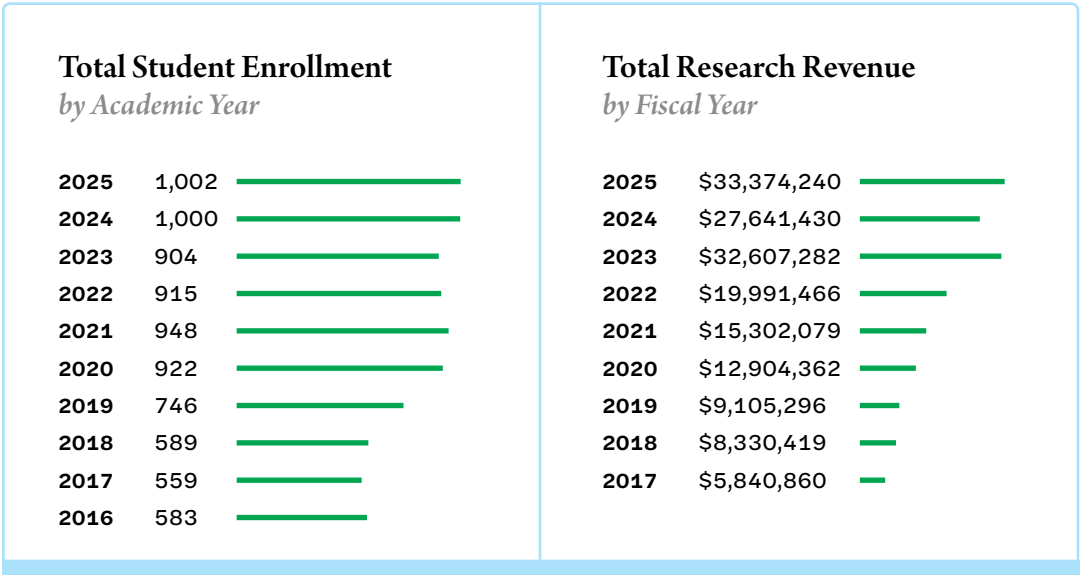
When faculty prioritize teaching over grant-chasing? When students bring lived experience of health inequity to their graduate work?

As health inequities widen, as public health faces unprecedented attacks, as education costs price out mission-driven students, the model demonstrated here offers an alternative. Proof that excellence and accessibility aren't competing values. Evidence that public funding enables rather than limits quality.

The chapters ahead explore the founding story and transition from consortial model to independent school; the significance of public funding and hard money faculty lines; the teaching philosophy that attracts and develops distinctive students; the research infrastructure that enables impact at multiple scales; and the community engagement that makes "public" more than a funding category.

Throughout, the focus remains on people—faculty who chose mission over prestige, students who chose CUNY despite other options, partners who trusted a young institution, and administrators who took risks when safer paths existed.

The school has established its foundation. The next decade will test whether that foundation can support the growth, leadership, and impact its communities need. This book documents the first decade of that longer story.



## CHAPTER 2

# Building Unity

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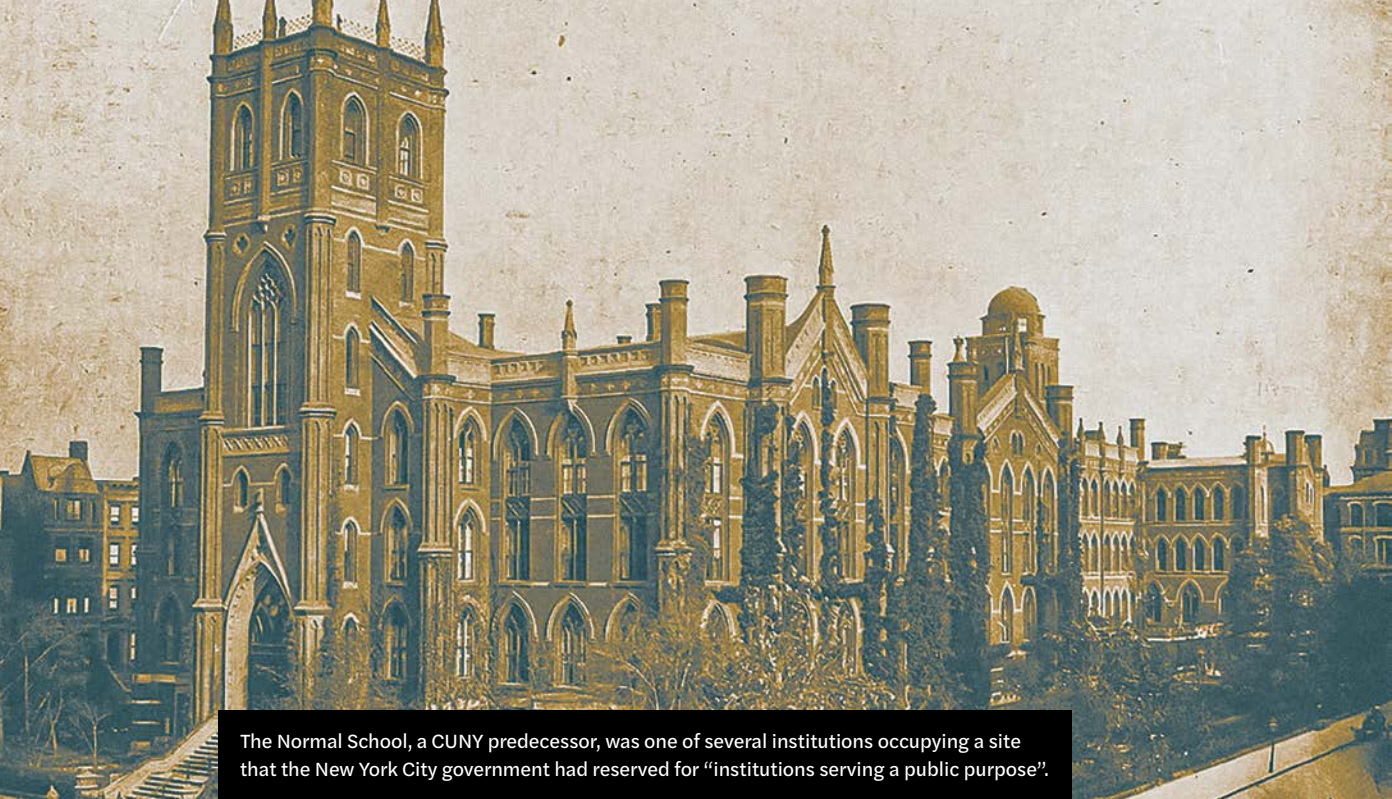
**CUNY SPH LAUNCHED AS AN INDEPENDENT SCHOOL IN 2016,** but its roots run deeper—through more than a century of CUNY’s engagement with the health of New York’s most vulnerable communities, from the Bellevue nursing school that would become Hunter-Bellevue, training nurses for the tenement-era city, to the academic programs of the 1960s and 70s that shaped a generation of public health professionals and leaders.

“CUNY has a track record of more than a century of developing health training programs that speak to the needs of New York City, to low income people, people of color,” reflects Distinguished Professor Emeritus Nick Freudenberg, who joined CUNY as an undergraduate in 1975 and became a founding architect of the school. “That commitment to serving populations often excluded by the mainstream healthcare and other serving systems is at the heart of CUNY. The mission of our recently created School of Public Health absorbed that long-term commitment.”

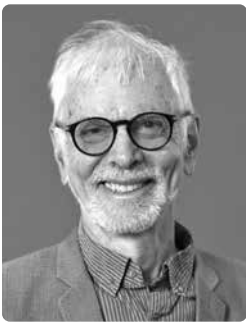
CUNY began considering establishing its own school of public health as early as 2004. Senior faculty members Nick Freudenberg and Susan Klitzman played leading roles in developing the concept of an urban school of public health that would include a doctoral program. “Nick provided the intellectual framework for a school of urban public health,” says Klitzman, who has served as senior associate dean



Graduating class officers, from the Hunter College yearbook, *The Wistarion*, 1917.



The Normal School, a CUNY predecessor, was one of several institutions occupying a site that the New York City government had reserved for “institutions serving a public purpose”.



Distinguished Professor Emeritus Nick Freudenberg understood early on what a public school of public health could be.

for administration since 2016. “And that resonated for me, because I spent essentially my whole public health career in New York City.”

By 2008, CUNY had established a consortial school, linking separate public health programs at Hunter, Brooklyn, and Lehman Colleges and the Graduate Center. These programs brought strengths in the form of outstanding faculty and well-defined curricula. Yet the consortial model quickly revealed its limits. Faculty employed by separate colleges reported to both their campus leaders and the public health dean, creating competing loyalties and unclear authority. A student taking courses at Hunter might need to travel to Brooklyn for a required class, then to Lehman for another—spending hours commuting rather than learning. Research collaborations across campuses meant navigating different IRB procedures, grant management systems, and overhead structures. Each campus had its own graduation requirements, its own student services, its own way of doing things. Faculty couldn’t easily co-teach. Joint research projects became administrative nightmares. The school lacked the governance authority and financial independence it needed to fulfill its mission to become a world class public school of public health.

Recognizing these constraints—and responding to the voices of senior faculty frustrated with the model—University leadership determined that the only path forward was to unite these disparate consortial entities and transition to one unified, independent school of public health. But making this vision real required more than administrative restructuring. It required substantial investment.

The NYC Department of Health and Mental Hygiene and the New York State Department of Health recognized what another independent school of public health could mean for the city and state. Their financial backing during the school’s formation made consolidation more feasible—providing resources to help establish a research infrastructure. This was a strategic investment: a public school of public health, grounded in New York City’s communities and accountable to public funding sources, would strengthen the workforce addressing the city’s most pressing health challenges. The partnership became foundational, continuing through sustained funding, research collaborations, and student fieldwork opportunities.

Harrison Spencer, then president of the Association of Schools and Programs of Public Health (ASSPH), was a supporter of the consolidation and independence. The Council on Education for Public Health, the accrediting body for schools of public health, weighed in in favor.

But the path was fraught with political complexity. Institutionally, differing opinions on the form the school of public health should take threatened the plan. Chancellor J.B. Milliken understood the need for an independent school of public health and championed the consolidation. In November 2015, he presented the plan to the CUNY Board of Trustees, who recognized the promise of what a unified school could become for the city and approved the mandate to integrate the consortial schools.

### **Courage and Strategic Timing**

A change of this magnitude demanded courage and strategic timing. In 2013, a new dean, Dr. Ayman El-Mohandes, had been recruited from the University of Nebraska School of Public Health, where he had been the founding dean. “The early days were tough going,” recalls Vita Rabinowitz, former university provost and acting vice chancellor. “It was politically tough, it was conceptually challenging. For the school to coalesce and reach the next level, we needed a fully engaged,



CUNY Provost Vita Rabinowitz was a fierce proponent of a new independent school of public health.



Senior Associate Dean Susan Klitzman undertook the mammoth effort of constructing the new school's infrastructure.



Ayman El-Mohandes, CUNY SPH Dean

*“For the school to coalesce and reach the next level, we needed a fully engaged, activist dean, someone with guts and brilliance. Ayman could see past the complexity of CUNY’s systems. He was a dynamo, a bit of a norm breaker.”*

**Vita Rabinowitz**  
Former CUNY Provost

activist dean, someone with guts and brilliance. Ayman could see past the complexity of CUNY’s systems,” she explains. “He was a dynamo, a bit of a norm breaker.”

Charged with carrying out the CUNY Board of Trustees’ November 2015 mandate to integrate the consortial schools into an independent graduate school, El-Mohandes launched a juggernaut of diplomacy and vision. Through open communication, classroom visits, and countless one-on-one conversations, he built trust among faculty, students, and CUNY leadership. His message was clear and inspiring: a united school would provide unparalleled research opportunities, stronger partnerships with the NYC Department of Health, and the advantages of a cohesive faculty and streamlined curriculum.

“Ayman was able to see the dysfunction of the fractured nature of the consortial program and bring cohesion and a new identity for the school,” observes Georges C. Benjamin, executive director of the American Public Health Association.

El-Mohandes’ vision extended beyond consolidation. He insisted the school be named the Graduate School of Public Health and Health Policy—emphasizing that CUNY would not simply study public

health issues but work to affect policy and practice in underserved areas. This distinction became central to the school's identity.

"We were there to build something big, something impactful," recalls University of Memphis School of Public Health Dean Ashish Joshi, who previously served as senior associate dean of academic and student affairs at CUNY SPH. "Something that would make a significant social economic change."

CUNY Central contributed funding to create new research opportunities, making the move worthwhile to faculty and building a framework that would allow students to benefit from that research. On Christmas Eve 2015, as urgency mounted, university leadership worked late finalizing faculty packages. "We knew if we didn't move quickly, there would be opposition that could derail the effort," Rabinowitz recalls. "We had to make new investments in faculty— increase research funding, strengthen existing degree programs and launch new ones— show them they had a future with the new school."

Enormous faith, time, and resources had been invested into the effort to launch a unified school. It came down to the faculty. Would they entrust this new, unproven entity with their careers?

Eighty percent of faculty from the consortial colleges chose to move to the new school. And students embraced the promise of opportunities available only in a consolidated structure.

Freudenberg and Klitzman, along with Marilyn Auerbach, were among those whose early commitment helped build momentum. Their willingness to take the leap made it feasible for others to follow. These faculty also served as essential advisors to El-Mohandes as he navigated the institutional landscape. Klitzman undertook the herculean task of leading the build-out of the school's administrative infrastructure from the ground up. Looking back she reflects, "Helping to build CUNY SPH for the past 20 years has been a once-in-a-career opportunity."

Faculty joining the new school spent months working together to unify and streamline the disparate curricula and policies from Hunter, Brooklyn, and Lehman. "It was resolved with a lot of back-and-forth and a lot of good faith," says Auerbach, former senior advisor to Dean El-Mohandes. "The ability to resolve something like that was a good example of the way people would work together at the school. It really set the groundwork for the future."



Former Senior Associate Dean Ashish Joshi recalls the drive to build a school that would create social change.



APHA President Georges Benjamin was prominent among national leaders who supported the creation of CUNY SPH.



Félix V. Matos Rodríguez,  
CUNY Chancellor

In February 2016, CUNY formally established the Graduate School of Public Health and Health Policy in its Harlem location, with a mission to promote health equity and social justice in New York City and around the world.

Two months later, the newly consolidated CUNY SPH welcomed its re-accreditation visit from the Council on Education for Public Health (CEPH)—earning full accreditation.

CUNY Chancellor Félix V. Matos Rodríguez reflects on that transformation: “I am proud of the impact CUNY’s Graduate School of Public Health and Health Policy has had in the University and the city. In just 10 years, the school has become both a local asset and a nationally respected leader in public health education and research, advancing the University’s mission of equity and access through comprehensive engagement with the diverse New York City communities it serves. This growth is no surprise to those of us who have seen the school’s transformation from a multi-campus consortium to a unified center of scholarship and innovation. We congratulate CUNY SPH on its extraordinary progress over the past decade and are confident the school will build on its success and improve public health for all New Yorkers.”

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a local asset and a nationally respected leader  
in public health education and research.

**Félix V. Matos Rodríguez**, *Chancellor of The City University of New York*

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The CUNY SPH campus building in Harlem on 125th St.



**CHAPTER**

**3**

## CHAPTER 3

# The Public Model

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**BY FEBRUARY 2016, THE PIECES WERE IN PLACE. FACULTY HAD** committed. Students had enrolled. The school had earned accreditation. But consolidation alone doesn't guarantee success. Dozens of schools of public health exist across the country, many with longer histories, larger endowments, and established reputations. What would make CUNY SPH different?

