The Scoop

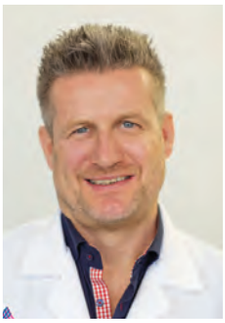
Icahn School of Medicine at Mount Sinai

GRADUATE PROGRAM IN PUBLIC HEALTH

Fall/Winter 2016 – Issue 7

The Director's Column

Dr. Nils Hennig, Program Director



A happy 2017 to everyone, and a heartfelt welcome to all new students. You are now part of a community that takes pride in its diversity, dedication and excellence. We don't all look alike, we definitely don't all think alike, but all of us are deeply committed to public health teaching, research and practice, and a shared responsibility to grapple with tough public health issues and to articulate potential solutions that improve our collective well-being.

Listening to our students and faculty over the last weeks since the surprising results of the U.S. presidential election, it is fair to say that there are some very raw feelings and deep uncertainty about the future of public health. The election atmosphere was one of hate, distrust and violence, forever remembered by presidential candidate Trump stating that Mexicans are rapists, "you can do anything" to women, Muslims should be registered or banned, differently abled people deserve to be mocked, and his endorsement of torture. Regarding public health policies, he stated that vaccines – one of the greatest achievements of biomedical science and public health – may cause autism. His response to the gun violence epidemic, a leading cause of premature death in the U.S., is an unequivocal support of firearm advocacy groups. He called for the complete elimination of the Patient Protection and Affordable Care Act (ACA) which brought the uninsured rate to the lowest level in history. Twenty million people were added to insurance or expanded Medicaid roles through the program – if and how these people can receive healthcare under a Trump administration once ACA is repealed is not clear.

On foreign affairs he favors an isolationist approach. During the Ebola epidemic in West Africa, he strongly opposed allowing American aid workers to return to America for treatment: "People that go to faraway places to help out are great – but must suffer the consequences!" According to the Southern Poverty Law Center, hate crimes have increased since the elections.

Prejudice, misogyny, racism and xenophobia still exist and can be exploited. An important cause is the growing inequalities in our society. The anger of the Trump electorate is reflective of the economic and cultural marginalization of the white working class. This marginalization is consistent with the broader economic disparities in the U.S., as widespread income inequality has become a fact of American life.

According to the Congressional Budget Office, in 2013, the top 10% of families held 76% of the wealth, while the bottom 50% of families held 1%. Since 2009 when the recovery of the last recession of 2007 started, 95% of economic gains went to the top 1% net worth. The poor are losing ground not only in income, but also in years of life, the most basic measure of well-being.

Despite advances in medicine, technology and education, the longevity gap between high-income and low-income Americans is widening sharply. While the life-expectancy of the richer American continues to increase, certain groups of poor Americans are actually for the first time experiencing a decrease in life-expectancy – something previously unheard of in developed societies. A 2013 United Nations Children's Fund (UNICEF) report on the well-being of children in 35 developed nations ranked the United States at 34 out of 35 (Romania is ranked the worst).

As public health students, researchers, educators and practitioners, it is our responsibility to heal the divides in this country. If anything, in the coming four years, our society needs more people who have a public health background; people who can speak truth, evidence and science to power. Doing so we have to remember the importance of civility and respect, of engaging with others empathically, keeping an open mind, embracing diversity of all kinds including ideological, as we work towards a healthier society. I personally am optimistic, and am strongly encouraged by the countless examples of tolerance and respect I see every day here at the Graduate Program in Public Health at ISMMS. Our program supports an academic culture of inclusion, and I encourage all of you to become even more involved and continue to tackle and solve public health challenges.

Practicum Highlight:
Center for Transgender Medicine and Surgery

By Shaina Sidnauth, second-year MPH student in the Health Care Management Track

Only in the recent years of American history have concerns of lesbian, gay, bisexual, and transgender (LGBT) populations been placed under a public health lens. Transgender individuals in particular continue to be a stigmatized group because of individuals' political, moral, or religious beliefs. Data shows that medical staff often overlook the needs of this population, perhaps because of implicit bias.[1] Consequently, funding of research pertaining to transgender related health issues has been rare, publication of existing research has been limited, and development of programs and proposals have been scant.

