

EPIDEMIOLOGY 2013

OUR SCIENCE



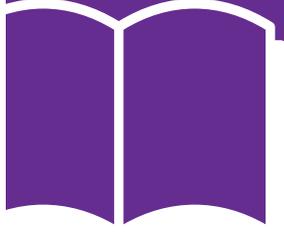
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**THE
EPIDEMIOLOGY
CONVERSATION**



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EDUCATION



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OUR PEOPLE



Welcome from the Chair



Welcome to our 2013 annual report. In 2013 we continued to make substantial advances in our three core areas of focus: **OUR SCIENCE**, our **EDUCATIONAL PROGRAMS**, and **THE EPIDEMIOLOGY CONVERSATION**, through which our findings are translated to a broader public. Of course, none of this would be possible without magnificent **PEOPLE**, and stories about some of our scientists, students, and alumni are interspersed throughout this report.

In 2014 and beyond we will continue to build on the achievements of the past four years to foster ever greater innovation in epidemiologic teaching and new state-of-the-science initiatives. We will be guided by a redoubled commitment to the practice of a consequential epidemiology in which we strive not only to publish our findings but to translate them to the public and use them to guide policy and practice toward improvements in population health.

As always, I hope you find this report a useful summary of our work over the past year and our plans for the future. For our faculty, students, and staff we intend this report to be an opportunity for annual reflection, a brief pause to consider what we have done and to clearly articulate what we plan to do. For our colleagues outside the department we hope that this report may identify areas of potential synergy and collaboration for the year ahead.

A final note: in keeping with our mission of extending the public health conversation, I invite you to join me on Twitter ([@sandrogalea](https://twitter.com/sandrogalea)) as I share the best of the science that crosses my virtual desk each day.

Warm regards,

A handwritten signature in black ink that reads "Sandro". The signature is written in a cursive, flowing style.

Sandro Galea, MD, DrPH
Gelman Professor and Chair
Department of Epidemiology



OUR SCIENCE

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Epidemiology asks big questions and, through cutting-edge research design and data analysis, derives answers that can change the health of populations. Across our six research clusters in chronic, infectious, injury, lifecourse, psychiatric/neurological, and social epidemiology, our faculty are engaged in research that aims to understand how the complex interplay among genes, behavior, and environmental exposures over the lifecourse shapes the health of populations.

Our mission extends beyond understanding the causes of disease. We are committed to the practice of a consequential epidemiology, one that produces translatable findings that can be used to educate the public and guide policy and practice toward improvements in population health.

Why did child pedestrian injuries plummet in New York City?

In an example of how a public health intervention can bring about powerful change, department scientists found that a federal pedestrian program contributed to a dramatic reduction in child injuries in New York City. The study was conducted by Dr. Charles DiMaggio, associate professor of anesthesiological sciences in epidemiology at Columbia University Medical Center (CUMC), and Dr. Guohua Li, Finster Professor of Anesthesiological Sciences and Epidemiology.

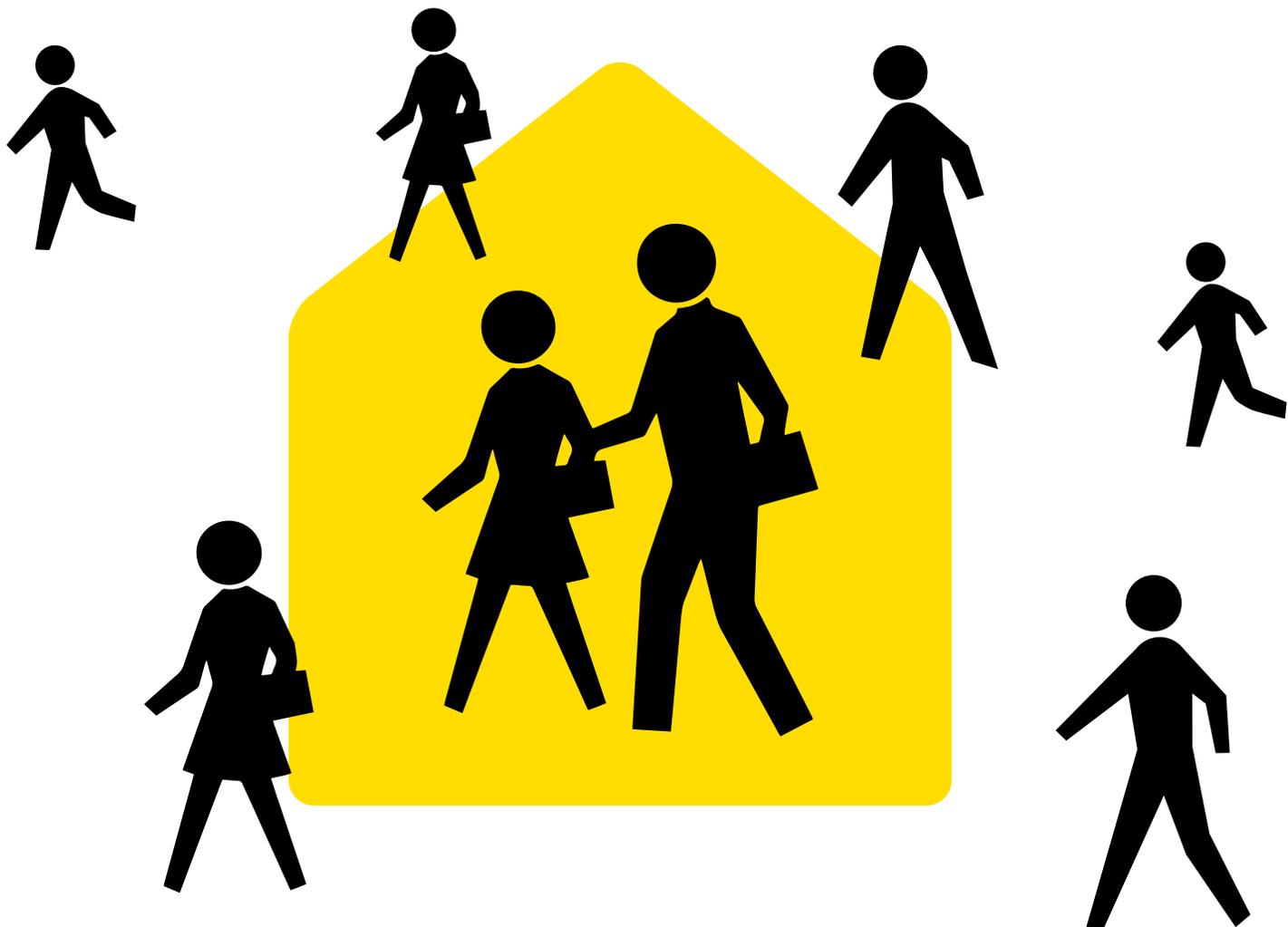
The 2005 federal Safe Routes to School program redesigned streets across the country to create safer traffic conditions for children traveling to school on foot or bike. This included making crosswalks and street signals more visible, widening sidewalks, and adding speed bumps.

Drs. Li and DiMaggio analyzed traffic injury and fatality data from New York City collected before and during Safe Routes implementations in the city. They found that injuries dropped by 44 percent annually during school travel hours.

"We think the evidence is actually pretty compelling for the effectiveness of the program," Dr. DiMaggio says. "You rarely see this level of effect in these kinds of public health interventions."

Watch Dr. DiMaggio in a television interview about the Safe Routes program
<http://bit.ly/1gjNDJa>

DIMAGGIO C, LI G. EFFECTIVENESS OF A SAFE ROUTES TO SCHOOL PROGRAM IN PREVENTING SCHOOL-AGED PEDESTRIAN INJURY. PEDIATRICS. 2013 FEB;131(2):290-6. DOI: 10.1542/PEDS.2012-2182.





How might a breast cancer diagnosis contribute to PTSD?

Twenty-three percent of women recently diagnosed with breast cancer report symptoms consistent with post-traumatic stress disorder (PTSD), according to a study lead-authored by Dr. Neomi Vin-Raviv, a post-doctoral trainee in cancer epidemiology, with senior author Dr. Al Neugut, Myron Studner Professor of Cancer Research and professor of epidemiology at NYPH/CUMC; Dr. Dawn Hershman, associate professor of medicine and epidemiology; and Dr. Sandro Galea. Increased risk for PTSD was seen among black and Asian women.

“The ultimate outcome of this research is to find ways to improve the quality of patients’ lives,” said Dr. Neugut. “If we can identify potential risk factors for PTSD when women are diagnosed with breast cancer, we could provide early prevention and intervention to minimize PTSD symptoms. This approach might also have an indirect impact on the observed racial disparity in breast cancer survival.”

VIN-RAVIV N, CLARKE HILLYER G, HERSHMAN DL, GALEA S, LEOCE N, BOVBJERG DH, KUSHI LH, KROENKE C, LAMERATO L, AMBROSONE CB, VALDIMORSDDOTTIR H, JANDORF L, MANDELBLATT JS, TSAI WY, NEUGUT AI. RACIAL DISPARITIES IN POSTTRAUMATIC STRESS AFTER DIAGNOSIS OF LOCALIZED BREAST CANCER: THE BQUAL STUDY. J NATL CANCER INST. 2013;105(8):563-72. DOI: 10.1093/JNCI/DJT024.

Can a supplement reduce the risk of autism?

Prenatal folic acid supplements appear to reduce the risk for certain autistic spectrum disorders, according to a large Norwegian cohort study by Dr. Ezra Susser, professor of epidemiology and psychiatry; Dr. Ian Lipkin, the John Snow Professor of Epidemiology, Dr. Mady Hornig, associate professor of epidemiology at CUMC; Dr. Michaeline Bresnahan, assistant professor of epidemiology at CUMC; and colleagues at other institutions.

Although it is among the most heritable of mental disorders, little is known about how to prevent autism. The study found that mothers in Norway who took folic acid supplements in early pregnancy were 40 percent less likely to have children with an autistic disorder compared with mothers who did not take the supplement.

More research would need to be done to understand why folic acid might contribute to reduced risk of autism. Naturally occurring in leafy vegetables, peas, beans, eggs, and yeast, folic acid is required for DNA synthesis and repair in the human body.

The findings are particularly critical for Norway, where—unlike in other European countries and in the US—flour is not enriched with folate. But even in countries with folate-enriched flour, women may not be getting enough of the vitamin. Research has found that folate supplements also put their babies at lower risk of spina bifida and other neural tube defects.

“Our findings extend earlier work on the significance of folate in brain development and raise the possibility of an important and inexpensive public health intervention for reducing the burden of autism spectrum disorders,” says Dr. Susser.

Watch Dr. Susser on NBC news <http://nbcnews.to/17uBs6v>

SURÉN P, ROTH C, BRESNAHAN M, HAUGEN M, HORNIG M, HIRTZ D, LIE KK, LIPKIN WI, MAGNUS P, REICHBORN-KJENNERUD T, SCHJØLBERG S, SMITH GD, ØYEN A, SUSSER E, STOLTENBERG C. ASSOCIATION BETWEEN MATERNAL USE OF FOLIC ACID SUPPLEMENTS AND RISK OF AUTISM SPECTRUM DISORDERS IN CHILDREN. JAMA. 2013;309(6):570-577. DOI:10.1001/JAMA.2012.15592



What is driving drug overdose deaths in New York City?

The rate of drug overdose death from prescription opioids such as Oxycontin and Vicodin increased seven-fold in New York City over a 16-year period and was concentrated especially among white residents of the city, according to a paper lead-authored by Dr. Magdalena Cerdá, assistant professor of epidemiology; with Dr. Katherine Keyes, assistant professor of epidemiology; Dr. Karestan Koenen, associate professor of epidemiology; Dr. Sandro Galea, and colleagues.

It is one of the earliest and most comprehensive studies of how the prescription opioid epidemic has affected an urban area. The researchers used data from the city's Office of the Chief Medical Examiner for the period 1990-2006 to examine factors associated with death from prescription opioids versus other types of drugs like heroin and cocaine, for which overdose rates declined or remained steady over the same period.

The study suggests that the profile of a recreational prescription opioid user as white and middle class is very different from the typical heroin consumer. "It's a different type of drug with a different profile, and we need a different type of response to it," says Dr. Cerdá.

Read the related 2x2 project series, "When the prescription becomes the problem"

<http://the2x2project.org/when-the-prescription-becomes-the-problem>

Read New York Times coverage of the study

<http://nyti.ms/GzY7Eh>

CERDÁ M, RANSOME Y, KATHERINE KM, KOENEN KC, TRACY M, TARDIFF KJ, VLAHOVD , GALEA S. PRESCRIPTION OPIOID MORTALITY TRENDS IN NEW YORK CITY, 1990-2006: EXAMINING THE EMERGENCE OF AN EPIDEMIC. DRUG ALCOHOL DEPEND. 2013;132(1-2):53-62. DOI: 10.1016/J.DRUGALCDEP.2012.12.027.



Does obesity contribute significantly to deaths in the US?

A substantially greater number of people die from obesity-related causes than previously thought, according to a new study.

An association with high body mass accounted for 18 percent of deaths among black and white Americans between 1986 and 2006, the study found. Previous research put that number at 5 percent.