CUNY is a public university long renowned as an engine of social mobility. Since its founding in 1847 as the nation's first free public institution of higher learning, it has provided rigorous academic training to all students, regardless of financial means or background. CUNY SPH carries forward this tradition, but what does that really mean?

Cost matters—public education's affordability opens doors. But CUNY SPH's value runs deeper. The education here is both accessible and excellent. As a public institution rooted in New York City, the school responds directly to the communities it serves. Strong partnerships with organizations like the New York City Department of Health and Mental Hygiene keep the work grounded in real practice. "As part of the most diverse urban university system, CUNY SPH proves that excellence and access are not opposites—they are partners in advancing health equity," observes ASPPH president Laura Magaña. "The Harlem location isn't just symbolic; it places faculty and students at the center of urban health challenges."



*"CUNY SPH proves that excellence and access are not opposites—they are partners in advancing health equity."*

**Laura Magaña**  
President of ASPPH



W 125 St  
Dr Martin Luther King Jr  
Boulevard

125 St  
Dr Martin Luther King Jr  
Boulevard

MONSTER  
EAT

ONE  
HERE

WHAT A DAY  
A YEAR

DREAL

Public funding means students who've overcome extraordinary obstacles to reach graduate school can actually afford to attend. Affordability attracts mission-driven students who arrive knowing they'll learn alongside Bronx-based health department employees, Brooklyn community health workers, recent immigrants, and long-time New Yorkers who've witnessed their neighborhoods transformed by policy. The classroom becomes a living laboratory where theory meets practice every session.

"What I loved about CUNY SPH was the student-to-faculty ratio," reflects MPH alumna Naana Dei, who came from Toronto as an international student. "It gave me the opportunity to actually reach out to faculty and say, hey, I'm interested in the work you're doing. Can you help connect me?" That accessibility extends beyond individual professors. "Even the fact that the former commissioner of health was teaching me health equity—I feel like that opportunity was only given to me because I was within the CUNY system."

**Faculty Freedom to Teach and Innovate:** CUNY SPH's structure gives faculty unusual freedom. Because faculty salaries come from secure public funding rather than competitive grants, professors can prioritize teaching without the pressure to constantly chase funding. They can pursue emerging research questions before foundations recognize their importance. They can spend time mentoring students without treating them as impediments to productivity.

Associate Professor Chloe Teasdale lived this difference. After completing her PhD at Columbia, she faced a choice between the traditional academic model of chasing grants to support her salary or finding an institution that prioritized teaching and made it possible to pursue new avenues of research. When she interviewed at CUNY, she told Dean Ayman El-Mohandes: "I don't just want to focus on HIV, I want to expand. I want to do other things but I don't think I can expand where I am." His response: "Then this is the place for you."

Now at CUNY, Teasdale explains: "We are in the fortunate position to be in a hard money environment where our first and foremost job is teaching. We start our day with teaching, we end our day with student issues, and in the middle you do research—but the number one priority is students."

Faculty can follow evidence where it leads rather than where funders want it to go. They can say yes to collaboration with com-



What MPH alumna Naana Dei loved about CUNY SPH was the student-to-faculty ratio (holding steady at 10.5 to 1).



Associate Professor Chloe Teasdale and her fellow faculty are in the fortunate position where their first and foremost job is teaching.

*“At CUNY SPH, students are not an impediment to faculty success. They are the reason faculty are there—to build the next generation of public health leaders.”*

**Lyndon Haviland**  
CUNY SPH  
Foundation Chair

munity organizations that can't pay overhead. They can pivot when emerging issues demand attention.

Nick Freudenberg saw this difference clearly when he moved from Columbia to CUNY. “At CUNY, people didn't have to raise their own salary, and we really did have a different mindset than my colleagues at Columbia.” That structural difference shaped the doctoral program he helped build. “We could train doctoral students who didn't have as their only option going into the rat race of competing for NIH grants. We looked for students who were committed to using their skills and knowledge to improve the health of the people of New York and other cities.”

“Because we're not so dependent on grant funding, we don't have to write every single paper. I don't have to be first author. I can give papers to students,” Teasdale adds. “Our doctoral students publish so much because we're not competing with them. We're giving them opportunities.”

“At CUNY SPH, students are not an impediment to faculty success,” says CUNY SPH Foundation chair Lyndon Haviland. “They are the reason faculty are there—to build the next generation of public health leaders.”

**Accountability That Matters:** Public institutions answer to legislatures and taxpayers every year. This accountability ensures research, teaching, and service stay relevant to the communities that fund them.

“Our accountability, first and foremost, is to New York taxpayers,” says Dean El-Mohandes. “They sustain us and provide fiscal stability. This allows us to provide accessible, high-quality education to all students. It also compels us in research and service to respond to the public health priorities and needs of every New Yorker.”

Freudenberg locates this accountability in the university's DNA. “The fact that it was affordable meant that a diverse population could come to CUNY, and the fact that we were in New York City—New York City is in many ways the cradle and the incubator of public health innovation over the last two centuries—we could build on that.”

The proximity creates a distinctive learning environment. “I learned about AIDS from students who were working for the health department before AIDS was called AIDS, when it was gay related immune deficiency disease,” Freudenberg recalls. “Throughout, our faculty have had the chance to learn from students who were not only living in New York City but working in New York City and at the front lines.”

Associate Professor Sean Haley takes this responsibility personally: “We are public servants. There’s a responsibility to the taxpayers of New York State to deliver at the highest possible standard. If I don’t really try, then I’m not fulfilling my part of the deal that the taxpayers of New York State have made with us.”

When COVID hit, the school’s public mission became immediate. Dean El-Mohandes served as CUNY’s pandemic policy advisor, translating science into operational guidance for 25 campuses. Faculty pivoted research to urgent questions about transmission, economic impacts, and vulnerable populations. The work responded to public need, not funding opportunities.

### **Students With a Master’s in Living**

Hard money, public accountability, and affordable tuition creates conditions for a distinctive student body. As Lyndon Haviland puts it: “Our students have a master’s in living by the time they get to us.”

Students come with clear understanding of why public health matters. “They come from parts of the city or parts of the world where health isn’t a given, where they’ve seen real public health threats,” says Denis Nash, distinguished professor and executive director of the CUNY Institute for Implementation Science in Population Health.

Three students’ paths illustrate how CUNY’s model works in practice:

Ansley Hobbs came to CUNY after witnessing the Western Balkans migration crisis firsthand as a Peace Corps volunteer in Albania from 2014–2016. She chose CUNY over NYU and Columbia not just for affordability but because “social justice was actually embedded into the curriculum,” with faculty like Lynn Roberts and Nick Freudenberg who had “a history in activism.” The diverse student body became her education: “You have somebody who works at the DOH in the Bronx saying, ‘This is what’s going on in my job right now.’”

Jose Mazariago immigrated from El Salvador at age 12, arriving in New York speaking no English. He paid his way through community college and Baruch by working management shifts at Wendy’s, often 5pm to midnight, then morning classes. As an undocumented student, he couldn’t access financial aid.

He chose CUNY for his MPH when a private university’s 50% scholarship remained unaffordable. Associate Professor Nasim Sabouchi found a solution: she couldn’t pay him directly due to



Alumna Ansley Hobbs chose CUNY SPH because “social justice is embedded in the curriculum.”



PhD candidate Jose Mazariego with Associate Professor Heidi Jones, who encouraged him to apply for the Haviland Fellowship. Below: The range of students' life experience enriches the classroom.



his immigration status, but she could pay his tuition in exchange for research work. When he applied for his PhD, Associate Professor Heidi Jones noticed he hadn't applied for the Haviland Fellowship and urged him to do so. He won: full tuition plus a \$35,000 stipend.

"I've spoken with people who say that \$35,000 is not a lot of money," says Mazariego. "But for me, someone who has worked at Wendy's making \$30,000 a year working 40 hours a week, \$35,000 for 20 hours of work doing what I love is a lot of money."

Abigail Goldberg grew up in rural Sullivan County, in upstate New York, often balancing multiple jobs as a teenager and finding stability wherever she could during a period of significant instability at home. "Ironically, COVID unemployment changed my life," she explains. "For the first time, I could afford groceries and rent. That relief lit a fire in me for public health, because poverty and trauma don't exist in a vacuum—they're systemic."

She was accepted to several MPH programs but chose CUNY: "Its affordability made graduate school possible, and its commitment to equity and justice made it the right choice for me." After graduation, she became the Student Career Program Coordinator at CUNY SPH. "Because of the school, I've become the person I needed when I was younger, and I get to pay that forward every day."

These paths represent patterns across the student body. "The beauty and the hidden gem within CUNY is that the students are so diverse, in their ethnicities, professional backgrounds, and personal experiences," Dei reflects. "They offered so much richness and depth to discourse within all the different courses. Hearing people's experiences that they would use anecdotally in classes really heightened that experience for me."

**Teaching as First Priority:** The hard money model creates operational space for faculty to prioritize teaching. But structure alone doesn't guarantee quality. Faculty recognize the sense of purpose in their students and meet it with comparable commitment.

Sean Haley teaches alcohol policy with uncompromising standards. "It is the greatest compliment you can give someone to hold them to high expectations. Our students deserve this," Haley says. "And given that many are first generation or recent arrivals or don't come from tremendous means, the responsibility is even greater—to set the bar high and help them reach it."



The school allowed alumna Abigail Goldberg to become "the person I needed when I was younger, and I get to pay that forward every day."



Associate Professor Sean Haley believes holding students to high expectations is the greatest compliment you can give them.



Emma Tsui



Prea Khan

When MPH alumna Prea Khan joined a team writing her first paper, Associate Professor Emma Tsui led the process with sensitivity as a leader and mentor.

Postdoc Alexa D'Angelo with Distinguished Professor Christian Grov.



The support matches the standards. Students recognize the difference. In one end-of-semester debrief, students told Haley they'd worked harder for his class than any other at the school. One went further: "I've worked harder for you than for all the other classes combined at this school." Haley's response: "I'm okay with that."

Dei experienced this rigor in Haley's Health Policy Analysis course. "He really pushed me as a student and mentor. He deeply cares about students' success, but as such he doesn't make it easy. We had to analyze actual legislation, write policy briefs that could go to lawmakers."

Haley models integration of research and practice. While teaching alcohol policy, he convened 200 stakeholders for a policy summit. Students participated as the group developed a six-priority framework. When State Senator Nathalia Fernandez invited all state legislators to CUNY SPH to discuss alcohol policy, students saw their classroom work translate to potential legislation.

Associate Professor Emma Tsui brings similar intentionality to mentoring first-time academic writers. When MPH alumna Prea Khan joined a team writing her first paper, Tsui led the process: "Okay, well, what do you feel comfortable writing? How can we support each other?" Khan recalls: "Her leadership and mentorship in that way of 'this is how the process usually works. I know it's new for you, so we're going to go through it together.' I really, really appreciate that."

Dave Chokshi, former NYC Commissioner of Health, brought real-world experience directly to students. In his Health Equity Leadership course, students visited the Commonwealth Fund's boardroom to discuss grant administration with President Joseph Betancourt. "Those are intangible things. You cannot even put a value on them," Dei notes.

#### **When Faculty and Students Create Knowledge Together:**

The combination of secure faculty positions, diverse student experience, and institutional commitment to teaching creates conditions for genuine intellectual collaboration.

Professor Christian Grov met postdoc Alexa D'Angelo when she entered the MPH program just as his Together 5000 study launched. "She had such a unique, niche take. She wasn't just doing exactly what I was doing," Grov recalls. D'Angelo's interest in PrEP policy and insurance barriers complemented Grov's focus on uptake and adherence. The collaboration produced multiple publications and positioned D'Angelo for academic leadership.



Former NYC health commissioner Dave Chokshi brings real-world experience directly to students.

Professor Christian Grov's six full-time research staff members were all his former students. "I'm most proud of the people I've gotten to work with and mentor," he reflects.

"I'm most proud of the people I've gotten to work with and mentor," Grov reflects. "I have six full time staff that I employ right now, and all six of them were students at some point."

"For me as a researcher, the fact that we have such a diverse student body aids me, because I learn from them," Teasdale explains. "Their perspectives are different from what my take is as an upper-middle class white person from New York. If we all have the same experience, we're all pretty much going to have the same ideas no matter how smart we are."

Public funding, public accountability, and public mission create the foundation for everything else. Faculty can pursue questions communities need answered. Students can access education that would otherwise remain beyond reach. The institution answers to the people it serves.

As Freudenberg, Klitzman and El-Mohandes wrote in a 2015 article in the *American Journal of Public Health* called "Keeping the Public in Schools of Public Health," public schools of public health can "capitalize on their capacity to educate a more diverse public health work force, reduce training costs, translate knowledge into practice, engage communities and governments in public health, promote health-in-all-policies, and become more accountable to the public." Their larger goal was to create a new model and a new vision for public schools of public health.

At CUNY SPH, that vision has become reality. Faculty with national reputations choose public service over private prestige. Research funding rivals elite institutions. Rigorous standards push students beyond what they thought possible. The school proves that excellence and accessibility aren't competing values—they're integrated commitments.

- 
- 1847 ▪ Year CUNY was founded as the nation's first free public institution
  - 4 ▪ CUNY campuses consolidated into one independent school of public health
  - 80% ▪ Consortial faculty who chose to move to the new school
-



**CHAPTER**

**4**

## CHAPTER 4

# Meeting the Moment

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**IN JANUARY 2024, THE SEXUAL AND REPRODUCTIVE JUSTICE HUB** launched at CUNY SPH. In January 2026, the school welcomed its first cohort of students pursuing a new master’s degree in Sexual and Reproductive Justice and Health—a program that went from concept to enrollment in under two years.

This rapid response exemplifies how CUNY SPH creates academic pathways when communities need them most. The program didn’t emerge from market research or donor interests. It emerged from faculty leadership recognizing urgent need and mobilizing decades of expertise to meet it.

### **Training Leaders for Sexual and Reproductive Justice**

When the Supreme Court’s *Dobbs* decision eliminated federal abortion protections, states enacted bans overnight. Patients lost access. Providers faced criminal liability for care they were trained to provide.

But reproductive health injustices didn’t begin with *Dobbs*. “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 Terry McGovern, senior associate dean for academic and student affairs. “The *Dobbs* decision drastically exacerbated inequality in states across the U.S.”



In June 2022, the Supreme Court’s *Dobbs* decision eliminated federal abortion protections.



Lynn Roberts



Terry McGovern



Diana Romero

Associate Dean Lynn Roberts, Senior Associate Dean Terry McGovern, and Associate Professor Diana Romero each brought decades of experience in sexual and reproductive health and justice.



Chelsea Clinton, Associate Dean Lynn Roberts, PhD student Philicia Castillo-Sanders, Senior Associate Dean Terry McGovern, and founder of the Black Women's Health Imperative, Byllye Avery.

When McGovern joined CUNY SPH in 2023 from Columbia Mailman's Department of Population and Family Health, she brought decades of experience in health and human rights, sexual and reproductive rights and health, gender justice, and environmental justice. She quickly engaged faculty leaders to envision an entity integrating sexual and reproductive health with sexual and reproductive justice.

McGovern recognized that CUNY SPH already had extraordinary faculty expertise in this area. Associate Dean Lynn Roberts, a national leader in the reproductive justice movement, had been at CUNY since 1995, and teaching a graduate course Community Organizing to Advance Health and Social Justice for decades. Her work in public health began at the NYS Department of Health's HIV/AIDS Institute where she was a grants manager for several HIV/AIDS prevention programs focused on women and youth in Brooklyn during the 1990s—and in 2002 she was invited to join the board of SisterSong, a national collective whose work is grounded in the reproductive justice framework born from Black feminist organizing.