The Center for Transgender Medicine and Surgery (CTMS) sprouted under The Mount Sinai Comprehensive Health Program-Downtown (MSCHP-Downtown) after a large population of patients expressed interest in gender/sexual reassignment surgeries. Executive leadership determined that a program of this kind would be an innovative expansion to services that have not been readily available to the transgender community. At the time, there were no existing programs in NYC that offered transgender surgeries in a comprehensive package-inclusive of the necessary primary care services, mental health services, social work services, and pre- and post-operative care. Since March 2016, CTMS has served to bridge the gap in transgender resources in NYC. Most importantly, to achieve this, CTMS consists of highly competent staff members interested in building a successful program.

When I joined the management team of CTMS in July, I was both excited and nervous after assessing that the program was still in its infancy. My excitement came from knowing that I was on the ground floor of the program's construction and that I had the rare opportunity to be a part of the program's foundation and advancement. Equally present were my feelings of nervousness which came from the fact there were no guidelines or references to follow, and I knew I was in for a steep learning curve.

My role at CTMS involved administrative and operational functions. I focused mainly on the creation of the Policy and Procedure Manual that would standardize operations at CTMS. The manual first started as a roster of policies that I was responsible for maintaining. The roster was a handy tool to keep track of which policies were completed, in progress, or outstanding, but most importantly, it was used to measure our progression and guide our weekly meetings. Throughout the manual's development, I actively gathered and formatted

policies from both the inpatient and outpatient units in an effort to create a single uniform manual. Admittedly, it was sometimes a challenge for me to adapt between different teams consisting of participants from various disciplines, but it helped that everyone's focus and efforts during our meetings were geared toward a common goal. As a product of my practicum, I aim to deliver a well-organized, comprehensive manual on behalf of CTMS that will be approved by the hospital's board and meet the requirements of outside auditors, such as the New York State Department of Health.

In addition to the practical skills and invaluable knowledge that I've gained from the practicum, I've absorbed leadership traits from my team as well. From Matt Baney, Senior Director of the Institute for Advanced Medicine, who is driven by his mission and constantly pushes for better and greater: passion. From Jean DiNapoli, Associate Director, whose production and efficiency surpasses what her schedule seemingly permits: reliability. From Zil Goldstein, Program Director, who manages multiple projects over multiple sites involving hundreds of patients: flexibility. And from Natalie Fleming, Senior Entitlement Coordinator, whose personable demeanor retains a warm and welcoming environment: integrity.

Overall, I have learned that successful healthcare management is driven by strong leadership and harmonized teamwork. Without the two, any healthcare organization will build internal obstacles, lose external support, and ultimately be at risk for closure. CTMS provided me with the opportunity to grow and develop in tandem with the organization. I am grateful for the unforgettable practicum experience at CTMS where I was able to contribute to the field of public health by providing much needed resources and added knowledge to supply innovative approaches to health promotion and equitable treatment for the transgender population.

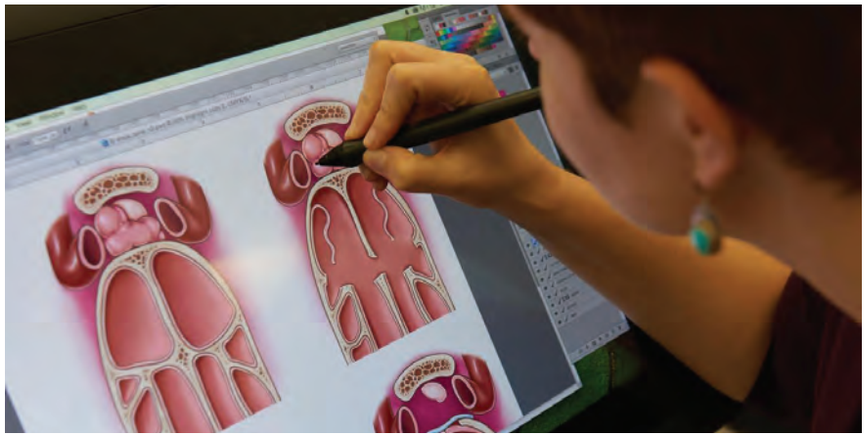
Source:
1. Dewey, J. M. "Knowledge Legitimacy: How Trans-Patient Behavior Supports and Challenges Current Medical Knowledge." *Qualitative Health Research* 18.10 (2008): 1345-355. *CPATH.* Web.

