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—Dean Lynn R. Goldman

EYES ON PUBLIC HEALTH

2018 PROGRESS REPORT

Milken Institute School of Public Health
THE GEORGE WASHINGTON UNIVERSITY
"Regardless of who you are or where you are from, what matters most is that we all have the right to health. And we must never forget that humanity—and saving lives—must come first."

—Dean Lynn R. Goldman
This past year has harkened back to the racial, social and political upheaval that characterized the 1960s. During that time, I was a young teenager growing up in Galveston, Texas.

I will always remember when Galveston decided to integrate my high school with the local black high school. The community made extensive and conscious efforts to bring us together as a single school, ranging from unifying the social and academic clubs to including a mixed-race cheerleading squad to even changing the music and choreography of the marching band (of which I was a member). We did this without the violence that occurred in many other schools across the country. Now looking back, I realize that what I learned was that you can move in a positive direction, through turbulent times, but only with wise and compassionate leadership. Today, we are once again in the midst of a time of change, a time of racial and sexual reckoning, political divisiveness, and a crisis of humanity. It’s as if our world has been turned upside down. Now more than ever we need wisdom, compassion and strength with an eye to the future for our hopes and dreams and those of our children and grandchildren.

Even in the field of public health, we are facing a turbulent time as basic scientific assumptions are being questioned and attacked. What were once accepted as essential public health principles—protecting the environment, universal health care, supporting vaccines, nutrition and prevention, humane immigration policies, social justice—are no longer considered fundamental. Yet it is only through these efforts that our life
expectancy has more than doubled in the last hundred years, and we have been blessed with not only longer but healthier lives. We in public health must step back and be objective and take the long view. When all eyes are on the problems, we need to focus on solutions.

And that is exactly what our faculty, students and staff do every day. In public health we keep our sights on the rights of people everywhere so that they can lead longer, healthier and safer lives, no matter what is playing out on the world stage. Regardless of who you are or where you are from, what matters most is that we all have the right to health. And we must never forget that humanity—and saving lives—must come first.

This year for the first time, in this special 2018 progress report, we are excited to share two feature stories that position our research in the broader context of the world and that exemplify the power of public health science and compassionate humanity. Faculty member Katy Roche completed some incredibly insightful work on the impact of the 2017 immigration and policy changes on parental and child health. She discovered that children and parents are at risk of severe psychological and health problems as a result of shifting immigration policies.

In September 2017 when Hurricane Maria hit Puerto Rico, no one could imagine what a catastrophic disaster the storm would be and continues to be. The government of Puerto Rico in December of 2017 asked our school to undertake an independent epidemiological analysis to determine an accurate count of excess mortality. Led by faculty member Carlos Santos-Burgoa, MD, MPH, PhD, who was principal investigator on the study, and other Milken Institute SPH staff and faculty members in collaboration with scientists at the University of Puerto Rico Graduate School of Public Health, the first phase of the research has been completed. As you will see, there was an astounding excess rate of mortality and much room for improvement not only for Puerto Rico but for all communities in this country that are prone to natural disasters. It is this type of research that allows us to prevent loss of life in future storms as well as do a better job with communications and documentation of causes of death.

There is no doubt that the past few years, and especially the last year, saw an increase in racial tensions and violence across the U.S. Health equity and social inequality have long been part of the fabric of public health, and we continue to find ways to address these issues within our research and our curriculum. I am proud to say that one of the world’s leading experts on issues related to equity and health, Dr. Thomas LaVeist, who chaired our Health Policy and Management Department through July 2018, is now Dean of the Tulane University School of Public Health and Tropical Medicine, one of the oldest schools of public health in the country. We congratulate Tom and thank him for his many contributions to our school.

As we look to the future there is no doubt that there is much more to be done, but as public health leaders, practitioners, advocates, researchers and students, we are determined to stay focused on improving population health around the globe. We will approach this work not only with open eyes but with open hearts and minds as well. People everywhere deserve it.

Truly yours,

Lynn R. Goldman, MD, MS, MPH
Michael and Lori Milken Dean
STATE OF THE SCHOOL
Global Conference – 2018

In May, Dean Lynn R. Goldman and Kathleen Merrigan, former executive director of the GW Food Institute, were among the innovative thinkers and leaders convened at the 2018 Global Conference to discuss solutions to some of the world’s most complex problems.

As a panelist for a discussion on “Using Prevention to Improve Global Health,” Dean Goldman explored ways in which we can move toward health systems that promote prevention and reward wellness. She also served as moderator for a panel discussion on “Mental Health and the Next Generation,” engaging leaders from mental health organizations on how we can harness the power among millennials to implement a better mental health care system.

Merrigan also served as a panel moderator at the event, leading a discussion on “Meat and More: The Future of Protein.” Merrigan and panelists, who included CEOs, investors and academics, looked at some of the challenges of a growing demand for protein as well as some possible solutions that could benefit consumers, the environment and public health.

