Welcome to the most recent Graduate Program in Public Health’s newsletter.

Commencement was held on May 8. I want to congratulate all graduating Master of Public Health students! With fifty-five graduates, our program has become the second largest group of graduates at ISMMS Commencement. Our graduates should be very proud of what they have achieved during their time at Mount Sinai. With their skills and enthusiasm, they will advance and improve public health. We look forward to your future contributions to the field.

On March 3 the Graduate Program in Public Health and the Arnhold Global Health Center at ISMMS screened Fire in the Blood, an excellent documentary exposing the misuse of patents to keep medications out of the hand of the populations who needed them most. The movie also reminded me that over the last years access to medicines for neglected populations finally has become a focus of the global public health community. Remarkable advances have been achieved. There is increasing access to more affordable medicines for patients in low-income countries and innovative models are stimulating research into treatments and diagnostics for neglected diseases. Large-scale treatment of HIV with antiretroviral (ARVs) drugs has become a reality and an international priority. An effective malaria therapy, known as artemisinin-based combination therapy (ACT), has been introduced in most African countries. Treatment of people with multi-drug resistant tuberculosis (MDR-TB) has become an international priority. The right to balance public health needs with intellectual property rights was affirmed in the Doha Declaration on TRIPS and Public Health.

Still, formidable challenges remain. Many medicines are too expensive for patients or governments in developing countries to afford, and the growth in patent protection in developing countries has led to increased costs and stifled competition. Research and development is still not directed towards the needs of people in poor countries. Drugs and diagnostic tests are being developed on the basis of their future market potential rather than on patients’ needs. Only 1% of the drugs that have come to the market in the past thirty years were developed for tropical diseases or tuberculosis. Taking the chronic shortage of health staff in low income countries into account, simpler more innovative models of care to deliver treatment for tropical diseases that will benefit both patient and health care workers have to be developed.

Neglected tropical diseases (NTDs) are a sub-group of tropical diseases, which have suffered a particular neglect in terms of investment in research, treatment and control measures. Of the 850 new therapeutic products registered in 2000–2011, only 5 (0.6%) were indicated for NTDs, none of them being a new chemical entity (NCE) or vaccine. However, the global disease burden caused by NTDs is high. According to the World Health Organization (WHO), the number of disability-adjusted life-years (DALYs) caused by NTDs in 2004 was 18,525 - similar to that of diabetes mellitus. While some of these illnesses are finally getting the priority that is necessary to control or even eradicate them, others are still barely recognized aside by the people that suffer from them. My hope is not only that these diseases will cease to be neglected, but that society will also cease to neglect the people suffering from them.

Congratulations to all of the awardees honored at this year’s Achievement Ceremony on May 7.

Yisheng Cao received the Excellence in Public Health Practice award; Irina Mindlis was awarded the Outstanding Thesis Award; and Justin Libaw was awarded the George James Epidemiology Award.

Beta Omicron Chapter of the Delta Omega Honorary Society in Public Health Inductees:

**Students:** Chio Teng Lei, Alexandra Rothwell, Scott Jelinek, Christine Kiernan and Marit Pearlman Shapiro

**Alumni:** Kaylan Baban, MD, MPH, Ganga Saraswati Bey, MPH, Clement T. Kairouz, MPH, Mark Thompson, MPH

**Faculty:** Emma Benn, MPH, DrPH, Paolo Boffetta, MD, MPH, Jenny Lin, MD, MPH

**Honorary:** Alex Preker, PhD
Faculty Q&A Spotlight on Kristin Oliver, MD, MHS

Interviewed by Ranita Campbell, a second-year MPH student in the Health Promotion & Disease Prevention Track

Dr. Kristin Oliver specializes in Public Health and General Preventive Medicine & Pediatrics. She has been teaching the MPH Thesis Workshop since its inception in the Fall Term of 2014.

WHAT ADVICE CAN YOU GIVE STUDENTS PREPARING TO WRITE THEIR THESIS?
Start early! Make yourself a timeline and a schedule (for example: “I will work on my thesis for one hour every morning or 4 hours each Saturday”) and stick to it! Writing the thesis is a lot of work but it can be enjoyable if you break it down into manageable chunks and give yourself enough time.