The Role of Art in Medicine and Health: **A Glimpse at Medical Illustration with Jill Gregory and Chris Smith**

By Sarah Goodman, second-year MPH student in the Health Care Management Track

All learners in the science disciplines will recognize the glossy, pristine style of illustration depicting the inner complexities of life. However, we are seldom aware of the immense effort, precision, and collaboration required to produce such clear and detailed images. In fact, there is an entire skilled profession – medical illustration – devoted to the study and generation of these descriptive visual narratives. Mount Sinai's very own Certified Medical Illustrators (CMIs) are Jill K. Gregory, CMI, FAMI and Christopher M. Smith, MA, CMI. They specialize in creating custom-made, easily digestible representations of biological structures and processes. They serve the entire Mount Sinai Health System, whose anatomists, surgeons, molecular biologists, patient educators, and other faculty all rely upon their art to enhance their own lectures and publications. By extension, medical illustrators' work further supplements and solidifies understanding of the body, laying critical foundations for biomedical and public health competency.

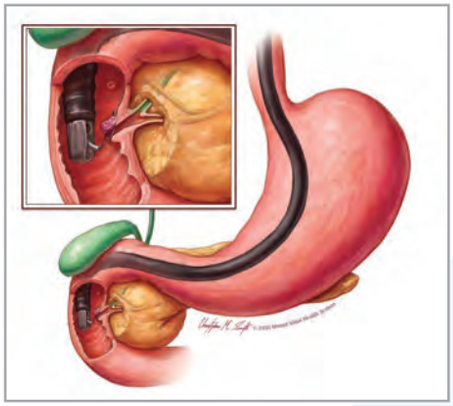
Gregory and Smith, like all CMIs, are skilled in both artistic and scientific disciplines. In addition to learning biochemistry, anatomy, and physiology, CMIs must complete extensive coursework in drawing, painting, digital illustration, animation, and graphic design. Many aspiring CMIs double major in art and biology, as did Gregory, who first discovered this profession while in high school. Smith took a different route and chose to supplement a Bachelor of Fine Arts (BFA) with premedical requirements. Nowadays, CMIs pursue a master's degree in Medical and Biological Illustration. Acceptance to these master's programs are highly competitive as there are only four of them in North America. In 2014, Smith was one of six who graduated with a Master of Arts (MA) in Medical and Biological Illustration from Johns Hopkins' Art as Applied to Medicine Department. Gregory earned her Master of Fine Arts (MFA) in Medical and Biological Illustration from the University of Michigan.



Gregory and Smith use advanced software such as Adobe Photoshop, Illustrator, After Effects, Pixologic's ZBrush, and Maxon's Cinema 4D to produce vivid images. However, they still employ many of the same manual art techniques used in traditional pencil sketching, ink, oil painting, and watercolor. Indeed, these skills are often exercised simultaneously. Gregory, who has been a CMI at the ISMMS for twelve years and has managed the Department of Medical Illustration for six, explained during our interview, "There's kind of a false dichotomy between using the computer and drawing by hand. People tend to think it's just one or the other, but it's not. We're still drawing, except on a touch-sensitive screen with a stylus instead of on paper with a brush or pencil." (Image above) Sometimes, a medical illustrator may draw a basic sketch by hand, scan it into the computer, and continue with color and depth using a computer program. "There are usually at least fifteen different ways you could go about any given illustration," she continued, "so you just go with what seems most natural to you."

The creative process behind adding color, depth, and texture to a biomedical sketch requires additional care and strategy. While working on an endoscopy illustration (image right), Smith described the techniques he was using to make it as vivid and telling as possible. "After doing a basic sketch, I put down flat colors, one of the stomach, gallbladder, pancreas, and then the endoscope. I then start to think about the light source and where it would fall on each organ." Smith briefly resumed working on it to demonstrate the techniques. As he diligently added some white and gray to the endoscope to create a subtle glare, it was amazing to see it suddenly appear tubular and three-dimensional. "Now, I figure out the shapes of the shadows and where they'd fall. This is where the foundations in art training come in handy, like color theory."

Medical illustration is a highly iterative process between CMIs and their clients.