Associate Professor Diana Romero had come to CUNY in 2007 specifically to help build something innovative, leaving what she describes as “a dream job at a dream department” at Columbia's Mailman School of Public Health to join the newly forming doctoral program that would become the foundation of CUNY SPH. Her research examining how racism manifests in healthcare access, how abortion restrictions shape reproductive decisions, and how physicians navigate laws criminalizing standard medical care provided the evidence base the new programs would need.

With McGovern's leadership and this deep faculty expertise, the Sexual and Reproductive Justice Hub launched in January 2024 as a center for research, advocacy, and training. Building on the Hub's foundation and in response to urgent national need, the school then developed a new master's degree in Sexual and Reproductive Justice and Health (SRJH), which began accepting students in January 2026. The degree program emerged through collaborative workshops with faculty, students, practitioners, activists, and community partners.

The creation of the SRJ Hub aligned with New York State's commitment to reproductive health and justice. Danielle Greene, executive director of state and local public health initiatives and head of the office of external and government affairs, worked with the Governor's

In our post-*Dobbs* world, reproductive health injustices abound, disproportionately burdening people of color, adolescents, and those with few financial resources. The Sexual and Reproductive Justice Hub, or the SRJ Hub, coordinates solutions-oriented scholarship, training, and advocacy.

The MPH in Sexual and Reproductive Justice & Health equips students to address critical issues in sexual and reproductive health through a public health justice-centered lens and interdisciplinary approach.



The NYS Senate holding session, opening day 2026.

office, the NYS Assembly, and the NYS Senate to raise awareness of the Hub's mission. Thanks to their belief in the positive potential of the SRJ Hub, the fiscal year 2025 enacted budget contained \$500,000 to help get the Hub running in its inaugural year. That funding was continued in the fiscal year 2026 enacted budget, allowing the Hub to continue its pilot research and development of the SRJH curriculum.

"CUNY SPH is a leader in advancing sexual and reproductive justice in public health education," McGovern notes. "The need for skilled, justice-driven public health leaders has never been greater. Our students will graduate prepared to confront today's complex challenges, address inequities in sexual and reproductive health, and drive change in communities most impacted by injustice."

The Hub's research exemplifies how existing relationships enable rapid mobilization. Romero's CASSAD study (Contraception and Sterilization After *Dobbs*) examines whether the decision is changing reproductive choices by comparing women in states with different abortion policies. The Medical Integrity Project, led by McGovern with Romero's collaboration, interviews physicians in states with bans. Both studies launched within months of the *Dobbs* decision—possible because partnerships with community organizations and healthcare systems already existed.

Roberts submitted testimony to New York State legislative committees in early 2025, calling for systemic reforms in maternal health. Faculty published modeling studies estimating increased maternal deaths resulting from abortion bans, particularly among Black women. This research reached policymakers while legislative windows remained open.

**Grounded in Movement History:** What distinguishes the program is its foundation in the reproductive justice framework established by Black women leaders in 1994. Reproductive justice asserts the human right of every person to choose whether to have children and under what conditions, to parent children with necessary social supports in safe and healthy environments, and to control their own bodies and self-expression free from sexual or reproductive oppression.

"Reproductive Justice employs several strategies," explains Roberts. "We believe in addressing these intersecting oppressions, analyzing and working to change the unjust systems of power in our society, always centering the most marginalized amongst us, and supporting

the Indigenous and women of color leadership that exists. For that we have to build a socio-political economic power base, we have to mobilize across issues, we have to coalition-build with allied social justice organizations to fight for all of our human rights, and we have to take care of ourselves and support each other.”

In 2016, at the suggestion of two former students interning at the NYC Department of Health, Roberts had become the lead advisor in their efforts to integrate the sexual and reproductive justice framework into the city’s sexual and reproductive health campaigns. She worked with health department senior staff to establish the Sexual and Reproductive Justice Community Engagement Group (CEG), a coalition of community leaders, activists, and nonprofit organizations which met monthly between 2015–2019 to address sexual and reproductive health inequities facing the city. This groundwork proved essential when McGovern arrived to build the Hub.

“Our goal was to design a program that reflects the vision of activists who built the reproductive justice movement and that challenges students to think beyond existing structures,” Roberts says. “The result is a curriculum that pushes students to think critically about health inequities and equips them with the tools to lead change in policy, practice, and research. Our graduates will be ready to carry forward the fight for sexual and reproductive justice in every sector of public health.”

For Roberts, the program represents both a culmination and continuation of her work throughout the years. “It is culminating for me, especially at this stage of my career, to really think about ways that we can be ready in this moment to grow the workforce that will take us into the future. The SRJH program will attract folks who are ready, not the folks who are going to give up.”

An endowed faculty chair in the program was launched in fall 2025 after a successful funding campaign. The chair is named in honor of Byllye Avery, a pioneering feminist leader and founder of the Black Women’s Health Imperative. Avery has long been a champion of global sexual and reproductive justice.

**Beyond Borders – Global Leadership:** In partnership with the United Nations Population Fund, CUNY SPH took on stewardship of the global 16 Days Against Gender-Based Violence campaign, transforming it from an annual observance into a year-round initiative. “Eradicating gender-based violence starts with upholding



An endowed chair has been named in honor of Byllye Avery, a pioneering feminist leader and founder of the Black Women’s Health Imperative.



Clarisa Bencomo is project director for gender justice at the SRJ Hub.

bodily autonomy as a fundamental human right for everyone,” says Clarisa Bencomo, project director for gender justice at the SRJ Hub. “Women, girls, and gender diverse activists work year-round to change the norms and systems that restrict autonomy. The #365ToEndGBV campaign helps to amplify and share that work.”

Available data reveal the scope: one in three women and girls aged 15 or older has experienced physical or sexual violence; someone kills a woman or girl in their own family every 11 minutes; roughly 86 percent of women and girls live in countries offering no legal protection from gender-based violence.

The SRJ Hub shifts focus from identifying disparities to developing solutions. “Public health research has long focused on identifying disparities,” McGovern observes. “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.”

Starting January 2026, the MPH concentration in Sexual and Reproductive Justice & Health trains students to recognize that science itself can be biased and to look closely at who is and isn’t included in the datasets that inform public policy.

“We’ll continue to help our students get placements with organizations in a position to make the changes we hope to see,” Romero says. Those organizations include city and state departments of health, academic institutes, and nonprofits working at the intersection of reproductive rights, health equity, and social justice.

With faculty and staff bringing human rights focus, policy and legal expertise, and years of training and activism in reproductive health and social justice, the SRJ Hub became the central hub in New York City and State for SRJ resources for educators, policymakers, NGOs, and advocates. “That’s exactly where we want to be,” McGovern says. “The goal is to provide tools, materials, guidance and support to every person and institution engaged in this fight.”

The degree program launches into a landscape of intensifying restrictions and expanding need. Every state with abortion bans creates cascading effects, not just for people seeking abortions, but for anyone who might need pregnancy-related medical care. Physicians face criminalization for providing standard treatment. Patients face delays in emergency care. The healthcare system fractures along

political boundaries, with some states becoming refuge and others becoming danger zones.

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

The degree program aims to prepare those leaders: people who understand the science and the systems, who center marginalized communities in solution-building, who can navigate policy and law and medicine, who can organize coalitions and challenge power structures. Not just to study reproductive injustice, but to dismantle it.

The Sexual and Reproductive Justice program joins other recent innovations responding to field evolution. The Population Health Informatics degree trains students to use technology to implement evidence-based solutions for population health while navigating the ethical challenges of health data in the digital age. The Health Communication for Social Change program, which began just as COVID struck, prepared graduates to rebuild trust in public health messages. Each program emerged from recognized need; each reflects CUNY SPH’s ability to move quickly when communities require new expertise.

One in three women aged 15+ has experienced physical or sexual violence. Someone kills a woman or girl in their family every 11 minutes.

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Public health research has long focused on identifying disparities. What is needed is an educational curriculum that trains students to think critically and develop solutions.

**Terry McGovern**, *Senior Associate Dean for Academic and Student Affairs*

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**CHAPTER**

**5**

## CHAPTER 5

# From Education to Employment

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**CUNY SPH HAS SYSTEMATICALLY ELIMINATED OBSTACLES THAT** prevent capable students from pursuing graduate education—and then built the infrastructure to carry them from enrollment through graduation and into careers that match the ambition they arrived with.

### **Keeping Costs Low and Transparent**

The school maintains some of the lowest tuition among top public schools of public health, with need-based aid through foundation scholarships and flexible online and part-time options for working students. It also offers SOPHAS application-fee waivers in addition to SOPHAS's own waivers, ensuring financial constraints don't prevent applications. For several programs, including the MS in Population Health Informatics and MPH, the school eliminated standardized test requirements—GRE scores are no longer mandatory.

Standardized tests measure preparation and access more than aptitude. By making the GRE optional, the school evaluates applicants holistically, considering lived experience, professional accomplishments, and demonstrated commitment alongside traditional academic credentials and performance metrics.

**Creating On-Ramps – The 4+1 Programs:** For CUNY undergraduates, the school has built accelerated pathways through 4+1 programs at ten CUNY colleges. These programs allow students to take up to 18



Graduates at CUNY SPH's first commencement in 2017, which took place at the historic Apollo Theater.



*“Academic success depends on mental health, financial support, food security, housing security—not just tutoring.”*

**Robyn Gertner**  
Executive Director  
of Academic Strategy  
and Operations

credits of graduate-level courses during their junior and senior years, completing both a bachelor’s degree and a graduate degree—an MPH or an MS—in five years instead of the usual six.

By staying within the CUNY system, students maintain academic continuity, retain financial aid eligibility, and access graduate education without navigating unfamiliar application processes elsewhere.

**Accommodating Today’s Public Health Student:** The majority of CUNY SPH students work full or part time while pursuing degrees. Many are also raising families. Traditional graduate program structures would exclude precisely the students whose perspectives most enrich public health education.

**Flexible Formats for Working Learners:** CUNY SPH offers degree programs in multiple formats: fully online, in-person, and hybrid, with the majority of classes available online. Programs maintain identical academic standards across modalities. Evening and part-time options span MPH, MS, and certificate programs.

“The degree has become very accessible,” notes Robyn Gertner, executive director of academic strategy and operations. “Expanding online offerings reduced average time to graduation by half a year.”

Faculty maintain high expectations regardless of format.

**Supporting Students Through to Graduation:** The school provides free tutoring, comprehensive counseling services, accessibility support, LGBTQ+ student support, an annual Student Wellness Week, and a doctoral bootcamp designed to help PhD students complete dissertations.

“Academic success depends on mental health, financial support, food security, housing security—not just tutoring,” reflects Gertner.

**Data-Driven Intervention:** In CUNY SPH’s earliest days, Ashish Joshi, former senior associate dean for academic and faculty affairs, envisioned a human-centered, digitally driven campus. He began with a student needs assessment, identifying where to focus institutional energy. One early gap: inadequate advising capacity.

In response, the school created an administrative advising office to augment faculty advising. Every student now has both a faculty advisor for academic and research mentorship and an administrative advisor for navigating requirements and connecting to resources.

The school uses data to identify students who need help before crises develop. Data-driven protocols enable educators to reach out to 100 percent of students who are struggling, intervening early to keep them on track.

If a student stops showing up for class, a response system activates. “If a student doesn’t show up for two days of classes in a row at [an elite school], the instructor might be relieved—one less student to worry about,” reflects Lyndon Haviland, CUNY SPH Foundation chair. “But at CUNY SPH, if you don’t show up for a couple days of class, they’re worried that you are food insecure, or you don’t have money for the subway to get to class.”

Calls are made. Is there food or housing insecurity? Is home unsafe? If needed, a CUNY SPH public safety officer will conduct a wellness check.

### The CUNY SPH Foundation: Comprehensive Support

As Foundation chair, Haviland understands that CUNY SPH graduates become the city’s health infrastructure—first responders, health department leaders, public hospital administrators—as well as innovators uniquely qualified to understand and take on the city’s tough challenges. That’s why she invests her time, money,

## Degree & Certificate Programs Offered

**2016** **11**

MPH .....	6
MS .....	1
DPH .....	4

**2026** **32**

MPH .....	6
MS .....	3
PhD .....	3
4+1 .....	10
Certificates .....	4
Collab. Degrees .....	6

4+1 programs let CUNY undergraduates earn both a bachelor’s and an MPH or MS in five years instead of six.



Foundation chair Lyndon Haviland recognizes that CUNY SPH graduates become the city's health infrastructure.

and professional network. “It’s a mitzvah,” she explains—service to community. The Foundation board secures investments from philanthropists, foundations, and donors who share that commitment.

During the pandemic, the Foundation evolved from a small organization to administering major gifts supporting the school’s COVID response.

Survey work revealed that while students felt prepared to do public health work, they didn’t feel equipped to compete for jobs or thrive in workplaces. So the Foundation reshaped its approach into comprehensive support: scholarship for access, emergency funding so financial crises don’t derail education, and programs to develop professional skills.

The composition of the Foundation board reflects how graduates’ careers have evolved—traditional public service leaders alongside entrepreneurs and startup founders. “Our students are more entrepreneurial now,” Haviland notes. “They’re in hospitals, healthcare startups, taking their skill set beyond the easy answer.”

Faculty could work elsewhere—they’re talented, they have choices. “But they choose CUNY because of the mission, vision, and values the school both articulates and lives by,” Haviland reflects. “What I’m proudest about is how we live our values.”

### Building Career Readiness

The school’s Strategic Framework for 2021–2025 identified experiential learning and career services as priorities. In just three years, career services evolved from basic support to robust infrastructure rivaling schools with far longer histories and larger budgets.

**Building Infrastructure:** When Hannah Stuart Lathan arrived as director of the Office of Experiential Learning and Career Services in February 2022, she envisioned comprehensive infrastructure connecting students’ academic work directly to career preparation.

Lathan brought particular understanding to the work. She’s a CUNY SPH alumna, first in her family to attend college, who worked for a decade in sexual health education and clinical counseling. Her team shares similar grounding—all hold MPHs, all have direct service experience.

“Having a master’s in public health and experience in direct service work is so beneficial, and it’s a real strength of our team,” Lathan explains.



Experiential Learning and Career Services Director Hannah Lathan addresses the socio-emotional components of building a career.



“You really lose something if the approach is not rooted in real experience supporting a wide variety of social determinants of health.”

“There’s a real focus in our work on supporting the socio-emotional components of building a career,” Lathan notes. “There’s imposter syndrome, lack of experience, lack of exposure, mental health challenges to navigating these vulnerable situations, and we’ve never shied away from addressing that as a supportive piece of the work we do with students.”

Under Lathan’s leadership, the office expanded dramatically. Marketing and communications grew. The office publishes *Field Notes* (a newsletter), produces regular Instagram content, and maintains a career achievements page showing where graduates land. Faculty collaboration intensified through targeted outreach to more than 200 public health practitioners based on degree and concentration.

**The Career Skills Academy:** The Foundation recognized that many students needed more intensive, structured support developing professional skills. It funded and launched the Career Skills Academy—a year-long program providing dedicated time and expert guidance to build career readiness.

Forty students enroll annually in the Career Skills Academy. Assessment showed 44% increases in group dynamics, 43% in applying networking skills, and 27% overall growth across all competencies.



Lauren Rauh is Director of Programs for the CUNY SPH Foundation.

Forty students enroll annually. Master classes bring in professionals from public health agencies, private sector organizations, nonprofits, and international development. “Hearing from people in objectively successful roles talk very frankly about how they got where they were and the things they had to overcome is really valuable,” explains Lauren Rauh, who evaluates the program for the Foundation.