Future of Health – 2017

Among the speakers at the 2017 Future of Health Summit in October were Dean Lynn R. Goldman and William Dietz, MD, chair of the Sumner M. Redstone Global Center for Prevention and Wellness at Milken Institute SPH.

Dean Goldman joined National Institutes of Health Director Francis Collins, Milken Institute Chairman Mike Milken and Celgene Executive Chairman Bob Hugin for a panel discussion on the possibilities for collaboration in the realm of health while Dietz, a former director of the divisions of nutrition, physical activity and obesity at the Centers for Disease Control and Prevention, lent his expertise to a panel discussing how to transition health care from a system that treats the sick to one that promotes prevention and wellness.
Diversity & Inclusion Task Force

Milken Institute SPH continues to share and uphold the values of diversity, inclusion and equity as key elements of its cultural identity and is committed to advancing these values across the school.

Embracing GW’s commitment to create an inclusive campus climate that supports an optimal learning and working environment, the school launched a Diversity and Inclusion Task Force in the fall of 2017 to create and support initiatives that promote a community of excellence.

Comprised of 25 members, including faculty, staff and students, the task force serves as a consultative body to the school, putting forward recommendations on innovative approaches towards creating an accessible environment of inclusivity, equity and diversity. Chairing the task force are Pierre Vigilance, associate dean of practice, and Natasha Kazeem, assistant dean for strategic initiatives.

The group convenes monthly throughout the year and is responsible for drafting a diversity and inclusion mission and vision statement as well as developing an action plan that includes a self-assessment and working groups focused on the following areas: faculty experience, student experience, staff experience, academics, and culture and environment.

“The Diversity Action Plan, while a work in progress, will seek to embrace diversity as a mechanism for propelling our organization towards excellence,” says Kazeem. “This plan will align with and support the school’s strategic plan with a focus on intentionality towards achieving our shared goals.”

Diversity and inclusion are terms that cover a wide range of topics making it hard to define succinctly.

Diversity
At its core, work in this space seeks to embrace the differences and similarities experienced by people based on their gender, race, ethnicity, religion, sexual orientation, socioeconomic status, education, and expertise.

Inclusivity
Is the intentionality of eliminating the marginalization and exclusion that are experienced by a variety of demographic groups and creating environments where a range of experiences can be incorporated into the fabric of an organization or a process that brings value and enhances the mission of an institution with purpose.

D & I is critical to public health because we are a discipline that advocates for the promotion and protection of health by convening and understanding people’s lives and their communities.

Members of the Diversity and Inclusion Task Force met in early 2018 to begin work on an action plan.
Before joining Milken Institute SPH this past fall as senior associate dean for academic, student and faculty affairs, Michael Lu, MD, MPH, MS, spent years advancing maternal and child health.

As the former director of the Maternal and Child Health Bureau (MCHB) at the U.S. Department of Health and Human Services (HHS), Lu transformed key federal programs in maternal and child health and launched major initiatives to reduce maternal, infant and child mortality in the U.S.

For his work, Lu was awarded the Hubert H. Humphrey Award for Service to America, one of the highest honors given by HHS to individuals who have demonstrated a strong commitment to advancing the health and well-being of our nation’s citizens.

Prior to joining HHS, Lu held joint appointments at the University of California, Los Angeles, Schools of Medicine and Public Health, where he was associate professor of obstetrics, gynecology and public health and received numerous awards for his teaching. While at UCLA, he served on two Institute of Medicine (IOM) committees, chaired the HHS Secretary’s Advisory Committee on Infant Mortality, led several NIH-funded studies, and was best known for his research on racial-ethnic disparities in birth outcomes from a life-course perspective.

Lu also co-directed the residency training program and medical student clerkship in ob-gyn and led a public health training grant. As an obstetrician, Lu has attended over 1,000 births and has been voted one of the best doctors in America since 2005.

Pivotal Perspective on Maternal Mortality

African-American mothers are 243 percent more likely than white mothers in the U.S. to die while pregnant or due to childbirth-related causes. This is according to a 2017 ProPublica report, which also found that one of the most significant factors leading to this maternal health disparity is the chronic stress many African-American women experience as a result of being discriminated against due to both their race and gender.

“It’s the experience of having to work harder than anybody else just to get equal pay and equal respect,” Senior Associate Dean for Academic, Student and Faculty Affairs, Michael Lu, told ProPublica. “It’s being followed around when you’re shopping at a nice store, or being stopped by the police when you’re driving in a nice neighborhood.”

ProPublica was one of many news outlets to interview Lu, a maternal health expert, on the issue of maternal mortality throughout the year. The former head of HHS’ Maternal and Child Health Bureau was also one of a panel of experts advocating for two proposed bills that would help prevent maternal mortality during a Capitol Hill briefing in the spring.

