A letter from the Editors

Common public health buzzwords - community building, coalitions, task forces, capacity building – were evident this semester as New York University's public health community collaborated on many joint projects.

Distinct programs with different emphases, the Global MPH program, the Wagner health policy and management program, and our Steinhardt MPH program share the common goal of preparing students to address the myriad health concerns throughout the world. Reflecting this common goal, our public health community sponsored a film festival, and a career panel that brought classmates from the various programs together.

Joint events strengthen the entire the NYU public health community while recognizing the strengths of each one. We're happy to report on each event in the newsletter and we look forward to seeing more such events in the spring.

Many thanks to our student writers who contributed to this issue. Inside you'll find film reviews, faculty and PhD student interviews and an informative article about fish.

Erin Rampe and Stacey McCarthy
Co-editors

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Faculty Q&A with Dr. Beth Dixon

By Victoria Grimshaw, MPH 2007

Q: I took your Nutrition Epidemiology class, and thus I know that measuring food and nutrient intake by either 24-hour recalls or food frequency questionnaire methods are prone to error. What are the improvements that you've seen regarding dietary data collection methods and what do you think the future will look like?

A: Recently I served as a grant reviewer for a National Institute of Health (NIH) project that will provide substantial funding to innovative proposals for diet assessment and physical activity assessment. The grant applications themselves were divided into the diet piece and the physical activity piece and they were all looking for new technologies to make the data better. What the field is trying to do to improve the methods of dietary recall is to use the technology like cell phones to take pictures of foods consumed, or use computer-based entry so that you do not have to actually speak to a dietician. For children, they are using animated programs to take them through screens to help them pick out what they ate. Other methods being tried are technologies like hand-held PDAs to capture real-time dietary intake. These are things that may or may not be the future, but they are being tested now.

Q: What advice would you give to students looking for ways to break into research?

A: That is hard. If you are going to be a doctoral student, then that is what you are being trained to do. But that's for a handful of people who in most cases know that they want to teach or work in an academic setting. From an undergrad or masters perspective, the best way is to identify a faculty member in your department who is doing research and see if you can participate in an ongoing study. If that is not feasible, then you should visit an academic or medical research center and either try to talk to people, or walk the halls looking at flyers on bulletin boards for research studies and have your resume ready. Many times, you can contact ei-
Faculty Q&A with Dr. Beth Dixon, Continued

ther the researcher or their assistant and let them know that you would like to volunteer to assist them on their project. The other way is to try to coordinate it with your internship, such as looking for research projects for your public health internship.

Q: Given the present food environment, do you still consider diet to be a ‘modifiable’ risk factor for disease? Are the cards stacked against us?

A: Well, I think diet is modifiable, but the cards are stacked. You have to be educated and committed to make good decisions from what is out there. You have to believe that this is how you want to live your life and this is how you want to eat so that it’s worth it to you to either buy different foods at the grocery store or not going to a fast food restaurant when you only have a limited amount of time to eat. You can make small commitments to change, such as drinking water instead of soda since bottled water is everywhere, but you’ve got to believe that that’s what you want to do, and it’s hard.

Q: Where do we go from here?

A: Well, being in education, I am always pushing for education, but that does not necessarily work. Some people believe it does not work at all, so you have to go to policy. I think that for students, there is no doubt that getting the MPH degree is a great step and an important step, but it is only one piece of a long road. If you really want to make change in whatever you are interested in doing, you have to get involved with organizations be it local, state, or national. You need to really understand this from the inside, not just read it from the paper so that you can work your way into positions where you are a voting member in setting the policies. Depending on your personality, doing grassroots and community work can also feed into having a voice in the policy setting. Even if it is not from a well-designed research study, you can provide hands on evidence of your experience in the community. You need to know the players, and work your way into being an influential member on the inside where these decisions are made. The MPH degree at least gives you an invitation to be at that table.