Workshops address concrete skills: resume writing, interviewing, networking, personal branding, salary negotiation. Beyond formal programming, the Career Skills Academy creates community—cohort bonds that matter professionally as peers become future colleagues and collaborators.

Assessment showed 44% increases in facilitating group dynamics and in gathering and analyzing data to solve problems, 43% in applying networking skills, and 27% overall growth across all competencies.

“I used to feel timid about asking for a salary increase. CSA changed that. I feel more confident and equipped to advocate for myself,” one participant noted. Another credited the program with helping them land an international fellowship, while others reported securing internships, promotions, and their first jobs in the U.S.

**What Employers See:** Abigail Goldberg now manages many of the school’s employer partnerships, building relationships that expand opportunities for students and alumni.

“They trust us because of CUNY’s reputation—the way the institution shows up for New York City and communities across the globe.”

The New York City Department of Health and Mental Hygiene has become the school’s largest employer of alumni. Dr. Sarah Braunstein, Assistant Commissioner for HIV, Hepatitis, STIs and Sexual Health, earned her PhD at Columbia but now employs a substantial number of CUNY SPH graduates.

“There’s a sophistication and depth to the perspective CUNY students get,” she notes. “They’re learning and doing public health all along, in a very real, context-based, applied way—trained in upstream drivers, downstream effects, community health. They’re super smart, strong methodologists, but more.”

That “more” means technical competence—epidemiologic methods, program evaluation, data analysis, policy analysis—combined with understanding communities as neighbors, often bringing lived experience of the health inequities they’re working to address.

Research partnerships create employment pipelines. Professor Lorna Thorpe of NYU School of Medicine’s Department of Population Health regularly hires CUNY SPH students for capstone projects and fieldwork. “My staff are all ex-CUNY students who started volunteering with me, and now they are my data managers and my data coordinators and my research project staff,” Thorpe notes.

**Access Meets Preparation:** At the Foundation’s May 2025 gala, Goldberg’s speech about her journey prompted unexpected responses. “I had so many very accomplished people—CEOs, senior leaders—come up to me and say, ‘I have a story like yours, and I’ve never shared it.’ They told me that their own experiences with hardship were part of what brought them to public health. It reminded me that our classrooms are full of people who have built their lives from the ground up, and that’s who CUNY SPH supports and invests in.”

The school enriches the public health workforce by ensuring that people who understand health inequities from experience can access education, develop skills, build networks, and launch careers changing those systems.

*“There’s a sophistication and depth to the perspective CUNY students get. They’re learning and doing public health all along, in a very real, context-based, applied way—trained in upstream drivers, downstream effects, community health. They’re super smart, strong methodologists, but more.”*

**Sarah Braunstein**  
Assistant Commissioner,  
NYC Health Department

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- 4+1** ■ Accelerated bachelor’s-to-master’s pathway available at ten CUNY colleges
  - 44%** ■ Increase in group facilitation skills among Career Skills Academy participants
  - 6** ■ Reduction in months required to graduate—from expanded online course offerings
  - 200+** ■ Practitioners reached through targeted outreach by degree and concentration
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**CHAPTER**

**6**

## CHAPTER 6

# Rethinking Research

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### WHAT COUNTS AS RESEARCH INNOVATION IN PUBLIC HEALTH?

At CUNY SPH, innovation means questioning assumptions about how research should work, who it includes, and whose questions it answers—and building alternatives that serve communities better.

### When Trials Aren't Possible

When the New York City Department of Health launched its Ryan White Care Coordination program—which provides HIV medical care, medications, and support services to low-income and uninsured New Yorkers living with HIV—they faced a common problem: they needed to know if the program worked but couldn't design a randomized trial.

Distinguished Professor Denis Nash and his team at the Institute for Implementation Science in Population Health (ISPH) saw an opportunity. “The health department approached us to help them design a study to evaluate the program’s effectiveness and impact,” Nash recalls. “It had already rolled out at 26 agencies across the city, with more than 3,000 New Yorkers with HIV having enrolled in the program, so there wasn’t a chance to do a randomized trial. That spurred us to innovate methods enabling us to do rigorous evaluation of causal impact without the benefit of an RCT design.”

The approach they used—a target trial emulation method—mimics randomized trials using observational data. “When you can’t



Denis Nash, Distinguished Professor and Executive Director of the CUNY Institute for Implementation Science in Population Health

Denis Nash co-leads the leDEA Network—700+ clinics in 44 countries, two million people enrolled in HIV care since 2004—and has deployed it to study the health effects of climate change.



do a randomized trial, you can try to emulate one,” Nash explains. The evaluation revealed what was and wasn’t working in care coordination, and “based on that work, the health department decided to make changes to the design and delivery of their program to improve its effectiveness in the future.”

But the bigger innovation came next. Having proven the method’s value for their work, Nash convinced the health department to try something they’d never done: an actual randomized trial using a stepped wedge design. “You’ve got 26 sites and you want to implement a new program. You can’t implement at all 26 sites all at once—there are not enough resources. So why not randomize the order of implementation at those sites by picking a random half to start earlier and another random half to start later?”

The health department bought into this proposal. When they recompeted the contracts, they wrote randomization into the requirements. “They institutionalized it,” Nash notes. “We’ve kind of helped change the paradigm of what’s possible around research in the health department—helping the program implementers think of themselves as not only consumers of evidence to design the best public health programs today, but also generators of evidence to inform the development of future programs. Who better to generate evidence from the real world than the actual implementers themselves?”

**Scale as Innovation:** Professor Christian Grov’s Together 5000 study—a nationwide cohort examining PrEP use and sexual health among gay and bisexual men—launched in 2017 with unprecedented scale. Before this, researchers typically studied 200–300 people. “Doing something at the scale of 5,000 subjects was just unheard of, and you can’t do it with a regular NIH budget,” Grov notes.

The fully online cohort study recruited participants nationwide, collected self-administered specimens, and delivered HIV results remotely. The protocol seemed novel in 2017. By 2020, it became essential. “When COVID happened, a lot of researchers found themselves attempting to pull off the kind of work we had already been pulling off,” Grov recalls.

Denis Nash credits Together 5000 with enabling his own team’s COVID research response. “My collaborating with Christian on Together 5000 is really what enabled us to do the CHASING COVID cohort study,” he explains. In March of 2020, CHASING COVID

became a national, community-based prospective cohort study tracking pandemic outcomes across 6,740 participants from all 50 states, the District of Columbia, Puerto Rico, and Guam. The cohort remains active today.

Grov takes pride not in the technical achievement but in the people it enabled him to mentor. “Something like eight dissertations have resulted just from that first project,” he notes. The data served students at University of Pennsylvania, Fordham, the University of Miami, and beyond. “I’m most proud of the people I’ve gotten to work with and mentor. . . my little thing I’m interested in ended up being such a fountain of wealth to support other people.”

**When Two Fields Collide:** Denis Nash’s work connecting climate change and HIV outcomes puzzled even some of his own colleagues. “Of all the things I’ve had a hand in my career, very few have resulted in more people saying, ‘What even made you put these two things together?’” Nash laughs. “But once they see it, they’re like, ‘Oh. This is a really important, creative study.’”

The logic becomes clear with the infrastructure: the IeDEA Network that Nash co-leads includes 700+ clinics in 44 countries and two million people enrolled in HIV care, with data going back to 2004. “We have thousands of extreme weather events that we can look at directly in IeDEA to see how they’re impacting HIV care outcomes,” Nash explains. “While HIV might not be the health challenge that climate change is impacting the most, the IeDEA cohort is probably the best cohort in the world to look at the effect of climate change on health outcomes.”

The innovation isn’t just topical—it’s methodological. “We’re among the first teams to really do large-scale longitudinal studies with high quality data on both extreme weather and health outcomes. We can be among the first to rigorously quantify some of the health effects and talk about attribution of climate as a cause.”

**The Economic Case for Public Health:** Professor Bruce Y. Lee’s Center for Advanced Technology and Communication in Health reframes public health problems in economic terms that change who pays attention.

When COVID-19 hit in March 2020, Lee’s team published economic impact estimates in *Health Affairs* that caught the Congressional Budget Office’s attention. His computer models determined vaccine



Professor Bruce Y. Lee uses computer models to reframe public health problems in economic terms, changing who pays attention.



Secondary school students at Nakivale Refugee Settlement, Uganda.

efficacy targets needed before vaccines even existed, winning the *American Journal of Preventive Medicine's* paper of the year.

“One of the things we’ve been trying to advance: there’s a utilitarian argument for altruism,” Lee explains. “Why are we trying to convince people solely that this is morally right? This is actually the financially right thing to do. When you help people and their health, you help their productivity, reduce medical costs.”

Lee’s computational modeling extends into AI applications. In 2018, his proposal for system science approaches using AI helped CUNY SPH win an NIH center grant establishing the AI Center for Precision Nutrition. His introductory AI course teaches students to become “better collaborators with AI” rather than programmers. “The best use is: here’s someone who has all these skills and information but doesn’t know everything, and needs to work with this person who can actually help you achieve more than you could alone.”

### **Reaching the Excluded**

Assistant Professor Philip Kreniske’s work addresses adolescents systematically left out of HIV prevention research. Only 1% of biomedical

HIV prevention trials include adolescents, even though they're among the most vulnerable to HIV acquisition.

The barriers are structural. Research ethics require parental permission for minors, but adolescents seeking HIV prevention often can't or won't involve parents—particularly sexual and gender minorities. The result: prevention tools developed without adolescent input, then poorly adapted for adolescent needs.

Kreniske's research in Uganda demonstrates how low-tech digital tools can reach rural adolescents at scale. Working with Washington University in St. Louis, he developed a mobile phone-based intervention using simple text messages—no smartphones or internet required, just basic phones that 75% of people in the region already owned.

Students dial a number like 311, then receive weekly messages over four weeks: HIV testing information and clinic locations, mental health screening, substance use resources, then back to testing. For students screening positive for depression, the system links them to Strong Minds, an NGO providing evidence-based counseling to half a million Ugandans.

The pilot demonstrated proof of concept: schools enrolled, students used the platform, HIV testing rates increased. NIH recently awarded Kreniske a \$5 million grant to scale up this work.

Kreniske also addresses why adolescents get excluded from research in the first place in collaboration with Uganda's Rakai Health Sciences Program. Using the MacArthur Competence Assessment Tool, he demonstrated that 15–17 year-olds showed cognitive capacity to consent to survey research comparable to that of their parent guardians. The work provides empirical evidence that ethics committees should consider waiving standard parental permission requirements for older adolescents.

“We have the biomedical tools to prevent HIV,” Kreniske notes. “But there's a disconnect between having the tools and reaching the people who need them most. A lot of my work is about closing that gap—both by creating interventions that meet adolescents where they are, and by changing the systems that keep them out of research in the first place.”

**Who Can Provide Care?** Director of the Center for Innovation in Mental Health Professor Victoria Ngo tackles what happens when specialized expertise can't scale to population need.



Assistant Professor  
Phillip Kreniske's research  
in Uganda demonstrates  
how low-tech digital  
tools can reach rural  
adolescents at scale.



Victoria Ngo is Professor and Director of the Center for Innovation in Mental Health. She led a Vietnam trial across 36 communities: depression symptoms decreased 80% at six months. Cost: \$50 per person per quality-adjusted life year.

Traditional mental health care relies on specialists—psychiatrists, clinical psychologists, licensed therapists who spend years in training. The model works for those who can access and afford it. For everyone else, the gap between need and available services becomes a chasm.

“We need to be thinking about populations,” Ngo explains. “It’s great if you can get your eight-year degree and be highly specialized. But only a few people will get access to that expertise, and it doesn’t make as much of a dent in terms of population. There are so many more people who need low levels of support—they don’t need the full range of specialized treatments, they need some basic skills.”

Task sharing—training non-specialists to provide basic mental health support—challenges the field’s fundamental assumptions about who can deliver care. Ngo’s model identifies people with natural helping skills and provides focused training in anxiety and depression management, stress reduction, and problem-solving.

In Vietnam, where Ngo has conducted research and service since 1999, a recent randomized controlled trial across 36 communities trained over 500 mental health providers. The learning collaborative model—where organizations learned from each other, shared struggles, built community while implementing—exceeded other approaches. Depression symptoms decreased by over 80% at six-month follow-up. Participants attended an average of five out of six sessions. The program costs about \$50 per person and yields an additional quality-adjusted life year.

The model transfers. In New York, CUNY SPH’s Harlem Strong trains navigators from the community to provide screening and basic counseling in over ten organizations across Harlem. “We’ve had over 200 events in the community,” Ngo notes.

“People who do this kind of work are not stopped by the funding. I never had funding initially,” Ngo explains. “I believed in it, I wanted to do it, and I did it with my own time. That’s how I started the work in Vietnam... The randomized control study was done with \$20,000—basically that covers my travel, and that’s it. You find other people who believe in the same things and are willing to do the same things. Together you make it happen.”

**Making Data Democratic:** Associate Professor Nevin Cohen directs the Urban Food Policy Institute, which tackles how to make complex data accessible to communities that need it most. Traditional

food policy relied on aggregate statistics that obscured local realities. Cohen's food environment dashboards change that conversation.

"We developed this food dashboard to be provocative and to demonstrate that data, when visualized creatively with stakeholders, can reframe the discussion around food policy," Cohen explains. The dashboards revealed surprising patterns: schools a block apart with identical poverty levels showed vastly different lunch participation rates, even though lunch was universally free.

Food pantry mapping revealed similar hidden patterns. When measured by raw numbers, the city appeared covered in pantries. But filtering by hours open and weekend availability showed "only a few pantries around the city open long hours and likely serving a large percentage of people."

The innovation now extends to how people interact with data itself. Cohen and his team are integrating generative AI tools to make dashboards conversational. "We're exploring AI and chatbots to enable people to ask in natural language—"is my kid's school lunch program as robust as the rest of the district?"—and have AI translate that into looking up participation rate, doing statistical analysis, and responding with natural language answers."

The technical achievement matters less than what it enables: community members without data analysis skills asking their own questions and getting reliable answers. "The goal is creating enormously valuable tools that help ordinary people navigate digital dashboards in ways they couldn't before," Cohen explains.

**Making Data Ethical:** While Cohen democratizes access to food data, Assistant Professor Karmen Williams tackles a different data challenge: ensuring health data systems protect rather than exploit the people they're meant to serve. Her work in population health informatics—supporting one of the only standalone master's programs in this field nationally—addresses what happens when health becomes digital.

"I think CUNY currently has the only Master of Science in Population Health Informatics program in the country that is specifically focused in this area," Williams notes. Other institutions offer fellowships or certificates, but not a master's degree. The program emerged from a recognized gap: health systems increasingly rely on digital infrastructure, but few professionals understand both the technical capacity and ethical implications of health data.



Associate Professor and Director of the CUNY Urban Food Policy Institute Nevin Cohen aims to make complex data accessible to communities that need it the most.



In the Population Health Informatics program, Assistant Professor Karmen Williams trains students to build systems that protect patient privacy from legal intrusion.

Research on reproductive health apps conducted by Williams, Rizwana Biviji (Arizona State University), and MS Population Health Informatics graduate, now JD candidate at Rutgers Law School, Nina Zadushlivy revealed the stakes. They analyzed privacy policies—the fine print users never read—discovering how intimate health data gets shared with third parties, sold to data brokers, or potentially accessed by government agencies. In a post-*Dobbs* landscape where pregnancy data could become evidence in criminal prosecutions, these are not merely theoretical concerns.

