The Director’s Column

Dr. Nils Hennig, Program Director

A very special welcome to our newly enrolled students for the Academic Year 2017-2018! Your time at the Graduate Program in Public Health at the Icahn School of Medicine at Mount Sinai will be a transforming experience; one that will change the way you see the world and will give you the skills to solve big problems and ultimately enable you to improve the human condition. This new issue of The Scoop highlights some of our students’ applied practice experiences; reviews careers in public health, including a field a growing number of our alumni are entering - public health consulting; showcases two of our recently added course offerings - Comparative Health Systems and Cardiovascular Epidemiology; and introduces our new Program Manager for Career Services and Alumni Relations, Kelly Gentry.

I am very excited to announce the launch of our program’s new Public Health Grand Rounds for 2018. Our Grand Rounds will feature leaders in the field addressing emerging and current issues. The inaugural Grand Rounds will kick off on February 6 featuring Jeffrey Sachs, special advisor to the United Nations Secretary-General António Guterres on the UN’s Sustainable Development Goals, and one of the world’s leading experts on economic development and the fight against poverty. He will be followed on March 6 by Jason Cone, the Executive Director for Doctors Without Borders/Médecins Sans Frontières (MSF) in the United States. MSF is an international humanitarian non-governmental organization (NGO) best known for its work in war-torn regions and developing countries affected by endemic diseases. On April 17 our speaker will be Bennett Shapiro, Senior Partner and Chairman of the Board at PureTech, previously an Executive Vice President for Merck, and currently member of the Board of Directors of Drugs for Neglected Diseases initiative (DNDi). Neglected diseases is a too often overlooked public health crisis, and DNDi brings the best science to neglected patients by discovering and developing new treatments for diseases where commercial research and development is not enough. The Public Health Grand Rounds will be a stimulating addition to our program’s offerings.

Reflecting on 2017, two seemingly unrelated policy issues come to mind. One is the continuing true American epidemic of gun violence and mass shootings. The description of the “lone gunman” we have heard so many times in response to the latest shootings in Sutherland Springs, Las Vegas, Orlando, Umpqua, Dallas, etc., is off the mark. It takes a village to enable a mass shooter. Every shooter is abetted by the society they attack. It is by choice that our society prioritizes the proliferation of deadly weapons over the safety of our communities; it is by choice that current members of Congress have accepted $4.23 million in donations from the National Rifle Association and continue to shirk any responsibility, even blocking funding to the Centers for Disease Control and Prevention to conduct research on this issue; and it is by choice that we as a society tolerate the human suffering behind the numbers I have mentioned in these pages before: more than 50,000 people are killed by firearms each year, 89 people die from gun violence each day in this country. According to data compiled by the Gun Violence Archive a mass shooting – defined as four or more people shot in one incident, not including the shooter – occurs on five out of every six days in the US. While some enablers of mass shootings want us to believe that those numbers and the human tragedies that come with them are simply “the price we pay for our freedom,” public health professionals and other experts know that mass shootings are preventable, and that there are evidence based policy steps we can take to reduce the likelihood that they will occur. The real question for us as a society is: When will we choose to regard further death and injury from firearms as unacceptable?

The other issue dominating the news is the long overdue acknowledgement of sexual assault and predatory behavior by mostly powerful men. Victims are finding a voice through #metoo and other means, and the predatory behavior of perpetrators, who until recently seemed untouchable, is finally out in the open. While this is just the tip of an underlying iceberg, it appears public opinion and society has finally decided that a long-existing behavior is unacceptable, has to be addressed, and that changes are necessary.