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For over 20 years, Adnan A. Hyder, MD, MPH, PhD, has worked to improve global health in low- and middle-income countries across Africa, Asia, Latin America and the Middle East, conducting pioneering research on strengthening health systems and capacity building, directing projects funded by the National Institutes of Health, and serving as a consultant for organizations like the World Health Organization. In August he joined Milken Institute SPH as senior associate dean for research and professor of global health.

“Dr. Hyder’s outstanding expertise in research and extraordinary commitment to improving people’s lives will guide us toward making a tremendous impact through our research, especially in global health,” says Dean Lynn R. Goldman.

Before joining Milken Institute SPH, Hyder served as the associate chair of the Department of International Health and director of the Health Systems Program at the Johns Hopkins Bloomberg School of Public Health. Hyder was also the associate director for Global Programs at the Johns Hopkins Berman Institute of Bioethics and founding director of the Johns Hopkins International Injury Research Unit.

Hyder has also co-authored over 300 scientific papers and numerous reports on a variety of topics, including road safety, child health, ethics and health systems. He completed his medical degree at Aga Khan University in Pakistan and received his MPH and PhD in public health from the Johns Hopkins Bloomberg School of Public Health.

It was Hyder’s first job out of medical school that got him interested in developing a career at the intersection of medicine and public health. As manager for a primary health care program with Aga Khan Health Services in Gilgit, in northern Pakistan, Hyder was responsible for upgrading a medical center for surgery and implementing health systems strengthening in a remote area.

“I am truly passionate about public health and improving people’s lives,” Hyder says. “I am excited to join the Milken Institute School of Public Health and explore new ways to help the school make impactful contributions to the field through meaningful high-quality research.”
New Biostatistics Center Director Named

Scott Evans, PhD, MS, an internationally recognized leader in clinical trials and biostatistics and infectious disease research, joined Milken Institute SPH as the director of the Biostatistics Center (BSC) in 2018. Evans also holds a faculty appointment as professor in the Department of Epidemiology and Biostatistics.

Before joining the school, Evans was a senior research scientist and had been a member of the Center for Biostatistics and AIDS Research Steering Committee at the Harvard T.H. Chan School of Public Health (HSPH). In addition, Evans served as the director of the Statistical and Data Management Center (SDMC) of the Antibacterial Resistance Leadership Group at HSPH. He will continue leadership of the SDMC while at Milken Institute SPH.

Evans’ scholarly contributions include applied and methodological research, published in top journals including The New England Journal of Medicine, The Journal of the American Medical Association, Clinical Infectious Diseases, Statistics in Medicine, and others. He has authored three books since 2015, including a textbook on clinical trials and two statistical methodology books. Evans is currently the editor-in-chief of Statistical Communications in Infectious Diseases and the co-editor of a new section of Clinical Infectious Diseases, titled Innovations in Design, Education, and Analyses (IDEA). He also serves as the executive editor of CHANCE, a publication of the American Statistical Association (ASA).

His many honors include the Mosteller Statistician of the Year Award from the Boston Chapter of the ASA, the Robert Zuckin Distinguished Collaborative Statistician Award for contributions of statistical expertise to HIV research in the AIDS Clinical Trials Group, a Recognition Award for contributions of statistical expertise to the HSPH Institutional Review Board, and elected Fellowship from the ASA and from the Society for Clinical Trials (SCT).

He is a member of the ASA and SCT Boards of Directors and the Clinical Trials Transformation Initiative (CTTI) Steering Committee. He is also a member of an FDA advisory committee, the chair of the Trial of the Year Committee of SCT, a team leader on the Real World Evidence Project for the CTTI, and the chair of the Committee on Data Monitoring Committees and Benefit/Risk Assessment for the Quantitative Sciences in the Pharmaceutical Industry. In addition, Evans serves on several data safety and monitoring boards for government and industry-sponsored clinical trials.

“We are thrilled to welcome Dr. Evans to our school as director of the Biostatistics Center, which has a 45-year history of coordinating cutting-edge clinical trials and observational studies,” Dean Lynn R. Goldman says. “With the addition of Dr. Evans, the interdisciplinary team has an opportunity to collaborate on new projects and take advantage of the growth of pragmatic trials, real-world evidence, big data and other issues.”

At Milken Institute SPH, Evans plans to take a proactive approach to enhancing the research activity and diversity of the BSC by creating new interdisciplinary collaborations and projects, including those within the GW community as well as with outside partners. He also plans to grow the educational role of the BSC. The growth of pragmatic trials, real-world evidence, data science and the expanding GW research community are creating opportunities for the center’s expertise.