Victoria Grimshaw, MPH Nutrition 2007, interviewed Dr. Beth Dixon, Associate Professor and Director, Public Health Nutrition in the Department of Nutrition, Food Studies, and Public Health

Career Panel: From Intern to Full-Time Employee

By Pauline Poompan, MPH 2009

What’s next after graduation? The Health Advocacy and Administration Career panel held on October 29, 2007 attempted to answer that very question. A joint effort of New York University’s public health and policy student organizations, the NYU Public Health Alliance, the Steinhardt Public Health Student Group, the Wagner Health Network, and with the support of the Wagner Office of Career Services, brought three recent graduates to the table to discuss their careers as well as provide some insight for current job seekers in public health. On the panel were two Steinhardt masters of public health graduates, Lawrence Fung and Jennifer Samuels, and one NYU Wagner master of public administration graduate, Niketa P. Sheth.

Fung is a Survey Epidemiologist for the New York City Department of Health and Mental Hygiene. He is responsible for maintaining data for the World Trade Center Health Registry. Information from more than 71,000 enrollees was received. Samuels is the Development and Evaluation Coordinator for the AIDS Service Center (ASC), a non-profit community based organization in New York City.

At ASC, Samuels conducts evaluations for two large federal grants, including monitoring contract deliverables and data analysis. Her development activities include fundraising, organizing special events, and writing grant proposals. For both Fung and Samuels the public health internship turned into full-time employment upon graduation.

Niketa Sheth is a Strategic Planner in the Office of Planning and Business Initiatives at NYU Medical Center. She obtained an MPA with a concentration in Health Policy and Management from NYU Wagner. She had intended to pursue a career in health policy on an international level; however, her career veered in another direction when she accepted her current position that involves project management, strategic management and business planning skills.

The three panelists had these words of advice:

1. **Network, network, network!** – This will help you to determine the right path for yourself. Talk to people that are already in the field and explore some of the opportunities available to you. You should take advantage of the resources and people that are available through your graduate programs.

2. **Do an internship.** – Some graduate students may have extensive work experience but if it is not related to the position being applied for, then it might not make the applicant as marketable. An internship is the best way to secure a full time position upon graduation, especially for graduate students who do not have the required (relevant) work experience.

3. **Tailor your resume to each position you apply for.** Some employers do not bother to look at a resume that does not meet the requirements outlined in the job description. Market yourself by outlining what you have accomplished and what experience you have that relates to the position you are applying for.
Fish: Healthy Choice or Public Health Danger?

By Lauren Lindstrom, MPH 2008

Wild or farmed? Pacific or Atlantic? Domestic or imported? Choices at the seafood counter can be overwhelming, and affect far more than just what’s for dinner. Fish consumption has critical implications for both public and environmental health.

Conscientious seafood choices are essential, as the ocean’s ability to provide a sufficient fish supply is diminishing due largely to the industrialization of commercial fishing over the last 50 years. A recent study projects that 90% of all wild fisheries will be depleted by mid-century should current practices continue unabated. The United Nations estimates that 75% of the world’s fish stocks are fully exploited, overexploited, or depleted, and at least one quarter of U.S. fisheries are overfished.

Diminishing availability of wild stocks has helped to catalyze large-scale growth in aquaculture, which now supplies more than 40% of the fish we consume. Although, theoretically, aquaculture can help to relieve pressures on wild fisheries and supplement the world’s fish supply, the reality of some farming practices often falls far short of these promises. Certain types of aquaculture have serious ecological impacts—contributing to biological, nutrient, and chemical pollution.

Salmon farms are among the worst offenders. For example, typical salmon farms raise Atlantic salmon in open pens that sit directly in ocean waters. The open pens allow uneaten feed and fish wastes to flow through untreated, polluting surrounding water. Further, like conventionally raised terrestrial livestock, farmed fish are often densely stocked, creating conditions where parasites and diseases readily multiply. To prevent or treat these conditions, antibiotics and other chemical treatments are administered, discharged either directly into the water or indirectly through feed. Lastly, because Atlantic salmon are naturally predators, these fish receive a diet with high levels of fish oil and fish meal, which come primarily from wild-caught fish. Thus salmon farming may contribute to, rather than alleviate, pressures on global fish stocks.