This makes me optimistic regarding the issues of gun violence and mass shootings. Public health action is motivated by people deciding that something they had previously accepted as a given is, in fact, unacceptable. The history of public health is full of examples of this: the implementation of sanitation in cities to finally fight cholera and other infectious diseases which plagued society for centuries; seatbelt laws, and car and road safety requirements as a response to an alarming rate of motor vehicle fatalities; the banning of lead from gasoline and paint to reduce lead exposure and its harmful effects on the development of children; the introduction of antiretroviral medication in Africa to address the HIV/AIDS epidemic; taking on big-tobacco and implementing smoking legislation and regulating tobacco sales as a response to smoking, the leading cause of preventable death in the US. We could do the same on gun violence and mass shootings.
Expanding the Tohono O’odham Nation’s Health Workforce

By Nina Williams, MPH student in the Health Care Management Track

The need for students of our communities to join the health workforce is now more important than ever. Traveling to Nogales and Sells, Arizona during Summer 2017 through the Global Health Summer Experience was a life changing experience. Not only has the trip given me a completely new point of view on how quality healthcare is delivered in the Southwest, but it continues to encourage me to view public health outcomes related to global health from a population health perspective.

My site partner, Ashleigh Sharp, MPH candidate at Columbia University, and I were asked to assist the Southeast Arizona Area Health Education Center (SEAHEC) of Nogales, AZ with the development of a pre-health curriculum in order to expand the health workforce of the Tohono O’odham Nation (TON) located in Sells, AZ. The course curriculum we developed is currently being taught at Tohono O’odham Community College (TOCC) by Rebecca Drummond, MA, a long-term advocate for the delivery of quality education in the area.

TON spans Southern Arizona to Northern Sonora, Mexico with over 34,000 enrolled members. The border that divides the U.S. and Mexico runs directly through TON lands, and despite increased militarization and conflict due to the border wall, members of TON pledge to maintain their Himdag, or “way of life.” With a large emphasis on respect for not only their people, but also the resources of the historical land members call their home, driving through TON is a one-of-a-kind experience in itself. Being surrounded by a beautiful desert landscape with saguaro cacti and breathtaking mountains and being invited to serve community members of TON was a tremendous honor.

My project was unique because of the collaborative experience I had with senior staff members and employees of the Tohono O’odham Department of Health and Human Services (TODHHS). I was given the opportunity to pitch curriculum lectures to TODHHS staff members each week and receive constructive feedback and culturally relevant information in the form of discussions and surveys. Ashleigh and I had the opportunity to present our project findings at the 2017 Rural Health Conference in Flagstaff, AZ in late July.

As the weeks progressed, it became clear why key community stakeholders wanted the curriculum available to students of TOCC. TON recently declared sovereignty from Indian Health Services, making it crucial that members of the reservation enter the health workforce in order to promote a positive state of wellness for residents of the region. Providing students of TOCC with necessary tools to take control of their community’s health was not only exciting but imperative.

The long term encumbrance for community leaders of rural and tribal regions to retain culturally competent health professionals directly correlates with the inability to recruit students of the area to fill health workforce positions to begin with. By completing the Global Health Summer Experience domestically I was able to learn and master skills to not only serve communities such as TON, but also gain a new understanding of how to collaborate with directors of similar areas to ensure the longevity of sustainable health programs and policies to benefit communities alike. As agents of public health, we have an obligation to address the social determinants of health that affect our society. I highly recommend that Mount Sinai students take time to look into challenges that rural health communities face; you’ll soon realize you have the power to implement change even if it is in your backyard.
A Model for Working in Unincorporated Communities

By Emeka Iloegbu, MPH student in the Global Health Track

Winchester Heights is a small migrant community in Cochise County, Arizona near the US/Mexico border. Through the Global Health Summer Experience partnership with Southeast Arizona Area Health Education Center (SEAHEC), a not-for-profit organization, I was assigned to be part of a team that performed a Comprehensive Environmental Health Assessment. Prior to arriving in Arizona, I made an effort to clear my mind of any preconceived notions and remove unrealistic expectations of the community my project was centered on. I hoped that in doing so I would gain a new perspective about the challenges faced by the residents of Winchester Heights, AZ.

The Comprehensive Environmental Health Assessment was conducted in three phases. First, a community meeting was held which took the form of an interactive Q&A game with prizes. Residents were split into two groups and ranked the issues presented. Second, surveys were developed based on the information provided by the community, and were distributed. Third, we searched for secondary data that could help support the survey results we were receiving. Our findings were then presented back to the community during our final week in Winchester Heights. Community members were especially concerned about neighborhood safety, sanitation, workplace safety, and water quality, among other issues. The most challenging aspect of this project was finding secondary data to support our survey results. Starting with researching online databases, to later visiting county health officials, we came up with little to no secondary data. The process was strenuous and time consuming, especially given the distances traveled for various meetings without any results.