Evans received his bachelor’s degree in mathematics from Plymouth State College, a master’s degree in mathematics from the University of New Hampshire and a PhD in biostatistics from the University of Massachusetts.
New Chair of the Department of Exercise and Nutrition Sciences Named

In January, Milken Institute SPH welcomed Jennifer Sacheck, PhD, MS, a nationally recognized expert in nutrition and physical activity, as chair of the Department of Exercise and Nutrition Sciences and Sanofi Professor of Prevention and Wellness. Sacheck joined the school from Tufts University Friedman School of Nutrition Science and Policy, where she had been a faculty member since 2005.

“With her impressive research/academic and teaching achievements, Dr. Sacheck is well-positioned to lead the department into a future in which nutrition and exercise science will play an increasingly vital role in disease prevention,” says Dean Lynn R. Goldman. “She brings to the job an enormous commitment to community service and a tremendous intellect, energy, passion and integrity.”

An outstanding scholar, educator and practitioner, Sacheck is a leader in the field, with a strong focus on improving health among children. As a faculty member at Tufts University and the co-director of the Nutrition Interventions, Communication and Behavior Change Program at the Friedman School of Nutrition Science and Policy, she led several large community-based studies with a primary focus on health disparities among low-income schoolchildren, including the NIH-funded Daily D Health Study and the FLEX Study.

Sacheck has also been actively involved with health and wellness initiatives locally and nationally, leading the Tufts University Nutrition and Wellness Committee, actively serving on national committees, including the National Academy of Medicine’s committee on Fitness and Health Outcomes in Youth and the American College of Sports Medicine, where she is a fellow.

Her passion for physical activity started in high school when she discovered rowing and was a member of a crew team that won a national title her senior year. That was followed by a full athletic scholarship to Syracuse University, where she was crew team captain, named Academic All-American, and graduated with a BS in biology. She was inducted into the Syracuse Rowing Hall of Fame in 2015.

Sacheck received her master’s degree in exercise science from the University of Massachusetts, PhD in nutrition science from Tufts University, and completed a post-doctoral fellowship in muscle physiology at Harvard Medical School.

Sanofi Professor of Prevention and Wellness

In April, Sacheck was officially installed as the Sanofi Professor of Prevention and Wellness.

In this position Sacheck says she is excited to advance GW’s vision for public health and collaborate with partners across the university.

The Sanofi Professorship was made possible with a grant from global health care company Sanofi U.S., a global biopharmaceutical company committed to health care solutions from prevention to treatment.

“The impact of this gift will extend beyond the walls of this school,” GW Provost Forrest Maltzman said during the installation ceremony that included remarks by Dean Goldman, GW President Thomas LeBlanc and Adam Gluck, head of U.S. external affairs at Sanofi. “With cutting-edge research aimed at prevention and treatment of obesity and other clinical conditions, with innovations and collaborations that will drive improvements in health, it will enhance and save lives.”

Partnerships with academia, physicians, patients and other stakeholders are key to tackling the complex health challenges the world faces today, said Gluck, who added that Sacheck will be an asset in meeting those challenges.
Expanding School-Based Mental Health in the District

Milken Institute SPH’s Center for Health and Health Care in Schools (CHHCS) is partnering with a child-focused family foundation to expand school-based mental health services in Washington, DC.

In late 2017, the Bainum Family Foundation announced a $4.1 million investment to support an initiative, conducted along with CHHCS, to increase mental health supports available to children and families in the District’s Wards 7 and 8 and to advance the overall field of school-based mental health.

“The District has a good record of investing in school mental health over the past two decades, but there are still gaps, a lack of coordination of services and no systematic way to make decisions or share resources,” CHHCS Director Olga Acosta Price, PhD, MA, says. “Through the new strategy we have developed with the Foundation, we aim to help schools adopt the most effective approaches known in the field, build their capacity to serve more children and families, and ensure the sustainability of school-based mental health supports over time.”

The effort began in 2016 with a comprehensive needs assessment in the District and a yearlong learning partnership with two of the city’s charter schools. Findings of this initial work supported the development of a three-year strategy that will assist and train four DC charter schools in the areas of mental health data, coordination, and universal prevention as each school implements best practices and evaluates outcomes. The initiative will also convene local and national partners through a series of meetings to share and leverage expertise to advance school-based mental health.

MHA@GW Program Accredited by CAHME

The Milken Institute SPH’s online Master of Health Services Administration (MHA@GW) program is now fully accredited by the Commission on Accreditation of Healthcare Management Education (CAHME), the only organization that accredits individual academic programs that grant master’s degrees in health care management.

The accreditation is retroactive to fall 2017 and runs through fall 2020.

“CAHME upholds high standards for graduate health management education, and the retroactive accreditation affirms the value of the Department of Health Policy and Management’s online MHA program,” says Leonard Friedman, MHA@GW program director. “MHA@GW delivers a rigorous curriculum, and the accreditation recognizes our program’s pursuit of continuous quality improvement.”

The MHA@GW program is also accredited by the Council on Education for Public Health (CEPH).

