GRADUATE PROGRAM IN PUBLIC HEALTH

The Director’s Column
Dr. Nils Hennig, Program Director

A WARM AND HEARTFELT WELCOME TO ALL NEW INCOMING STUDENTS!

You are joining an extraordinarily talented, dedicated and diverse group of students, faculty and community partners who share a deep passion for population health related practice, research and advocacy. The program will provide you with great foundational knowledge and tools which combined with your own insight, creativity and determination, will enable you to tackle and solve current and future public health challenges.

Reflecting the continuous growth of our program, new course offerings for the 2015-16 Academic Year include Reproductive and Perinatal Epidemiology, Mental Health in the Modern Age, Program Planning and History of Public Health.

Like many others I reacted with sadness to the recent mass shootings. The level of gun violence in America seems absurd. More than 50,000 people are killed by firearms each year in this country. More than 50 people are shot and murdered each day (annual average gun homicide in Japan is less than 50 per year). According to the Brady Campaign, 89 people die from gun violence every day: 31 are murdered, 55 kill themselves, 2 are killed unintentionally, 1 is killed by police intervention, and 1 intent unknown. Every day, 208 people are shot and survive. Aside from the horrible personal loss, gun violence impacts society in many ways: medical costs, costs of the criminal justice system, security precautions and reductions in the quality of life because of fear of gun violence. U.S. lifetime medical costs for gunshot injuries total an estimated $2.3 billion.

During the current anti-Syrian refugee hysteria, it is also worth keeping in mind that for every American killed by terrorism worldwide in the last decade, more than 1,000 died from firearms inside the US alone. According to Politifact, a Pulitzer-prize winning fact checker site, in the last decade (2004 – 2015) total American deaths by terrorism in the US stands at 71 (24 jihadist-, 47 non-jihadist related), compared with 501,797 American death by firearms on US soil.

Gun violence is an ongoing epidemic in this country. To tackle any epidemic, sound scientific research is necessary. Yet Congress explicitly bans the Centers for Disease Control (CDC) and the National Institute of Health (NIH) from funding research on gun violence and even blocks data collection for research to potentially reduce gun deaths. The so-called Tiahrt Amendment prevents the Bureau of Alcohol, Tobacco, Firearms and Explosives (ATF) from releasing crime-gun trace data to anyone other than a law enforcement agency or prosecutor — leaving academics and researchers without easy access to valuable data. The CDC and NIH fund research on road, car and other product safety; the federal government spends $240 million a year on traffic safety research, which has saved 360,000 lives since 1970. Gun violence kills the same number of people every year; it would be incredibly shortsighted to continue banning research that will save lives.

We know that the gun lobby is rich and powerful, but so is the tobacco lobby. Eventually tobacco control has been achieved in this country, and smoking related deaths are decreasing. The epidemic of gun violence can be controlled by examining the scientific evidence in support of enhanced regulation and oversight of licensed gun dealers, background checks for private sales, purchaser licensing, bans of assault weapons and of large-capacity magazines, and the promise of “smart guns,” which could be fired only by authorized users. Congress should end the effective ban on the ability for the CDC and the NIH to conduct research on gun violence.
Noareen Ahmed is a second-year MPH student in the Healthcare Management Track. She completed her practicum at the Oncology Department at Mount Sinai, interning under Amy Porter-Tacoronte, Executive Vice President of Oncology Operations.

WHAT MADE YOU INTERESTED IN THIS PRACTICUM SETTING?
I was looking for a practicum that would allow me to apply what I have learned in the management coursework to an operations and process improvement setting. I was lucky that Amy was actively searching for summer interns with academic backgrounds rooted in healthcare management.