There is good news, however. Both wild fish and farmed fish can be part of a diet if we choose wisely. Well-managed fisheries utilize sustainable capture practices that do not damage fragile marine ecosystems and provide conservation incentives to fishermen. Just a few examples of “best choices” for wild-caught fish include pollock and salmon caught in Alaskan waters, and albacore tuna caught in British Columbia.

In addition, well-run aquaculture facilities are designed to minimize environmental impacts. Some farms stock only species low on the food chain, and use systems that recycle water, do not discharge untreated wastes, and are constructed to prevent escapes. Some “best choices” for farmed fish include barramundi, catfish, and tilapia from domestic farms.

If the thought of committing a list of seafood choices to memory seems daunting, there are some more manageable methods to choose wisely. Several environmental groups have done much of the work already, and they make recommendations based on scientific assessments of fish stocks that are continually updated to reflect the latest data. These groups offer wallet-sized advisory cards of “best” and “worst” fish choices that you can take with you to the market (check out the downloadable cards from the websites of Environmental Defense and Monterey Bay Aquarium at http://www.montereybayaquarium.org/cr/seawoodwatch.asp, respectively).

But don’t just rely on the cards or what the label says in the market. When buying fish, find a reputable fishmonger, and ask questions: Where is the seafood from? Is it farmed or wild? How was it caught? If you have a favorite recipe that uses an overfished species, try substituting it with a similar fish from a sustainable fishery.

So use the cards and ask questions, but don’t think you’re off the hook yet. As public health professionals, we have a responsibility to reform more than just our personal consumption habits. It is essential that we inform policymakers regarding the public health imperative to maintain the long-term viability of fish stocks and to regulate aquaculture facilities. Well-designed policies can help to reverse the current alarming trends. For example, overhauling existing policies that encourage fishers to maximize today’s catch at the expense of future stocks and ecosystem health and replacing them with policies that align fishers’ economic interests with conservation will promote long-term ecosystem health and financial returns.

The public health community has a vested interest in promoting sustainable seafood practices; without them, there is no way to ensure an abundant, affordable, and healthful seafood supply for years to come.

This article is adapted from a series of articles written during the author’s internship with the Environmental Defense Ocean’s Alive program.
Amarilis Cespedes

What's your public health focus?
I focus on health issues that affect immigrant populations, particularly Latino immigrant groups. After I graduated college, I worked for one year at NYU School of Medicine’s Center for Immigrant Health, and realized that many immigrants are either uninsured or underinsured, and/or receive poor quality health care. I became interested in examining the barriers that affect general health care use, and access to quality care among immigrant groups, and the behaviors that increase their risk for negative health outcomes.

Did you work before you entered the doctoral program?
Prior to beginning my doctoral studies, I obtained an MPH in Health Promotion. Much of my academic training focused on the design, implementation, and evaluation of interventions. During my last year, however, I worked with a faculty member on a research study examining psychosocial predictors of mammography screening among Latinas, and realized that I wanted to pursue a public health career in research instead. I decided to apply for the doctoral program to become more proficient in research design and data analysis.

Have you selected your dissertation topic yet?
I am still in the process of selecting a dissertation topic, but I have begun thinking about one possible idea. Obesity is a serious public health concern, and Mexican boys have one of the highest rates of childhood obesity in the United States. Numerous research studies have looked at how neighborhood factors (e.g. availability of affordable and fresh fruits and vegetables, fast food restaurants) affect obesity rates. I think it would be worthwhile to also examine how psychosocial and cultural factors may influence mother-child feeding practices.

Can you recommend any good public health related books or films?
In The Spirit Catches You and You Fall Down, Anne Fadiman depicts the health care experiences of a Hmong family in California. These experiences help us think about how cultural and language differences affect the extent to which immigrants seek healthcare, and the quality of care that they receive.