The investigators took a different approach than other research that has been done on the subject, accounting for differences in age, birth cohort, sex, and race. "Past research in this area lumped together all Americans, but obesity prevalence and its effect on mortality differ substantially based on your race or ethnicity, how old you are, and when you were born," says Dr. Ryan Masters, lead author of the study and a Robert Wood Johnson Health & Society Scholar at the Mailman School.

Contrary to what previous research suggests, younger Americans who have lived their whole lives during the obesity epidemic, which began in the 1980s, are especially at risk.

"A 5-year-old growing up today is living in an environment where obesity is much more the norm than was the case for a five-year-old a generation or two ago. Drink sizes are bigger, clothes are bigger, and greater numbers of a child's peers are obese," says senior author Dr. Bruce Link, professor of epidemiology and sociomedical sciences. "And once someone is obese, it is very difficult to undo. So it stands to reason that we won't see the worst of the epidemic until the current generation of children grows old."

Read the related NBC news coverage

<http://nbcnews.to/17tKWiv>

MASTERS RK, REITHER EN, POWERS DA, YANG YC, BURGER AE, LINK BG. THE IMPACT OF OBESITY ON US MORTALITY LEVELS: THE IMPORTANCE OF AGE AND COHORT FACTORS IN POPULATION ESTIMATES. AM J PUBLIC HEALTH. 2013 OCT;103(10):1895-1901.



Did the 9/11 site contribute to an increase in cancer rates?

Survivors of 9/11, recovery workers, and their advocates have feared that exposure to the smoke and dust from the World Trade Center collapse in the weeks and months after the attacks increased their cancer risk.

However, these groups were no more likely to have developed cancer than other New York State residents who weren't near the site, according to a study lead-authored by Dr. Steven Stellman, director of the World Trade Center Health Registry at the New York City Department of Health and Mental Hygiene and a professor of clinical epidemiology in the department. The study is the largest of its kind to date.

Built in the early 1970s, the World Trade Center was one of the last places in New York City where it was permissible to use the carcinogen asbestos in construction. Some workers were at the site for as long as nine months after the 9/11 attacks, giving rise to the fears about cancer risk.

The study did find that rates of cancers among a sub-group of rescue and recovery workers, such as police, fire fighters, sanitation workers, and construction workers were up slightly during the period of follow-up. However, it is too early to conclude from those numbers that there was any correlation to time spent at the World Trade Center site, according to the researchers.

"These cancers are very important to look at over the coming years," said Dr. Stellman, because it is still too early to conclude that being at Ground Zero did not increase cancer risk.

Dr. Al Neugut said in a New York Times article that he is not surprised that the study failed to find a link between the September 11 attacks and an elevated risk of cancer.

"I think, given the time frame and the exposures there wasn't a high likelihood that there would be an elevated risk, certainly for cancer, and to the degree that it was, it would not be for the cancers that they're finding."

While he sympathizes with people who had cancer they attributed to the disaster, Dr. Neugut noted that "cancer is a very specific outcome, and in most exposures, you have to be exposed for an extended time before you get the cancer."

Watch a video of JAMA's interview with Dr. Stellman

<http://bit.ly/GzRfXR>

Read New York Times coverage featuring Dr. Neugut

<http://nyti.ms/GzTydT>

JIEHUI LI, MBBS, MSC; JAMES E. CONE, MD, MPH; AMY R. KAHN, MS; ROBERT M. BRACKBILL, PHD, MPH; MARK R. FARFEL, SCD; CAROLYN M. GREENE, MD; JAMES L. HADLER, MD, MPH; LESLIE T. STAYNER, PHD; STEVEN D. STELLMAN, PHD, MPH. ASSOCIATION BETWEEN WORLD TRADE CENTER EXPOSURE AND EXCESS CANCER RISK. JAMA. 2012;308(23):2479-2488. DOI:10.1001/JAMA.2012.110980.

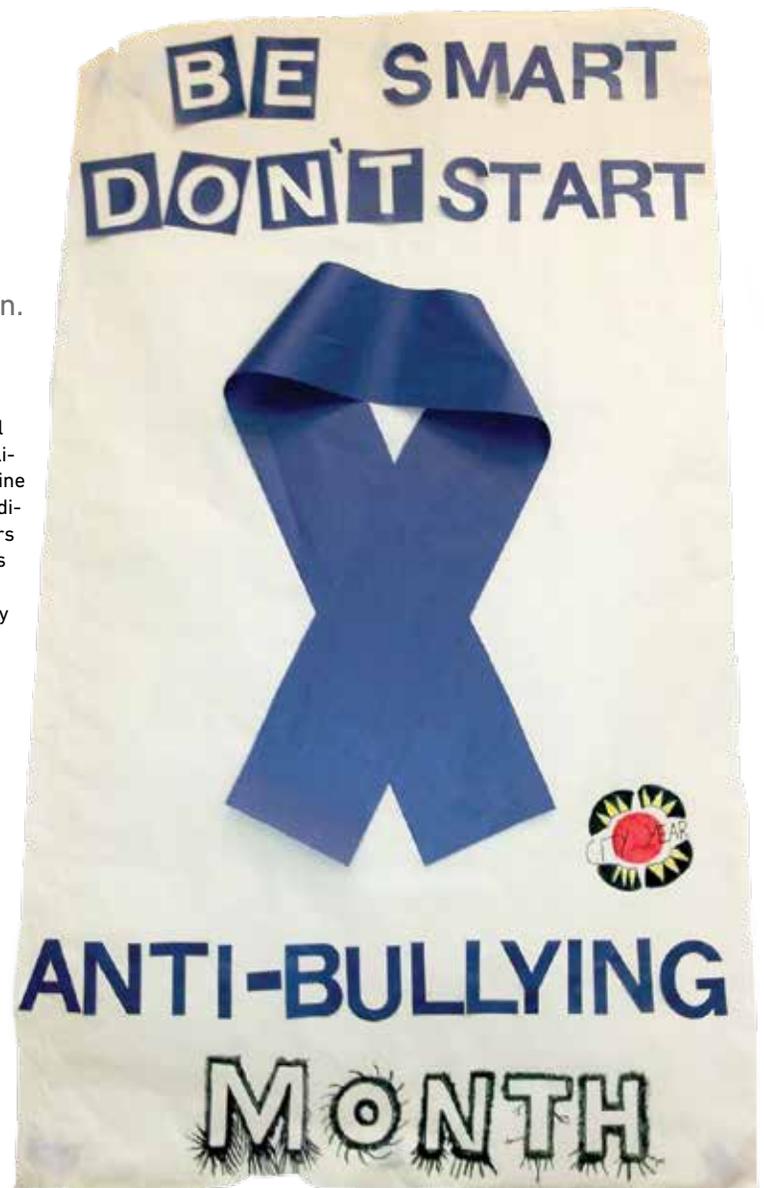
How can the risk of suicide be reduced among gay and lesbian teens?

In the past year and a half, several widely covered suicides have drawn attention to bullying in school based on sexual orientation.

Now, a new study finds that “inclusive” high school anti-bullying policies that specifically prohibit harassment on the basis of sexual orientation reduce the risk of suicide among teens compared to policies that do not address sexual preferences. Co-authors Dr. Katherine Keyes and Dr. Mark Hatzenbuehler, assistant professor of sociomedical sciences, studied self-reported suicide attempts by 11th-graders in Oregon. They found that lesbian, gay, and bisexual (LGB) students who lived in counties where fewer school districts include sexual orientation in their anti-bullying policies were two times more likely to have attempted suicide than those in counties where more districts had inclusive policies.

“The school environment plays a key role in the lives of adolescents and is a critical social context in which LGB youth health behaviors are shaped,” says Dr. Keyes. “Our results indicate that schools with a proactive stance against bullying of LGB youth may have a positive impact on teen suicide among sexual minorities.”

HATZENBUEHLER ML, KEYES KM. INCLUSIVE ANTI-BULLYING POLICIES AND REDUCED RISK OF SUICIDE ATTEMPTS IN LESBIAN AND GAY YOUTH. J ADOLESC HEALTH. 2013;53(1 SUPPL):S21-6. DOI: 10.1016/J.JADOHEALTH.2012.08.010.





Does drinking soda change kids' behavior?

Children who drink soda are more likely to behave aggressively than those who do not, according to a new study led by Dr. Shakira Suglia, assistant professor of epidemiology.

The researchers assessed the behavior of 3,000 5-year-old children, finding that any soda consumption was associated with aggression, withdrawal, and attention problems, even after adjusting for sociodemographic factors, maternal depression, intimate partner violence, and paternal incarceration. Children who drank four or more soft drinks a day were more than two times as likely to destroy others' possessions, get into fights, physically attack people, and have attention problems than children who did not consume soft drinks.

"We found that the child's aggressive behavior score increased with every increase in soft drink servings per day," says Dr. Suglia.

Read the related 2x2 project article, "Kicking the Can: Examining the link between soda consumption and violence in children" <http://the2x2project.org/kicking-the-can>

SUGLIA SF, SOLNICK S, HEMENWAY D. SOFT DRINKS CONSUMPTION IS ASSOCIATED WITH BEHAVIOR PROBLEMS IN 5-YEAR-OLDS. J PEDIATR. 2013 AUG 19. DOI:PII: S0022-3476(13)00736-1. 10.1016/J.JPEDI.2013.06.023. [EPUB AHEAD OF PRINT]

Do behavioral problems in youth foreshadow chronic illness later in life?

New research suggests that children with behavioral problems are at risk for chronic disease later in life much more than previously thought.



The study, led by Dr. Karestan Koenen, analyzed data from over 4,000 children born in the 1990s, finding that those with behavioral problems at age 8 had higher levels of two proteins known as CRP and IL-6 in their blood at age 10, even after controlling for a large number of factors like race, sex, and medication use. An abnormally high presence of these proteins can be a warning sign of later chronic and inflammatory illness.

Although other studies have linked child behavioral problems to chronic disease in later life, this one is the first to link child mental health with inflammation, which is an immune response that can be harmful if it persists in the long-term. A possible explanation has to do with the functioning of the hypothalamic pituitary adrenal axis, which has a major part in controlling reaction to stress and the immune system. If it malfunctions, it can stimulate the release of the two inflammation-stimulating proteins.

"The important message for healthcare professionals is that they need to monitor the physical health as well as the mental health of children with behavioral problems in order to identify those at risk as early as possible," says Dr. Koenen.

SLOPEN N, KUBZANSKY LD, KOENEN KC. "INTERNALIZING AND EXTERNALIZING SYMPTOMS AND ELEVATED INFLAMMATORY MARKERS IN CHILDHOOD." *PSYCHONEUROENDOCRINOLOGY*. 2013 AUG 6. DOI:PII: S0306-4530(13)00262-X. 10.1016/J.PSYNEUEN.2013.07.012. [EPUB AHEAD OF PRINT]

OUR PEOPLE

ALUMNUS



Peter Kanetsky

As an associate professor of epidemiology at the Perelman School of Medicine at the University of Pennsylvania, Peter Kanetsky, PhD '97, MPH '91, is actively engaged in training the next generation of academic clinicians and public health professionals.

His research has focused on inherited genetic variation and its relationship to cancer development and progression. Over the course of his post-doctorate career, Dr. Kanetsky has built a successful research portfolio, which includes studying the genetic risk for melanoma and testicular cancer.

He was initially drawn to the field of epidemiology while working as a research technician on a cross-sectional study of women with cancer at the Albert Einstein College of Medicine following his undergraduate career.

He was also influenced by the book *And the Band Played On* by Randy Shilts, which chronicles the outbreak investigation and political controversies in the early days of AIDS. "After two years of laboratory experience at Einstein and learning about the unfolding of the HIV epidemic, I realized that epidemiology was the common denominator," he says.

Dr. Kanetsky holds his training experiences at Mailman in high regard. "I look back very fondly on my time in the epidemiology department. As my cohort of peers has aged, it's exciting to find out where they are now and to see how they became involved in public health."

He remains in contact with many professors who inspired his research

Can we better understand Alzheimer’s risk in African Americans?

African Americans with the variant of a gene known as ABCA7 are nearly twice as likely to develop late-onset Alzheimer’s as their counterparts who lack the variant. The study is the largest yet of the African American genome for the purpose of discerning Alzheimer’s risk.

“Our findings strongly suggest that ABCA7 is a definitive genetic risk factor for Alzheimer’s disease among African Americans,” said senior author Dr. Richard Mayeux, chair of Neurology, Sergievsky Professor of Neurology, Psychiatry and Epidemiology, director of the Sergievsky Center, and co-director of the Taub Institute for Research on Alzheimer’s and the Aging Brain. “Until now, data on the genetics of Alzheimer’s in this patient population have been extremely limited.”

REITZ C, JUN G, NAJ A, RAJBHANDARY R, VARDARAJAN BN, WANG LS, VALLADARES O, LIN CF, LARSON EB, GRAFF-RADFORD NR, EVANS D, DE JAGER PL, CRANE PK, BUXBAUM JD, MURRELL JR, RAJ T, ERTEKIN-TANER N, LOGUE M, BALDWIN CT, GREEN RC, BARNES LL, CANTWELL LB, FALLIN MD, GO RC, GRIFFITH P, OBISEAN TO, MANLY JJ, LUNETTA KL, KAMBOH MI, LOPEZ OL, BENNETT DA, HENDRIE H, HALL KS, GOATE AM, BYRD GS, KUKULL WA, FOROUD TM, HAINES JL, FARRER LA, PERICAK-VANCE MA, SCHELLENBERG GD, MAYEUX R. ALZHEIMER DISEASE GENETICS CONSORTIUM. VARIANTS IN THE ATP-BINDING CASSETTE TRANSPORTER (ABCA7), APOLIPOPROTEIN E 4, AND THE RISK OF LATE-ONSET ALZHEIMER DISEASE IN AFRICAN AMERICANS. JAMA. 2013;309(14):1483-92. DOI: 10.1001/JAMA.2013.2973.



over the course of his career, notably Dr. Al Neugut, who teaches the same cancer epidemiology class that Dr. Kanetsky took as a student.