WHAT WERE YOUR DUTIES AND RESPONSIBILITIES?
As a Strategy and Clinical Operations Intern, I focused on enhancing the internal capacity of the oncology processes and overall operational element of patient care. More specifically, I worked with one other intern to determine the financial and operational benefits of program expansion and integration for patients. My responsibilities were broken into two phases. The first phase was data collection that involved looking through financial data, patient satisfaction data, and clinical care outcomes as an ‘internal consultant.’ The second phase involved applying the data to facilitate a change. This included developing and modifying protocols, expanding space, and benchmarking against other hospitals. I am now in the process of helping to create a dashboard of metrics, so that we can measure the change upon solution implementation.

WHAT IS ONE OF THE MOST VALUABLE SKILLS YOU’VE GAINED DURING YOUR PRACTICUM?
One of the most valuable skills that I’ve gained from the practicum is honing in on how to learn on the spot. There is often uncertainty with this type of work, as the healthcare setting is dynamic and many times there is no linear solution. I learned that in this type of environment, the viability and practicality of a proposed solution is usually unknown. I developed a skill set that allowed me to learn that coming in with a plan of action is not enough; many times you’ll have to scrap the idea once you are on the client site.

WHAT WAS ONE OF THE BIGGEST CHALLENGES YOU FACED DURING YOUR PRACTICUM AND HOW DID YOU OVERCOME IT?
One of the biggest challenges I faced was being put in a setting where a formal business background usually guided the framework in day-to-day operations. I did not have extensive business coursework under my belt and struggled with understanding financial analyses and manipulating numbers. To overcome this, I had to do a lot of self-learning to keep up with the work being presented. I reached out to my supervisor and spent extra time working through analytic reports, P&L statements, and budget sheets. It was a matter of being able to do the work to the best of my abilities and not being afraid to ask questions.

HOW APPLICABLE HAS YOUR PRACTICUM EXPERIENCE BEEN OUTSIDE OF MOUNT SINAI?
The job that I will be starting upon graduation will actually mirror what I have been doing in the practicum. I feel that the practicum gave me a working knowledge of key hospital administrative processes, daily operations, and how to effectively pair quantitative and qualitative data to create lasting change.

WHAT ADVICE DO YOU HAVE FOR STUDENTS REGARDING THE PRACTICUM?
In this type of setting, the on-site learning sticks with you more often than classroom learning. Understanding that every time you start a new project, the learning curve resets was key to the success we had in this practicum.
Language Proficiency in Public Health

*By Sang Hyub Kim, a second-year DPM-MPH student in the Global Health Track*

Language proficiency is an essential component of cultural competency training for health care professionals. At Icahn School of Medicine at Mount Sinai (ISMMS), The Language Proficiency in Health Care Program, specifically, The Medicina en Español Program offers Medical Spanish classes to MD, MPH and PhD students. Initiated in 2005 as a part of the Language Proficiency in Health Care Program, the Medical Spanish classes provide opportunities for students to not only practice Spanish, but also cultivate cultural awareness.

One of the founders, Ryan Ungaro, MD, the chief fellow of Dr. Henry D. Janowitz Division of Gastroenterology, recognized the importance of Spanish while volunteering at the East Harlem Health Outreach Partnership (EHHOP), a student-run, physician-supervised free clinic. The current Director of Curriculum and Educational Technology, Rainier Soriano, MD, says, “Many medical students were avoiding Spanish speaking patients due to their lack of knowledge in Spanish.” Given these circumstances, Dr. Ungaro and his colleagues contacted Primera, a Spanish language training school. Together with instructors from Primera, they designed lessons that were chronologically parallel to body system reviews of the medical curriculum, with a strong emphasis on patient history and physical examination.

The Medicina en Español Program is now sponsored and funded by the Center for Multicultural and Community Affairs (CMCA) and the Department of Medical Education. Over the years, the program has expanded into other offshoot programs, mainly the EHHOP Spanish Interpreter Program (ESIP), and Medical Mandarin. Edward Poliandro PhD, CMCA’s Associate Director for Culture and Health, emphasizes that the “learning model utilized in teaching medical Spanish is geared to enhance the student’s knowledge of understanding the cultural context of our patient population and the community we serve.” Dr. Poliandro, who also co-directs a course with Dr. Ann-Gel Palmero and Dr. Gary Butts, entitled, *Culture, Illness and Community Health* in the Spring II term adds, “Whether you are in the Outcomes Research or Disease Prevention and Health Promotion tracks, learning a language will help you build relationships with the community and address the health disparities more effectively.”