A Note from the PHSG President

The Public Health Student Group at Steinhardt has been working extra-hard this year. We welcomed over 30 new students into the program at New Student Seminar, followed by a get-together at Oliver’s Bar & Grill. It was our biggest social event yet, and everyone had a great time getting to know one another. We also co-sponsored major events such as a Retrospective of the APHA Film Festival, a Career Panel, and an Internship Fair, all of which were successes. We would love to see you at our upcoming meeting on Thursday December 6th at 5:30pm.

Eileen Sabino, President PHSG
What's your public health focus?

My main focus is recreational drug use. In the late ‘90s when I was finishing up my BA in forensic psychology and about to work for the NYPD, I entered the NYC club scene and witnessed a large number of quite “normal” people using illicit substances who went back to their everyday, productive lives the following day. There I was, about to be a police officer, suddenly becoming exposed a huge scene in which the members’ actions didn’t quite corroborate the information about drug users being “deviants” that I prior learned. There I stood, an uninformed, miseducated person, who had no idea that such everyday people (thousands of them) were engaging in such a complex, normalized, yet illegal behavior. Instead of joining the NYPD and arresting these people for a living I decided to attempt to understand them instead. I asked myself, “Are these people scared of overdose or adverse reactions?” “Are they educated about drugs and if so did they simply reject what they learned?” “How can they stigmatize crack and heroin use, meanwhile they are high on ecstasy?” These things fascinated me and led me to pursue my own research. Working under Dr. Halkitis of NYU, I was able to interview hundreds of club drug users and I learned so much about this complex phenomenon. After finishing my MA in psychology at NYU, I earned an MPH (from NYU also), focusing on drug use, and here I am now in a doctoral program, approaching dissertation. I’ll never regret taking the open-minded, investigatory approach to what I previously did not understand. I have insight and I refuse to put it to waste.

Did you work before you entered the doctoral program?

I’ve worked my whole life and I don’t plan to stop anytime soon! I’ve worked in research since 2001 and I’ve been employed full-time at the NYU School of Medicine for about four years. I recently worked in an addictions treatment unit and coordinated some very interested clinical trials. For example, we recruited crystal meth users to test whether a new drug in combination with meth caused adverse reactions. In order to do this the patients had to get high in our testing room in front of us while on the study drug. Very interesting stuff! Last year I left clinical trials and I’m now an Assistant Research Scientist at the NYU Child Study Center. All of my addiction research influenced me to pursue this Ph.D. Over recent years I’ve noticed there is a lack of education for people to be able to make informed decisions about drug use, and there is an unacceptable stigma, even amongst clinicians. After witnessing all of this I’ve decided that it’s up to me to make a difference.

Have you selected your dissertation topic yet?

I intend to study the perceived stigma of drug use towards users and amongst users. I also plan to focus on reasons why people accept or reject use of certain substances. I hypothesize that stigma plays a bigger role than perceived facts.

What’s the last non public health book you read?

The last non-public health book I read was God is Not Great by Christopher Hitchens. You might not agree with his rationale or motives, but I believe it’s healthy to question everything, particularly mainstream views. And even if you don’t question, at least be aware of other people’s perspectives. I do agree with many of Hitchens’ (and Richard Dawkins among others) views. This book is a staple of open-mindedness in our time and it definitely promotes some healthy skepticism within our society. Hitchens’ book is a public health book in a certain aspect, I think. If people would stop harming others in the name of “god” the world would be a much safer place.

A quote which has had a strong impact on my life:

“Sit down before fact as a little child, be prepared to give up every preconceived notion, follow humbly wherever and to whatever abysses nature leads, or you shall learn nothing.” ~Thomas H. Huxley, 1860~
Jenny Uyei
What's your public health focus?
My current public health focus is on the convergence of the HIV and TB epidemics and integrated HIV/TB care for co-infected persons in Cape Town, South Africa. I've been involved in many different aspects of HIV prevention and care both internationally and domestically before entering into the Public Health PhD program. But I became interested in this specific area by working with Prof. Sally Guttmacher and traveling to Cape Town over the summer.