Olga Acosta Price Receives American Academy of Pediatrics Award

Olga Acosta Price, director of CHHCS and associate professor in the Department of Prevention and Community Health, received the 2018 Martin C. Ushkow Community Service Award from the American Academy of Pediatrics.

Presented by the AAP’s Council on School Health, the Ushkow Award recognizes a school health professional or organization that has contributed to the welfare of children in schools and/or the community by promoting school health programs, school safety, prevention, and/or rapid crisis intervention or the education of professionals in school health.

Acosta Price will be honored at the 2018 AAP National Conference & Exhibition in Orlando in November 2018.
Plug Into Reform With GW Health Policy Matters Website

At a time when the nation’s health policy is and has been in serious flux, the Milken Institute SPH has a new website focused on the future of health policy. GW Health Policy Matters is a source for important insights into and commentary about policy changes that impact public health.

“Our location in the nation’s capital just a short walk to the White House and a few Metro stops away from the U.S. Capitol gives us a unique opportunity to interact with the nation’s policymakers and both observe and influence the national debate,” says Jane Hyatt Thorpe, JD, interim chair of the Department of Health Policy and Management.

Launched in the fall of 2017, the website helps visitors stay abreast of health policy issues and debates in Washington and our federal government, as well as key developments in U.S. states and abroad.

Biostatistics and Epidemiology Consulting Service

Investigators in search of assistance in meeting the high standards for quantitative health-related research need look no farther than the Biostatistics and Epidemiology Consulting Service (BECS) located in the Science and Engineering Hall.

First established at GW in 1990, the service moved from the university’s Office of the Vice President for Research to Milken Institute SPH in 2013. Embedded within the school’s Department of Epidemiology and Biostatistics, the BECS, as it is now known, provides consultations, extended collaborative relationships, and communication about best practices, as well as broad-based services in research design, statistical analysis, data management, and dissemination of findings for researchers and students.

Consisting of a group of faculty and non-faculty data analysts, the consulting service focuses on small- to medium-sized projects that complement the activities and expertise of Milken Institute SPH’s Biostatistics Center and the Computational Biology Institute. Two large centers funded by National Institutes of Health grants—the Clinical and Translational Science Institute and the DC Center for AIDS Research (DC CFAR)—also rely heavily on the BECS for services.

The consultation and data analysis services of the BECS have had an important and increasing impact on the success rate for grant applications and scholarly output of GW health researchers, both within and outside Milken Institute SPH, says BECS Director Sam Simmens, PhD, MA.

Additionally, the BECS supports Milken Institute SPH’s educational mission by connecting graduate students to real-world supervised biostatistics consulting opportunities and providing tutorials on applied statistics topics to both investigators and students.

The BECS also launched a Quick Clinic in fall 2017 to meet the needs of investigators who have relatively simple questions regarding data management, study design and statistical analysis. The clinic provides multiple and varying self-service appointments each week. To date, clinic services have only been available to faculty and staff, but the BECS is considering expanding the service to doctoral students with dissertation-related questions.
Dean and Faculty Honored for Career Achievements

Dean Lynn R. Goldman was inducted into the Johns Hopkins Society of Scholars in April of 2018 in recognition of her illustrious career in public health. She was one of 13 individuals in 2018 selected to join this prestigious organization.

Established in 1967, the Johns Hopkins Society of Scholars inducts individuals who trained in fellowships and postdoctoral and early faculty positions at Johns Hopkins University and who’ve since made significant contributions in their respective fields. Only 671 individuals have joined the organization.

“It is an honor to be included among such an esteemed group of professionals,” Dean Goldman says. “I am grateful for my experience at Johns Hopkins University and know that it has played an instrumental role in guiding my career in public health.”

Along with Dean Goldman, notable 2018 inductees include Mohammad Ashraf Ghani, the president of Afghanistan, and Sonja A. Rasmussen, deputy director for infectious diseases and director of the Office of Infectious Diseases at the Centers for Disease Control and Prevention (CDC). Inductees were honored in a ceremony held at the George Peabody Library at Johns Hopkins University.

In addition to this new honor, Dean Goldman received the 2016 Walsh McDermott Medal from the National Academy of Medicine; the 2009 Heinz Award given to innovators addressing global change caused by human activities; and the Woodrow Wilson Award for Distinguished Government Service from the Johns Hopkins University Alumni Association and was named one of 150 outstanding alumni by the University of California, San Francisco.

Dean Goldman is a renowned epidemiologist, pediatrician and environmental health expert. Prior to joining the Milken Institute School of Public Health, she served as a professor of environmental health sciences at the Johns Hopkins Bloomberg School of Public Health. Dean Goldman served as the assistant administrator for toxic substances in the U.S. Environmental Protection Agency (EPA) and worked for the California Department of Public Health.

Dean Goldman, along with Senior Associate Dean for Academic, Student and Faculty Affairs Michael Lu, was also named as one of the top 75 most influential alumni of the University of California, Berkeley School of Public Health.