One of the missions of CMCA is to reduce the racial and ethnic health disparities in disease, disability and death. In East Harlem, many Hispanics live in poverty and have a higher prevalence of chronic illnesses. Statistics (2015 NYC-HANES) show that Hispanics, non-Hispanic Blacks and adults in the lower socioeconomic strata have higher rates of hypertension, cholesterol, diabetes and obesity than either non-Hispanic Whites or adults in the higher socioeconomic strata. Christian Piña, a second-year MD, a student leader in the Medicina en Español Program comments that “there are large Spanish-speaking immigrant populations in East Harlem, and many are living below the poverty line. If you plan to work in a health care or public health setting, you can act as a bridge to the Spanish community.”

Looking back, Dr. Ungaro is thrilled about the progress made in the Medicina en Español Program. He recalls, “During my residency and fellowship, knowledge of Spanish helped me tremendously to save time and to work flexibly.” Although Dr. Ungaro still uses interpreters on occasion when his Spanish is limited, his effort to engage patients has made him more available and welcoming to his patients. As Dr. Poliandro summarizes, “When public health students are more sensitive to the cultural context and the language of their community, it will enhance their ability to build trusting relationships.”
Staff Spotlight: Ellie Schmelzer, PhD
Interviewed by Sarah Goodman, a first-year MPH student in the Healthcare Management Track

The Icahn School of Medicine at Mount Sinai (ISMMS) recently opened the Office of Career Services & Strategy whose new director is Dr. Ellie Schmelzer, PhD. Her specialty involves providing graduate students and post-docs with personalized advice on things such as resume revision, interview preparation, cover letter writing, assistance with new applications, and viable career pursuits after degree or fellowship completion.

Dr. Schmelzer’s own unique and multifaceted career trajectory makes her especially fit for this role. As an undergraduate majoring in physics, she initially sought to become a professor, and later earned a PhD in astrophysics from the University of California at Santa Barbara. However, during her postdoctoral position at Yale University, she decided to look for alternative careers other than the faculty tenure track. She says, “I like teaching, I like lecturing, I like mentoring and I like doing research, and those are exactly the elements of tenure track. However, over time people change, and over time I started noticing other abilities and qualities that I had, that being a professor in physics would not address.” In astronomy and astrophysics, research involves sitting in front of a computer from 8 am to 10 pm every day. She adds, “I like working with people one-on-one, and pursuing the tenure track path would have taken another 6 or 7 years of working only in front of the computer. I was just not willing to make that sacrifice.”

As a result, Dr. Schmelzer began to explore different career options, gaining experience such as consulting for a start-up, court interpreting for English and Bulgarian, and learning about financial services and patent law. Prior to her postdoc, Dr. Schmelzer was a senior systems engineer at Raytheon. She says, “That’s a pretty senior job there. It was like being a project manager, but I also had 12 or 15 people who worked on other projects under my direction. That really helped me learn what it means to work in the industry. Usually, graduate students and postdocs have never worked outside of academia.”

While gathering this expertise, friends and colleagues began asking for advice on their CV’s and resumes, which she enjoyed providing. Once finished with her postdoc at Yale, she joined the Yale Office of Career Strategy, where she was an associate director for one year.

It certainly seems as if Dr. Schmelzer will be an invaluable asset to ISMMS. Her own expression of creative freedom should help graduate students experience similar personal growth, given her ability to provide increasingly evolved advice as she continues here. Whether it is during a one-on-one session or a presentation for a larger group, her insights will certainly help students reach their full potential at ISMMS and beyond.

To schedule an appointment with Dr. Schmelzer, please send an e-mail to carol.johnson@mssm.edu. The Office of Career Services & Strategy is located in Annenberg, 5th Floor, Room 206J.