“When I think about ethics, I’m thinking about how we can train the next generation of health tech designers and developers to instinctively design and develop with an ethical lens,” Williams explains. The challenge is structural: “free” apps that are actually underwritten by data commodification create a competitive disadvantage for privacy-protecting alternatives. Charge even three dollars monthly for a secure period tracker, and you lose users who most need accessible health tools.

The evolving program’s three-stream model—data science and computational methods, research methods, and population health applications—reflects the field’s complexity. Students often arrive with full-time jobs at community health centers struggling with electronic records or managing data systems for city agencies. Classroom discussions draw on their workplace frustrations: systems that don’t talk to each other, privacy policies that no one understands, and algorithms that perpetuate bias.

In the consumer health informatics course, students design digital products for real community organizations—not hypothetical case studies but actual partners with genuine needs. They research organizational capacity, assess existing digital infrastructure, and develop implementable recommendations. The pedagogy mirrors CUNY’s broader philosophy: theory meets practice because students bring practice to theory.

This work connects directly to Diana Romero’s reproductive health research. Where Romero documents how abortion restrictions affect healthcare access, Williams examines how digital surveillance could enforce those restrictions. Where Romero interviews physicians about legal fears, Williams trains students to build systems that protect patient privacy from legal intrusion.



## Research That Can't Wait

Professor Diana Romero's work demonstrates rapid response research: answering urgent questions when policy crises create immediate threats.

In 2022, the New York City Department of Health declared racism a public health crisis. Romero's team, working with the Bureau of Equitable Health Systems, designed a study to find out what this looks like in people's daily lives. They fielded 35 focus groups across five boroughs, examining how race and insurance type shape hospital access experiences.

State-level quantitative data had already shown the pattern: people of color or those with public insurance like Medicaid were much more likely to get care from a public hospital. But numbers alone don't capture lived experience. The focus groups revealed something important: "What was really interesting is that the word discrimination and the term segregated healthcare never came up—but the experiences described suggest that. It's just not how people in focus groups used those terms."

People described longer waits, fewer provider options with Medicaid, feeling unwelcome because of their cultural background—

Harlem Hospital, one of eleven acute care public hospitals run by NYC Health + Hospitals, the largest municipal health system in the U.S. These hospitals serve all patients, regardless of ability to pay or immigration status.



Professor Jeffrey V. Lazarus identifies under-addressed health threats from HIV/AIDS to liver disease and drives action for recognition and intervention.

all hallmarks of discriminatory systems. Yet they didn't name it as such. The gap between experience and language matters for intervention: you can't address what people can't name.

The 2022 *Dobbs* decision eliminating federal abortion protections created similarly urgent research questions. Romero's CASSAD study—Contraception and Sterilization After *Dobbs*—examines whether the decision is changing reproductive choices. The study compares women in three states with different abortion policies: New York (access to 24 weeks), North Carolina (12-week limit), and South Carolina (6-week ban).

Even more urgent is the Medical Integrity Project, led by Professor Terry McGovern with Romero's collaboration. The study interviews physicians in four states where abortion has been banned: Idaho, Oklahoma, Alabama, and Tennessee. Critically, these aren't just abortion providers—they're ER doctors, oncologists, family medicine physicians, maternal-fetal medicine specialists. The findings reveal systematic dysfunction: physicians unable to provide standard of care, afraid to even discuss options with patients.

**From Recognition to Action:** Professor Jeffrey Lazarus brings a distinctive approach: identify under-addressed health threats, have them correctly named, then drive action at every level—from clinical guidelines to UN declarations. The philosophy has been interwoven throughout his work in HIV, viral hepatitis, COVID-19, and now metabolic dysfunction-associated steatotic liver disease (MASLD).

MASLD is estimated to affect more than one in three adults—far more people than diabetes. It can contribute to insulin resistance and cardiovascular disease, and becomes especially serious when fibrosis develops. Its advanced form, metabolic dysfunction-associated steatohepatitis (MASH), is now the leading cause of liver transplantation in the United States. Despite this, over 90 percent of Americans with the condition are unaware they have the disease. MASLD and MASH can be identified via simple blood tests or imaging, and are treatable.

When New York City launched its Healthy NYC campaign to extend life expectancy and reduce diabetes incidence, MASLD wasn't mentioned. "Why was it not there?" Lazarus asks. "And if it's not in the strategy, how could we commit health department resources to addressing this?"

The answer: advocacy across multiple channels simultaneously. Lazarus established the scientific evidence base through peer-reviewed publications. He worked with Dan Marino, the former NFL quarterback diagnosed with MASH, to secure coverage in *Forbes* magazine. *People* magazine picked up the story. Scientific journals, business publications, mainstream media—each channel reaching different audiences, building momentum.

The media and scientific coverage built toward policy change. In 2025, MASLD appeared for the first time in the UN General Assembly political declaration on non-communicable diseases. Getting a disease recognized in UN declarations matters because it drives national policy, clinical guidelines, and resource allocation.

Lazarus describes his work as beginning where others stop. “I’ve been on advisory boards for several large companies, and my work typically begins when a treatment or diagnostic tool is ready—or nearly ready—for use. The questions I focus on are: Why are we not treating enough people? Why are we not diagnosing everyone with a particular disease? That’s where the trial’s job ends, and where mine starts.”

### **Translating Innovation to Impact: Firefly Innovations**

Research innovation matters only if it reaches the people who need it. Firefly Innovations addresses the gap between discovery and delivery—the only public health entrepreneurship platform at an accredited school of public health.

The model inverts conventional assumptions about who drives health innovation. Most founders applying to Firefly’s annual summer accelerator aren’t public health professionals. They’re engineers, business people, tech entrepreneurs who’ve built digital health solutions but lack the public health lens to ensure their innovations actually advance health equity. “That’s part of the genius of what we’re doing,” explains Professor Terry Huang, who founded the program. “We’re trying to make sure that the public health lens is imbued in the DNA of these businesses.”

In 2024, 184 startups applied for twelve spots. Those selected spend months receiving intensive support: weekly hands-on team-based mentoring, master classes from experts across disciplines, access to consultants addressing specific needs as they emerge. In October 2025,



NATO Secretary General Jens Stoltenberg attends the General Assembly of the United Nations.

Firefly Innovations: the only public health entrepreneurship platform at an accredited school. Companies must center health equity from the start.

three Firefly ventures were selected as finalists in pitch competitions at HLTH 2025, a large health-innovation event that brings together payers, providers, startups, biopharma, investors, and policymakers.

The program operates through extensive partnerships. KPMG provides space and staff—twenty employees serving as mentors to startup teams. Networks of lawyers, consultants, and investors contribute expertise.

What distinguishes Firefly from conventional accelerators is its commitment to operating as a public good. The program takes no equity in the startups it supports—a crucial advantage for founders. Most accelerators demand ownership stakes; Firefly demands something different: that companies center health equity in their business models from the start.

Huang has built the program strategically into larger grants, positioning entrepreneurship support as essential infrastructure for translating research to practice. The core commitment remains: ensuring that health innovations reach the communities that need them, developed by people who understand business but guided by institutions that understand health equity.

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- 6,740** ■ CHASING COVID participants across all 50 states and U.S. territories
  - 80%** ■ Reduction in depression symptoms in Victoria Ngo’s Vietnam community trial
  - 700+** ■ Clinics in 44 countries in the IeDEA Network co-led by CUNY SPH
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**CHAPTER**

**7**

## CHAPTER 7

# The Power of Partnership

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**WHEN FUNDING FOR THE EINSTEIN COLLEGE OF MEDICINE CENTER** for AIDS Research was not renewed by the NIH, the institution faced a choice: rebuild alone or reimagine what a CFAR could be through broader institutional partnerships. They chose partnerships—and that choice transformed AIDS research infrastructure across New York City.

The new center—a partnership among Einstein, Rockefeller, and CUNY known as the ERC-CFAR—didn’t just restore funding. It created something unprecedented: clinical scientists at Einstein working directly with implementation and behavioral researchers at CUNY, clinical databases connecting to public health interventions, and the city health department, through its longstanding HIV research partnerships with CUNY researchers, integrated as a research partner in the new CFAR rather than just a data source.

Denis Nash’s CUNY ISPH brought public health and implementation science expertise that the previous CFAR had been lacking, and engaged the New York City health department in the endeavor as part of its efforts to “End the HIV Epidemic” as a public threat in NYC.

Dr. Harris Goldstein, co-director of the ERC-CFAR, confirms the transformation: “We have generated multiple collaborations between Einstein investigators, Rockefeller investigators and CUNY investigators, by virtue of having the center, that otherwise would not have happened.”

### Strength in Disciplinary Layers

#### Einstein

Clinical science

+

#### Rockefeller

Biomedical research

+

#### CUNY SPH

Implementation and  
behavioral/public  
health research



125th Street at the intersection of Frederick Douglass Boulevard, Harlem, NYC.

CUNY brought distinctive expertise. “Denis is a great networker with incredible intellectual curiosity,” Goldstein observes. “He’s fearless in going in new directions.” That restless curiosity produced collaborations linking basic science with implementation research, connecting clinical databases with public health interventions, and translating Bronx successes to international settings.

The Einstein partnership extends beyond Nash. Dr. Viraj Patel’s work with Christian Grov on long-acting injectable PrEP for people who use methamphetamine exemplifies how the collaboration operates across faculty. “CUNY brings expertise we at hospital systems don’t have,” Patel notes. “The values alignment means the institution supports team science.”

**Better Together:** The NYU-CUNY Prevention Research Center (PRC) brings together two academic institutions with complementary strengths. Under the leadership of Distinguished Professor Terry Huang at CUNY SPH and Professor Lorna Thorpe at NYU School of Medicine’s Department of Population Health, the PRC works to develop, translate, and scale interventions to increase access to care and disrupt health disparities, particularly around chronic disease.

The Center uses community-based participatory research and community health worker models to train public health and clinical practitioners in evidence-based research and interventions—always developed with and driven by the communities they serve—that connect people with clinical care.

The embedded nature of CUNY’s community relationships, combined with NYU’s clinical infrastructure, creates something neither institution could achieve alone. Thorpe calls it, “A true partnership that brings opportunities to faculty at both campuses, to students at both campuses, and links us to city agencies and community organizations.”

The PRC partnership proved its value during COVID. The team rapidly obtained funding to lead digital storytelling using StoryCenter, putting cameras in the hands of young people, South Asian immigrants, people coming out of jails—populations at risk and hesitant about vaccination—to create videos about why they decided to get vaccinated.

“We have a certain level of trust in the community that private public health schools don’t,” Huang observes.

### **City-Funded, Community-Grounded**

When New York City’s Economic Development Corporation invited bids to create a pandemic response institute, they chose the partnership of Columbia and CUNY. Columbia’s ICAP brought expertise in infectious disease outbreaks. CUNY SPH brought deep community ties, trust earned through consistent presence, and expertise treating neighborhoods as partners rather than subjects.

The NYC Preparedness and Recovery Institute, launched in 2022 as the NYC Pandemic Response Institute, changed its name in 2025 to reflect a broader mission beyond pandemics: climate-related disasters, environmental hazards, gun violence, terrorism. Assistant Professor Rachael Piltch-Loeb observes, “We are in a moment where it feels like we are in a constant kind of public health emergency. What was previously this isolated, relatively niche field of disaster preparedness has become part and parcel to traditional public health.”

CUNY SPH holds lead responsibility for communications, community outreach, and workforce development. Dr. Danielle Greene, who directs CUNY’s government affairs and serves as senior advisor



Terry Huang, Distinguished Professor, CUNY SPH



Lorna Thorpe, Professor, NYU

CUNY SPH’s Terry Huang and NYU’s Lorna Thorpe co-lead the NYU-CUNY Prevention Research Center. The center uses community-based participatory research and community health worker models—always developed with and driven by the communities they serve.

A key focus of CUNY SPH's contribution to PRI was defining and respecting the role of community public health practice and research.



Assistant Professor Rachael Piltch-Loeb's work uses traditional research methods but engages and supports community voices.

to PRI, emphasizes what distinguishes CUNY: “We’re of the community, for the community, by the community. Our students, faculty, staff come from the neighborhoods most affected by public health. We are the communities that public health is about.”

A key focus of CUNY SPH's contribution to PRI was defining and respecting the role of community public health practice and research. Under PRI's Community Convening and Listening Team 2022–2025 Co-Leads Professor Sean Haley and the Harlem Health Initiative's Deborah Levine, the institute established standards for reimbursing community members, representation on governing boards, and collaborative rather than extractive research. “Not a lot of places do that,” Greene notes. “The idea that if you’re a community member, you’re compensated, you’re respected as an equal partner—that’s not standard.”

Piltch-Loeb describes her role as “using traditional research methods but engaging and supporting community voices. We level the playing field so that perspective can make it into the literature and policy conversation, because we’ve done it the traditional way, but it’s come from the community.”

This extends to curriculum. Piltch-Loeb leads development of a certificate program where “community partners contribute on-screen content generated by community organizations doing this work, and we as academics package it, add theoretical substance and evaluation criteria, but the voices reflected are people actually doing the on-the-ground work.”

**City Agency Partnerships:** Associate Professor Nevin Cohen's Urban Food Policy Institute reflects deep collaborative relationships with city agencies.

Elizabeth Solomon, Executive Director of Nutrition Policies and Programs at NYC Health Department's Bureau of Chronic Disease Prevention, describes the partnership's value: “Partnering with the CUNY School of Public Health and the Urban Food Policy Institute on research projects ranging from predatory marketing to food access initiatives has brought additional expertise, capacity and fresh perspectives to our work. Having an institute dedicated to food policy issues from an NYC perspective has been invaluable in fostering a community of practitioners, advocates and researchers with a commitment to improved food systems.”

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Citymeals on Wheels provides nourishing meals and vital companionship to New York's homebound elderly.

Kate MacKenzie, Director of Programs at the NYC Mayor's Office of Food Policy, emphasizes the collaborative quality: "The partners at CUNY are often seen as trusted insiders, and that's really valuable. They're not extractive—they solicit, gather information, and return information. That feedback loop is something they're so good at."

In HIV and sexual health, the NYC Health Department's partnership with Denis Nash demonstrates similar depth. Dr. Sarah Braunstein, Assistant Commissioner for HIV, Hepatitis, STIs and Sexual Health, has collaborated with Nash since her doctoral training with him at Columbia.

"Denis is obsessed with context," Braunstein notes. "He wants to make sure any work he or his teams are doing is going to have the widest impact possible, usable by a wide audience of partners and collaborators."

Their work spans HIV surveillance, Ryan White program evaluation, and the Ending the Epidemic Dashboard—a tool that enables city- and state-wide monitoring while serving as "a communication tool for partners to use data for their own advocacy." The dashboard emerged from Nash's role on Governor Cuomo's task force. "One of the recommendations I pushed forward was the need for a public facing dashboard system that would allow everybody to get on the same page about where New York is in its progress," Nash recalls.

"Working with Denis and his team is just all upside—they're fantastic collaborators, they get what we do," Braunstein observes.

**Community Partners as Co-Investigators:** Rachel Sherrow, chief operating officer at Citymeals on Wheels, worked with Nevin Cohen's Urban Food Policy Institute to measure impact among homebound elderly New Yorkers.

"I don't think we could have done the research and had the results without that partnership," Sherrow notes. "We've done smaller research with other types of institutions, and there's really a difference. CUNY is like a real hometown institution."

The research proved transformative: "Having real impact, proving impact... It was life altering for us. We've since added team members to support our goal of working internally to evaluate our programs and improve impact."