In May, Scott Evans, director of the Biostatistics Center (BSC), and Elizabeth Thom, former director of the BSC, were both named Fellows of the Society for Clinical Trials.

New Faculty

Ramin Asgary, MD, MPH
Associate Professor of Global Health

Candice Chen, MD
Associate Professor of Health Policy and Management

Adam Ciarleglio, PhD, MS
Assistant Professor of Epidemiology and Biostatistics

Scott Evans, PhD, MS
Director, Biostatistics Center, Professor of Epidemiology and Biostatistics

Dora Hughes, MD, MPH
Associate Research Professor of Health Policy and Management

Adnan A. Hyder, MD, MPH, PhD
Senior Associate Dean for Research and Professor of Global Health

Yunyun Jiang, PhD
Assistant Research Professor in Epidemiology and Biostatistics

Nirbhay Kumar, PhD, MSc
Professor of Global Health

Karina Lora, PhD
Visiting Assistant Professor of Exercise and Nutrition Sciences

Anne Monroe, MD, MSPH
Associate Research Professor of Epidemiology and Biostatistics

Christopher Mores, ScD, SM
Professor of Global Health

Carlos Rodriguez-Diaz, PhD
Associate Professor of Prevention and Community Health

Jennifer Sacheck, PhD, MS
Sanofi Professor of Prevention and Wellness and Chair of Exercise and Nutrition Sciences

Tamara Taggart, PhD, MPH
Assistant Professor of Prevention and Community Health

Anushree Vichare, PhD
Assistant Professor of Health Policy and Management
Research plays a vitally important role in strengthening and expanding the foundation of Milken Institute SPH and in supporting its mission to advance the world’s health.
Over the last year, the school’s total research spending again reached almost $90 million, and for the first time ever, the school received a nearly $10 million award from the Bill and Melinda Gates Foundation to advance global research in the areas of maternal health and intergenerational health challenges. In addition, during the year, the Atlantic Philanthropies expanded to a total of $24 million their multiyear award to help further develop the Milken Institute SPH’s Leaders for Health Equity Fellowship Program, now to be known as the Atlantic Fellows for Health Equity. Simultaneously, Milken Institute SPH has continued to expand its commitment to scientific research in GW’s Science and Engineering Hall and its addition last year of the Biostatistics Center and the Computational Biology Institute to its active research portfolio.

How Chickens Could Help Fight Superbugs

In January, California became the first state to ban antibiotic use for routine disease prevention in food animal production, and a Milken Institute SPH professor dedicated to stopping the spread of superbugs—strains of bacteria that are resistant to antibiotics—is aiming to study the law’s effects in order to advance the cause.

“Overuse of antibiotics contributes to antimicrobial resistance and is a growing threat to human health worldwide,” says Lance Price, PhD, director of the Antibiotic Resistance Action Center and a professor in the Department of Environmental and Occupational Health, who is leading the study. In the U.S., approximately 70 percent of antibiotics are sold for use in livestock.

Price and his research team will study the effects of California’s new law on foodborne bacteria that are known to cause infections in humans due to preparation and consumption of all major types of meat: chicken, turkey, pork and beef.

“Research demonstrates clear links between antimicrobial use in poultry and human antibiotic-resistant infections,” Price says. “The bacteria we are studying, E. coli, Salmonella and Campylobacter, can be found in a substantial percentage of retail meat sold in the U.S. and are frequent causes of human foodborne infections.”

The research is made possible thanks to a $3 million grant from the Wellcome Trust, a UK-based foundation, and builds upon a pilot study funded by the foundation in 2017. The new research will also benefit from and complement work already under way in another Price-led project funded by the National Institutes of Health (NIH).

In that study, Price and his team are testing both retail chicken purchased in Southern California and human biological samples collected through Kaiser Permanente of Southern California for antibiotic-resistant E. coli bacteria. Both studies will allow researchers to more broadly sample retail meat and poultry sold to California consumers and more effectively study impact of the state’s new policy.
Since the 2016 U.S. presidential election, the issue of immigration has remained at the top of the news cycle, and it is taking a psychological toll on immigrants, according to recent Milken Institute SPH research.

In fact, the study found that immigrant parents who frequently experienced worries or changes in behavior as a result of immigration news and policies had at least a 300 percent increase in the odds of experiencing symptoms of clinical anxiety and depression.

“Such high levels of distress among parents raise concerns about immigration impacts on the entire family, including among teenagers,” says the study’s lead author and Prevention and Community Health Associate Professor Kathleen Roche, PhD, MSW. “Studies show that adolescents whose parents are anxious or depressed are at elevated risk of doing poorly in school, adopting risky behaviors, and developing lifelong health and mental health problems.”

Findings from the study, which is one of the first to look at how the 2017 U.S. immigration policies are affecting Latino parents—and by extension their teenage children—were published in the March 2018 issue of the Journal of Adolescent Health.