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Global Health Summer Experience

Every year, MPH students can apply to the Global Health Summer Experience to spend six to eight weeks during July and August in various destinations around the globe. In the summer of 2016, several MPH students conducted fieldwork in Argentina, Dominican Republic, India, South Dakota and Uganda. Students from three different sites shared their experiences.

Budondo, Uganda

By Molly Dobelle, second-year MPH student in the Epidemiology Track & Patricia Moscibrodzki, second-year MPH student in the Global Health Track

Malaria is a leading cause of morbidity and mortality in Uganda, and it disproportionately causes serious illness in pregnant women and children under the age of five. One effective way to prevent malaria transmission is by sleeping under a Long Lasting Insecticidal Net (LLIN), since the Anopheles mosquito responsible for transmitting malaria is active only at night. The primary objective of our practicum was to conduct a cross-sectional survey to determine baseline estimates of LLIN ownership and usage in Namizi Parish, Uganda. The secondary objective was to learn more about the alternative use and barriers to use of LLINs within the villages, as well as to investigate whether there are different patterns of overall net use observed between those who purchased their nets and those who received them for free. The results of the statistical analyses will be used by the Soft Power Mukagwa Allan Stone Community Health Center, village leaders, and other parties interested in focusing their malaria education and net distribution programs on the areas of greatest need.

Over the course of two months, several questions arose pertaining to our adjustment of Uganda's beautiful, yet foreign environment. How long do rashes from a hairy caterpillar last? How do you request the chicken be removed from your room without sounding high maintenance? Is the altitude higher here, or are we just out of shape? Some things just weren't in the guidebook, but the incredible support we received from our host family and project team allowed for a relatively smooth adjustment to our surroundings.

We were lucky to live in a village that overlooked the Nile River, so after a long (or short) day in the field, we often took the opportunity to unwind on the waterfront with activities like zip lining, paddle boarding, or whitewater rafting. On weekends, we found ourselves cruising the Ugandan countryside at 10 or even 15, but no more than 20, miles per hour, en route to an impressive waterfall or in search of what the next best town had to offer. One of our most memorable excursions was when we went on safari to Queen Elizabeth National Park! (We learned that gaps in sightings of the Big Five could be bridged by a quick trip to the local zoo. Shh!)

Study design and data collection are foundations of public health and population-based research, and our experience in Uganda gave us the unique opportunity to directly apply techniques and concepts learned in the classroom to the development and execution of our own research project. Understanding the behavioral theories learned throughout our MPH coursework provided the basis for applying ethical principles in accessing, collecting, analyzing, and disseminating the data collected from our work in Uganda. The global health trip provided us the opportunity to integrate academic knowledge into a tangible experience.

Art in Medicine and Health *(continued from page 3)*

The most important aspect to the job is accuracy. "Clients come to us with a visual or conceptual problem that needs to be solved," emphasized Gregory. "If there is one central tenet to medical illustration, the most important thing is that it is correct." Smith added that each illustration must clearly tell a story, "Because you're trying to communicate something that can't be taught or shown otherwise. People sometimes ask, 'why don't you just take a picture?' But most things can't really be shown that way."

As the field of public health becomes more demanding, and healthcare options increase in number at an astounding rate, the role of medical illustrations in patient education and health literacy initiatives will prove increasingly vital to improving public health and patient outcomes.

To request or inquire about illustrations, contact Jill.Gregory@mssm.edu. To learn more about medical illustration in general, visit the Association of Medical Illustrators at AMI.org.

Gujarat, India

By Qainat Shah, second-year MPH student in the Health Promotion and Disease Prevention Track

Working in collaboration with the Mental Illness and Neurological Disorders (MINDS) Foundation based in Vadodara District, Gujarat state, India, the focus of this trip was to conduct assessment surveys among the community health workers in Vadodara regarding their knowledge of and perception towards mental illness. There is a tremendous need for mental health resources in India. The substantial stigma, discrimination, limited resources, and lack of understanding around mental illness are overwhelming barriers that need to be addressed to better help those with mental illness in low- and middle- income countries, like India. Because psychiatric physicians are scarce and unevenly distributed, community health workers are a resource to bridge the mental health care gap and improve mental health services. As a community health worker, I was trained to identify mental illness and serve as a liaison between the mentally ill and medical professionals of India.

The most challenging part for me was getting myself adjusted to a new country. This was my first time in India, and I found it difficult to get accustomed to the food, language and the culture, which are drastically different from my own. Due to the lack of stable wi-fi service, it was tough to stay connected with my family and friends, which made it harder for me to adjust. It was refreshing, however, to be outside my comfort zone which allowed for a lot of personal growth.