On the teaching side, Dr. Kanetsky has established an introductory epidemiology class offered to undergraduate students at the University of Pennsylvania.

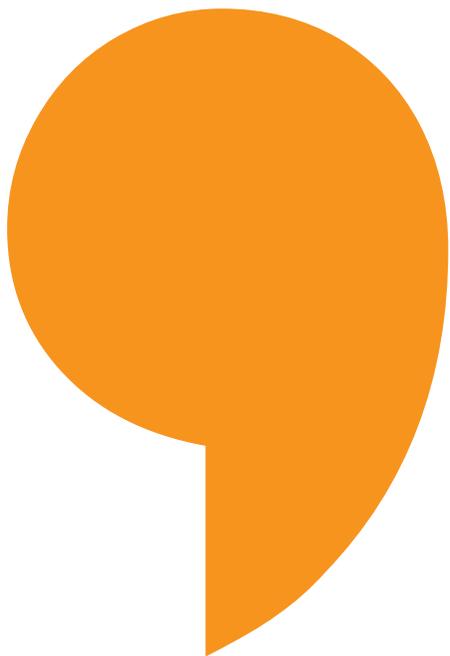
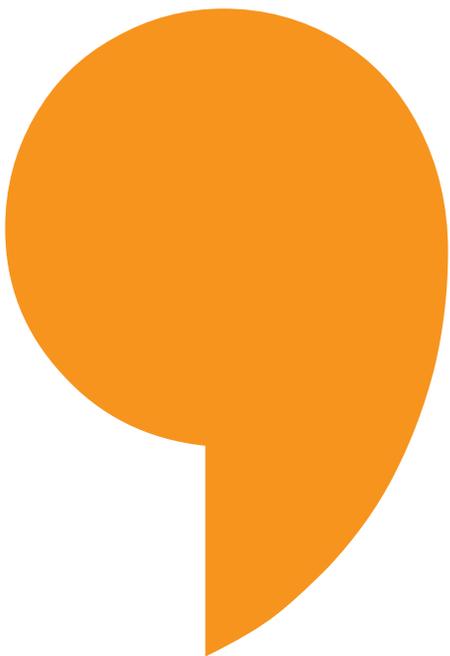
“Teaching has always interested me, and I’ve always approached knowledge with the attitude that if you can effectively teach the material, you will inevitably know the material,” he says. “Teaching is a way to help better understand the nuances of epidemiologic knowledge and practice.”

Dr. Kanetsky says that in order to successfully communicate material, one must understand that each student has an

individual learning style and be open to a variety of teaching approaches drawn from across a spectrum of disciplines.

To current master and doctoral students who are pursuing a career in epidemiology he says: “Make it a point to speak with people in the field to discuss the day-to-day life of an academic researcher. When I talk to students or early stage investigators, I always mention that after earning your PhD and entering into the research community, you will be confronted with things that you did not necessarily envision for your career path.”

CHRIS TAIT, MPH '14
COMMUNICATION IN HEALTH AND
EPIDEMIOLOGY FELLOW (CHEF)
2013-14



THE EPIDEMIOLOGY CONVERSATION

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We are committed to using the innovative science we produce to improve the health of populations. To bring about change of this magnitude we must translate our findings to the broader public and influence key policy makers, our scholarly colleagues, and other stakeholders. Our aim is to promote a conversation that facilitates inquiry and action around some of our biggest population health challenges.

This is the motivating force for our communication structure, which includes a public health news website, a quarterly publication, several speaker and symposium series, and an active social media presence.

We also strive to make our research accessible to the media, which frequently covers our studies and seeks perspectives from our faculty.

In the news

Newtown and mental illness



The shootings at Sandy Hook school in Newtown, Conn., in late December of 2012 raised many questions surrounding whether mental health screening could be used to identify killers before they act. In a commentary for the Wall Street Journal in January, Dr. Lloyd Sederer, adjunct professor of epidemiology and medical director of New York State's Office of Mental Health, spoke in favor of reforming mental health care regulations to make it easier to hospitalize patients with serious mental illness and to ease restrictions on communications between patients' families and health professionals.

"Doctors have remarked that when patient rights exceed truly necessary protections, individuals with mental illness can 'die with their rights on.' Sometimes they may harm others along the way," said Dr. Sederer.

While the mental health of Newtown shooter Adam Lanza has led to questioning whether schools are equipped to identify psychological illness in students, the issue goes beyond the education system, said Dr. Sandro Galea.

"This is where system-wide efforts to make sure mental health services are available come into play," he told ABC soon after the shootings. "I think we need greater societal acceptance of the fact that mental illness is as much an illness as a physical illness."

Read the coverage

<http://on.wsj.com/GAWcjsx>

<http://abcn.ws/19k3RyA>

Tracking sex crimes in Syria using epidemiologic methods



Sexual violence has long been a weapon of war, but documenting it has usually happened after a conflict is over. Now a group of researchers and activists are taking traditional public health research methods to the next level.

NPR's "All Things Considered" in February profiled the work of advocacy group Women Under Siege, which uses social media including Facebook, Twitter, and YouTube, to track reports of rapes and other types of sexual violence inside the Syrian civil war as they occur.

The "crowd mapping" is different from most data collection efforts, which do not to interview victims until after a conflict is over, says Dr. Karestan Koenen, who is the lead epidemiologist on the project.

Even though there are questions surrounding verification of reports of sexual violence in real time, the alternative is worse, says Dr. Koenen: "Waiting until after a conflict is over to collect this data has all kinds of problems, including the fact that we know many of the victims will be dead and never have the opportunity to speak."

Also on the project is MPH '13 student Jackie Blachman-Forshay, who works with a team of Arabic translators to transcribe the accounts. "At this point I've watched anything that has to do with rape in Syria. If it's on YouTube, I've seen [it]," she says.

Read the coverage

<http://n.pr/1a0jFhr>

Syria Crowdmap project

<https://womenundersieg-esyria.crowdmap.com>

Subway track death prompts renewed look at psychiatric commitment law



Read the coverage

<http://wny.cc/18THdtb>

When in December 2012 a man was pushed to his death on the New York City subway tracks by a woman with a history of mental illness, it raised questions about a state law that was meant to head off such situations. Some have called for broadening Kendra's Law, which allows families to petition a judge to commit a relative to an institution if that person's mental illness could endanger others.

But the law in its current form has actually been successful, according to Dr. Bruce Link. He has found in his research that those who have been committed under Kendra's Law were less violent over time than similar patients who were not.

"There are a lot of success stories under Kendra's Law," he said. "Unfortunately, you don't hear about those. You hear about the dramatic incidents, which are newsworthy," he said.

Further evidence of health benefits in Mediterranean diet



Watch the coverage

<http://bit.ly/15KFLMD>

Dr. Heather Greenlee, assistant professor of epidemiology, was a featured guest in March on WNYC's "The Brian Lehrer Show" to discuss a widely reported randomized control trial, which found that the Mediterranean diet is linked to a 30 percent decrease in the risk of developing cardiovascular disease. That diet, which is modeled after eating patterns in Greece, southern Italy, and Spain, is rich in olive oil, whole grains, fruit, beans, and nuts, along with some cheese, fish, yogurt, chicken, eggs, and wine.

"It's better than anything else we have out there in terms of cardiovascular outcomes in a dietary intervention," she said.

“Political indifference” and the threat of multi drug-resistant tuberculosis

FINANCIAL TIMES

Read the coverage
<http://on.ft.com/16kvqp5>

There is currently a “political indifference” on the part of global organizations toward tuberculosis (TB), says Dr. Neil Schluger, professor of medicine, environmental health sciences, and epidemiology at CUMC, and chief scientific officer of the World Lung Foundation, in a series of Financial Times stories from March.

It is estimated that there are half a million people who have a strain of tuberculosis known as multi-drug resistant TB, that is resistant to the two most potent TB drugs on the market, and as many as 90 percent of them remain untreated, according to Dr. Schluger.

“The thing I really lose sleep about is [multi drug-resistant TB],” says Dr. Schluger. “It’s completely out of control. We don’t have a good handle on how much there is out there, most places lack any means to diagnose it, don’t have good protocols or adequate supplies to treat it.”

He writes that better TB diagnostic tools are available but usually dismissed by the World Health Organization and health ministries as “too expensive to buy and sustain for poorer countries.”

“This shortsighted stance ignores the human cost of under-diagnosis, whereby people with this treatable disease are left to suffer and infect others while other economic costs of the disease are ignored,” he said.

Flu during pregnancy linked to increased bipolar risk in children

Forbes

Read the coverage
<http://onforb.es/15KG8XI>

The children of women who develop the flu during pregnancy may have a nearly four-fold increased risk of developing bipolar disorder later in life, according to a study by Dr. Alan S. Brown, professor of psychiatry and epidemiology at CUMC, that was covered in May. Dr. Brown’s research has also found that the risk for developing schizophrenia increases on exposure to maternal influenza. The research suggests a possible viral etiology of certain psychiatric disorders. The study was published in JAMA Psychiatry.

All people over 70 should be screened for frailty, say medical organizations

A group of international medical organizations has recommended that doctors screen all people over 70 for frailty, a condition that affects 5 percent of that population. Dean Linda Fried (who is on faculty in the department of Epidemiology) was one of the authors of the article that made the recommendation and first brought the condition of frailty to the attention of the medical community, according to a June article by the New York Times' "The New Old Age" blog. Researchers have been debating how to intervene on frailty, which is seen in seniors who are tired, weak, and thin.

The New York Times

Read the coverage

<http://nyti.ms/1bzlvMd>

The fetal environment, genetics, and future health

A June article in Science magazine provides a summary of studies of the fetal environment in relation to later health. It features the long-running studies by Dr. L.H. Lumey, associate professor of epidemiology, and his colleagues in the Netherlands as an example of the search for the ever more sophisticated science to address these questions.

Science

It is widely believed that the fetal environment may be a factor in one's risk for disease later in life. However, scientists do not yet know why. Together with Dr. Bastiaan T. Heijmans of the Leiden University Medical Center, Dr. Lumey's group found that individuals who were born at the time of the Dutch famine in 1944-45 had different methylation patterns in the IGF2 gene compared to siblings without famine exposure. Looking for a biological mechanism, Dr. Lumey is currently conducting studies of methylation patterns across the genome to link these to later health.

Read the coverage

<http://bit.ly/1a2whto>

"We are looking for regional differences in DNA methylation that can be linked to the fetal environment and to obesity and diabetes risk," says Dr. Lumey.

Sugary drink ban would take aim at obesity without hurting poor



Read the coverage

<http://bit.ly/1a2vWa3>

<http://bit.ly/1c8KaLf>

It has been struck down by multiple courts and criticized for targeting the poor, but a study co-authored by epidemiology MPH '13 graduate Ms. Seanna Vine finds that New York City's large soda ban would not in fact hurt lower income people. Ms. Vine and senior author Dr. Y. Claire Wang, assistant professor of health policy and management, found that although low-income Americans do consume significant amounts of sugary drinks, they usually buy them from businesses that are not regulated by the ban. The ban only targets restaurants, theaters, and sports arenas.

"This doesn't apply to things like the two-liter bottles of soda that you purchase at a bodega and you drink at home," Ms. Vine told NY1 in July.

Additionally, the ban would reduce obesity rates, Ms. Vine and Dr. Wang found. "Even if everyone doesn't follow this policy it still will result in a modest caloric reduction and sugar reduction," said Ms. Vine.

Daily antiretroviral pill prevents HIV among drug addicts

The New York Times

Read the coverage

<http://nyti.ms/1f2yRWi>

Taking a daily antiretroviral pill prevented HIV transmission among addicts who inject drugs, according to a study that bolsters the use of such treatments for at-risk groups. Antiretroviral therapy has also been shown in clinical trials to reduce HIV transmission risk from mother to child and through sexual intercourse.

"This provides the totality of the evidence that the drugs used to treat the infection are also very effective at preventing it," Dr. Salim Abdool Karim, professor of epidemiology at CUMC and director of the Centre for the AIDS Programme of Research in South Africa, said in June. He wrote a commentary to accompany the study that was published in the Lancet.

Risk of breast cancer for women on HRT varies



Read the coverage
<http://reut.rs/1c8LcHd>

A large study looking at women on hormone replacement therapy (HRT) found that their risk of breast cancer appears to depend on body type, race, and ethnicity. While slim and normal-weight women with dense breast tissue had a significantly greater risk on HRT, women who were black or overweight with less-dense breast tissue showed no increased risk. Women take replacement estrogen alone or with progestin during menopause to reduce symptoms such as hot flashes and night sweats, but a 2002 study found that HRT increased the risk of developing invasive breast cancer.