Because the findings come from a small survey, they must be verified by other researchers, Roche says, but the association between U.S. immigration actions and psychological distress in this study held true after controlling for education, residency status, gender and other factors.

Longitudinal Study of Immigrant Youth
Roche is also leading an unrelated study to study Latino youth in immigrant families through a $2.66 million grant from the National Institutes of Health. Roche’s five-year study aims to identify solutions that could strengthen families, schools and neighborhoods in ways that help keep youth academically successful and healthy.

Participants in the study will be 600 Latino youth, ages 11 to 14, who attend middle school in suburban Atlanta and 300 corresponding mothers or grandmothers. These duos will participate in biannual surveys over four years.

By following families over time, the researchers will identify how neighborhood and school settings shape Latino youth’s adjustment during transitions in middle and high school. They will also explore how discrimination, language barriers and the presence of other Latinos in neighborhood and school settings affect parenting and stress among immigrant Latino families.

“The results of the study could help policymakers devise interventions to help immigrant families, and especially children, adapt and thrive in the United States,” Roche says.

For more on Milken Institute SPH’s research and work on immigration, turn to page 20.
Combating Iron-Deficiency Anemia in India

Through a $4 million grant from the Gates Foundation, Milken Institute SPH researchers are working on a three-year project to address iron deficiency and anemia—a serious public health problem—in India.

The World Health Organization estimates that two billion people worldwide are anemic, largely due to iron deficiency. Severe anemia can cause dizziness, rapid heart rate, neurological issues and fatigue. It’s especially risky for pregnant women and their developing fetuses.

Rajiv Rimal, PhD, MA, chair of the Department of Prevention and Community Health, is designing a social norms-based strategy that aims to reduce the high rates of iron deficiency and anemia in the Indian state of Odisha, with the hope that the model can then be used in other parts of India or worldwide.

In India, over half of all women of childbearing age are anemic.

As part of the project, researchers will identify health barriers that prevent women in Odisha from taking daily iron and folate acid supplements. The World Health Organization advises women of childbearing age to take these supplements, especially during pregnancy and postpartum, but many women don’t do so.

Once the team has identified the barriers to taking supplements, they will design a study to promote changes in social norms and behavior. A small-scale intervention will be developed, tested and refined during the first year of the study.

The researchers will then launch a large trial in which 2,000 women in one village get the intervention and 2,000 women in a second village serve as a control group. Data will be collected throughout the trial. In the end, the researchers hope to find a successful intervention that encourages women to take the supplements and reduce the high rates of anemia.

“Iron-deficiency anemia can lead to a cycle of poor health, one that can affect women, their children and entire communities,” Rimal says. “Our study aims to find an innovative solution for this important public health problem.”

Improving Early Life Health Outcomes in Southern Nepal

A team of Milken Institute SPH researchers is exploring ways to combat intergenerational health challenges in Nepal, with support from a $4.9 million grant from the Gates Foundation.

Tielsch and the research team, made up of investigators from Milken Institute SPH, the Johns Hopkins Bloomberg School of Public Health and the Harvard T.N. Chan School of Public Health, aim to disrupt this cycle by providing women with better nutrition while they are pregnant and in the six months following delivery to improve the quality of breast milk.

To do this, the research team will test the effects of a nutritional supplement in about 1,800 pregnancies in southern Nepal, where there is a high rate of small-for-gestational-age births. Women will be randomly assigned to one of four groups: those receiving the daily supplement during pregnancy and the first six months following delivery, those receiving the supplement only during pregnancy, those receiving the supplement only after the baby is born, and a control group that consumes their regular diet.

All pregnancies will be followed until six months postpartum, while some women will be followed for a full year to assess whether benefits continue after women stop taking the supplements.

“We’ll be looking to see if there is increased growth in the first six months of life, is that increased growth maintained, is it accelerated, is this a situation where we’ve changed the metabolic in utero programming such that those kids can take more advantage of the food that’s available to them,” Tielsch says. “We have to wait and see what’s going to happen.”

Milken Institute Researchers Receive First-of-Their-Kind Grants From Gates Foundation

The Bill and Melinda Gates Foundation awarded nearly $10 million in first-of-their-kind grants to two Milken Institute SPH researchers, who will use the support to address global public health concerns.
The Milken Institute SPH’s Health Policy Research Scholars Program will continue to foster the contributions and talents of graduate students from communities that are traditionally underrepresented, thanks to a $4.1 million grant from the Robert Wood Johnson Foundation.

$4.1 Million Grant Will Help Support the Next Generation of Health Scholars

Each year, the program accepts up to 50 scholars, including biochemists, economists, engineers, geographers, neuroscientists, and scholars of religion and social welfare. Students from disciplines that are more traditionally linked to public health and health policy, such as epidemiology, nutrition and nursing, are also supported by the program.