An activity instrumental in my completion of the Winchester Heights assessment was my climb to the peak of Mount Wrightson. The 11 mile, approximately 7 hour climb, remains my most memorable experience of the summer. It gave me the internal strength to handle the challenges of working in a migrant community. Understanding the path that needs to be taken, how much effort it will take, the outcome, what I can and cannot handle, the emotions, and the desire to “give up” just because the perceived barriers seemed insurmountable were just a few lessons I thought of during the hike. This time to reflect helped me in more ways than I can describe.

Being in Arizona has enlightened me on my potential as well as the type of career I want to pursue. I am grateful to the Global Health Summer Experience for the opportunity to be connected to SEAHEC. MPH 0720 Preparation for Global Health Fieldwork truly equipped me with the skills needed for this project, and my advisor, Jonathan Ripp, MD, was extremely supportive. I plan on going back to Arizona for the Spring I term as an Independent Study elective to continue working with the residents of Winchester Heights and help alleviate the burden they face in their community.

The beautiful view from 8000 ft. on Mount Wrightson, Arizona.
A New Initiative: Career Services with Kelly Gentry
By Lucia Mannini, 2017 MPH Alumnus in the General Public Health Track

At the Graduate Program in Public Health, Kelly Gentry, MA, LAC, is leading a new initiative for students as the Manager of Career Services and Alumni Relations. Her role includes providing students and alumni with general career counseling services, such as resume writing and job search strategies. Beyond these services, Kelly is working hard to provide students with access to potential job opportunities by bringing recruiters to campus for information sessions and on-site interviews. Additionally, she is building an Alumni Network, to provide resources for current students, while keeping former students active in the program.

Kelly is a counselor with a passion for the promotion of holistic wellness. Her career path includes time as an academic advisor and senior program coordinator for post-baccalaureate pre-med students before pursuing her doctorate in counseling. She is a doctoral candidate in counseling with a unique focus on career and mental health issues among women in transition, including mothers returning to work outside of the home and college women in abusive relationships. Kelly’s role at Mount Sinai combines her love for career counseling, working with graduate students, and passion for working with people trying to make positive change in the world. The most rewarding parts of career counseling for Kelly is being an advocate for wellness and noticing a positive difference in a person’s outlook or ability to make change in their life.

Kelly hopes to provide students with tools to successfully navigate their career path in public health, including effective communication and networking skills and thoughtful career planning. Kelly wants students to “be purposeful.” She can help students stand out in the job marketplace by prompting them to create customized resumes and cover letters, and applying only for jobs that the student will find fulfilling. Kelly aims to optimize students’ professional advancements in Public Health. She is dedicated to helping students by using her holistic wellness approach to ensure professional, physical and mental wellbeing. Her positive impact on the Graduate Program in Public Health has already been felt, and I encourage all students to seek out Kelly’s services.

For more information, students can see http://icahn.mssm.edu/education/masters/public-health/career-services, check the MPH Student Organization on Blackboard, Career Services and Alumni Relations, or contact Kelly directly at Kelly.Gentry@mssm.edu. In the coming months, Kelly will be teaming up with Christine Cortalano, Manager of Public Health Practice, to produce a series of webinars on professionalism. The webinars, which will be open to all MPH students, will provide essential tips for achieving success in the workplace. Stay tuned for announcements!