Did you work before you entered the doctoral program?
Yes I have been working in the public health field for almost 8 years, and each experience has somehow led me here. My introduction to public health was as a Peace Corps volunteer in Yap, Micronesia, where I worked at the Public Health Dept. In my first few months there the hospital lab received its first HIV positive test result...helping to start up voluntary counseling/testing and a health education program became my focus for the next two years. This experience propelled me to get my MPH at UCLA. In my last job as a coordinator at the research institute CHIPTS at UCLA, my mentor really encouraged me to go for my PhD. I had the opportunity to present our work at a couple of national conferences and in speaking with many professionals in the field realized a PhD opens up leadership opportunities particularly in evaluation research (which I am interested in). It was a good time in my life and career to pursue a doctoral degree.

Rachel Klein
What's your public health focus?
Nutrition and chronic disease. I am fascinated by the fact that many of the risk factors--nutrition, physical activity, alcohol, smoking—are the same for many chronic diseases, such as obesity, cancer, diabetes, and cardiovascular disease.

2) Did you work before you entered the doctoral program?
Yes, at the NYC Department of Health and Mental Hygiene in the Bureau of Chronic Disease Prevention and Control. I worked in asthma and diabetes and was exposed to all types of public health initiatives. I wanted to know how I could make a difference.

Have you selected your dissertation topic yet?
Not yet, I am in my first semester!

Can you recommend any good public health related books or films?
Films: Guns, Germs and Steel; Fast Food Nation; Erin Brockovich; Thank You for Smoking.

What's the last non public health book you read? Would you recommend it?
Love in the Time of Cholera, by Gabriel Garcia Marquez. Yes, and it is coming out in theatres soon!

What's the best part of being a doctoral student?
Working with the incredible faculty here at Steinhardt.

Can you tell us something about yourself, we wouldn't know?
I love the Yankees.
I am discovering that the power of utilizing film and media in addressing public health is necessary to communicate to multiple audiences at once. In public health, as in other fields, the way of communicating under the umbrella of film and media cannot be ignored if we want to accomplish what communities expect from us. We have in front of us a magic tool. Technology is leading us to a better understanding of our planet. The advantage of a film is to transform the written agenda into a mixture of emotions and actions that can make us more aware of what globalization means.

-Ricardo Restrepo-Guzman

From the Film Festival Planning Committee:

NYU was the home of the first Retrospective of the American Public Health Association’s Film Festival in early October. The event was a cooperative effort of the Public Health programs at NYU, their respective student organizations, and the Health Communications Working Group (HCWG) of the APHA. The goal of the Retrospective was to host a large-scale event at NYU that would increase awareness of Public Health issues and practice both for students within the programs, but also the larger community.

A 10 person planning committee was established, composed of professors, staff, student leaders, and members of the HCWG. Regular meetings were held in order to establish more specific goals and to delegate tasks to each of the committee members. In later meetings, progress reports were given and any issues that had arisen were addressed. Major responsibilities included but were not limited to choosing films to be shown and obtaining rights, contacting filmmakers to participate and for descriptions of how the films are used in practice, designing materials such as programs, creating a marketing plan and materials, choosing moderators for discussion with the filmmakers, and recruiting student volunteers to assist with the two-day event. The planning process was approximately three to four months in duration.

The Retrospective Film Festival took place on October 2nd and 3rd and was a great achievement both in attendance and in logistics. After months of planning the location, films, brochure, and security came together. The great execution was due to a very dedicated planning committee who volunteered their time to securing participants, gathering resources, contacting partners and advertising the event.

Thank you,
Eileen Sabino and Lauren McCullagh

Review: The Biggest Mess - Drag Meets Drug Education
By Jaughna Nielsen-Bobbit, MPH 2009

Drag met drug education at the New York University Retrospective of the American Public Health Association Film Festival held earlier this October. Geared towards gay and bisexual men, the short, 26-minute film The Biggest Mess creatively used a beauty pageant as a setting to educate its audience about the dangers of drug use. Produced by Jeffery Parsons and directed by Joseph Moran, who created the piece after conducting numerous interviews with HIV positive gay and bisexual men in New York and is meant to be a means of drug “edu-tainment” (Nanín & Parsons, 2006); a witty contrast to the traditional modes of education and intervention.