The most memorable part for me was witnessing 'Mamta Day,' where, on the 4th Wednesday of every month, the community health workers in each village gather and administer vaccinations to children. These vaccinations included Bacillus Calmette–Guérin (BCG), Oral Polio Vaccines (OPV), measles, and Vitamin A. They also weighed the children and provided counseling and support for pregnant women in the community. This was memorable because I got to witness firsthand the form of infrastructure ensuring that women and children get the care that they need.

The Preparation for Global Health Fieldwork course adequately prepared me to embark on my global health trip. I am so grateful to Dr. Craig Katz who helped me throughout the process, from submission of the IRB to being supportive during our stay in India. The Health Promotion and Disease Prevention track aligned beautifully with my trip, giving me a front row seat to the workings of a public health organization.

Buenos Aires, Argentina

By Luis Torres, second-year MPH student in the General Public Health Track

In Buenos Aires, Argentina, I was able to gain firsthand experience with the operations of an Non-Governmental organization (NGO) - Intercambios Asociación Civil. Their work focuses on Harm Reduction Drug Policy using an evidence-based approach that aims to address a variety of drug issues within Argentina and Latin America. This is achieved through working with vulnerable groups, creating relationships with drug-using communities based on respect and trust, developing human rights based drug policies, and facilitating behavior change via clinical and educational harm reduction interventions.

With a small budget and limited resources, sometimes it became a challenge to produce optimal results on behalf on the NGO. They were very dependent on the "skeleton staff" they had available and at times the workload became heavy. However, as a team, we were able to maximally utilize the resources we had with the workforce we could provide.

I left Argentina with a strong working knowledge of policy development, advocacy, and program implementation. I enjoyed learning how an international NGO collaborates with different countries in an effort to address the worldwide issue of drug policy. Apart from my work there, my most memorable moment after the internship was hiking through Patagonia and seeing some of largest and most beautiful glaciers in the world. Pictures do not do it justice and it's something I'll always remember.

Preparation for Global Health Fieldwork was a very useful course in which much of what we learned turned out to be highly applicable on the field. We learned about conducting surveys, managing data, engaging in focus groups, and familiarizing ourselves with a lot of terminology. I found it important to be flexible especially when it came to working with the various aspects of drug policy including domestic law, clinical care, mass media campaigns, community outreach, and governmental reports. My experience in Argentina led me to an international drug policy conference in Dominican Republic this past October and has led me to the job I have now at Vital Strategies, a global health consulting firm.

Chengcheng Tu Receives 2016 ACTStat Student Award

By Sang Hyub Kim, third-year DPM-MPH student in the Occupational & Environmental Medicine Track

Chengcheng Tu is a DPM-MPH candidate in the Biostatistics track. On July 30th, she received the Association of Clinical and Translational Statisticians Student Award at the 2016 ACTStat Annual Meeting held at the Hilton Chicago Hotel. In her project, "RRApp, a Robust Randomization App, for Clinical and Translational Research," she aimed to develop a user-friendly randomization app to assist junior clinical faculty and fellows at academic medical institutions across the United States to design, conduct, and successfully implement Randomized Clinical Trials (RCTs).

(Left to Right) Emma K.T. Benn, DrPH, MPH, Chengcheng Tu, and Rickey Carter, PhD, President

Her mentor, Emma K. T. Benn, DrPH, MPH, the Specialty Track Advisor of the MPH in Biostatistics Track, Director of Academic Programs for the Center for Biostatistics, and Assistant Professor in the Department of Population Health Science and Policy at ISMMS, plans to post the RRApp on a server for Sinai network members and members of other Clinical and Translational Science Award (CTSA) programs. Chengcheng concludes, "Junior clinical faculty and fellows in academic medical institutions are currently the targeted user population of RRApp. Yet, RRApp could prove to be extremely beneficial to a larger population of clinical and translational researchers at later stages of their careers, while simultaneously ensuring a reproducible and user-friendly standard for the generation of randomization schemes for clinical trials in the future."

"I became interested in block randomization while taking a clinical research course titled, "Applied Biostatistics in Clinical Trials."