Program Planning: A New Course
By Asta Man, a Second-Year MPH Student in the Global Health Track

As the field of Public Health continues to evolve, program planning becomes an essential part of maintaining progress and ensuring development. Proper program planning is the backbone of any successful local or global project.

Bill Bower, MPH, who teaches the Program Planning course at ISMMS, uses two decades of his overseas experience to ground the classes. As a senior lecturer at Columbia University’s Mailman School of Public Health, Mr. Bower has taught Program Planning previously for four years. He often incorporates unique examples from his experiences in Latin America and Asia to provide real life training manuals, budget reports and evaluation forms to connect theoretical concepts with practical examples. From this course, students are able to understand the importance of setting clear and concise objectives that will dictate the further steps for program planning.

The Program Planning course provides students with the opportunity to fully design a public health program ready for implementation. In this Fall semester, students’ program plans included Post-Traumatic Stress Disorder in New York City trafficked sex-workers, hydroponic garden integration in schools, suicide ideations in Rwandan youths affected by HIV/AIDS, and obesity in East Harlem.

With this course, students gain exposure to all aspects of program planning including assessing resources, building partnerships, and planning budgets. Regardless of whether or not students actually continue to a career involving program planning, the analytical, organizational and managerial skills developed in this course will undoubtedly be useful in any public health career path.
ISMMS Faculty Study on Diabetes Control among Patients with Certain Types of Cancer

By Rashi Bedekar, a first-year MPH student in the Outcomes Research Track

Over 475,000 Americans are newly diagnosed with either breast or prostate cancer and 81% of them have a comorbid illness such as diabetes. Moreover, about 8 to 18% of cancer survivors have diabetes that need to be adequately controlled and managed with medications, glucose-monitoring, diet and exercise in order to prevent secondary complications such as retinopathy or nephropathy. There have been few studies in the literature examining patients’ adherence to diabetes treatment following their cancer diagnosis. Can a cancer diagnosis influence the patient’s compliance to diabetes treatment? And if it does, what are the additional factors changing their attitudes towards diabetes management?

An ongoing ISMMS research study led by Jenny J. Lin, MD, the Associate Professor in the Division of General Internal Medicine and Track Advisor for the Outcomes Research Track, is trying to assess the association between diagnoses of early-stage breast, prostate, colorectal or lung cancer and diabetes control in these patients following their diagnosis. “I became interested in studying about diabetes control in recently cancer diagnosed patients, because of the impact the cancer diagnosis had on some of my patients. One patient had excellent control over diabetes, but after he was diagnosed with prostate cancer several years ago, his control got worse. Even now, he still has trouble managing his sugars,” recalled Dr. Lin. The research team, which includes two current ISMMS MPH students, is conducting a prospective cohort study of diabetic patients taking oral medications with diagnosis of cancer and comparing them to diabetic patients without diagnosis of cancer. The research team also plans to evaluate the effects of cancer diagnosis on medication adherence and other diabetes self-management behaviors. They will examine whether depression, anxiety or cancer-related stress intervenes with cancer and diabetes management.

Participants were surveyed at baseline and after 3 months. Of the 56 participants recruited to date, 70% reported adherence to diabetes medications, which dropped to 65% at 5 months. Although there were no gender differences between IES scores at baseline, IES scores recalculated after 3 months showed that women were more stressed and had more intrusive thoughts about cancer. Furthermore, patients who had trouble falling asleep due to thoughts about cancer found it more difficult to adhere to diabetes medication. Patients who tried to stay away from anything that reminded them of cancer were more likely to forget their diabetes medication. Lastly, they discovered that patients who were in denial of their cancer diagnosis were more likely to neglect their diabetes medication as well.

All in all, the ultimate goal of this research is to use all the information gathered to devise solutions that will improve diabetes management in individuals diagnosed with cancer. The researchers believe that results of their study could lead to finding newer methods to control diabetes in cancer patients once the exact factors responsible are known.