"A lot of data now, both observational as well as clinical trials, have supported that certain subgroups of women may not have an increased risk from hormone replacement therapy," said Dr. Mary Beth Terry, professor of epidemiology, who had an editorial accompanying the study and was quoted in Reuters Health in September.

the 2×2 project

Delivering “health beyond the headlines,” the 2x2 project is a department-sponsored site that delivers epidemiologic and public health news, analysis, and commentary to the greater public to engage readers in the health conversation. The project also trains student fellows to be future science communicators through our Communication in Health and Epidemiology Fellowship (CHEF).

The 2x2 project aims to engage an audience beyond our scientific colleagues, one that includes thought leaders and policy makers from outside the discipline, and to counter-balance the stream of misleading health reporting with clear and engaging communication that elevates the health conversation.

On the following pages we include excerpts from published 2x2 project articles.

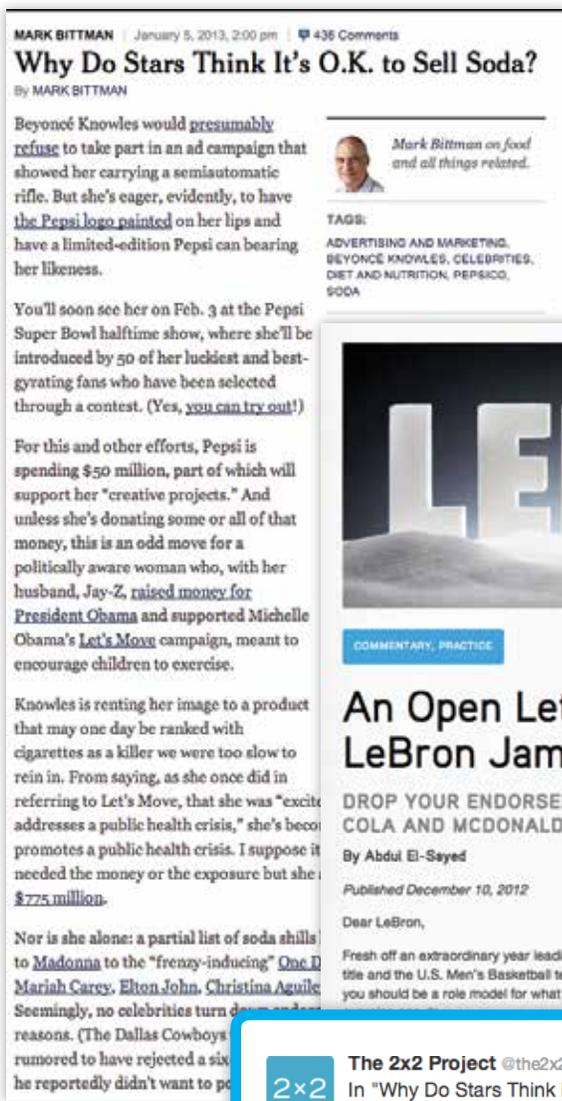
The 2x2 project's social media linkage

The 2x2 project has stepped up its linkage with social media, using Facebook, Twitter, and Instagram to ensure the site's coverage gets to relevant audiences through campaigns and relationship building.

At the beginning of the year, the 2x2 project launched a media campaign to bring attention to celebrities who market unhealthy food and drinks to children, focusing on basketball star LeBron James' endorsement of Coca-Cola and McDonald's. The engagement with social media contributed to over 13,300 views of the article and attention from news outlets including the New York Times' popular food columnist Mark Bittman. (Read the article at <http://the2x2project.org/lebron-childhood-obesity/>)

In the fall, the 2x2 project cohort traveled to the American Public Health Association Annual Meeting to cover the event, publicize the site, and engage with potential partners using Twitter, Instagram, and face-to-face meetings. APHA named the 2x2 project one of the "top influencers" of the conference on Twitter, both by mentions on the part of other tweeters and by number of tweets.

Other social media campaigns spread the word about the 2x2 project's timely features on subjects such as outgoing New York City Mayor Michael Bloomberg's public health legacy, a documentary on the National Football League's problem with concussions, and how this year's government shutdown and other gridlock has stymied action on public health.



NEW YORK TIMES FOOD WRITER MARK BITTMAN LINKS TO 2X2 PROJECT ARTICLE ABOUT CELEBRITIES MARKETING SOFT DRINKS TO KIDS.



COMMENTARY, PRACTICE

An Open Letter to LeBron James

DROP YOUR ENDORSEMENTS WITH COCA-COLA AND MCDONALD'S

By Abdul El-Sayed

Published December 10, 2012

Dear LeBron,

Fresh off an extraordinary year leading the Miami Heat to an NBA title and the U.S. Men's Basketball team to a gold medal in London, you should be a role model for what good health and regular

13119 views

Like 295

Tweet 195

+1 3

2 points

Plus 0

GO TO COMMENTS



ABDUL EL-SAYED
Abdul El-Sayed is a social epidemiologist and physician-in-training. His research explores how our social realities make us sick. Abdul is also Fellow at Demos, a non-partisan public policy center in New York. His commentary engages healthy policy questions in the US and globally, with a particular focus on social inequalities and disease prevention in light of health trends. Follow him at @elabout.

- MORE FROM THIS AUTHOR
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 - Conflicted Experts
 - Win Some, Lose Some

THE LATEST 1/6

PHRESH!
Public health news brought fresh to you weekly

2x2 The 2x2 Project @the2x2project 7 Jan
 In "Why Do Stars Think It's O.K. To Sell Soda?" @bittman links to @the2x2project's LeBron James & junk food commentary: nyti.ms/112LZ6A
 Expand



2x2

Is BMI the best we can do?

Why the measure may be better than we thought

Any measure that says that Tom Cruise and Philip Seymour Hoffman share a similar body habitus has to have problems—that's why body mass index (BMI—measured as the mass in kilograms divided by height in meters squared) the most common measure of body habitus used by doctors and public health practitioners, has been receiving a lot of criticism lately.

So you might expect doctors to switch to newer measures that separate fat mass from lean mass or that takes body shape into account. Or at least you might expect the World Health Organization to pick a better measure on which to define obesity. Certainly, there are many others which doctors and patients could choose from.

But like the good guy in an action movie or the bad guy in a horror movie, BMI refuses to die.

Or maybe BMI isn't so bad a measure after all? At least that's what a recent study we published suggests. Across a sample of over 10,000 employed American adults, we found that BMI was about as good at predicting hypertension, dyslipidemia, and other components of the metabolic syndrome—a precursor to cardiovascular disease and diabetes—as any of five proposed alternative measures to which we compared it head-to-head in the same population (fat mass index, waist circumference, waist-to-height ratio, percent body fat, and fat-free mass index).

One reason why BMI seems to perform as well as other measures may be that most American adults are shaped more like Philip Seymour Hoffman than Tom Cruise. In this study, waist circumference explained more than 90 percent of the variation in BMI, suggesting that high BMI was typically due to excess fat rather than excess muscle.

STEVE MOONEY, PHD CANDIDATE

Published December 26, 2012

Read the full article

<http://the2x2project.org/measuring-obesity-bmi>

OUR PEOPLE

FACULTY



Mitchell Elkind

Mitchell Elkind, MD, MS '98, MPhil, associate professor of neurology and epidemiology (in the Sergievsky Center), has spent his career trying to piece together the puzzle of what gives rise to a stroke, a rapid loss of brain function with complex precursors that have long challenged clinicians who encounter it.

He began his degree in epidemiology in 1996 to do just that. At the time, he was doing a fellowship with Drs. Ralph Sacco and Allen Hauser in the department of neurology, working on the Northern Manhattan Study, or NOMAS, which was begun by Dr. Sacco in 1990 to study stroke risk factors in thousands of residents in nearby Washington Heights.

Research had linked heart disease to chronic inflammation that was precipitated

by infection. Dr. Elkind wondered if the same was true for stroke.

"I got interested in the idea that there may have been causes of stroke that had not been fully explored, like infection or inflammation."

With the support of his colleagues on NOMAS, Dr. Elkind began this line of inquiry, eventually making several pioneering findings that have linked infections and inflammation to stroke and opened up the possibility that it can be predicted. Today he has become internationally known as one of the few investigators pursuing this complicated area of research.

One of his first big discoveries at Columbia was that people who had had a stroke often had been previously infected with Chlamydia pneumoniae—a bacteria that is a major



2x2

The impact of AIDS activism

An interview with David France, the director of the award-winning documentary *How to Survive a Plague*

The 2x2 project: What do you see as the biggest issue facing firstly AIDS patients, and secondly AIDS activists, in today's political, social, and medical context?

David France: Probably one of their biggest issues is trying to mobilize people. There's an apathy around AIDS that is really formidable. And a lot of it has to do with the fact that it's no longer what it was in the U.S. in the '80s and '90s. It's no longer a marching death. It doesn't have to be. The issues are different and a lot less urgent—or seemingly less urgent. Although, for the majority of people with HIV in the world, life today after infection is exactly as dark and disastrous as it was back then in New York. [Editor's Note: Ninety-five percent of all AIDS cases occur in the developing world; over 80 percent of all HIV infections today are due to heterosexual intercourse. The rate of death from AIDS in the United States is 2.7 per 100,000 people. In developing countries, the rate of death from AIDS varies from nation to nation, but the World Health Organization reports that HIV/AIDS is the third leading cause of death in low-income countries compared with not even being in the top ten causes of death in high-income countries.] But the problem is mobilizing public will around trying to mandate a solution to that. The solution is very simple—get pills to people. And the medication's prices dropped so dramatically thanks to activism over the last fifteen years. You can treat people for under a dollar a day and keep them alive like we're keeping people alive in this country. Which is not perfectly, but it's not a death sentence with a prognosis of 18 months.

LARKIN CALLAGHAN, PHD

CHEF 2012–13

Published February 5, 2013

Read the full article

<http://the2x2project.org/the-impact-of-aids-activism-an-interview-with-david-france>

cause of pneumonia. He has continued to uncover various relationships between stroke and inflammation and infection, saying that the causes for stroke appear to be multifaceted.

"The direction that I have tried to push the stroke field is that it's not about any one organism. There's no single bug that's going to cause stroke," he says.

To try to identify early infections that precipitate stroke, he is working on a new multi-center international case-control study that looks at children who have stroke.

He balances his research with clinical work, spending one day per week in his office and one week out of every six on the Neurology Institute's Stroke Service, seeing patients who have just had a stroke or are at risk of stroke.

In addition to everything else, Dr. Elkind has taken on a significant teaching role within both his departments, for which he was recently honored with membership in the Apgar Academy for Excellence in Teaching. He mentors several master's students on projects, is a doctoral dissertation sponsor, and is currently co-director of the neuro-epidemiology training program with Dr. Elan Louis.

He and his wife, Rachel Vail, who is a novelist, live in New York City and have two sons ages 18 and 13.

As someone who in college harbored ideas about being a writer, Dr. Elkind says he does not really have the time he would like to devote to it, although he published one of his poems, aptly titled "If I had time," in a 2009 issue of the journal *Neurology*.

"Marrying Rachel was one of the reasons why I was able to back off on my own future as a writer," he jokes. "I learned to vicariously appreciate the writer's life through her."



The sequester and the “lost generation” in health research

How it could rob our future of important advancements

With \$28.7 billion in domestic discretionary spending cuts, a portfolio that includes the CDC, NSF, and NIH, the future of American health science is in trouble.

Beyond the direct loss in research funding, these cuts will reach deep into the future—potentially leading to a scientific “lost generation” by devastating early-career scientists and robbing society of decades of scientific breakthroughs they would have made.

The United States has long been the world’s leader in innovative approaches to important health questions. That’s because consistent, generous funding for health science has enabled scientists to pursue their work consistently with relative trust in the availability of funding through competitive research grants.

However, research budgets over the past decade have not kept up with inflation. Despite this, competition for new funding has heated up. The pressure of this competition falls most squarely on young scientists.

The list of important problems for which the next generation needs good scientists is long. Obesity, diabetes, cardiovascular disease, and cancer continue to claim millions of deaths each year. Steady increases in the rate of mental health disorders, punctuated by events such as the shooting at Newtown, remind us that we know little about the brain. In fact, the president just announced a decade-long scientific campaign to map the human brain to better understand diseases that affect more and more Americans each year, like depression and Alzheimer’s. Yet without talented young scientists to take up the reigns, who will carry it forward?

ABDUL EL-SAYED, DPHIL
CONTRIBUTOR

Published March 6, 2013

[Read the full article](#)

<http://the2x2project.org/a-lost-generation-in-health-science>

OUR PEOPLE

TRAINEE



Jackie Blachman-Forshay

As a trained social worker with experience counseling individuals who have lived through trauma, MPH '13 student and doctoral candidate Jackie Blachman-Forshay knew when she arrived at the Mailman School that she wanted to research traumatic events.

Today she is doing exactly that as an integral part of the Syria Crowdmap project, an unprecedented crowd-sourcing effort that tracks and publicizes incidents of rape and other forms of sexualized violence in the war-torn nation.

As an undergraduate at New York University’s School of Social Work, she interned at an AIDS service organization in Harlem that dealt with clients with substance problems and severe and persistent mental illnesses.

The job was as satisfying as it was stressful, requiring Jackie to work three full days a week on a client caseload while balancing coursework.

She began to take an interest in the “why” behind what she encountered and started considering public health. Not long after, she was diagnosed with cancer, which put a very real perspective on her future area of study.