— Chengcheng Tu

Chengcheng served as the TA for Introduction to R Programming. She will receive her MPH degree in June 2017, and will complete her Doctorate of Podiatric Medicine (DPM) in May 2018.

How did you get involved in this research?

I became interested in block randomization while taking a clinical research course titled, "Applied Biostatistics in Clinical Trials." I discussed this idea with Dr. Benn and she thought that using my R programming skills to write a function to generate a block randomization scheme might help me better understand the concept. I subsequently wrote four additional functions for simple randomization, stratified randomization, stratified block randomization and permutated block randomization. Later, she suggested that I create a Shiny app, which consisted of generating both the user interface and server script in R, to disseminate my functions in a user-friendly fashion for other people in need, such as junior faculty who have a limited research budget.

What was your reason for pursuing the Biostatistics track?

There is a scarcity of doctors who have extensive expertise in biostatistics and who are knowledgeable in the field of podiatry. In fact, this lack of adequate statistical expertise is evident in many articles published in top-tier podiatry journals. Moreover, as a Chinese immigrant, I noticed the gap between an increasing proportion of Chinese patients and the underrepresentation of Chinese patients in podiatric clinical studies. I would like to apply my statistical skills to raise awareness and understanding of this underserved population.

How do you plan to combine your MPH background with your future podiatric practice?

I intend to merge my statistical and podiatric specialties to accomplish two career goals: 1) to increase the research capacity and statistical competency of podiatrists, and 2) to increase collaboration of the podiatric research teams with biostatisticians. Hopefully, this will help to increase the internal and external validity of clinical and translational studies in the podiatric sector and foster a research-friendly environment.

The 2016 Election- Implications for Public Health

By Shaina Sidnauth, second-year MPH student in the Health Care Management Track

The core element of leadership is having a vision. Yet, there is much we do not know about President-elect Trump's vision, especially when it comes to the field of public health. As Trump has never previously held an elected office, our understanding of what the future holds is based on general statements made during his campaign. Amongst all the emotion over the outcome of the 2016 election, it is safe to say that many of us in the Mount Sinai community are engulfed in what feels like a lingering limbo of uncertainty.

Exemplary of the strong and supportive community at Sinai, no individual has been left alone in this limbo. In the weeks after the election, students, faculty, administrators, and other staff came together in venues that facilitated healthy discussions of the recent events and set a standard for how to move forward as a community. One notable event was Global Health and U.S. Policy: Priorities for the Next Administration, which was held on November 14th, less than a week after the election. This event was hosted by the Arnhold Institute for Global Health in the Goldwurm Auditorium. Dennis S. Charney, MD, Dean of the Icahn School of Medicine gave the opening remarks. Former Secretary of Health and Human Services and Founding Dean of the Morehouse School of Medicine- the honorable Louis W. Sullivan, MD, joined Arnhold Institute Director Prabhjot Singh, MD, PhD, in a conversation moderated by health reporter Dan Diamond of Politico, to define and assess the challenges and opportunities born out of the election.

Dr. Sullivan who is a leader in health equity, spoke from his experience as the 17th U.S. Secretary of Health and Human Services, and addressed questions and concerns ranging from the potential advancements in global health to his advice for President-elect Trump. Dr. Sullivan stated, "Investments in our health system have provided great returns for the American people." Listing, for example, the eradication of small pox and polio, curtailing the epidemic of tuberculosis and AIDS, and declining infant mortality rates, he continued, "Fundamentally, [national leaders] are elected to serve us, to see that the health needs of our society are met. Leaders need to understand that there is a great opportunity to make our country indeed a better country, but it will not happen if they do not make that investment." The investment that Dr. Sullivan is referring to is the advancement towards precision medicine. We are now poised with an opportunity, due to developments in science and technology, to practice medicine directed at the individual where the "likelihood for a response is greater and the likelihood for an adverse reaction is less," explains Dr. Sullivan. Understanding that Trump is no expert on the inner workings of health care, Dr. Sullivan advised, "I envision him to rely on the people around him. I'd talk to leaders in Washington who will be advising President Trump, including the Chief of Staff, to help them understand the priorities of public health problems and to try to build momentum and support for global health programs." In essence, the idea or hope is that all resources and expertise surrounding the Trump administration can coalesce for the better.