Critical to success was understanding the population. "CUNY understood our population—they're not going to do something

online. It might be two hours on the phone because there's hearing issues, language barriers, or different ways of explaining needed."

**National Reach:** Bruce Y. Lee's Center for Advanced Technology and Communication in Health (CATCH) illustrates how CUNY partnerships extend nationally. Project Play, an Aspen Institute consortium, brings together major sports organizations to use CUNY's models for assessing youth sports policy impacts.

Lee's partnership philosophy emphasizes mutual learning: "I've always been interested in applied impact, working very closely with folks that will either implement or be affected by possible solutions... you can learn from their feedback to adjust things." True partnerships require "ongoing iteration, working closely together."

From the ERC-CFAR to Citymeals on Wheels, from city agencies to national consortiums, these partnerships share a common thread: they work because CUNY SPH brings something others don't—deep community roots, public accountability, and faculty committed to implementation as much as innovation.

Bruce Y. Lee's CATCH center partners with major sports organizations through the Aspen Institute's Project Play—extending CUNY partnerships nationally.

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The partners at CUNY are often seen as trusted insiders, and that's really valuable. They're not extractive—they solicit, gather information, and return information.

*Kate MacKenzie, Director of Programs at the NYC Mayor's Office of Food Policy*

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**CHAPTER**

**8**

## CHAPTER 8

# Showing Up

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**IN 2021, CUNY SPH RECEIVED THE HARRISON C. SPENCER AWARD** for Outstanding Community Service from the Association of Schools and Programs of Public Health. The award recognizes institutions demonstrating visionary leadership, authentic community partnerships, and scholarship with real-world impact. It validated what faculty, students, and community partners had been building since the school's founding.

The Harlem Health Initiative (HHI) exemplifies CUNY SPH's approach to community engagement. What began as a community health education program has evolved into the school's primary training ground for community-engaged research—a space where students learn by doing, faculty collaborate across departments, and community needs inform academic work.

Deborah Levine directs HHI, but her role extends far beyond one initiative. She serves as the school's community liaison—the person community boards call when policy changes require translation, when organizations need research partnerships, when neighborhood leaders want to understand what public health can offer. “Deborah understands that you need to do this work *with* people, not *to* them or *for* them or *at* them,” explains Danielle Greene, executive director of state and local public health initiatives. “That principle often gets lost in research and policy.”



HHI Director Deborah Levine meets with faculty colleagues Sasha Fleary and Karmen Williams.



Tomisha Hicks, MPH, who served as project director for the Cannabis Equity Collaborative, understands that community relationships require patience and consistency.

Levine attends community board meetings and other events nearly every night and weekend, in addition to her regular work hours. “The work takes place when communities are doing it,” Greene notes. The investment pays off when the school needs community partners: “People have faith in Deborah. As a result, they think, ‘We believe the school does good work, because we know you’re always there when we need you.’”

Victoria Ngo’s Center for Innovative Mental Health builds on this foundation. Her Harlem Strong project has hosted over 200 community events, including street fairs, comedy nights featuring clinician-comics, and weekly outreach initiatives—sustained engagement that creates the relationships research requires.

**Cannabis Mapping – Research as Pedagogy:** When New York legalized cannabis in 2021, Harlem community boards turned to Levine. They needed to understand what legalization meant for neighborhoods devastated by the war on drugs. “Politicians were saying, ‘Wait, no, it’s legal. We’re going to make all this money, all these jobs are going to come,’” recalls Tomisha Hicks, who worked on HHI’s cannabis equity project as a student. “But you have not gone in and re-educated the population about what we said in the past was not right.”

The cannabis mapping project became a master class in community-engaged research. Students walked Harlem streets documenting unlicensed dispensaries, noting their proximity to schools, churches, community resources. They attended community board meetings, conducted surveys, and analyzed policy documents. Sean Haley served as principal investigator, working closely with students to build research skills.

The research revealed troubling patterns. East Harlem, with many schools and churches restricting where legal dispensaries could locate, had far more unlicensed shops than gentrifying West Harlem, where residents were “a little bit more active in understanding what’s happening,” Hicks notes.

Students learned policy analysis by reading legislation with Haley. They learned community engagement by attending forums Levine organized with Community Board 10. They discovered that relationships require patience and consistency. “Trust is pivotal to anything you want to do,” Hicks reflects. “Sometimes there are examples of

immediate trust, but often in community programming it takes months for trust to develop. It may take a couple years, depending on what program you're actually working at."

**Teaching Through Experience:** Levine's pedagogy centers on experience over abstraction. "You can't just learn it in a book. You gotta sometimes put the book down and come outside," she explains. "Walking down the streets and smelling the food and being there at different times and on weekends and at nights and learning the culture is what makes you learn better interventions."

Students gain real-world skills textbooks can't teach. "I was able to give the fellows that opportunity to train the students underneath them, have them think as teams around strategies and the real-life stuff that when they go get a job and somebody says, 'Well, go figure it out,'" Levine notes. "If you've never had time to practice those things, or to figure out, if this doesn't work, it's not the end of the day—how do I use that to come up with strategies that are going to get us to the end result?"

Prea Khan came as a health policy student and found a passion for visual communication, now managing social media while preparing for nursing school. Hicks arrived focused on maternal health and discovered a passion for policy work, now managing cannabis workforce programs at Cornell.

Hicks describes learning that extends beyond classroom frameworks: "Working with Deborah really helped us keep our patience with community members, because things do happen that throw off your timeline. But also being able to, in the midst of that, still keep them focused and prioritize the program at hand."

HHI has placed over 60 fieldwork students since 2020. The model repeats across projects: TRACE, a memorial installation honoring one hundred Black and Brown essential workers who died in the early months of 2020 from COVID-19. Voting campaigns connecting civics to public health. Community resource mapping. Food program evaluations. Each project pairs faculty expertise with student energy and community need.

Faculty across departments contribute their expertise. Haley brings policy knowledge. Emma Tsui guides students through academic writing. Victoria Ngo oversees mental health interventions through Harlem Strong, training non-traditional workers in anxiety and



Deborah Levine attends community board meetings and events nearly every night and weekend—in addition to her regular work hours.



*"People have faith in Deborah. As a result, they think, 'We believe the school does good work, because we know you're always there when we need you.'"*

**Danielle Greene**  
Executive Director of  
State and Local Public  
Health Initiatives



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depression support. Diana Romero evaluates city programs, bringing students into evaluation partnerships with NYC agencies.

While HHI focuses on Harlem neighborhoods, the school also recognizes another community requiring attention: CUNY's own population of nearly 240,000 students across the university system.

Healthy CUNY and CUNY Cares are based on a fundamental insight: you can't separate academic success from health and wellbeing.

### **Serving CUNY Itself**

Nick Freudenberg founded both Healthy CUNY and CUNY CARES based on a fundamental insight: you can't separate academic success from health and wellbeing. Healthy CUNY strives to ensure all CUNY students can reach their full health and academic potential, working with partners inside and outside CUNY to promote health, strengthen existing services, and foster a culture of wellness across the university. CUNY CARES connects CUNY students in the Bronx to healthcare, mental health, food, and housing services so they have what they need to succeed in school.

"CUNY CARES is a model of having a service mission as well as a research and a teaching mission," Freudenberg explains. "I think that's really important both for educating our students and for being a presence in the School of Public Health, in CUNY, and in New York."

The work extends beyond the Bronx. "We're involved in discussions between the Chancellor's Office and the governor's office about what CUNY can do when SNAP benefits end [during the 2025 federal government shutdown], and how we can help people around New York who are facing food insecurity. That's the kind of question that CUNY should be addressing. And we at the School of Public Health have things to contribute to that discussion."

The Urban Food Policy Institute tackles food insecurity among CUNY students while researching citywide food access. Associate Professor Nevin Cohen's team developed the CUNY Supermarket concept, an online grocery portal that would help students get food while enabling research on what students actually buy and eat. "We think stipending students through an online grocery portal branded CUNY Success Mart would help them get food in a less stigmatizing and more efficient way than food pantries, while enabling researchers to test ways to help them eat healthier."

These programs integrate service with scholarship, studying and solving problems simultaneously. They reflect Freudenberg's convic-

Fleary's team built a checklist for community organizations to vet academic requests—checking reading levels, cultural sensitivity, and representation.

tion that “as an institution dedicated to improving health in New York City, we’re going to take on that mission and support efforts to make CUNY a national model for helping students who are facing food insecurity or housing instability or limited health care access or lack of mental health services to overcome those problems. And in doing that, we contribute to our core mission of addressing health inequity in New York City.”

### **Building Trust Before Research**

Associate Professor Sasha Fleary brings her own philosophy to community engagement: service must precede research. “I’m very hesitant to just start a project with a community partner,” Fleary explains. “I intentionally try to do something that is specific for a community partner once, pro bono. I want to make sure we’ve been of service to the community before asking them to decide whether or not they want to continue to partner with us in any type of research capacity.”

The approach reflects values shaped by her own path—a CUNY City College graduate and migrant who sees public health as choosing “a path of impact,” borrowing Cicely Tyson’s language. For Fleary, that path means meeting organizations where they are and supporting their priorities.

Her collaboration with the Brooklyn Public Library demonstrates this philosophy. Before proposing research partnerships, Fleary’s team conducted a series of free health literacy workshops for the community—building relationships and demonstrating value before requesting anything in return.

Her work with NYC Department of Health on Community Based Interventions for Health Literacy and Advocacy partnered with five community organizations to build their capacity as “health literate organizations”—changing organizational practices so that people with low health literacy can fully benefit from services offered.

Riseboro, a large community organization serving thousands of New Yorkers, entered the project thinking one small unit might improve its health literacy practices. “They didn’t think they could impact the whole organization,” Fleary recalls. “So the focus was on the unit.” But as the unit demonstrated success, communications, media, and HR became involved. By project’s end, health literacy training became part of HR orientation for the entire organization.



Commonpoint Queens, serving the Ecuadorian community and broader Queens populations, faced constant requests from academics and others wanting to provide workshops or collect data. Fleary's team worked with them to develop a checklist vetting outside organizations—checking reading levels, cultural sensitivity, representation. “The problem with bringing in a nutrition class that is not tailored to the culture of people is that you're wasting everyone's time,” Fleary notes. The checklist sounds small, but “organizational health literacy is all about institutionalizing practices to have consistency in meeting the health literacy needs of your community.”

The work required patience and sustained support. “We were cheerleading these organizations on. These organizations wouldn't be able to make this much progress on the changes unless we were showing them we believe in them, giving them the tiny steps to keep moving forward, setting up extra meetings, meeting with their HR, meeting with their communications teams multiple times.”

This philosophy aligns with Fleary's role as co-lead of PRI's Community Convening and Learning Team: “Learning alongside the community, letting the community drive what we do for them, and also taking the other teams to task to make sure they're not creating things *for* the community—they're creating things *with* the community.”

**Accountable to Community – The Advisory Council:** Beyond individual faculty efforts, the Dean's Advisory Council keeps the school accountable to the communities it serves.

Freida Foster, who chairs the Council, is a lifelong Harlem resident who remembers “the times when nobody cared about what was happening in Harlem.” When Dean El-Mohandes asked her to lead the Council, specifically saying he wanted to be a good partner in the community, it meant something fundamental. “It meant somebody actually saying, we see you, and we care about you.”

The Council brings diverse community voices—Curtis Archer of the Harlem Community Development Corporation; Barbara Atkins of the 125th Street Business Improvement District; Pat Wang, CEO of HealthFirst; Khary Lazarre-White of The Brotherhood/Sister Sol; Deneane Brown-Blackmon of NYS Homes and Community Renewal; and Joseph Awadjie, a CUNY alum who ensures student and faculty perspectives inform community engagement—to name just a few.



*“I intentionally try to do something that is specific for a community partner once, pro bono. I want to make sure we've been of service to the community before asking them to decide whether or not they want to continue to partner with us in any type of research capacity.”*

**Sasha Fleary**  
Associate Professor



2021: New York legalizes cannabis. Harlem community boards turn to CUNY SPH to understand what legalization means for neighborhoods devastated by the war on drugs.

The Council operates on what Foster calls “open enrollment,” continually recruiting new voices to broaden representation.

Foster describes the Council’s mission simply: “We want to flood the community with the resources that the school is able to give—providing health literacy, supporting community organizations, empowering peer to peer services.” She contrasts this with growing up: “People I was close to didn’t have access to public health experts and people who cared about the direction the community was going in.”

The Advisory Council ensures community needs shape institutional priorities and partnerships flow both ways.

The models described here—Levine’s constant presence at community boards, Ngo’s 200+ community events, Freudenberg’s integration of service with scholarship, Fleary’s service-before-research philosophy—share common principles. Engagement requires sustained presence, reciprocal relationships, and negotiated priorities.

Students gain skills no classroom provides: building trust over time, adapting when plans fail, working across differences, asking questions that matter to people affected by answers. They learn that their own lived experiences—navigating systems, speaking multiple

languages, understanding marginalized communities from inside—constitute expertise that makes research better.

This approach produces distinctive outcomes. Research questions emerge from community need. Study designs account for real-world constraints community partners face. Findings return to communities in forms they can use. Students graduate understanding that public health happens in communities.

CUNY SPH operates as an institution embedded within communities it serves. Faculty and students maintain consistent presence at community board meetings, street fairs, policy forums, and organizational trainings. CUNY SPH operates as part of Harlem, shaped by its needs and accountable to its residents.

This is what Ayman El-Mohandes meant when he insisted the school be situated in Harlem. The school functions as part of the community—a resource residents can use, a partner that organizations can depend on, a neighbor that shows up. The Harlem Health Initiative and the models described here make that vision concrete, one cannabis survey, one student placement, one community forum at a time.



Freida Foster remembers when “nobody cared about what was happening in Harlem.”

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“We want to flood the community with the resources the school is able to give. People I was close to growing up didn’t have access to public health experts.”

**Freida Foster**, *Chair of the Dean’s Advisory Council*

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**CHAPTER**

**9**

## CHAPTER 9

# Responding When it Matters

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**WITHIN 72 HOURS OF NEW YORK CITY'S EMERGENCY DECLARATION** in March 2020, CUNY SPH was already fielding surveys. While other institutions convened committees, the school moved—faculty recognized what would be needed and had the infrastructure to act.

### **COVID-19: From Anticipation to Action**

CUNY SPH's COVID response began before the pandemic was officially declared. On March 10, 2020, Scott Ratzan and colleagues published a call in the National Academies urging the government to create a trusted source of communication. "That was done before it was called a pandemic," Ratzan notes. The piece anticipated what would become the defining public health communication challenge of the decade: how to maintain trust when traditional information systems failed.

**Real-Time Intelligence:** The COVID-19 Tracking Survey was launched on March 13, 2020, the same week New York became the nation's epicenter. Ratzan remembers the moment it began. "I was driving in. I think it was a health literacy lecture—Sasha Fleary was speaking," he recalls. "So I call Spencer Kimball, who I know at Emerson College, and I say, 'Hey, Spencer, how quick could you get a survey out?' And then I get in, and I say to Ayman, 'What do you think?' He's like, 'Oh, that's brilliant. How quickly can we do it?'"



Distinguished Lecturer  
Scott Ratzan set in the  
motion the COVID-19  
Tracking Survey in NYC.



*“Today, in the age of AI, our courses are preparing students for a field of health communication that is changing faster than anything we’ve ever seen.”*

**Chris Palmedo**  
Associate Professor

March 13, 2020:  
COVID-19 Tracking  
Survey launches the  
same week New York  
becomes the epi-  
center. A weekly  
rhythm: survey Friday,  
findings Monday.