“I was thrown into a medical system that I hadn’t been personally involved in,” she says.

Currently she is working for NYU’s Center for Health, Identity, Behavior, and Prevention Studies on a longitudinal study into the interplay between sexual risk taking, substance use, and the mental health of young men who have sex with men.



Spin doctors

The media, the science, and the hyping of health studies

When faculty at Université Paris Descartes reviewed 70 randomized controlled trials published during 2009 and 2010, they found that half of news reports were guilty of spinning scientific results. Interestingly, a majority of the spin originated in the conclusion section of the scientific abstract—that is, with the scientists.

Although scientists and journalists often view theirs as an adversarial relationship—one in which the scientist’s quest for accuracy is at battle with the journalist’s quest for a story that people will read and find relevant—both scientists and journalists have an interest in hyping up positive results and downplaying negative ones.

“Everyone involved can be tempted to benefit from exaggeration. The news person has what looks like an exciting story and the investigator has visibility, which is increasingly valued by medical school PR offices and promotion committees,” says Dr. David Ransohoff, a professor of medicine and epidemiology at the University of North Carolina-Chapel Hill and an associate editor of the *Journal of the National Cancer Institute*.

Not only does media coverage of a study influence a scientist’s prominence, but it can also direct funding toward certain medical procedures and diagnostic tests, shape individuals’ health choices, and change grant-funding priorities.

ELAINE MEYER

Published February 24, 2013

Read the full article

<http://the2x2project.org/spin-doctors>

Jackie chose to concentrate in epidemiology at Mailman because she believed it would teach her practical research tools that she had not been exposed to as an undergraduate.

Her experience with the Syria Crowdmap represents real world epidemiologic data gathering and analysis. For the project, she identifies, edits, and codes hundreds of brutal accounts of sexualized violence using various social media such as YouTube, Twitter, and running Google searches.

This method has been used in the past to track infectious disease epidemics—such as the recent cholera outbreak in Haiti—but Women Under Siege believes it is the first to use these tools to track sexualized violence.

“The Syria project is epidemiology but

not in a traditional sense,” says Jackie.

Women Under Siege cannot independently confirm the hundreds of reports they have gathered, such as a video on YouTube of a woman describing her rape, but based on geographic patterns, they have established that sexualized violence is being used as a “common tactic” by Syrian forces against rebels.

According to Dr. Karestan Koenen, “Jackie’s commitment and dedication to the Syria project has been extraordinary. Her background in both epidemiology and social work enables her to make a unique contribution to the project in both analyzing and presenting the data and proposing how the data can be used to inform interventions. We could not have done it without her.”

Inspired by the experience, Jackie hopes to eventually use a Geographic Information System program to map locations of sexualized violence overlaid with locations of killings to identify regions of Syria affected by wartime trauma.

“What I hope I can keep in mind is that epidemiology is about populations and that’s still people with individual stories,” she says.



The homicide virus?

Looking at a social ill as a disease

The Ceasefire Chicago project, now known as Cure Violence, represents a new approach to a problem that is typically attacked through tougher sentencing and more policing. Proponents of this epidemiological approach to social ills say that society is currently structured to “treat” or “quarantine” the problem of violence and homicide after it occurs by incarcerating criminals associated with violent crime and murders, such as gang members or drug offenders.

But, as with outbreaks of infectious diseases, Dr. Gary Slutkin, a physician and professor of epidemiology and international health at the University of Illinois at Chicago School of Public Health and the director of a program called Ceasefire Chicago, says we can take preventative approaches by utilizing known disease models to identify the conditions under which violence spreads, preventing an outbreak of even more violence.

The study of disease has long taken into account how social factors, such as socioeconomic status and neighborhood crime put people at greater risk of disease, but the idea that homicide and other social problems like incarceration are the disease has only recently been used as a way to tackle these problems.

“I think it’s an interesting way to look at it—to turn homicide on its head and not look at it as something deviant people do and catch the deviant people in order to stop it,” said Dr. April Zeoli, an assistant professor at the School of Criminal Justice at Michigan State University and a trained epidemiologist. “If we look at it as a societal issue, where we have that source of infection, mode of transmission and susceptible population, then we can potentially come to new answers.”

JOSHUA BROOKS, MPH '12

CHEF 2012–13

SENIOR FELLOW (“TOP CHEF”) 2013–14

Published April 8, 2013

Read the full article

<http://the2x2project.org/homicide-as-a-virus/>



2x2

Shutting down public health

How putting the government on hold could affect our health

While Americans decry the National Zoo's lacking "Panda Cam" coverage and fall travelers find the gates to Yosemite and other national parks closed to visitors, the collateral damage from the U.S. government shutdown continues to create alarming voids in many government programs. Public health services have been particularly hard hit. Until the U.S. Congress passes a new budget, key elements of the American public health system remain in limbo.

This means the flu program has been shut down at a disconcerting time—right as flu season begins. Now, we just have to hope there are no unusual outbreaks of disease, since we won't be able to adequately track or respond to them. This is quite a serious risk for a nation of over 300 million people to take, even if just for a few days.

The public health impacts of the shutdown go even beyond the CDC. The FDA is currently unable to support most of its routine food safety inspections. The EPA's monitoring of air and water quality has been disrupted. Cancelled blood drives at federal agencies have threatened the blood supply in some areas.

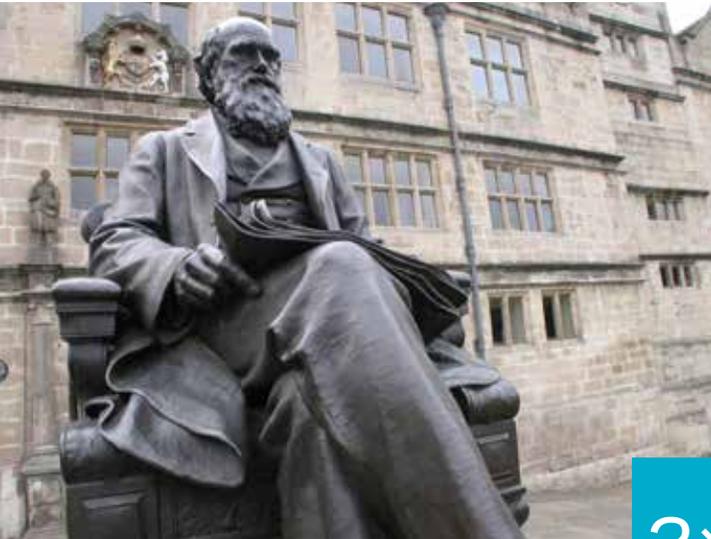
Some of the nation's most vulnerable citizens will be most deeply affected. The shutdown's impact on the National Institutes of Health will prevent children with cancer from being able to enroll in clinical trials. In addition, the government has stopped funding the Special Supplemental Nutrition Program for Women, Infants and Children, also known as WIC. This places nine million low-income mothers and infants at risk for even less stable access to regular, nutritious food.

KATHLEEN BACHYNSKI, PHD CANDIDATE IN SOCIOMEDICAL SCIENCES
CHEF 2013–14

Published October 3, 2013

Read the full article

<http://the2x2project.org/public-health-shutdown>



The taming of influenza

Darwin and the domestication of germs

As far as influenza outbreaks go, experts agree: The current one is not bringing its A-game. It is not particularly virulent—capable of causing disease. It doesn't even hold a candle to the 1918 Spanish influenza, known as the mother of all pandemics, which killed 50 million people. Yet, it is still making headlines for surpassing epidemic levels in 47 states, overwhelming our healthcare system and shutting down hospitals.

It is time for a new management approach—an evolutionary approach.

Since the discovery of antivirals and antibiotics, our focus has shifted dramatically away from disease prevention and towards treatment. Rather than pre-emptively getting the flu vaccine every year, many risk the flu gamble, treating the flu with antivirals if ensnared. As a result, levels of antiviral resistance have increased, launching an arms race between pathogens and people, as pathogens become increasingly virulent.

We can domesticate influenza, much as we have domesticated cats, dogs, and sheep for centuries. We just need to select for the traits that we want by understanding and incorporating the evolutionary trade-off between virulence and transmission.

LAUREN WEISENFLUH, MPH '13

CHEF 2012–13

Published February 26, 2013

Read the full article

<http://the2x2project.org/taming-influenza>



Up in smoke

The regulatory concerns surrounding e-cigarettes

Smokers around the country have been rapidly making the shift from traditional cigarettes to their electronic counterparts with the goal of consuming a 'safer' product en route to eventual cessation.

In the absence of federal regulation however, the safety of e-cigarettes has been questionable at best. Anti-smoking advocates further argue that the proliferation of this tobacco alternative only serves to promote continued smoking, renormalize smoking behavior, and potentially provide a gateway into smoking culture for non-smokers who were previously deterred because of the deleterious effects of regular cigarettes.

In 2010, the US Food and Drug Administration (FDA) tried to block the sale of e-cigarettes altogether, but confronted the hurdle of a federal ruling that held it couldn't ban the importation of such products, which are often manufactured abroad. The FDA has yet to reach conclusive regulatory standards, but warns on its website that the safety of e-cigarettes has not been widely studied.

Indeed, the notion of a so-called safer cigarette is not new. Dr. Amy Fairchild, a professor of sociomedical sciences at Columbia University, has chronicled the growing public interest in reducing the hazards of smoking through public health efforts to develop safer cigarettes over the course of the twentieth century. The past fifty years have witnessed the addition of filters to cigarettes, as well as the reduction of tar and nicotine levels in attempts to render cigarettes less hazardous.

This approach, better known as harm reduction, has polarized the issue of tobacco control for decades.

Alas, the public health community stands divided between advocates who champion e-cigarettes as yet another form of the harm reduction strategies' manifest over the past 50 years and those who support the elimination of any type of smoking altogether.

CHRIS TAIT, MPH '14

CHEF 2013–14

Published August 1, 2013

Read the full article

<http://the2x2project.org/mind-the-gap>

Social media

A central part of translating our science is a consistent and active presence in the public health community.

The department and the 2x2 project both have dynamic, consistently-updated social media presences on Twitter and Facebook which keep faculty, alumni, students, and a broader community in the health and sciences connected to our latest research, events, and relevant health news. Within the department, our social media postings have helped our students to learn more about the exciting research carried on by our faculty, and led to the development of new student-faculty mentor relationships. In the broader public health universe, epidemiologists, other public health professionals, and people who are simply interested in our research from other parts of the globe are able to keep up-to-date on our research and events.



CU Epidemiology @cuepidemiology 25 Jan
 Follow us and @WomenUndrSiege throughout the day for live tweets of our symposium on global sexualized violence #CUESS
 Expand

CU Epidemiology @cuepidemiology 22 Apr
 Happy Earth Day! Recent research from our dept into the link between air pollution and childhood obesity
mailman.columbia.edu/news/prenatal-...
 Expand

CU Epidemiology @cuepidemiology 19 Jun
 Nomination for best poster title: "There goes the neighborhood effect" by Stephen Mooney #SER2013
 Expand

CU Epidemiology @cuepidemiology 17 Sep
 Intimate partner violence is declining in Bangladeshi villages where women's economic roles have expanded
ncbi.nlm.nih.gov/pubmed/2400607...
 Expand

CU Epidemiology @cuepidemiology 10 Oct
 Tune in tomorrow for the @LeonardLopate show. Dr. Steve Morse will be discussing the West Coast salmonella outbreak
wnyc.org/shows/lopate/
 Expand

Two by Two

Two by Two, the department's quarterly publication, entered its fourth year with an increased focus on going beyond reporting department activities to explore timely public health questions.

This year, the publication moved from a bimonthly to a quarterly schedule, which allowed for more in-depth coverage of controversial issues such as spin of public health research, the epidemic of prescription opioid abuse, and the growing trend of vaccination refusal.

Two by Two also created content synergies with the 2x2 project, cross-publishing articles such as the ones on the preceding pages and directing readers to expanded web coverage of some of our faculty's research.

The publication also featured many student contributions this year, building on the department's commitment to enable trainees to communicate public health science effectively. Trainees helped cover CUESS, CUEGR, and department seminars and profile faculty and alumna.

In 2014, Two by Two will continue to expand its journalistic approach to reporting on the science, with special coverage of the translation of epidemiology research to practice.

TO READ THE 2013 ISSUES OF TWO BY TWO, SEE [APPENDIX 1](#)



COLUMBIA UNIVERSITY EPIDEMIOLOGY SCIENTIFIC SYMPOSIA

To engage with collaborators from outside of our department and the university, we host a quarterly Columbia University Epidemiology Scientific Symposia series, or CUESS.

CUESS events bring the best minds in our field together for a full day of discussions on some of the most important health questions of our time.

Over the past year, CUESS events have addressed research breakthroughs in autism and related disorders, the public health crisis of global sexualized violence, childhood disability, and philosophy and science. A summary of these events follows.

JANUARY

Global sexualized violence: From epidemiology to action

APRIL

Breakthroughs in autism and related disorders

SEPTEMBER

Putting childhood disability on the map

NOVEMBER

Philosophy and medicine: Explanation and prediction in population health

The public health crisis of sexualized violence



When rapes are covered in the media, they are usually treated as isolated—albeit horrifying—events and are prosecuted individually. But the recent gang rapes in Delhi and in Steubenville have shined a spotlight on the cultural roots of sexualized violence.