HAS TEACHING THIS CLASS INFLUENCED THE WAY YOU CONDUCT YOUR OWN RESEARCH? WHAT ARE YOUR PERSONAL RESEARCH INTERESTS?
My research interests are in vaccine-preventable diseases. Right now I am focusing on improving vaccine-preventable HPV immunization rates. Teaching the course reminds me to stay organized, especially as I read through journal articles. A slow, thoughtful, reading of an article the first time can save a lot of time later on.

DO YOU HAVE ANY QUICK DO’S AND DON’TS FOR THESIS WRITING?
**DO** meet with your thesis adviser early and often to make sure you are on the right track.
**DO** have someone else read through your drafts as you go along. It can be another student, a friend, or family member.
**DON’T** be worried about meeting a specific page requirement. It is more important to be clear in your writing than lengthy (as long as all the important information is there).

Staying Healthy at ISMMS

By Alicia Orellana, a second-year MPH student in the Outcomes Research Track

Life as a graduate student can be overbearing at times. Demanding part/full-time jobs and unforgiving class schedules can leave us feeling tired. Add family obligations and financial burdens to the mix and we may also find ourselves physically and emotionally stressed and ultimately less able to focus. The actual practice of a healthy lifestyle can seem like a hard-to-reach goal.

Like many graduate students, I found comfort in plain pizza slices for lunch on stressful days and enjoyed a few good years of lab meetings and conferences with free coffee, bagels, and donuts. However, it became evident that my eating habits and sedentary ways had detrimental results on my waistline and sense of self. I came to wonder: what will it take to live a better, healthier life?

Last fall, I came across a cerebral and honest article called “The Making of a Corporate Athlete” by Jim Loehr and Tony Schwartz. Published by the Harvard Business Review in 2001, it offers an engaging way of viewing human capacity, renewal of energy, and productivity. The article highlights the importance of incorporating physical activity, healthy eating habits, and quality social time with friends and family in order to stay fit, focused, and mindful.

While searching for healthy options, I learned that ISMMS offers an abundance of health and wellness resources for students. On page 7 you will find some of the many programs and classes to consider for a happier, healthier, and more productive version of you!
ISMMS Students and Faculty Hear First-hand Account of Ebola Control in Africa

By Sue Preziotti, a first-year MPH student in the Health Promotion & Disease Prevention Track

In April, the Graduate Program in Public Health at ISMMS hosted John T. Redd, MD, MPH, FACP, for a Spotlight on Public Health lecture, “Investigation and Control of Ebola Virus Infection in Sierra Leone.”

Dr. Redd, a Captain in the U.S. Public Health Service, was deployed twice last year to Sierra Leone as part of the Ebola response. He is a highly-accomplished, award-winning medical epidemiologist who serves as a liaison between CDC’s Office of Public Health Preparedness and Response (OPHPR) and the International Biological Threat Reduction Team at Sandia National Laboratories in Albuquerque, New Mexico. No stranger to dealing with emergency outbreaks, Captain Redd led the Indian Health Service (IHS) outbreak responses to Salmonella Saintpaul in 2008 and to the 2009 H1N1 influenza pandemic. He was also deployed to NYC in the wake of the 2003 anthrax attacks, at which time he collaborated with ISMMS faculty member Stephanie Factor, MD, MPH, who invited him to lecture.

Captain Redd explained that control of the Ebola virus in Africa and elsewhere is essentially reliant on public health measures, given the absence of vaccine or medicine (this does not minimize the importance of treating the sick).

Sierra Leone is one of three countries most affected by the Ebola epidemic (along with Liberia and Guinea). In the northern region of Bombali, Captain Redd was part of a 7-member CDC team that collaborated with local healthcare workers and student volunteers. Their goal was to diagnose infected persons as early as possible to isolate and provide care and then identify other potentially-infected contacts.

There were a number of significant challenges: Ebola symptoms are very similar to those of other common area diseases such as malaria; during a country-wide quarantine, the only way to identify potential cases in a city of more than 400,000 residents was through house-to-house visits; because workers had to avoid touching people around them at all times to protect against infection, if a household member was sick, arrangements had to be made by shouting from several feet away; once protected teams moved an ill person to a local health station, diagnosis took more than 48 hours as blood samples had to be transported to the nearest CDC lab over dirt roads in 100-degree heat amid constant fuel shortages.