Emerging Careers in Public Health: Consulting
By Deborah Watman, MPH student in the Biostatistics Track

Consulting. It is something we hear about, and know friends who do it, but it is a career path that makes me wonder how we fit in as public health professionals. At a recent event, Emerging Careers in Public Health: Consulting, co-organized by the Graduate Program in Public Health and the Levy Library, professionals in the consulting field spoke about what it’s really like to work in the fascinating world of public health. The October 25th event attracted 45 MPH students and alumni to the Hess Building for a close conversation with four panelists:

• Aisha Moore, MPH, CHC
  Project Director, John Snow Inc.
• Anne Thorsen, MPH
  Consultant, Healthcare Cognizant Consulting, Cognizant Technology Solutions
• Tara Partovi, MPH
  Senior Manager of Stakeholder Engagement, Mount Sinai Health System, Performing Provider System
• Darcie Goodman, RN, MPA
  Vice President, COPE Health Solutions

The panelists spoke about their career path and current positions while sharing their tips on how to enter into and succeed in the field of consulting. After the Q&A, the panelists and audience mingled over cheese, fruit and refreshments, which offered attendees ample opportunity for one-on-one discussion and the chance to connect with panelists personally.

Public Health Consulting is a broad field that allows individuals to play various roles and contribute to a range of public health initiatives. The panelists spoke about their personal experiences in shaping their career to focus on issues they were passionate about. They emphasized building an entrepreneurial
Praised as “first rate advice” by the American Public Health Association (APHA), “101+ Careers in Public Health”, by Beth Seltzer, MD, MPH, is an informative reference guide for anyone in the field of public health. Divided into five parts – Introduction to Public Health, Public Health Careers, The Future of Public Health, Public Health or Medical School, and Advice from Career Counselors, it provides a comprehensive overview of public health careers: job description, educational credentials, employment outlook, and compensation. Readers can benefit from specific sections of the book that focus on their interests.

Throughout the book, Dr. Seltzer encourages students to be active and take initiative when exploring and pursuing careers. “Many MPH students are hired to work at places where they interned. Others use the network of people they meet during their studies to find job openings and get recommendations.” (Seltzer, 14) Unique experiences, such as internship experience with carrying out proper protocols for elderly falls can give job-seekers a surprisingly competitive edge when applying for jobs, even unrelated to injury prevention. She emphasizes the importance of maintaining a broad perspective and open mind for the dynamic public health field.

Dr. Seltzer also accentuates the evolving roles of implementing science and community-based participatory research (CBPR). Breaking away from the traditional approach in which researchers dictate the project from the start, thus leaving local participants unengaged and uninterested, CBPR turns research around. “Instead of being “research subjects,” community members become active participants. Development of specific research questions and decisions about how data will be gathered and what will be done with it are collaborations among researchers, community members, representative of community organizations, and others with a stake in improving the local population’s health” (Seltzer, 452). Such changes toward CBPR will demand new sets of skills and expertise from candidates applying for these jobs.

Although the majority of the book is fact-driven, Dr. Seltzer also incorporates numerous formal interviews and anecdotes from various individuals who share details of their day-to-day lives on the job. In the penultimate chapter, she talks about the differences between health care and public health. Speaking from her experiences and backgrounds in both medicine and public health, she elaborates on the pros and cons of each and expands on the pathways to both fields. In the final chapter, two public health career counselors--one from Johns Hopkins and one from Columbia University offer further insight on the current job market and useful networking tips.

“101+ Careers in Public Health,” is available as an ebook through the Levy Library. Happy reading!
Environmental Music Therapy

By Rashi Bedekar, MPH student in the Epidemiology Track
In consultation with Gabriela Ortiz, MS, LCAT, MT-BC

The monitors are beeping, nurses are talking and somewhere far off I can hear a baby crying. Those are just some of the sources of noise in the busy Pediatric Intensive Care Unit (PICU) at the Kravis Children’s Hospital at Mount Sinai. While the hospital offers the most advanced treatment and technology available for every child admitted here, literature suggests ICUs in particular appear to be at greater risk for environmental stress due to the ambient noise created by the environment.

Through research, it is known that music therapy can reduce a patient’s perceptions of pain, facilitate engagement, enhance resilience and provide emotional support using a range of therapeutic techniques that include both receptive and interactive uses of music and sound. Music therapists, Gabriela Ortiz, MS, LCAT, MT-BC and Todd O’Connor, MA, LCAT, MT-BC, at the Child Life and Creative Arts Therapy Department at Mount Sinai, are specifically focused on implementation of Environmental Music Therapy (EMT) techniques in the Pediatric ICU. Within this perspective, live, improvisational music is broadcasted to a particular environment to re-contextualize the noise in the space. Intensive Care Units are known to contain an abundance of noise pollution or negative sound. EMT offers a method for altering these negative or sterile soundscapes in order to create more ideal spaces for development of health and well-being.