Dressed to impress, drag queens represented one of six “club” drugs, prevalent among the gay population, all vying for the title of “The Biggest Mess.” Ally Cohol (alcohol), Mary Juana (marijuana), Crystal Meth (methamphetamine), Mr. Poppers (alkyl nitrites), Coca Ayne (cocaine), and D’Zyna Drugs (supported by her children ketamine, ecstasy, and GHB) each explained why they should win through a description of their physical, sexual, and immunological effects, especially in those infected with HIV, when used in a social setting. Nanín & Parsons report that the use of these drugs is common among subgroups of the gay and bisexual male community in New York City and is linked to the increased prevalence of risky sexual behaviors and may contribute to rising HIV incidence (Nanín & Parsons, 2006). The queens’ vivid portrayal of potentially risky behaviors when under the influence illustrated this point.

The creators of the film wished to convey the dangers of drug use in an innovative and informative way that would not attempt to alienate their audience by preaching to them. This corresponds to the abundant research of the Center for HIV Educational Studies and Training that suggests that this community of cub goers prefers “humorous, entertaining approaches to safer sex and other health education” (Nanín & Parsons, 2006). The Biggest Mess was developed in response to this finding as a novel way of engaging and presenting valuable information to a vulnerable population.
The film *Through My Eyes* allowed teens living with mental illness to tell their individual stories. Appearing at the New York University Retrospective of the American Public Health Association, it featured teens coping with bipolar disorder, eating disorders, attention deficit hyperactivity disorder, and depression. In addition to personal stories, the film provided the parents’ perspective on the hardships and early warning signs of mental disorders. Each story was followed by expert advice ranging from medication to understanding the nature of the mental disorder and its development.

In many cases mental disorders exist in teenagers unseen by parents and peers. For example, the first story was about a girl who was diagnosed with bipolar disorder when she was 9 years old. It was very hard for the mother to determine whether her child’s behavior was normal. In some extreme situations her daughter would grab knives. Experts say that depression peaks from 13 to 15 years of age and those children tend to be either tearful and overwhelmed or angry and irritable. According to the New York City Department of Health and Mental Hygiene, in 2002 there were 69 suicides for victims less than 25 years of age in New York City. The Center for Disease Control and Prevention website states that in 2004 suicide was the 11th leading cause of death for all ages. This statistics does not account for suicide attempts.

*Through My Eyes* also focused on eating disorders that mostly affect young women. One teen described how she would run calories in her head and would not even chew gum because it has 5 calories. This behavior lead to purging about eight times a day. Experts say that her act of sharing the story is a sign of healing. According to the National Eating Disorders Association, roughly, 40% of newly identified cases of anorexia nervosa are in girls between the ages of 15 to 19 years old and the percentage is much higher for bulimia nervosa.

*Through My Eyes* recognizes the challenges facing teens living with common mental disorders. First hand accounts from teens make this is a compelling story and an effective public health communication tool. In addition, this film educates parents and peers on how to help teens suffering from a mental disorder. Most importantly, the film focuses on the mental disorders that are most prevalent among young adults.
Last Clean Chance: A Thriller of Epidemic Proportions
By Lauren Roth, MPH 2009

Wash your hands or you will die. Well, not really, but the science fantasy thriller Last Clean Chance might lead you to believe so. What could be more mundane and automatic than washing your hands? When it becomes a difference between life and death, washing your hands becomes a serious matter. This film was developed for middle school, high school, and college aged youth to stress the importance of thorough hand-washing in the prevention of disease. It starts off with a Star Warsesque introduction, warning that multi-national biotech companies could possibly end the world as we know it.

The biotechnology company Omnitech has a bio-terror emergency. The biological weapon they are testing has contaminated the laboratory. One intern has the chance to save the scientists trapped in the contaminated laboratory, but she must ensure that her hands are clean. Turn on the water, get some soap, scrub vigorously for 20 seconds or say your ABC’s, rinse well, and then turn the water off with a paper towel. Hand washing is a simple habit that requires minimal training. The benefits are proven, yet people don’t do it as often and thoroughly as they should.