Patients with a positive diagnosis then needed to be transferred to the hospital. In the district where Captain Redd was stationed, there were more than 100 health stations connected to the nearest government hospital. Still, there are only two MDs per 100,000 population in Sierra Leone -- about 120 physicians in the entire country when the outbreak began.

Then there was the challenge of tracing infected contacts. Since the disease incubation period is 2-21 days, accurately identifying the source and timing of infection required significant detective work, often into exponentially expanding chains of individuals. Fortunately, transmission of Ebola does not occur prior to symptoms appearing, and the virus is not airborne.

Beyond logistics, Captain Redd emphasized the value of the communication that had taken place to earn the trust and cooperation of the community. This was not easy considering circumstances, for example, where burial rites needed to be changed. Because Ebola is most contagious in its later stages, including after an infected person has passed, the bodies of the deceased needed to be prepared and buried immediately by a specially trained team.

Over 42 days, Captain Redd and his team evaluated about 800 patients -- approximately half were infected. By the time he left, cases in the local district were decreasing. Since then, the outbreak, which peaked at approximately 500 confirmed cases per week in Sierra Leone in November 2014, has declined to only 12 cases in the week ending on April 18, 2015.

Captain Redd just left for a third deployment to Africa. He believes that bringing the Ebola epidemic under control will one day be seen as a major public health success.

Interviewed for an article in the November 2014 issue of Time magazine, Captain Redd was asked, “Wasn’t it difficult for you not to treat patients?” His response: “I was treating patients, but not one at a time. That’s Public Health. I was supporting the system of outbreak control so that there will ultimately be fewer patients to treat.”

Captain Redd, through his commitment and service, offers an inspiring example of how public health workers can make life-saving impact.

“\textit{I was treating patients, but not one at a time. That’s Public Health. I was supporting the system of outbreak control so that there will ultimately be fewer patients to treat.”}
Student Spotlight:
Alexandra Rothwell, Public Health Nutritionist

Alexandra is a second-year MPH student in the General Public Health Track. She currently works for Mount Sinai as a cancer nutritionist at the Dubin Breast Center.

Since childhood, I have always been fascinated by food and its relationship to health. As a kid in Seattle, I made herbal concoctions in our garden and eagerly learned to cook from my dad and grandmother. When I was a teenager, my dad was diagnosed with metastatic kidney cancer. Watching him become thin and malnourished was a frightening experience that ended up influencing my future career path tremendously. The kitchen was my dad’s domain so when he passed, it became mine.

I started college in NYU’s Food & Nutrition Department, which is led by the incredible Marion Nestle. Lined with cookbooks and like-minded nutrition advocates, it was where I learned to...
combine my love of food studies with progressive food and nutritional science. Upon finishing my training, I began working as a nutritionist at the Mount Sinai Hospital. I started on the general medicine floors with the goal of working my way into oncology. I spent two years working with bone marrow transplant in-patients before moving to an ambulatory setting, where I primarily worked with the head and neck cancer population.

In 2015, an opportunity arose for me to join Mount Sinai’s Dubin Breast Center. The center’s multidisciplinary and integrative approach to breast cancer care means that patients are able to meet with breast surgeons, medical oncologists, and radiologists all under one roof. Patients are also offered complimentary psychology sessions, massage therapy, nutrition counseling, yoga, and exercise programs as extensions of their primary cancer treatment.

Working with the breast cancer population in an environment that embraces integrative care has allowed me to hone in on the skills and interests that initially brought me to the field of nutrition. For example, some of the biggest concerns for my patients are related to body image because women tend to gain weight during treatment periods. Being overweight is also a risk factor for breast cancer so a significant portion of our patient population may benefit from weight management or other types of nutritional wellness programs. At Dubin, I have the unique opportunity to provide in-depth nutrition counseling to these women regardless of any socioeconomic constraints that may have limited their access to such counseling in the past.