Within days, they established a weekly rhythm: a survey was fielded on Friday, data arrived on Saturday, the team reviewed the results on Sunday, and findings were written and released on Monday. “It wasn’t epidemiology—it was a political poll—but it was good enough for what we needed,” Ratzan reflects. Speed mattered more than perfect methodology.

Beyond tracking infection rates, the surveys captured the pandemic’s full impact: economic devastation, food insecurity, mental health crises, discrimination against Asian communities, and collapsing trust in institutions.

Fifteen days later, on March 28, 2020, CHASING COVID opened enrollment, enrolling nearly seven thousand participants across all fifty states in under three weeks. The cohort tracked infections, behaviors, and outcomes over time through questionnaires and at-home serological testing. “We launched as soon as anybody could reasonably design and launch a cohort study,” says study principal investigator Denis Nash. The cohort continues to this day.

### **Communicating Through Crisis**

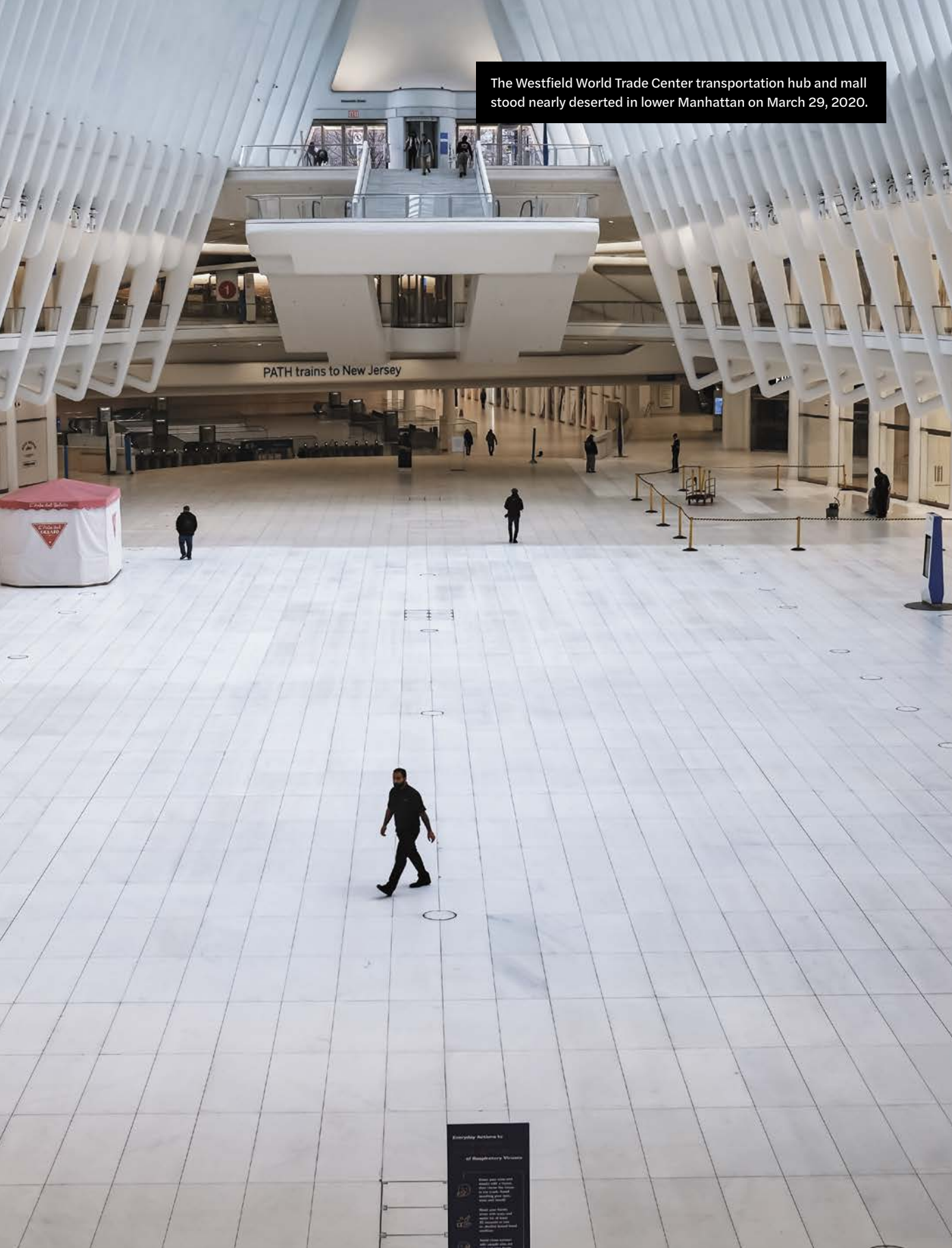
CUNY SPH launched the Master of Science in Health Communication for Social Change (HC4SC) in fall 2020—the only fully online health communication program offered by a CEPH-accredited school of public health.

Associate Professor Chris Palmedo and Distinguished Lecturer Scott Ratzan, who had designed the curriculum to address 21st-century health communication challenges, suddenly found themselves training students in the middle of the century’s greatest health communication crisis.

The curriculum integrates social marketing—using commercial marketing techniques to promote health behaviors—with health literacy, multi-sectoral engagement, and media production skills. The program’s emphasis on partnerships—with two courses focused on multi-sectoral engagement—prepared students to navigate the complex stakeholder landscape that emerged during COVID.

“Today, in the age of AI,” Palmedo says, “our courses are preparing students for a field of health communication that is changing faster than anything we’ve ever seen.” The HC4SC curriculum continues evolving, but its core mission remains: training communicators who understand both the science and the sociology of trust.

The Westfield World Trade Center transportation hub and mall stood nearly deserted in lower Manhattan on March 29, 2020.



PATH trains to New Jersey

REOPENED

Emergency Actions to  
of Respiratory Viruses

- 1. Avoid close contact with people who are sick.
- 2. Avoid going to work, school, or public places if you are sick.
- 3. Cover your nose and mouth with a tissue when you cough or sneeze. Dispose of the tissue immediately and wash your hands.
- 4. Avoid touching your eyes, nose, and mouth.
- 5. Wash your hands often with soap and water for at least 20 seconds. Use hand sanitizer if soap and water are not available.
- 6. Avoid sharing food and drinks.
- 7. Avoid touching surfaces that others may have touched.
- 8. Avoid touching your face.
- 9. Avoid touching your eyes, nose, and mouth.
- 10. Avoid touching your face.

374,000 New Yorkers were connected to health, social, and support services through the resource navigator program. CUNY students, alumni, and staff served as navigators fluent in over ten languages.

**Preparing for Vaccines Before Vaccines Existed:** Even before COVID vaccines existed, Ratzan and colleagues were preparing for vaccine hesitancy.

CUNY SPH developed CONVINCENCE—COVID New Vaccine Information, Communication and Engagement—a framework presented at the United Nations high-level forum. The approach recognized what many in global health initially missed: vaccine availability wouldn't matter if people didn't trust them.

“We thought what we needed to do is not just describe it but also figure out ways to get people prepared for the vaccine,” Ratzan explains. CUNY SPH systematically included vaccine questions in international and domestic pandemic surveys, tracking vaccine intentions and hesitancy before most people thought it would be an issue.

This foundation enabled the school to move quickly when vaccines arrived. But the most powerful resource was CUNY SPH students themselves. Through focus groups with HC4SC students during the pandemic, Associate Professor Chris Palmedo discovered that CUNY students represented “an engine for rebuilding trust” in communities with legitimate reasons to distrust public health authorities.

“We heard from students that a common perspective within African American communities was, ‘We’re not going to get the vaccine. They’re trying to kill us,’” Palmedo recalls from student discussions. “Immigrant communities heard public health people telling them, ‘Don’t use your time-tested tonics and herbal remedies. Follow the science, idiots.’ And this is what students were saying—‘My family members aren’t going to listen. You really lost an opportunity and you turned us off.’”

The students offered a different approach: “Keep drinking those tonics. Keep taking your herbal remedies, but get the vaccine. A ‘both/and’ as opposed to ‘people are stupid, they’re distrustful, and they need to just follow science.’”

In April 2021, CUNY SPH launched the New York Vaccine Literacy Campaign, supplying education resources, training modules, webinars, data tools, and communication assets to community-based organizations across nine New York counties. A public dashboard allowed community partners to view vaccine sentiments, identify local hesitancy hotspots, and align outreach accordingly. Materials were co-designed with CBOs and community advisory groups, ensuring cultural and linguistic appropriateness.

While the Vaccine Literacy Campaign concluded in May 2023, the program had laid the groundwork for the launch of the Health Equity and Literacy Program (HELP) under the Harlem Health Initiative, continuing the schools' commitment to fostering health literacy in underserved populations and demonstrating how crisis response can evolve into sustained capacity.

**From Research to Direct Service:** In June 2020, CUNY SPH partnered with NYC Health + Hospitals to train resource navigators—CUNY students, alumni, and staff fluent in over ten languages. The program ultimately reached over 374,000 New Yorkers, connecting more than 111,000 to health, social, and support services.

Most schools of public health stopped at research. CUNY SPH trained and supported a citywide workforce delivering direct services while the crisis was still unfolding.

**Building Global Consensus:** While CUNY SPH mobilized rapid response in New York City, Professor Jeffrey Lazarus, who had joined in January 2020, was simultaneously working at global scale. In May 2020—just weeks after the pandemic declaration—Lazarus, along with Dean El-Mohandes and others, published a foundational think piece in *Nature Medicine* calling for coordinated global response.

Lazarus led what became a landmark effort: a *Nature* consensus statement with 386 co-authors from 119 countries on how to address the COVID-19 global pandemic.

The work extended beyond scientific consensus to addressing the populations left behind by the pandemic response. Lazarus engaged directly with long COVID patient associations and people living with the condition, who frequently faced neglect and disbelief. “We were working with people living with long COVID and those associations where they were kind of being ignored and left behind and even stigmatized,” he notes.

**Sustaining Preparedness:** In September 2021, New York City selected Columbia University and CUNY SPH to establish what became the NYC Preparedness and Recovery Institute. CUNY SPH leads the Institute’s communications, community outreach, workforce development, data science, and systems modeling work, building citywide capacity for future public health emergencies. The mandate: respond to the current crisis while building infrastructure for the next one—because it’s only a matter of *when*, not *if*.

In April 2020, in the midst of the pandemic shutdown, 90% of the city’s subway ridership had disappeared. Full 24-hour service resumed in May 2021. Masks were mandatory until September 2022.





Professor Suzanne McDermott's research focuses on the most vulnerable New Yorkers.

## H5N1: Preparing for What Might Come

H5N1 avian influenza, which spread through U.S. dairy herds starting in March 2024, required different preparation—building infrastructure for a potential pandemic before it arrived.

ISPH collaborated with CUNY's Queens College and NYC Health + Hospitals to monitor wastewater at four H+H facilities for H5N1. Since hospital wastewater contains only human waste, the samples avoid contamination from the various animals and livestock that leave biological traces in municipal wastewater. The team validated genetic tests to detect H5N1 specifically, enabling precise surveillance of potential human transmission.

“With H5N1 we have an opportunity to start educating people early, before the situation becomes dire,” reflects Rachael Piltch-Loeb, assistant professor and Workforce Capacity and Preparedness Lead at the NYC Preparedness & Recovery Institute. “Unlike COVID-19 where the pandemic was unfolding rapidly and we didn't have all the answers, this time we have better understanding at an earlier point.”

Project PROTECTS—built on the CHASING COVID framework—now tracks respiratory viruses including SARS-CoV-2, RSV, and influenza A and B, and could rapidly pivot to H5N1. More than six thousand participants use at-home rapid tests that simultaneously detect multiple pathogens.

**Climate Change – The Slow-Motion Crisis:** Climate change unfolds differently from infectious disease threats: as a slowly accelerating crisis rather than a sudden shock. In January 2025, the Board of Trustees approved the ENERGY Center, demonstrating institutional commitment to environmental health even amid broader uncertainty in public health funding.

The center represents a strategic reframing, shifting focus from the broad concept of climate change to specific weather events and disasters affecting vulnerable populations now.

“I would never, ever do a study in any population different from the one that CUNY and our school of public health is really focused on,” explains Professor Suzanne McDermott, who leads environmental health research. “People who go to the New York City Health and Hospital System. Those are the people who are most adversely impacted by a lot of these issues, whether it's living in basements and getting flooded during rainstorms... so many aspects of their lives are fragile.”



Associate Professor Nasim Sabouchi addresses the gap between overdose and treatment.

The ENERGY Center addresses indoor air quality, a less visible but critical environmental health issue. In NYCHA housing and other low-income residences, windows don't open, air conditioners block ventilation year-round because they're too heavy to remove, and cooking on gas stoves without proper ventilation creates dangerous exposures. EPA funding enabled community-driven air pollutant monitoring networks in underserved New York State communities, with low-cost sensors that democratize environmental data and enable neighborhoods to advocate for change.

New faculty hires strengthen capacity in disasters, PFAs (forever chemicals), and environmental health. The MPH in Environmental & Occupational Health Sciences integrates climate preparedness across the curriculum, training students to work in climate adaptation contexts rather than treating environmental health as a separate issue.

**Sexual and Reproductive Health — Responding to *Dobbs*:**

When the Supreme Court's *Dobbs* decision eliminated federal abortion protections in June 2022, CUNY SPH responded through infrastructure that faculty like Lynn Roberts and Diana Romero had been building for years. The Sexual and Reproductive Justice Hub and new MPH concentration emerged from this foundation.

**The Opioid Epidemic — Systems Change for Complex Problems:**

Some crises unfold over years, demanding sustained systems change. The opioid epidemic exemplifies this challenge. Evidence-based interventions exist; the problem is overcoming structural and attitudinal barriers to implementation.

Research by Associate Professors Honoria Guarino and Pedro Mateu-Gelabert found that stigma prevents many middle-class opioid users from accessing harm reduction services. As prescription access tightened, most turned to street drugs—first heroin, then increasingly to fentanyl as dealers altered the supply. Because they didn't see themselves as 'junkies,' they avoided services that could have been helpful.

Associate Professor Nasim Sabounchi addresses a different barrier: the gap between overdose and treatment. NIH awarded Sabounchi and Yale colleague Rebekah Heckmann \$1.15 million to test an intervention linking people who have overdosed with medication for opioid use disorder, harm reduction services, and recovery supports. The comprehensive telehealth platform can be deployed at overdose sites or in emergency departments with minimal time or effort from existing staff.



Honoria Guarino, Associate Research Professor



Pedro Mateu-Gelabert, Associate Professor

Honoria Guarino and Pedro Mateu-Gelabert found that stigma prevents many middle class opioid users from seeking services.

*“Organizational implementation challenges regarding adoption, reach, and coordination are so difficult because they’re dependent on humans thinking outside the box, communicating with each other, and doing things that traditionally have not been part of their job description.”*

**Terry Huang**  
Distinguished Professor

Professor Terry Huang leads CUNY’s participation in the NIH HEALing Communities Study, a multi-site trial helping 67 communities in four states overcome roadblocks to evidence-based interventions. Huang explains the real problem: “human-organizational implementation challenges regarding adoption, reach, and coordination that are so difficult because they’re dependent on humans thinking outside the box, communicating with each other, and doing things that traditionally have not been part of their job description.”

HEALing Communities convenes stakeholders—jails, hospitals, providers, emergency departments—to forge united responses.

In each crisis—COVID, H5N1, climate change, *Dobbs*, the opioid epidemic—CUNY SPH’s response drew on infrastructure already established and ready to bear weight.

Crisis response, it turns out, isn’t about what institutions do during emergencies. It’s about what they build before emergencies arrive.