Bringing this issue out of the shadows is essential to finding solutions, said panelists at the CUESS “Global sexualized violence: From epidemiology to action,” which was jointly sponsored with the Women’s Media Center, an advocacy group for women in the media.

Sexualized violence is a serious public health problem across the globe. According to a WHO multi-country survey of women age 15-49, reports of physical and/or sexual violence are prevalent in rich and poor countries alike—from as low as 15 percent in Japan to as high as 72 percent in Ethiopia.

Over the course of the day, presenters considered sexualized violence from a population health perspective, looking at how such crimes are rooted in larger cultures and societies, the wide-ranging impact on women’s physical and mental health, and how to use public health tools to gather statistics and take action. Several panelists spoke about the “cult of masculinity,” in environments like the military and fraternities.

According to Dr. Tia Palermo of SUNY-Stonybrook, the growing body of research on sexualized violence is crucial to changing these cultures and reducing these crimes.

There have been widely divergent reports of prevalence found by researchers, which has led skeptics to accuse feminists of inflating the numbers. There are inherent difficulties in collecting data on sexualized violence because of privacy issues and the traumatic nature of these events. Moreover, victims frequently do not report rape because of shame and fear of repercussions. Most of the time, rape and other forms of sexualized violence are committed not by strangers but by husbands, boyfriends, and acquaintances. Studies have found that women are less likely to report rape if they know the perpetrator.

Nonetheless, scientists have been able to improve the accuracy of data collection. The Women Under Siege Project has been a leader on using epidemiologic and journalistic methods to document reports of sexual violence in the civil war on Syria through a live, crowd-sourced map.

“By plotting each report on a map, we are hoping to not just collect documentation that may otherwise be lost, but also to make people pay attention to the victims,” says Lauren Wolfe, director of the Women’s Media Center’s Women Under Siege Project.



Breakthroughs in autism and related disorders: The role and responsibility of public health

Questions remain unanswered around the growing frequency of autism, and equally important, support remains elusive for the growing number of individuals seeking services.

The department and the organization Autism Speaks cohosted a CUESS on “Breakthroughs in autism and related disorders,” which examined the current public health challenges and future opportunities surrounding the issue of autism.

Historically autism has not been considered to be public health relevant. Although potentially devastating, especially when all of its hallmark symptoms of impaired social and intellectual ability along with repetitive and sometimes self-injurious behaviors are present and severe, autism was for a long time believed to only affect a relative few. Earliest reports estimated prevalence to be one in 1000 people. Thus research and research funding was limited and services were centralized to highly specialized clinical practice.

Fast forward 40 years and it is estimated that autism affects at least one in 100, a ten-fold increase, with recent reports from the US and around the world suggesting prevalence may actually be higher than 2 percent, and closer to 3 percent. Autism research has also increased nearly 12-fold in the last three decades.

What we know is that a portion of the increase in autism prevalence over time is artifact, due to factors such as broadening of diagnostic criteria and increased recognition. However, these explanations account for only a fraction of the dramatic rise.

There are also environmental factors at play. Exposures in early child development, dietary factors, and immunologic factors can alter autism risk, often times differently and in complex interaction with

underlying genetics. The older age of parents, a social factor, that has become more common over time, has consistently been shown to increase risk for having a child with autism.

Regardless of why autism prevalence has increased, there are far more people affected today than previously ever believed. With most diagnoses being among children, we can expect a growing number of adults with autism for which society may not be adequately equipped to offer appropriate opportunities.

Not surprisingly, the supply of services does not meet the increasing demand. It has been demonstrated that early detection and early intervention can significantly improve long-term outcomes for individuals with autism. However, major barriers exist to accessing services in general, let alone earlier services. These challenges are further magnified for traditionally underserved populations, including ethnic minorities, who are diagnosed later on average here in the US. And in places around the world where autism plays second fiddle to issues like HIV and malnutrition, services can be almost non-existent in societies further wrought with stigma and discrimination. Yet as we continue to see child mortality decline worldwide, are we prepared for the influx of children now at higher risk for developmental disorders including autism? All of this equates to the need for innovative strategies to disseminate evidence-based autism services among populations with limited access and in places with limited capacity.

MICHAEL ROSANOFF
DRPH CANDIDATE AND ASSOCIATE DIRECTOR OF PUBLIC
HEALTH RESEARCH AT AUTISM SPEAKS

Putting childhood disability on the map

As foreign officials gathered in New York City for the United Nations' annual General Assembly meeting, the department teamed up with the United Nations Children's Fund, or UNICEF, to host the first CUESS of the fall 2013 school year, titled "Putting childhood disability on the map."

National and international research, policy, and government leaders addressed such topics as how to improve inclusion of disabled children, challenges of collecting data in low and middle-income countries, and disability rights.

The underlying causes of developmental disabilities are myriad and can include genetic factors, nutritional deficiencies, infections, trauma, toxic exposures, perinatal health, and poverty, said Dr. Maureen Durkin, professor of population health sciences and pediatrics at the University of Wisconsin-Madison. Yet, the majority of disabilities are a result of unknown causes.

"We need to think beyond just survival," said Dr. Durkin.

One key way to do that is "to make sure that children with disability are visible in research and statistics so that their needs can be met," said Dr. Claudia Cappa, a statistics and monitoring specialist in the division of policy and practice at UNICEF.

Yet there are many significant challenges. Countries use different definitions between them, the quality of statistical data varies widely, in many places there is too little research, and some disabilities

simply are not recognized at all.

Plus the vast majority of research—more than 90 percent—occurs in high-income countries, even though more disabled children probably live in low and middle-income countries.

But new efforts for data collection are underway, said UNICEF representatives. With Dr. Leslie Davidson, professor of epidemiology, and several other organizations present at the CUESS, UNICEF is working to provide guidelines to low and middle-income countries in their capacity to gather sound and relevant data, discuss conceptual and theoretical issues, and review methods that have been previously used to collect data, with particular attention to methods in low-resource settings.

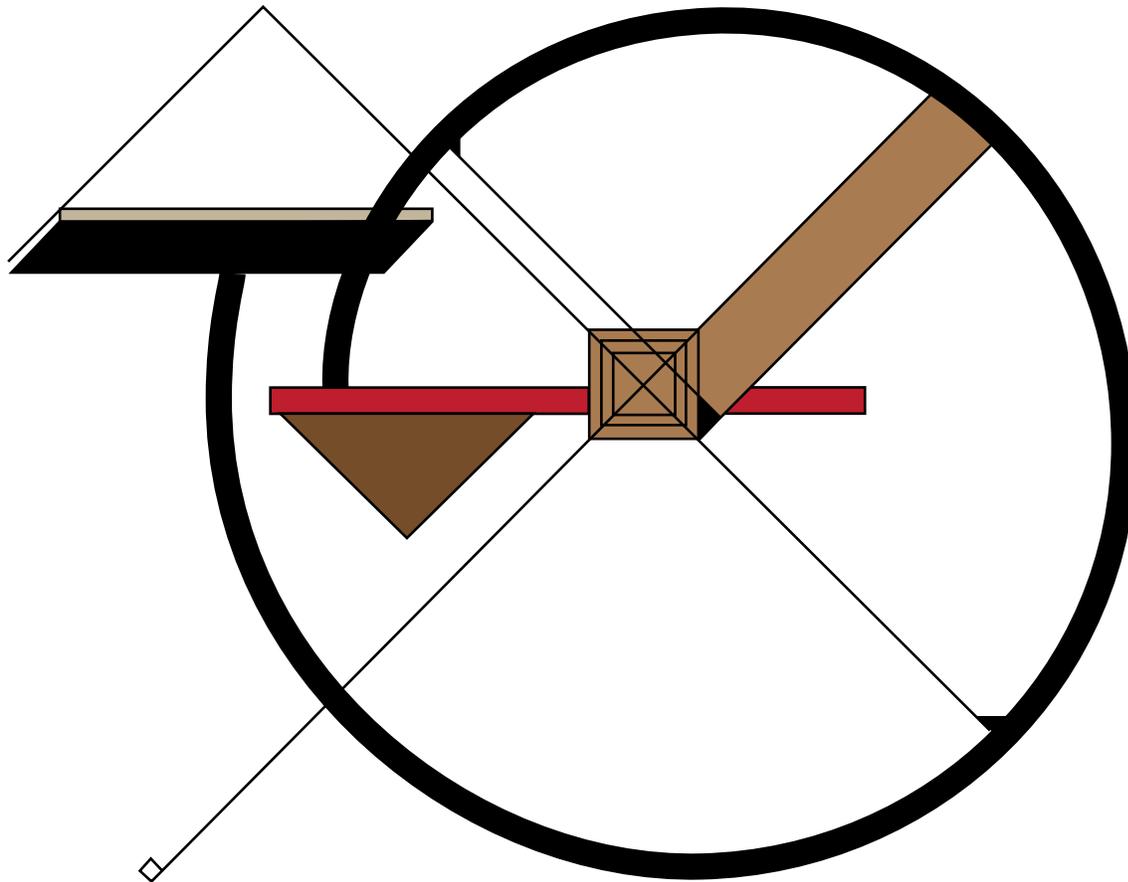
Although the challenges are admittedly great, participants expressed optimism over the growing attention to child disability.

"There is sort of a feeling of change, of excitement, that after the many years people have been working in this area there are some shifts," said Dr. Davidson. "The shifts are kind of cataclysmic."

ADDITIONAL REPORTING BY
CHRIS TAIT, MPH '14



Philosophy and medicine: Explanation and prediction in population health



OUR PEOPLE

ALUMNA



Sonja Olsen

An infectious disease epidemiologist at the CDC, Sonja Olsen, PhD '98, has always relished working in the field. From investigating the cause of food-borne outbreaks in the US to visiting SARS cases in northern Asia, she has played a firsthand role in identifying many different kinds of infectious disease and working to prevent their spread.

As director of CDC's influenza program in Thailand, her job entails conducting disease surveillance, outbreak investigation, and applied research. She can be sent out into the field where infectious diseases are rampant at little more than a moment's notice.

Dr. Olsen got her start immediately after graduating Mailman in 1998, at CDC's food-borne illness and diarrheal diseases group in Atlanta as an Epidemic Intelligence Service

(EIS) officer, a two-year position designed to expose young epidemiologists to applied public health.

On her fourth day of training, she was sent to an E. coli outbreak in Wyoming that her group eventually traced to a contaminated water source. She also investigated a Salmonella outbreak in Pennsylvania that they linked to contaminated milk.

After completing her two-year EIS stint and an additional year on staff in Atlanta, she decided to go abroad.

"To get a real feel for global health work, you really have to live in a place. To fly in from Atlanta I thought was probably a really different experience from being on the ground and working in different ministries of health," she says.

Disciplines come together to discuss a unifying philosophy of causal inference

In the middle of the twentieth century, epidemiologic studies began to establish a statistically significant link between smoking and lung cancer. Although scientists did not know the mechanism by which exposure to tobacco smoke gave rise to cancerous growth in the lungs, the correlation became increasingly overwhelming when assessed through a process known as causal inference. Although tobacco companies argued that the proof was not strong enough, epidemiologists and other scientists believed action was necessary. Because of resulting government regulation and public health campaigns, smoking and lung cancer both declined in the US.

Understanding causation is at the heart of epidemiology. Because epidemiologists must study the health of populations in the absence of controlled variables, they must often infer causes of health and illness, as in the case of smoking and lung cancer.

The process of causal inference can be controversial. Critics have charged that epidemiologic studies are not rigorous at it, that they too often contradict each or are contradicted by later clinical trials.

However, the continuing evolution of the field has led to breakthroughs in methodology that minimize uncertainty and produce ever more finely tuned findings that result from inferring a cause. This has led to vast improvements in public health that would not have been possible if scientists and policymakers had waited to make recommendations until a cause was definitively established, such as in the cases of smoking in other examples such as the link between high cholesterol and heart disease.

Struggles with causal inference are not unique to epidemiology. Many other social sciences face the same difficulties.

Recognizing this, the department brought together researchers from across many disciplines for a CUESS in November on “Philosophy and medicine: Explanation and prediction in population health.”

“[R]epresentatives of epidemiology, economy, psychology, and philosophy may shed some light on what is needed to build a valid and philosophically sound inferential process in the social sciences in general and in epidemiology in particular,” said symposium organizers Dr. Alfredo Morabia, professor of epidemiology at CUMC, and Dr. Jeremy R. Simon, associate professor of medicine at CUMC, and scholar-in-residence at the Center for Bioethics.

Speakers talked about what causal inference looks like in their particular field and how methods might be improved and generalized across disciplines—or whether this is even possible.

The event represented a rare instance of different disciplines discussing a path toward a common underlying philosophy of causal inference. Participants acknowledged that establishing such a philosophy is not simple, given varying methods of causal inference in each discipline, such as systems models that can make predictions by accounting for complex and interwoven parts and “big data” sets that enable scientists to study large populations.

As the CUESS concluded, participants and attendees were eager to keep the conversation going, aware of the opportunities this unique event presented.

She moved to the CDC office in Thailand, a hot spot for emerging infectious disease. During the 2003 outbreak of SARS she was sent to Taiwan, where there were concerns the virus would spread. The next year she went with a rapid response team to investigate a case of avian influenza A (H5N1) in northern Thailand.

They visited rural areas where homes are up on stilts and poultry—some possible carriers of avian flu—are running underneath.