When asked what the difference between music therapy and environmental music therapy is, Gabriela says, “Environmental music involves the music therapist playing live music with as opposed to the environment. This work differs from the more traditional boundaries and definitions of music therapy, such as the direct client-therapist relationship, as it considers the relationships that exist between a person, contexts, structures, values and environments in which people reside. From this perspective, EMT fits well within ecological practices by helping to improve relations between individuals and their ecological contexts.”

As music therapists at the Kravis Children’s Hospital, Gabriela and others were interested in getting involved in a multi-site research study with Mount Sinai Beth Israel’s Louis Armstrong Center for Music and Medicine. In fact, it was the director, Joanne Loewy, DA, LCAT, MT-BC and music therapist Steve Schneider, who first defined and developed EMT in fragile, hospital settings. Previous studies have suggested that EMT improved staff members’ mood, enhanced peer and staff support, reduced feelings of anxiety and increased feelings of calm for patients and their caregivers (Canga, B., Hahm, C.L., Lucido, D., Grossbard, M., & Loewy, J., 2012).

All patients admitted to the PICU and Pediatric Cardiac/Cardiothoracic Intensive Care Unit (PICICU) are potential research participants and are identified in collaboration with the interdisciplinary treatment team, using electronic medical records. Patients, caregivers and staff are informed of the study verbally and given a consent form if they agree to participate in the research study. Gabriela works alongside the research assistant to organize and maintain data in strict accordance with the current IRB-approved research protocol.

As a research assistant on this study, I quickly learned that recruiting participants came with challenges. The PICU/PICICU is a fast-paced environment and patients can sometimes be transferred, discharged, or unavailable for various reasons. When I asked Gabriela about how she works with the challenges, she stated, “We have found strategies to assist in recruitment, including having key research personnel on the units to help increase staff familiarity with the study and promote partnership between the staff and research team. Having the support from our ICU attendings is essential in this regard.”

When conducting EMT, the Child Life and Creative Arts Therapy Department’s music therapists have received positive feedback from patients, caregivers and staff regarding the benefits of EMT. Many staff members have commented on feeling improved moods and levels of fatigue. Gabriela recalled, “A parent of a child once came up to me to tell me how EMT had a calming effect on them and their child.” It wasn’t just the parents and the staff who enjoyed and benefitted from the music. When I worked on study during summer and shadowed a few EMT sessions, I felt refreshed too. Music definitely has its own way of relieving stress. Music therapists within the Child Life and Creative Arts Therapy Department play an important role in addressing issues arising from such soundscapes by focusing on improving health and the relationship between individuals and their physical environments.


Applying Research Skills with MPH 0414 Cardiovascular Epidemiology

By Muzammil Hyder, MPH student in the Outcomes Research Track

While searching for an elective for my Spring II term, a new course made its presence known: MPH 0414 Cardiovascular Epidemiology. Based on the brief descriptions the course sounded interesting, and it did not disappoint. Lectures were given by incredible, high profile guest speakers from across the nation on a wide variety of issues in cardiovascular public health. But despite great speakers, the most meaningful part of the class was the research assignment.

Early in the course, students divided into small groups based on individual skillsets, and were tasked with conducting research projects on cardiovascular public health using publicly available national datasets. Formulating a research question, performing a literature review, analyzing data, and manuscript writing were all part of this twelve week journey. Topics ranged from analyzing uptake of the transcatheter aortic valve replacement (TAVR) procedure, to studying physician counseling on obesity, to examining the association between ideal cardiovascular health and cognitive function. The National Inpatient Sample (NIS), National Ambulatory Medical Care Survey (NAMCS), and National Health and Nutrition Examination Survey (NHANES) were used as databases. Presentations on the research as de facto midterms and finals offered us the opportunity to refine and improve these projects over time.