Dr. Singh, who has an impressive academic and professional background, spoke from his experiences as Chair of the Department of Health System Design and Global Health at the Icahn School of Medicine, founding Technical Advisor of City Health Works, and co-founder of the One Million Community Health Worker Campaign. Much of his work focuses upon the scalability and sustainability of population health care models. He provided insight into the current issues in our health care system and shared what health priorities may be slipping with the presidential transition. Dr. Singh emphasized how complicated federal policy sustains the gap in health literacy in the United States. He explained, "That is a gap that would have existed regardless of the administration that came forward. Narrowing that gap, making sure people understand what good health looks like, requires steps towards ensuring they have good health coaches, community health care workers, or other resources to clarify the gap in understanding." In regards to the priorities that may slip between the presidential transition, Dr. Singh stated, "The possibility of millions of people losing healthcare coverage is not slippage, it's a serious problem." He suggests, "Think of close-to-community solutions… it becomes more practical and it's where we can get the best answers for the difficult questions that we face."

Dr. Sullivan and Dr. Singh both alluded to the difficulty they had in preparing for the November 14th conversation. They shared their concern about the lack of information that would have steered them to more reassuring answers. Nonetheless, it was concluded that despite the surrealism that may be felt, the priority now is to think about the important things we can accomplish. Dr. Sullivan reminded us of President Obama's words when Trump first visited the White House as the President-elect: "We want to help you succeed, because if you succeed, then our country succeeds." With that in mind, the vision of a successful country requires that the current limbo of uncertainty be countered with advocacy, collaborative relationships, and the resilience to move forward.

Student Services: Be Aware and Take Care

Mistreatment Resource Panel

The Mistreatment Resource Panel (MRP), founded in 2016, is a student-run organization that serves the Graduate School students; including Postdocs, PhDs, Master's, and PREP scholars. MRP is a panel comprised of 6 graduate students, 6 postdocs, and 4 faculty members, whose mission is to extend the resources for students to report mistreatment and reach out for institutional support, as well as serve as a sounding board for ways to address mistreatment situations as they arise. These reports can be made anonymously and will be confidential.

Dean's Task Force

The Dean's Task Force on the Learning Environment: Enhancing Well-Being and Changing Culture, founded in 2016, was born out of the need to address three important topics: mental health, well-being, and academic culture at Icahn School of Medicine at Mount Sinai. The Task Force is comprised of student representatives from all degree granting programs, faculty, administrators, housestaff and post docs. A comprehensive proposal will be submitted to Dean Charney, with the hope of implementing interventions in early 2017.

Trainee Life and Wellness Committee

The Trainee Life and Wellness Committee works to identify needs and develop solutions in the areas of enhancing student life and wellness in the Graduate School. The focus is to maintain a positive, supportive and secure educational environment. The committee stands to bring together a community at Mount Sinai that supports holistic wellbeing and serves as the voice of the graduate student body. All input is welcome, including school stressors, program development, and student activity suggestions.

If you would like to utilize any of the above services or voice your questions, concerns, and/or suggestions please feel free to contact your MPH representative serving on these committees: Shaina Sidnauth at shaina.sidnauth@icahn.mssm.edu.

ANNOUNCEMENTS

National Public Health Week is **April 3-9, 2017.** If you have an idea for a NPHW event or are interested in planning events with other students, faculty, and staff, please contact Jennifer Valdivia Espino, Coordinator of Student Affairs, at jennifer.valdivia-espino@mssm.edu

Save the date for Public Health Research Day on **June 1, 2017!**

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

Icahn School of Medicine at Mount Sinai

The Scoop FALL/WINTER 2016

Editors
Shaina Sidnauth, MPH Student
Sang Hyub Kim, DPM-MPH Student
Christine Cortalano, Program Manager
Jennifer Valdivia Espino, Program Coordinator
Elisabeth Brodbeck, Administrative Director
Nils Hennig, MD, PhD, MPH, Program Director

Staff Writers:
Sarah Goodman, MPH Student
Qainat Shah, MPH Student
Molly Dobelle, MPH Student
Patricia Moscibrodzki, MPH Student
Luis Torres, MPH Student

Visit Us On The Web
Icahn.mssm.edu/publichealth

Contact Us
publichealth@mssm.edu
Tel: 212-824-7292
Fax: 212-824-2327

Center for Advanced Medicine (CAM)
17 E. 102nd Street
West Tower, Fifth Floor
New York, NY 10029