The Mayo Clinic website on hand-washing states that many infectious diseases are commonly spread through hand to hand contact, especially the common cold, the flu, gastrointestinal disorders, salmonella, and E. coli. If you don’t wash your hands frequently, germs can be spread to yourself or others. Something as simple as touching your eyes, nose or mouth or touching doorknobs can spread disease.

Last Clean Chance was developed by Gary Black for the Mecklenburg County Health Department in Charlotte, North Carolina. It was developed in response to an outbreak of an antibiotic resistant staphylococcus infection in the athletic community of a North Carolina high school. Gary Black was a speaker at the New York University Retrospective of the American Public Health Association Film Festival on October 3rd, 2007. He has no formal public health training, but has been working in the health department for twenty years. When the staphylococcus infection broke out, a campaign was launched to teach the students the importance of hand washing and showering and the proper ways to do so. Gary thought that involving the students in the process of education would be useful. The students said that most of the educational videos were boring, and they would be more likely to pay attention and incorporate the practice into their daily lives if the videos were entertaining. With their help, and a little of Gary’s English Literature background, The Last Clean Chance was developed. It has been distributed by school nurses and has been seen in over 100 schools. It can even be found on the popular website You Tube (www.youtube.com).

As Last Clean Chance teaches us, next time you wash your hands, don’t forget that disease prevention is only an ABC song away.

Last Clean Chance

“The short film on washing hands to prevent disaster presented a very serious and timely topic in a humorous format. We are now faced with the multi-resistant staph infections, and this film clip would be well received in information kiosks and on public plasma screens as a reminder to wash hands thoroughly! This film—as well as others in the NYU Retrospective—is a ready-to-use tool to implement to help improve the health of the diverse ethnic, cultural, and other distinctive groups.”

-Dorice Vieira, M.L.S., M.A. MGPH
Faculty and Students in the News

Faculty news
Marion Nestle, Paulette Goddard Professor of Nutrition, Food Studies, and Public Health, recently made news with book updates, articles and lectures.

Books

Articles


Lectures since August 2007
Professor Nestle gave the Annual President’s Lecture at the University of Oklahoma, the Annual Howard Memorial Lecture for Gandhi’s Birthday in New Delhi, keynoted annual meetings of the Cornell Cooperative Extension in Ithaca and the New York State WIC Association in Albany, and gave speeches at the Rudd Obesity Center at Yale and the Cosmopolitan and Princeton Clubs in New York.

Associate Professor and Director, Public Health Nutrition, Beth Dixon was awarded a $100,000 grant from the Robert Wood Johnson Foundation Healthy Eating Research Initiative for “Evaluation of new physical activity and nutrition policies for group daycares in New York City” to be conducted between Sept 2007-Dec 2008. Dr. Dixon recently published in two journals:

Associate Professor Diana Silver authored an upcoming article: Weitzman B, Silver D, Mijanovich T, and Brazill C. “If you build it, will they come? Estimating Demand for Afterschool Programs in America’s distressed cities” Youth and Society, forthcoming.

Student news
Department Ph.D candidate Joseph Palamar, MA, MPH recently submitted an abstract to present a poster at the 16th Annual Meeting of the Society for Prevention Research, San Francisco, CA, May, 2008. The abstract title is: An investigation of parental, child and contextual factors related to parent involvement in school in a culturally diverse sample. Joseph is also now a Peer Reviewer for one of the top addiction journals: Drug and Alcohol Dependence.

Current MPH student Sarah Schultz has two articles accepted for publication:

The mission of the NYU Community Public Health program is to improve the health of diverse population groups at the local, national and international levels. This mission is consistent with New York University’s role as a center for global education. The program prepares students to be effective public health leaders and service providers through its commitment to excellence in education, research, and community service. It promotes public health practice and professional values through graduate-level field work with community agencies, collaboration with outside agencies, and the provision of direct service to the community.