“You get an immediate visual picture of how the environment could be contaminated. In some ways they’re almost like pets. They are all over the place,” she says.

At Columbia, she worked in the HIV surveillance unit of the New York City Department of Health and Mental Hygiene. The job

sent her to nearly every hospital in the city to review patient charts in order to understand more about the epidemiology of HIV in certain high-risk populations.

She also worked with then faculty member Dr. Maureen Durkin in Harlem Hospital on injury epidemiology and worked in the lab of Dr. Patrick Moore and Dr. Yuan Chang who identified the virus that causes Kaposi sarcoma, a cancer that often develops in people with AIDS. Her work centered around describing the epidemiology and identifying risk factors for infection.

To students who want to do public health overseas, she suggests searching for short-term opportunities to see how they like it and recommends checking out opportunities at the CDC.

She also advises to “have a degree of patience and flexibility,” adding: “You can have a great experience, but things change—though that’s not always a bad thing. Be open to different possibilities, and always have a sense of humor.”

COLUMBIA UNIVERSITY EPIDEMIOLOGY GRAND ROUNDS

The Columbia University Epidemiology Grand Rounds (CUEGR) is a monthly series that hosts global leaders in epidemiology to share their ground-breaking work with faculty, students, and the Columbia community-at-large. CUEGR lectures feature a broad range of topics, foster academic exchange around key issues in epidemiology, and forge important links between the department and leading figures and programs in epidemiology throughout the world.

Summaries of selected CUEGRs are featured on the opposite page.

JANUARY

Steven Cole, PhD

Professor, School of Medicine, University of California-Los Angeles David Geffen School of Medicine

Social regulation of gene expression

FEBRUARY

Sander Greenland, DrPH

Professor, Department of Epidemiology, University of California-Los Angeles School of Public Health

Is epidemiology too difficult for statisticians?

MARCH

Michelle Williams, ScD

Professor, Department of Epidemiology and Department of Global Health and Population, Harvard University School of Public Health

Diet, physical activity, and sleep: The three pillars of perinatal health

APRIL

Susan Reverby, PhD

Professor, Department of Women's and Gender Studies, Wellesley College

The medical/political/revolutionary life of Dr. Alan Berkman

SEPTEMBER

David Savitz, PhD

Professor, Departments of Epidemiology and Obstetrics and Gynecology, Brown University

From power lines to cell phones: 25 years of research on nonionizing radiation and cancer

OCTOBER

Jan P. Vandenbroucke, MD, PhD, FRCP, FRCPE

Professor, Department of Clinical Epidemiology, Leiden University

Can counterfactual theory provide a complete theory of causal inference as we practice it in epidemiology?

NOVEMBER

Malcolm Pike, PhD

Professor, Attending Epidemiologist, Memorial Sloan-Kettering Cancer Center

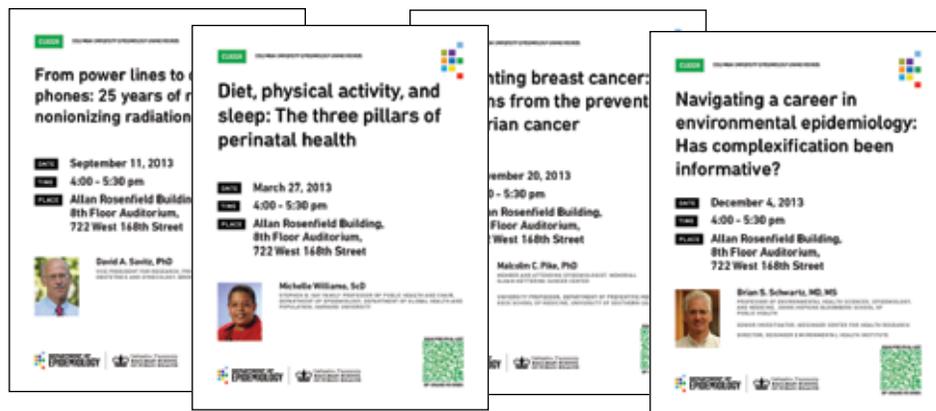
Preventing breast cancer: Lessons from the prevention of ovarian cancer

DECEMBER

Brian Schwartz, MD, MS

Professor, Department of Environmental Health Sciences, Johns Hopkins Bloomberg School of Public Health

Navigating a career in environmental epidemiology: Is complexification informative?



Going beyond 'nature versus nurture'

The "nature versus nurture" debate was once one of the most heated in science, but in recent years, a new and more complex understanding has emerged, one that views genes and environment as engaged in a highly entangled interplay.

Dr. Stephen Cole said at the January CUEGR that social realities, such as one's income status or experiences of trauma or loneliness affect an individual's biology right down to the gene-level. This can put someone at greater risk for a variety of diseases, from cancer to depression.

Is epidemiology too difficult for statisticians?

While epidemiology and statistics seem similar enough, they in fact take two very different approaches to research questions, according to Dr. Sander Greenland, who was the featured speaker at February's CUEGR.

Epidemiologic thinking critically and objectively tests hypotheses and draws conclusions about health related questions, while statistical thinking is more data driven. He criticized statisticians for "cranking through data and information" and coming to conclusions too quickly without paying enough attention to the causal models that inform the statistical models being run.

"The skeleton given by statistics is inadequate for becoming a serious researcher," said Dr. Greenland.

The three pillars of perinatal health

Epidemiologic research has allowed us to understand why behaviors related to diet, physical activity, and sleep are so important to perinatal health. Dr. Michelle Williams spoke at the March CUEGR about her research on these "three pillars" of perinatal health.

Both epidemiologic and biochemical research has suggested that there are modifiable risk factors, especially through diet, that can reduce the risk of gestational diabetes as well as future diabetes in the fetus.

Additionally, women who exercised during pregnancy had a strong reduction in the risk of gestational diabetes, but only if they were exercising before their pregnancy.

Little is known about how sleep disorders affect pregnancy. Currently there are hypotheses that they cause imbalances in hormones that regulate, and sleep duration is strongly associated with both gestational diabetes and pre-eclampsia.

The medical/political/revolutionary life of Alan Berkman

The late Dr. Alan Berkman was a man of many contradictions. An Eagle Scout, a president of his college fraternity, a standout medical school student, an outlaw who served time in federal prison, a department vice chair in an Ivy League institution, and an activist who helped bring AIDS drugs to the developing world.

His life ended in 2009, when he succumbed to cancer at the age of 63.

The spirit of this many-faceted man was celebrated with the annual Alan Berkman Memorial lecture CUEGR, which takes place every April.

Dr. Susan Reverby, a classmate of Dr. Berkman's when they were both undergraduates at Cornell University, delivered this year's lecture, admitting that she sparred with him over politics several times when they were both students. She is now writing a biography of Dr. Berkman.

"He was a man of action who created bonds with others who had suffered," she said.

From power lines to cell phones: 25 years of research on nonionizing radiation and cancer

Non-ionizing radiation from power lines, microwaves, and cell phones has never posed a known public health threat. But interest groups, politicians, and individuals have long worried that technology that produces this kind of radiation increases the risk of developing cancer.

For this reason at least 25 years of research has gone into this area, including his own work, said Dr. David Savitz speaking at the September CUEGR.

Although researchers spent years without finding evidence of cancer risk from non-ionizing radiation, Dr. Savitz said there is still value to this work.

"Practicing epidemiology to make sure we haven't missed something that's unlikely to be there can be informative in addressing a policy concern where we just don't want to make a mistake," he said.

Department seminars

The Department Seminars, held throughout the academic year, showcase the research and work being done by faculty and students in the department. These events help keep our community aware of each other's work and encourage possible collaborations.

A summary of one of the seminars follows.

Famine for thought

Lifecourse epidemiology is a rapidly evolving field that looks at the relationship between early life circumstances and their later health outcomes, integrating biologic, genetic, social, and environmental approaches.

One of the biggest areas of this field involves hunger studies, which look at how prenatal exposure to famine affects children over the course of their lives. A group of studies on the "Dutch Hunger Winter," a famine that took place in the Netherlands during World War II, has led to landmark findings in this area.

One of the leading researchers in the field is Dr. L.H. Lumey, who provided insight into the challenges and lessons of these studies at the March department seminar called "Can famine studies answer any questions?"

His research looks at prenatal disease risks and how they can lead to psychiatric or developmental disorders such as schizophrenia or neural tube defects.

The Dutch Hunger Winter of 1944-1945 occurred because of a transport embargo that halted food distribution throughout the Netherlands. As a result, the government put food rations into place in its six largest cities.

During this time, researchers were able to trace 3,307 births through population registers.

Scientists including Dr. Lumey have followed this cohort throughout their adulthood to examine their psychological health and how it has changed over time. They have compared the Dutch Famine group to cohorts born immediately before and after. Similar famine studies have also been conducted in the Ukraine.

The Dutch Famine Studies are unique in that they provide clues into the role of prenatal nutrition on the later development of neurodevelopmental disorders, according to Dr. Lumey. Although they take more time, planning, and follow up, longitudinal cohort studies like the Dutch hunger investigation offer a picture of the process of human development that cross-sectional studies—which are confined to a specific point in time—do not. Additionally, famine studies have paved the way for later epidemiologic research into prenatal exposures and understanding how diseases can be predicted by exposures during critical periods of development.

DEPARTMENT SEMINAR

Searching for the prime mover of the movers and shakers: Recounting a 15-year journey into the environmental epidemiology of essential tremor

DATE: September 13, 2013
TIME: 12:00 - 1:00 pm
PLACE: 8th Floor Auditorium, 722 West 168th Street

Eian D. Louis, MD
 PROFESSOR OF MEDICINE, MULLER SCHOOL OF PUBLIC HEALTH

DEPARTMENT OF EPIDEMIOLOGY | **Columbia University**
 MULLER SCHOOL OF PUBLIC HEALTH

DEPARTMENT SEMINAR

Investigating modifiable preventative factors for rare and fatal cancers

DATE: April 12, 2013
TIME: 12:00 - 1:00 pm
PLACE: Hess Commons, Allan Rosenfield Building, 722 West 168th Street

Jeanine Genkinger, PhD
 ASSISTANT PROFESSOR OF EPIDEMIOLOGY, MULLER SCHOOL OF PUBLIC HEALTH, COLUMBIA UNIVERSITY

DEPARTMENT OF EPIDEMIOLOGY | **Columbia University**
 MULLER SCHOOL OF PUBLIC HEALTH

DEPARTMENT SEMINAR

The emerging role of cardiovascular disease in public health curricula

DATE: December 6, 2013
TIME: 12:00 - 1:00 pm
PLACE: 8th Floor Auditorium, 722 West 168th Street

Henry Greenberg, MD
 ASSISTANT PROFESSOR OF CLINICAL MEDICINE, INSTITUTE FOR HUMAN NUTRITION AND EPIDEMIOLOGY, BENNETT
 EDITOR IN CHIEF, PROCEEDINGS IN GASTROINTESTINAL DISEASES

DEPARTMENT OF EPIDEMIOLOGY | **Columbia University**
 MULLER SCHOOL OF PUBLIC HEALTH

FEBRUARY

L.H. Lumey, MD, PhD

Associate Professor of Epidemiology at CUMC

Lifecourse epidemiology of disease: Can famine studies answer any questions?

APRIL

Jeanine Genkinger, PhD

Assistant Professor of Epidemiology

Investigating modifiable preventive factors for rare and fatal cancers

MAY

Jessica Justman, MD

Associate Professor of Medicine (in Epidemiology) at CUMC

Understanding HIV incidence

JUNE

Ernest Drucker, PhD

Adjunct Professor of Epidemiology

A plague of prisons: The epidemiology of mass incarceration in America

SEPTEMBER

Elan D. Louis, MD, MS

Professor of Neurology and Epidemiology (in the G. H. Sergievsky Center and in the Taub Institute)

Searching for the prime mover of the movers and shakers: Recounting a 15-year journey into the environmental epidemiology of essential tremor

OCTOBER

Master's Student Day: Student presentations and poster session

NOVEMBER

David Lederer, MD, MS

Assistant Professor of Medicine and Epidemiology

Body composition and lung transplantation: A translational epidemiological approach

DECEMBER

Henry Greenberg, MD

Associate Professor of Clinical Medicine (in the Institute for Human Nutrition and in Epidemiology)

The emerging role of global cardiovascular disease in the public health curriculum



EDUCATION

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We train our students to be leaders in epidemiology.

Consistent with our commitment to improving the health of populations our trainees are exposed to a curriculum that emphasizes application of the science.

Over the past year we have expanded our degree offerings, worked with the Mailman School to make the first year of the new Columbia MPH a success, and launched new educational initiatives in the digital sphere.

Master's

2013 saw significant expansion in our master's programs. We currently offer a two-year master of public health (MPH), a master of science (MS), an accelerated MPH and an executive MS. In 2014 we will launch a digital MS in conjunction with the department of biostatistics.

The number of students enrolled in our MPH degree has grown substantially in the last four years. There were 144 students in our incoming MPH class, a 20 percent increase from the previous year, and a 32 percent increase from 2010. Similarly, our MS program has risen nearly 50 percent since 2010, from seven to 13 students.

In 2013 we saw the successful completion of the first year of the innovative new Columbia MPH curriculum, which launched in the fall of 2012. This interdisciplinary program emphasizes the integration of science and practical application, leadership, solid methods, and critical thinking skills.