I have also been able to create a partnership with Cook for Your Life, an organization dedicated to teaching healthy cooking for cancer patients. At our seasonal classes, women learn the practical side of nutrition, such as how to create delicious plant-based meals. These cooking groups provide inspiration for healthy lifestyle alterations in a supportive and social setting. From a Public Health standpoint, these “teachable moments” are incredible opportunities to educate the public on healthy lifestyle choices. If we can expose women with treatable diseases to appropriate health resources at a time when they are particularly willing to make lifestyle modifications, we may be able to decrease incidence of chronic disease and improve quality of life.

My decision to enroll in the MPH program at ISMMS came as easily as my decision to study nutrition. I was guided to Public Health by a genuine interest in the subject material, and it has been the ideal complement to my career as a nutritionist. My education in Public Health has strengthened my ability to apply and disseminate practical research, enabled me to collaborate on clinical trials, and increased my value and confidence as a practitioner. On completion of the program this spring, I’m looking forward to expanding my role at Dubin and taking on new opportunities as they arise.
Study by ISMMS Public Health Researchers Suggests Active Design Can Help Address Obesity

By Sue Preziotti, a first-year MPH student in the Health Promotion & Disease Prevention Track

The obesity epidemic remains one of the biggest public health challenges in America, driven by unhealthy food consumption and lack of physical activity. A relatively new and creative type of intervention, Active Design, is beginning to show promise as a way to improve regular physical activity among children and adults.

The concept is based on research indicating that physical activity levels may be limited not only by sedentary jobs and leisure interests (e.g., television and video games), but also by environmental elements such as automated transportation (e.g., elevators and buses), lack of recreational space, and safety concerns.

A growing body of evidence demonstrates physical activity (whether intentional or incidental) may increase when safe, convenient access to recreational spaces is provided or when non-recreational spaces are made more conducive to exercise -- for example, making stairs more prominent, accessible, and appealing has been shown to increase their use.

Steps have been taken to encourage residential developers to install design components that facilitate physical activity. The U.S. Green Building Council's LEED rating system, originally created to certify good environmental building practices, now offers credit for building elements that promote health and recently established credits for features that specifically support physical activity.

The new “Design for Health” credit was awarded to an affordable housing unit in New York’s South Bronx. Arbor House includes an indoor gym; a secure outdoor exercise circuit; delayed speed elevators in a non-prominent location; a prominent, well-lit stairwell with music and artwork; and prompts at the stairs.

MEASURING IMPACT
ISMMS researchers led by Dr. Elizabeth Garland, associate professor of Preventive Medicine and Pediatrics and director of the Preventive Medicine Residency Program, conducted a focus group study to evaluate the impact of the measures. They compared self-reported experiences and perceptions of tenants in Arbor House to those in another affordable South Bronx residential unit called Melrose Commons V.

Both buildings are LEED platinum certified for environmental sustainability, but only Arbor House earned the Design for Health credit.

The research team, which included two MPH students from ISMMS, found that the five active design features listed above had a positive impact on healthy behaviors of adults and children residing at Arbor House. Reported benefits included increased awareness about opportunities for physical activity and a greater likelihood to engage. Arbor House residents said they had engaged in more physical activity using the building facilities than they routinely had prior to living there. Perceived safety and convenience were reported to be important contributing factors to the success of the interventions.

The researchers concluded that “LEED housing with active design designation is one positively received means by which to address the U.S. obesity epidemic” and that study results “should encourage Public Health experts and architects to make greater use of active design.” They also note more research is needed to evaluate the impact of active design elements on physical activity.
HEALTH AND WELLNESS
FACILITIES & RESOURCES

ACTIVITIES & RESOURCES

Aron Hall Fitness Room & Recreational Court
All students are welcome to use the fitness facilities in Aron Hall. Just show your student ID to the doorman.

"Mount Sinai Mile" Indoor Walking Route
(Madison Ave Entrance of Annenberg)
For a new experience, follow the "Mount Sinai Mile" signs around campus during your lunch break or hold a walking meeting along the route.

Recreation Office
Here you can find discounts to healthy restaurants and an array of cultural activities to help de-stress and decompress!

YPass Program at the 92nd Street Y
(Corner of Lexington Ave and 92nd St.)
Sign up for a free daily YPass to enjoy unlimited use of the May Center facilities and fitness classes.

Central Park Reservoir
(Entrance on 96th and 5th Ave)
The nearby 1.58-mile dirt track surrounding the reservoir is ideal for a scenic run or walk, especially in warm weather months.