Sources

“Patients who tried to stay away from anything that reminded them of cancer were more likely to forget their diabetes medication.”
Join the Public Health Interest Group!

By Aradhana Srinagesh, a first year MPH student in the Health Promotion & Disease Prevention track

2015-2016 Student Executive Board Leadership
President: Mary Chen & Yaqi Li, Vice President: Chankrit Sethi, Secretary: Aradhana Srinagesh, Treasurer: Adairro Fuller, Public Relations: Kevin Xu

- Don’t know which extracurricular activity to join at school?
- Do you like discussing current Public Health issues?
- Do you want to network and meet other students and practitioners of Public Health?
- Or find out about opportunities in the Public Health field?
- Do you like free food?

If you’ve answered yes to any of these questions, then the Public Health Interest Group (PHIG) is for you. PHIG is a student run organization. The goal of PHIG is to bring together students across all disciplines, and to create a spotlight on current Public Health issues. The growing interest group holds events such as trivia nights, socials, and seminar-style lectures by leaders in the Public Health field throughout the school year.

The PHIG hosted a mid-semester bash at Merrion Square, which had an amazing turnout by the Fall '15 incoming class. Students networked with other 1st year and 2nd year students and discussed their classes, internships, and plans for an MPH degree. Jeff Aalberg, a 1st year MPH student, when asked about his experience at the event, responded, “I’m glad I came out to the event. Having recently moved to New York, I didn’t know anyone, so it was nice to meet students with similar goals and interests. And, of course, the free food was a plus.”

Below are answers to some common questions about PHIG:
Can I still join the group if I haven’t attended any other event?
Yes, there is no formal initiation to join the group. Anyone interested can attend any of the events or meetings held.

How do I join the E-board?
At the end of each year, an e-mail is sent out with a link to the e-board application. Those who are interested can apply. The current e-board members at the time will choose the best fit from the most well qualified applicants.

As a member, how can I contribute?
Since the PHIG is a student-run group, the events are held to cater to student interest. Group members are encouraged to suggest events, socials, or seminar ideas.

To find out about future events, keep an eye out for e-mails or visit the group’s website, http://webcommons.mssm.edu/phig. For general questions, contact Ara Srinagesh at aradhana.srinagesh@icahn.mssm.edu
Public Health Research Day
SAVE THE DATE

Friday, June 17, 2016
11:00am - 5:00pm
Faculty, Staff & Students are invited to attend.

Events:
• Poster Session
• Keynote Address
• Selected Oral Presentations
• Cocktail Reception and End of Year Social

Details on how to submit an abstract to follow.
ANNOUNCEMENTS

National Public Health week is April 4-10, 2016. Stay tuned for exciting events at Mount Sinai!

Save the date for the 2016 Master’s Degree Commencement Ceremony on Wednesday, May 11 at 6:00pm!

Interested in having your writing published in The Scoop? Be a part of our next issue! Contact one of our editors to get involved.

The Scoop
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ISMMS at the American Public Health Association (APHA) Annual Meeting in November

Congratulations to Vivian Nguyen, MPH student, who presented her poster “Sex Workers Making Selections: Developing a mobile SMS-based reproductive health intervention for sex workers in Cape Town, South Africa” at the annual meeting in Chicago.

We also congratulate Dr. Elizabeth Garland who was recognized by APHA for her Active Design research on affordable housing in the Bronx.

In September 2015, the abstract was accepted for the Steven Hooker Award for Outstanding Research in the field of physical activity. The co-authors include Victoria Garland, Ganga Bey, Laura Rothenberg, Drs. Kaylan Baban, Sadie Sanchez, Erin Thanik, Mary Foley. The pilot project, which was partially funded by the Mount Sinai Center for Children’s Environmental Health (CEHC), studies the public health benefits of Active Design in affordable housing with respect to physical activity. In particular, the project focused on the health benefits of Active Design for women, who are most affected by the obesity epidemic in lower-income, urban communities. In November, Dr. Garland was honored with a plaque and reward in recognition of her research at APHA Physical Activity Section social event.