In addition to the core classes of the curriculum, our students complete a certificate in a specialized area of knowledge important to the future of epidemiology.

A significant number of Epidemiology faculty were involved in conceptualizing and teaching courses in the new curriculum and in leading the innovative, case study-based course Integration of Science and Practice and several of the most popular interdisciplinary certificates.

The epidemiology practicum and thesis are a hallmark of the master's trainee experience, and we have worked over the past two years to enhance these programs so our students can develop the skills of a modern epidemiologist.



◀ MALA DORAI, MPH '14, AT THE WORLD HEALTH ORGANIZATION IN GENEVA.

DATA ANALYSIS. GIS MAPPING. SCIENTIFIC LITERATURE REVIEWS. LITERATURE CRITIQUE. SPATIAL ANALYSIS. INTERPRETATION OF FINDINGS. DATA CLEANING. DATA RECODING. WEB RESEARCH. PROGRAM EVALUATION. POLICY ANALYSIS. RESEARCH DESIGN. SURVEY DESIGN. DATA COLLECTION. INTERVIEWING STUDY

Our students are ready to

ENGAGE

PARTICIPANTS. DATA MANAGEMENT. SCIENTIFIC WRITING. REPORT WRITING. DEVELOPMENT OF POSTERS AND PRESENTATIONS. SCIENTIFIC LITERATURE REVIEWS. LITERATURE CRITIQUE. DATA ANALYSIS. GIS MAPPING. SPATIAL ANALYSIS. INTERPRETATION OF FINDINGS. DATA CLEANING. WEB RESEARCH.

Practicum program

Catalyzed by the new curriculum and certificate program, our practicum program expanded placement sites in order to provide trainees with diverse experiences that would expand their practical knowledge in their certificate area.

We are able to place our students in prestigious practicum settings, such as the World Health Organization, and through the Epi Scholars program at large, urban departments of health.

As a culmination of the practicum experience, second-year master's trainees participated in the third annual Epidemiology Master's Student Day. Ninety-eight trainees submitted abstracts, presented scientific talks, displayed posters of their practical experience and celebrated with faculty, mentors, and fellow students at the concluding social.

The thesis program was restructured in 2012, introducing major changes in both the course content and the structure of the thesis. Additions to the two-semester endeavor include expansion of student skills in several areas including systematic literature reviews, bibliographic software, population flow diagrams, and applied multivariable statistical methods. By the conclusion of the second semester students have completed and revised a thesis using a journal format suitable for the thesis topic area. This has produced a record number of theses submitted to peer review literature.

Executive MS

The executive MS in epidemiology began its second year with 18 students in the new cohort and 17 students in the returning cohort. The program has drawn working professionals interested in entering or advancing in population health research careers.

Despite a demanding and rigorous schedule, the trainees are doing well. Two students submitted and were accepted to present work they developed in class at international research conferences. Reviews for the program have been enormously positive.

"For many years I considered an advanced degree to enhance my career, but never before have I felt that there was a program so well-suited to my particular requirements," says student Mark Morgan who is senior vice president at Abt/SRBI, a global research and strategy firm. "I am actively engaged in collecting epidemiologic data [in my work] and this program is filling in the gaps in my knowledge and helping me gain deeper understanding of the theoretic underpinnings of the research process. I feel like there is at least one epiphany each weekend we meet."

FOR MORE INFORMATION ABOUT THE EXECUTIVE MS, VISIT CUEXECMSEPI.ORG



OUR PEOPLE

FACULTY



Pam Factor-Litvak

An associate professor of epidemiology at CUMC, Pam Factor-Litvak, PhD, MPhil, MS, studies biological relationships between environmental exposures and development through a lifecourse perspective.

Dr. Factor-Litvak had her first encounter with health research in the summer between her junior and senior years of college.

She worked with a small department of preventive medicine, where she completed an evaluation of a drug abuse program. It was then that she was introduced to and deeply inspired by Dr. Mervyn Susser's *Causal Thinking in the Health Sciences*, a classic epidemiological book that offers a holistic assessment of health outcomes, causal reasoning, and inference in the field.

"It became my bible," she said.

This put her on the path to earning a master of science in epidemiology at Harvard University and then to pursuing a doctorate in epidemiology at Yale.

During her doctoral studies, she made a personally difficult decision to take a leave of absence so that she could get more work under her belt and become familiar with conducting epidemiological studies.

She moved to New York City to work as a project coordinator for head and spinal cord trauma incidence and prevalence in the Bronx in collaboration with the Albert Einstein University Hospital. She went on to a job evaluating health services programs at Blue Cross and Blue Shield.

After these experiences, she decided to complete the rest of her PhD at Columbia.



CUBED

The Departments of Epidemiology and Biostatistics are preparing to launch the Columbia University Biostatistics and Epidemiology Distance, or CUBED, MS, the school's first fully online master's degree program, in fall 2014.

The program will offer the same rigor of our other MS programs but in a digital format with the goal of providing clinicians, health professionals, medical students and other graduates with the conceptual, methodological, and biostatistical skills they need to engage in population health research. As with our other degrees, the CUBED MS curriculum will allow students to develop expertise in both the foundational concepts that underlie study design and analysis and in the innovative methods that are currently changing and improving research practices. The online format is designed to accommodate trainees from around the world, with a range of virtual supportive services.

Her desire to become a life course epidemiologist came as she was working on a study in Yugoslavia on how maternal exposure might affect pregnancy outcomes and childhood intelligence.

Today, Dr. Factor-Litvak's research examines the relationships between early-life exposures to toxic chemicals and social stressors and development over the life-course. Her chemistry background has been of particular value here, she says.

Aside from her research, Dr. Factor-Litvak teaches life course epidemiology.

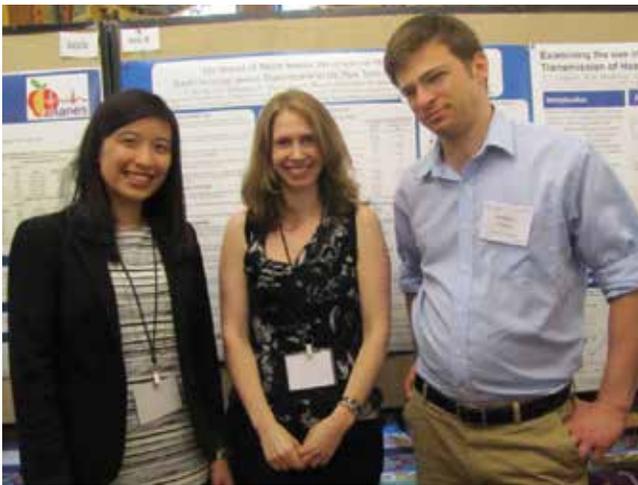
She is also the associate dean for research resources at the Mailman School, where she leads the office that supports Mailman School researchers in the development and preparation of grant applications

including helping researchers identify appropriate funding opportunities, preparing grant applications, and arranging for internal review and feedback on applications prior to submission.

ARTI VIRKUD, MPH '13
CHEF 2012-13

Doctoral

The department continues to nurture excellence in its doctoral programs, building on gains we have made through the revamped doctoral curriculum. In a constrained funding climate for training programs, we have maintained our enrollment of PhD students and seen a considerable expansion in our pool of DrPH trainees.



DOCTORAL CANDIDATES MS. STEPHANIE SHIAU, MS. CAROLYN HERZIG, AND MR. GREG COHEN AT THE SOCIETY FOR EPIDEMIOLOGIC RESEARCH ANNUAL MEETING IN BOSTON.

Seven trainees earned their doctoral degrees in the 2012-13 year. Their dissertation subjects ranged from season influenza in the US, genetic contribution to type-1 diabetes complications, posttraumatic stress in Libya, and the health effects of nuclear power submarines on members of the Navy.

The newest addition to our doctoral and postdoctoral training programs—which now number 13¹ in all—is the Substance Abuse Epidemiology Training Program. Its mission is to train fellows to use epidemiologic methods to understand the onset, course, and consequences of substance abuse, and to transform such understanding into actions that mitigate the terrible toll substance abuse takes on individuals and on society. The program wrapped up a successful first year in the spring. We continue our efforts to identify funding sources to attract top caliber doctoral students.

¹ Department faculty lead, co-lead, or partner with the following post-doctoral training programs across the university: the Cancer Training Programs, the Fellowship in Family Planning, the Fogarty AIDS International Training and Research Program, the HIV Related Malignancies in South Africa, the Infectious Disease Epidemiology Training Program, the Initiative for Maximizing Student Development, the Nutrition and Population Health Training Program, the Neuro-Epidemiology Training Program, the Psychiatric Epidemiology Training Program, the Public Psychiatry Fellowship of Columbia University, the Robert Wood Johnson Health and Society Scholars Program, the Substance Abuse Epidemiology Training Program, and the Training in Interdisciplinary Research to Prevent Infections

OUR PEOPLE

TRAINEE



Ambereen Sleemi

Executive MS trainee Dr. Ambereen Sleemi is a practicing doctor in female pelvic medicine and reconstructive surgery who travels internationally to perform fistula repair and other gynecologic procedures.

Dr. Sleemi earned her MD and an MPH at George Washington University School of Medicine and did her residency at Louisiana State University-Charity Hospital.

She became interested in working on fistula operations after caring for women with the condition as a surgeon in Niger. Rare in the US and other high income countries, but all too common in parts of Africa and Asia, fistula results from obstructed labor and lack of emergency obstetric services. It leaves women incontinent of urine, feces or both, in great pain, and often shunned by society.

Dr. Sleemi pursued a pelvic floor surgical fellowship and then went on to get formal training as a fistula surgeon in Northern Nigeria in 2004 and 2005. She has also worked with the Eritrean Women's Project, in partnership with the UN Population Fund and the Eritrean Ministry of Health.

Here in New York, she is an attending surgeon and associate director of the obstetrics/gynecology residency program at Maimonides Medical Center in Brooklyn.

While there, Dr. Sleemi has developed a global health elective in gynecology for residents, coordinating surgical trips to Eritrea, Jamaica, Nicaragua, and most recently, Haiti. She also is a lecturer at SUNY Downstate Medical Center in the area of global health and co-chairs the school's Global Health

EPIC

The department held the third Epidemiology and Population Health Summer Institute at Columbia, known as EPIC, in June. EPIC provides short courses that provide foundational knowledge and applied skills in population health research.



Trainees once again came from all over the globe to attend classes in epidemiology methods, study design, health domains, and health communication.

In 2013, EPIC added a roster of new courses: Social Network Analysis, Global Mental Health, Communicating Public Health in the Media, Latent Growth Curve Modeling, Decision Analysis and Cost Effective Analysis, Analysis of Observational Data for Causal Inference, and Research Using Publicly Available Data.

For the first time, EPIC offered some courses in a digital, distance-learning format, which allowed students to complete their coursework and interact with their professor remotely. Students could choose to take either Topics in Social Epidemiology or Introduction to Epi Analysis Using SAS.

As in past years, EPIC courses won rave reviews from trainees:

"I learned more about SAS in these last five days than I have during entire college courses!" said Ruqayyah Abdullah, a researcher at the New York City Department of Mental Health and Hygiene, who took the Epidemiologic Analysis Using SAS course.

"The course provided an excellent 'booster' to the work I do as a practitioner in the global health arena," said Susan White, the program director of Pathfinder International, about the Infectious Disease Epidemiology class.

"The Systematic Review and Meta Analysis course was superb! Short and sweet—gave all the essentials in just enough detail to make things interesting and relevant. The instructor was very knowledgeable about the topic. Would most definitely recommend it!" said Dr. Tokunbo Akande, of Bronx-Lebanon Hospital Center.

In 2014, EPIC will seek even more to offer a set of courses that are in great demand from potential trainees. And in our continued effort to make our courses accessible to potential trainees, the program plans to expand the number of digital courses offered as well as to offer 5-hour Saturday courses.

The department continues to use the revenue from the summer institute for the EPIC Fund, which provides our graduate students with an opportunity to access resources to help advance their educational agenda. In the 2012–13 academic year, 23 trainees were awarded EPIC funds to attend conferences, travel to do research, and to purchase software and data.

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Interest Group.

Despite her already impressive credentials and work experience, Dr. Sleemi decided to pursue the executive MS because she wanted to develop epidemiologic knowledge that she could use across borders.

She envisions using her training to help create a research method curriculum in developing countries "so the tools to research and publish scientific articles are in the hands of professionals who care for women with conditions, such as obstetric fistula and maternal birth trauma, on a daily basis."

She says she appreciates the executive MS for the curriculum and its schedule.

"It lends itself to my rather hectic schedule of my daily work here in New York as an attending and my frequent global health

trips," she says. "I was able to pursue a degree that was important to my career and future, without putting my care for patients and training of residents here and abroad, on hiatus."

She has high praise for her cohort, her courses, and executive MS faculty director Dr. Katherine Keyes' leadership:

"The quality of the educational experience has been tremendous and changed the way I read scientific papers, review journal articles for peer-review publications, and formulate research hypotheses."

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Publications tracked from December 5, 2012, to December 4, 2013

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Appendices

APPENDIX 1

2013 Two by Twos

APPENDIX 2

Master's guidelines

APPENDIX 3

Doctoral guidelines

APPENDIX 4

Guide to administration

APPENDIX 5

Master's theses and doctoral dissertations



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