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- 72 ▪ Hours from NYC emergency declaration to CUNY SPH’s first fielded survey
  - 374,000 ▪ New Yorkers connected to services through the resource navigator program
  - 6,000+ ▪ Participants in Project PROTECTS, now tracking COVID, RSV, and influenza A/B
  - 386 ▪ Co-authors from 119 countries on the Nature COVID-19 consensus statement
-

On April 6, 2021, people waited in line at the Jacob K. Javits Convention Center, which had been transformed into a Covid-19 vaccination center.



**CHAPTER**  
**10**

## CHAPTER 10

# Public Health at the Crossroads

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### **PUBLIC HEALTH REACHED AN INFLECTION POINT IN 2025.**

Funding streams wavered, federal priorities shifted, and the very language of the field became politically contested. Yet for CUNY SPH, often described as a “young” school but grounded in decades of CUNY public-health history, this moment didn’t signal retreat. Instead, it clarified who the school is, whom it serves, and why its mission matters.

**When the Crisis Arrived:** The upheaval began quietly. As Professor Terry Huang recalls, it came not as a single shock but as “a cacophony of partial information.” Grants frozen without explanation. Continuation awards suddenly suspended. For Professor Christian Grov, the crisis became acutely personal. Year three of his \$12 million AMETHST study, examining HIV risk and PrEP uptake among sexual minority men who use methamphetamine, ended April 30, with year four set to begin May 1, but the notice of funding award never came. With six full-time staff and a payroll of \$20,000 every two weeks, he paid May salaries himself. Dean Ayman El-Mohandes covered June. By late June, Grov was preparing to furlough staff. Meanwhile the other three sites funded under this award had already shut down.

Then, on June 27, the Friday before New York City’s Pride march, the renewal arrived. No explanation accompanied it. “I’m not going to look a gift horse in the mouth,” Grov says, but the silence around the reinstatement mirrored the silence around the suspension.

By mid-August 2025, more than 5,000 NIH grants had been terminated. More than \$2 billion in mental-health and substance-use research evaporated. Some grants were later reinstated—often without comment.

A nurse holds a USAID-labeled box containing ARVS antiretroviral medicine in Kisumu, Kenya. Kisumu has one of the highest HIV rates in Kenya, with around 17.6% of the adult population are living with the virus. What appeared at first to be a bureaucratic adjustment as Donald Trump became president has translated to severe disruption in life-saving services.



Across the school, grant awards and renewals were paused, USAID projects received stop work orders, and faculty scrambled to cover salaries from dwindling discretionary funds. Researchers feared they were witnessing the collapse of a funding system they had relied on for decades.

National data reinforced those fears. By mid-August, more than 5,000 NIH grants had been terminated. Some were later reinstated, though often without comment. Others simply disappeared. More than \$2 billion in mental-health and substance-use research had evaporated.

Two urgent questions emerged: how to survive financially, and whether to wait out the storm, or rethink the work itself.

### Strategic Adaptation and Values Under Pressure

CUNY SPH responded with clarity rather than panic. The school expanded local partnerships, strengthened global collaborations, experimented with tactical linguistic adjustments, and reaffirmed the values that define it.

**Looking Locally:** Huang turned to New York City, where the update of the Active Design Guidelines created a natural opportunity for collaboration. “We’re not only a monitoring and evaluation entity,” he explains. “We can support implementation.” These partnerships had long been part of the school’s work, but in 2025 they transformed into essential infrastructure, providing stability and continuity precisely where federal support faltered.

**Looking Globally:** International work offered both heartbreak and possibility. Professor Terry McGovern speaks bluntly about the dismantling of USAID: “We’re looking at the loss of millions of lives in the next few years.” Yet she also sees potential for innovation. Countries abruptly cut off from U.S. support are searching for partners who understand cost-effective interventions. “CUNY knows cost-effective,” she emphasizes. The school can help nations design their own public health infrastructures, more equitably, and with fewer political constraints, than before.

Dean El-Mohandes has joined a global team exploring public health diplomacy alongside University of Memphis Dean Ashish Joshi, aiming to improve local and global collaborative efforts across ideological and geographical barriers. Professor Denis Nash looks to Europe, where public health research remains a budgetary priority.

**Adapting to Restrictions Without Losing Purpose:** Some faculty are also adopting tactical flexibility, not allowing linguistic restrictions to compromise the clarity of mission and goals. The directives had arrived quietly but definitively. Certain terms are now flagged in grant applications: “health equity,” “social determinants of health,” “diversity, equity, and inclusion,” “cultural competency,” “discrimination,” “gender,” “racism,” “intersectionality,” “LGBT,” “social justice.” Even “vulnerable populations” raises questions. Projects on HIV, sexual and gender minority health, COVID-19, vaccine hesitancy, immigrant and refugee health, climate change, and global health were under particular scrutiny.

Terry Huang sees the restrictions as an opportunity for clarity. Public health had created its own communication problems, he argues. “What we have always intended was really just for everyone, for all communities, to be able to optimize their own health outcomes. That’s the ultimate goal. But we’ve never quite said it in such plain language.” His solution? Speak more clearly, using language accessible to people outside academic public health.

Professor Suzanne McDermott’s response is equally pragmatic. Colleagues worried that findings might be politicized and considered declining certain opportunities. She responds with characteristic bluntness: “Of course they will distort it. But who cares? We’ll have publications. The truth will be there.” For her, the calculus is simple: refusing to produce evidence ultimately harms the communities public health is meant to serve.

### **Rooted in Unshakeable Values**

Even as strategies shifted, the school’s values remained firm. Associate Professor Spring Cooper emerged as one of the most powerful voices articulating the moral center of the field. She co-authored a widely cited editorial in the *American Journal of Public Health*, arguing that the moment demands “strategic action” rather than caution. Academic freedom needs defending; community partnerships need sustaining; faculty need support as they navigate the shifting landscape.

What began as a statement grew into a movement. Department chairs across the country, many of whom had never worked together, began meeting monthly. The crisis forged solidarity and fostered a shared sense of responsibility.



Associate Professor Spring Cooper co-authored a widely cited editorial in the *American Journal of Public Health* calling for strategic action in defense of public health.



Cooper puts the field's priorities in straightforward terms: health equity comes first, communities must be true partners, structural forces matter, and communication is part of the job. "No matter what's happening in the world around us," she says, "these are the values of public health."

Her metaphor for institutional resilience comes from yoga. "When we root, we ground ourselves," she says. "Then we're more unshakable. Whatever is happening in the environment, when we are true to ourselves, when we're true to our values, it hurts less because we can stay in that commitment. We can teach our students from that place. When we ground into those values and live them, that's all we really need to do."

But grounding, in her framing, is not stillness, it is readiness. "There is advocating and organizing happening that hasn't happened in a lot of ways before," she says. Systems misaligned with public health values might now be rebuilt; collaborations that once seemed distant suddenly feel necessary. "This is an exciting time for public health," she says. "A time where we get to state our case and show the world what we can do as we come together." She invites the crisis to "transmute and shift" the field, sending public health professionals "out new and more brave and more fully ourselves."

Cooper's vision, that disruption clarifies purpose, forms a bridge to the broader historical analysis offered by Professor Nick Freudenberg. With fifty years in public health, he sees the danger clearly: pressures that narrow research agendas, politicize evidence, and incentivize revenue over mission. Yet he also sees an invitation. Many of New York City's greatest public health advances, he notes, emerged from activist movements, not institutions. "We have an opportunity and an obligation to figure out how public health professionals and researchers can work with activists to protect public health institutions and practices that are being attacked and dismantled," he says.

If Freudenberg provides the long view, Professor Jeffrey Lazarus offers the linguistic and conceptual clarity the moment demands. He focuses on the words that have become politically charged despite being foundational. "Equity has been turned into a bad word," he says, "but *equity* is the cornerstone of public health." He insists that solidarity, maligned in some circles, is simply the logic of interdependence. In class, he points to private insurance as the most familiar form: individuals

*"We have an opportunity and an obligation to figure out how public health professionals and researchers can work with activists to protect public health institutions and practices that are being attacked and dismantled."*

**Nick Freudenberg**  
Distinguished  
Professor Emeritus



Assistant Professor Jennifer Cadenhead, joined CUNY SPH in September 2025—“the right place” to pursue food policy, she says, even amid the disruption.

pooling risk to protect one another in times of need. Solidarity, in this framing, is not ideology but basic infrastructure.

Lazarus believes public health must reclaim its vocabulary and its narrative. He encourages students to speak plainly about how public health protects individual families, not just abstract populations. He reminds skeptics that public health seeks efficiency: fewer asthma attacks mean fewer emergency visits; disease surveillance means outbreaks are caught before they spread; clean air, clean water, and food safety are not political, they are practical. “We need to explain to people what public health actually is and why it’s important for them as individuals,” he says.

Together, Cooper’s grounding, Freudenberg’s historical clarity, and Lazarus’s insistence on reclaiming the field’s vocabulary reveal something essential: the crisis of 2025 did not fracture the identity of CUNY SPH. It illuminated it. The moment did not diminish the school’s purpose, it made that purpose unmistakable.

These broad commitments are not only upheld by senior faculty; they’re carried forward by newer scholars as well, whose perspectives reflect both confidence in the school’s future and clarity about why CUNY SPH remains the right place to do this work.

Jennifer Cadenhead joined CUNY SPH as an assistant professor in September of 2025—in the midst of the disruption—with her eyes wide open. “CUNY SPH embraced my vision to improve access to healthy food and understand how food policy and our addiction to ultra-processed foods shape public health,” she asserts. “I’m in the right place to pursue this work. Distractions are inevitable, but focused collaboration with like-minded colleagues will be the saving of public health.”

Rachael Piltch-Loeb sees CUNY SPH’s structural advantages clearly. “I genuinely do feel this way, that CUNY SPH is an extremely special place to be during this crisis,” she reflects. “It’s so much less influenced by the financial dynamics of education, and also so committed to New York City.” Even amid the funding chaos—“I had grants canceled, reinstated, whatever”—Piltch-Loeb never doubted her ability to pursue essential questions. “I never felt like I was not going to be able to pursue the questions that were important to me. And I never have felt like I don’t have the support to pursue public health for the public good, because I think CUNY is committed to doing that, and it’s a very safe space to continue to do that.”

## A New Campus for a New Era

The future of the school is already taking physical form through an unprecedented collaboration among New York City, New York State, and CUNY. Together, these partners are transforming the antiquated Brookdale site on East 25th Street into the Science Park and Research Campus, SPARC Kips Bay, a bold vision for a new era of healthcare and life-sciences innovation in New York.

This project, nearly two million square feet of public investment, reflects a rare alignment of political will and civic purpose. It is an affirmation that public health, biomedical research, and workforce development are essential to the future of both the city and state.

The dedicated building that will be home for CUNY SPH on the SPARC campus will include expanded research and teaching space, full laboratories, library, and collaborative environments designed to integrate students directly into the region's health-innovation ecosystem. The school's inclusion within the SPARC Kips Bay complex is no accident; it reflects the recognition by city and state leaders that CUNY SPH is essential to building a more equitable, resilient, and future-ready public-health workforce.

Chancellor Félix V. Matos Rodríguez underscored this when he announced the signing of the contracts that cleared the way for development. The SPH building at Kips Bay, he said, will be “a transformational space where public health education, technology, and collaboration intersect to serve the people of New York.”

This investment carries significant political and symbolic weight. At a time when public health was being questioned, politicized, and, elsewhere, dismantled, New York City and New York State carried on with their plan for one of the largest life-science commitments in the country. And they placed CUNY, its history, its students, its mission, at the center of it.

The Kips Bay campus will allow the school to deepen its partnerships with city agencies, expand its statewide and regional impact, and prepare thousands of new public-health professionals who come from, and return to, the communities the school serves. For New York, it is an investment in the future of its workforce. For CUNY SPH, it is a declaration of trust.

SPARC Kips Bay is more than a building. It is the physical manifestation of a public mission, made possible by public investment.

The Kips Bay neighborhood on Manhattan's East Side, where CUNY SPH is slated to move as part of the new SPARC campus. Stuyvesant Town is visible in the foreground.



CUNY SPH's proposed building at SPARC Kips Bay includes expanded labs, library, teaching space, and collaborative environments.

As CUNY SPH looks toward its new home in Kips Bay, its commitment to Harlem does not diminish. Harlem is where the school found its voice, earned its trust, and built the partnerships that define public health practice at its best. The move downtown is a growth in capacity, not a relocation of values. The school will keep its roots in Harlem, its history, its relationships, and its responsibility to the communities that shaped it, while extending its reach into a new campus designed for the next era of public health.

**What the Next Decade Requires:** CUNY SPH exists to serve communities that other institutions have often overlooked. That mission did not change when federal funding became uncertain. If anything, it became more urgent.

The proposed federal cap on indirect costs, still tied up in litigation, signals a volatile future. But public institutions endure because their purpose is larger than any political cycle. CUNY has survived attacks, recessions, and shifting administrations since 1847. Its strength lies in persistence and clarity of mission.

Chancellor Matos Rodríguez recently reaffirmed this commitment. “Education must remain a space for equal opportunity and for free inquiry, diverse perspectives, and independent thought,” he said. “That’s how we serve the public good.”

Harlem will remain the school’s foundation. Kips Bay will become its launchpad. And the mission that guided CUNY SPH’s first decade will carry it into the next.

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“This is an exciting time for public health. A time where we get to state our case and show the world what we can do as we come together.”

**Spring Cooper**, *Associate Professor*

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Architectural renderings of SPARC Kips Bay.



# EPILOGUE

## EPILOGUE

# A Public Mission, Carried Forward

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**TEN YEARS IS A BRIEF SPAN IN THE LIFE OF A PUBLIC INSTITUTION,** yet long enough to reveal character. In its first decade, the CUNY School of Public Health grew into itself, into its mission, its communities, and its understanding of what it means to serve the public good. The school was shaped by forces larger than itself: pandemics, political shifts, breakthroughs in technology, and the widening inequities of a divided nation. Through it all, something constant endured.

CUNY SPH draws its strength from its people: students who bring the experiences of their communities, faculty committed to meaningful and practical work, community partners who keep the school rooted in real needs, and alumni who carry public health into clinics, agencies, labs, and neighborhoods across the city and around the world. Their contributions shaped the school's first decade and will guide its next.

If the first ten years revealed anything, it is that CUNY SPH is most powerful when it remembers why it was created: to bring the tools of research, education, and service to the communities that need them most. That core identity, rooted in New York City, grounded in public values, shaped by diversity, remains its compass.

The next decade will bring its own challenges. Public health will be tested by climate instability, political volatility, misinformation, and the rapid evolution of technology. The SPARC Kips Bay campus will expand the school's footprint and bring new opportunities, but the essential work will remain unchanged: protecting health, building trust, reducing inequity, strengthening communities.

There is nothing inevitable about progress in public health. It must be made, deliberately, persistently, collaboratively. That is the work ahead. And CUNY SPH enters its second decade with the realism of a public institution, the radical hope of a community-driven one, and the resolve that comes from knowing what it was built to do.

CUNY SPH will continue the work, as long as it takes.

## THE VOICES BEHIND THIS BOOK

**THIS BOOK DRAWS ON INTERVIEWS WITH SIXTY-TWO PEOPLE—AMONG THEM** deans, university leaders, nationally recognized public health scholars, frontline faculty, students, alumni, staff, and community partners—who generously shared their time, memories, and insights. Not every voice could be quoted directly in these pages, but every conversation informed the story of these first ten years. We are deeply grateful to each person listed below for their candor, their passion for public health, and their willingness to help shape this book.

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