RECURRING EVENTS

Meditation Sits
Wednesdays, 6-6:30PM in Annenberg 10-30
Unwind with these loosely guided, breath-centered meditation sessions. Chairs, blocks, and blankets are provided.

Mindfulness Sessions
Fridays, 12:30-1:30PM in Annenberg 10-68
Learn simple mindfulness techniques to reduce stress and promote physical, mental, and spiritual wellness.
(Contact: mickie.brown@mssm.edu)

Mount Sinai’s Weight Management Program
Mondays, 5PM in the Atran Building AB4-11
Led by physicians and dietitians, the program is meant to help participants trying to lose 30 or more pounds.
(Contact: 212-241-4991)

Tail Tuesdays
Second Tuesday of Every Month, 12-1PM in the Levy Library
Take a study break to pet and play with a certified therapy dog!

Vinyasa Yoga
Mondays & Thursdays, 5:30-6:30PM in the Student Lounge
Classes are open to yogis of all levels. Mats and accessories are available for use. (Contact: mountsinaiyogaprogram@gmail.com)

*Among the innovative, environmentally sustainable and healthy features of Arbor House are local and recycled source materials; a rooftop hydroponic farm that will provide fresh produce for building residents and the local community; and a living green wall in the lobby.

WHAT IS LEED?
The U.S. Green Building Council established the Leadership in Energy and Environmental Design (LEED) rating system in 2000 to certify the environmental sustainability of buildings. Recently, as evidence emerged supporting a strong association between sustainability and health, the LEED certification has specifically distinguished design elements that promote health, such as banning indoor smoking. These are further classified into elements that facilitate physical activity. The new Design for Health credits are part of an Innovation in Design award. For more information, visit www.usgbc.org.

activity in affordable housing communities, where residents are more likely to suffer from obesity and less likely to have access to recreational facilities.

The full study, “One Step at a Time Towards Better Health: Active Design in Affordable Housing,” is published in the November 2014 issue of Environmental Justice.

Dr. Garland is currently leading additional research evaluating the impact of built environment features on residents’ health in affordable South Bronx housing communities. For more information, email Dr. Garland at (elizabeth.garland@mssm.edu).
Join the Student-Led Global Health Journal Club!

Supported by the Arnhold Global Health Institute and the Graduate Program in Public Health, the Global Health Journal Club was launched in February with the goal of promoting collaboration between graduate students, medical students, and faculty members at ISMMS. The bi-monthly sessions alternate between the traditional journal club format (where students present research articles under the mentorship of Global Health faculty members) and presentations of personal research (where students share their own work and receive feedback from peers). Past topics include:

- The harms of tobacco in low- and middle-income countries
- Barriers to follow-up of HPV care among female sex workers
- The role of qualitative research in studying attitudes toward the deactivation of implantable defibrillators

Sessions will be held every other Tuesday from 3–4 pm in CAM D5-122 for the remainder of the Spring Term. To learn more or to get involved, please email the coordinators, Mohsin Ali (mohsin.ali@icahn.mssm.edu) and Maryam Zafer (maryam.zafer@icahn.mssm.edu).

What have MPH students been up to in 2015?

MARCH 12:
Twelve MPH students who received funding from ISMMS for their research projects presented posters at the Annual Student Research Day.

John Rhee, a second-year MD/MPH student in the Epidemiology track, gave an oral presentation on the prevalence and predictors of diabetes among HIV-infected adults in Cameroon.

MARCH 26-28:
Two second-year MPH students, Amanda Coleman and Andrea DeVito, presented research posters at this year’s Annual CUGH Global Health Conference in Boston.

APRIL 11:
At the 2015 ISMMS Community Health Fair, MPH students hosted a Public Health Literacy booth where they taught community members how to read and interpret prescription medication labels.

ANNOUNCEMENTS

Save the date for the Graduate Program in Public Health’s End-of-the-Year Social!
The Social will follow this year’s Thesis and Capstone presentations on June 11, 2015.

Interested in having your writing published in The Scoop? Want to be a staff writer?

Be a part of our next issue!
Contact one of our Editors to get involved.

The Scoop
SPRING 2015

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