Collaborating with motivated team members and dedicated professors was extremely helpful. The Course Directors, Rajesh Vedanthan, MD, MPH, and Sunil Agarwal, MD, PhD, MPH, were truly invested in students' learning. Be it by setting up phone calls or meetings outside of class, they did their best to make themselves available and offer guidance. Be prepared to run into Dr. Vedanthan in the lobby of Annenberg and provide him with an update on your project!

The knowledge and the skills I gained from my previous biostatistics and epidemiology classes were strengthened during Cardiovascular Epidemiology. Applying the material learned in the class to my own analysis helped to not only solidify my understanding of that material, but also enhanced how I conduct research in the future. Ultimately, this class provided insight into the process of public health research. If you want to work on a meaningful research project with collaborative peers and professors, I would highly recommend taking MPH 0414 Cardiovascular Epidemiology.

MPH 0108 Comparative Health Systems

By Marni Goldstein, MPH student in the Health Care Management Track

This Fall, I had the opportunity to take MPH 0108 Comparative Health Systems, a new course offered by the Graduate Program in Public Health. Taught by Alexander Preker, MD, PhD—who also teaches MPH 0105 Health Economics and has a distinguished background working for the World Bank and the World Health Organization (WHO)—this course provided an overview of the wide variety of healthcare systems around the world from an economic perspective.

The class began with a surprise guest speaker, Chelsea Clinton, DPhil, MPH, who shared her global health and policy experience with us. In the following weeks, Dr. Preker explained basic economic principles associated with healthcare policies, and gave us a framework for how to evaluate a country’s healthcare system. Each student was then assigned to choose a country to analyze from a macroeconomic and health policy standpoint, focusing on the health system’s cost, quality, access, and innovation.

The countries my classmates and I chose included France, Italy, Switzerland, Germany, Austria, the Netherlands, Singapore, China, India, Israel, Russia, and the U.S. Each week consisted of about three presentations based on the similarities in policies of history of the countries’ healthcare systems. This allowed us to compare and contrast each country. The small class size allowed us to engage with one another in a seminar style. I found this extremely valuable and helpful for learning from one another and from Dr. Preker.

Healthcare is one of the most debated issues in today’s political climate. This course allowed me to view healthcare systems critically and comparatively, to better understand what has worked well and not so well in the U.S. and around the world, and form ideas about how our own system can improve. Overall, I found this course to be very informative, engaging, and a valuable addition to the curriculum!
Public Health Grand Rounds: 2018 Schedule

**February 6 | Jeffrey Sachs, PhD**
Jeffrey Sachs is the Special Advisor to the United Nations Secretary-General António Guterres on the Sustainable Development Goals and Chair and Founder of the non-profit organizations Sustainable Development Goals USA and Millennium Promise Alliance. He is a bestselling author and has been cited numerous times as one of the world's leading and most influential experts on economic development.

**March 6 | Jason Cone**
Jason Cone is the Executive Director for Doctors Without Borders/ Médecins Sans Frontières (MSF) in the United States. He has led the emergency and advocacy communications campaigns regarding the Ebola outbreak, Haiti earthquake and cholera epidemic, and other public health issues. Chronicle of Philanthropy included Jason Cone in their 2016 list of “40 Under 40” trailblazing non-profit leaders.

**April 17 | Bennett Shapiro, MD**
Bennett Shapiro, previously an Executive Vice President for Merck, is currently a Member of the Board of Directors of Drugs for Neglected Diseases Initiative (DNDi). He has made significant contributions to basic science and plays a leading role in drug research and development.

Outside the Classroom

Join us in congratulating the current students and alumni who have presented their work at conferences in 2017! If you would like to be considered for a feature in The Scoop or on our social media, please send your photo to jennifer.valdivia-espino@mssm.edu.

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**The Scoop**

FALL 2017/WINTER 2018

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**ANNUAL ANNOUNCEMENTS**

National Public Health Week is April 2 – 8, 2018. There is still time to join the 2018 National Public Health Week Planning Committee! Please contact Jen Valdivia Espino at jennifer.valdivia-espino@mssm.edu if you are interested in joining the team.

Public Health Research Day will be held on Thursday, May 31! This day-long event is required for all students, and includes an annual poster session, keynote address, oral presentations, and a cocktail networking reception.

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