Established in 2016 by Thomas LaVeist, PhD, former chair of the Department of Health Policy and Management, Health Policy Research Scholars is a program of the Robert Wood Johnson Foundation that is led by Milken Institute SPH. The program’s goal is increase diversity in future generations of researchers and policymakers.

Program scholars receive an annual stipend of up to $30,000 for up to four years and undergo training in health policy translation, dissemination, communications, health equity, and population health.

Couch Potatoes Beware: Too Much Sitting Increases Risk of Disability

Ready to sink into the couch for a Netflix marathon? Watching TV for long periods of time may be harmful to health, especially for older people, a recent Milken Institute SPH study found.

“Sitting and watching TV for long periods has got to be one of the most dangerous things that older people can do because they are much more susceptible to the damages of physical inactivity,” says Loretta DiPietro, PhD, lead author of the study and a professor in the Department of Nutrition and Exercise Sciences.

The study, which looked at all types of sedentary behavior and various levels of physical activity, found that prolonged sitting and TV watching was particularly harmful, especially when combined with low levels of total physical activity. DiPietro and her research team analyzed data from the NIH-AARP Diet and Health Study, which tracked men and women ages 50 to 71 who were all healthy at the study’s start in 1995. The study followed participants for about 10 years, recording how much they watched TV, exercised, or did gardening, housework, or other physical activity.

At the end of the study, nearly 30 percent of the previously healthy participants reported a mobility disability, which meant they had trouble walking or were unable to walk at all. The likelihood of having a disability varied depending on sedentary time. The researchers observed that:

• participants who watched five or more hours of TV per day had a 65 percent greater risk of reporting a mobility disability, compared with those who watched less than two hours of TV per day,
• high levels of total sitting and TV time combined with low (three hours or less per week) physical activity accelerated risk of disability, and
• participants in the most physically active group (more than seven hours per week) who sat six or fewer hours per day did not have an increased risk of disability.

DiPietro suggests everyone—no matter their age—build more physical activity into daily life. For example, consider using a standing desk at work, taking short walks every hour or using the stairs instead of the elevator. And if you want to binge watch your favorite TV show, try walking a few laps in the living room in between episodes.

“To stay active and healthy as you age, move more and sit less throughout the day, every day,” DiPietro says.
New Research Provides a Clearer Picture of DC’s HIV Epidemic

Washington, DC, has one of the nation’s highest rates of HIV infection, with a prevalence rate of about two percent, yet little is known about the evolutionary history of HIV in the District.

A new analysis by Milken Institute SPH researchers provides a more comprehensive picture of the city’s HIV epidemic over time and could be used to provide better care and potentially prevent new cases of HIV in the future.

“The study helps give us a better idea about the genetic diversity and subtypes of HIV in the District,” says the study’s lead author, Marcos Pérez-Losada, PhD, MS, an assistant professor in the Computational Biology Institute (CBI), which is based at Milken Institute SPH. “Additional research must be done to find out more about the resistant mutations of HIV and other findings that could help prevent new cases of HIV.”

The analysis used a subset of data collected from the DC Cohort, a longitudinal research project sponsored by the National Institute of Allergy and Infectious Diseases (NIAID) of the National Institutes of Health (NIH) and housed at Milken Institute SPH. The project is collecting clinical data from 10,000 consenting HIV-infected patients receiving care at 15 large treatment clinics in DC.

For this study, CBI researchers worked with members of the DC Cohort team, including Amanda Castel, MD, MPH, associate professor in the Department of Epidemiology and Biostatistics, and Anne Monroe, MD, MSPH, associate professor in the Department of Epidemiology and Biostatistics, the DC Department of Health and Laboratory Corporation of America to analyze HIV sequences and clinical and behavioral data. They found more than 90 percent of the available HIV sequences collected from DC Cohort participants were subtype B, the dominant strand of HIV in the Americas, Western Europe and Australasia.

The team also detected a high prevalence of drug-resistant mutations in the samples tested—a finding that has potential treatment implications. By coupling these data with other data on HIV drug resistance in DC, researchers could use this knowledge to guide doctors toward drugs that are more likely to be effective against HIV, the study authors say.
How Public Health Can Play a Role in Climate Lawsuits

Climate change is one of the biggest threats to public health in this century, says Sabrina McCormick, PhD, MA, an associate professor in the Department of Environmental and Occupational Health.

McCormick has been studying the impacts of climate change on human health for over a decade and recently analyzed the role that health can play in shaping climate policy via litigation. The analysis found that lawsuits mentioning health concerns had a big impact in protecting communities from the effects of climate change and coal-fired power plants.

McCormick collaborated with researchers in the Milken Institute SPH Department of Epidemiology and Biostatistics, the George Washington University Law School, and the university’s Trachtenberg School of Public Policy and Public Administration. The researchers looked at almost 900 judicial decisions related to climate change and coal-fired power plants between 1990 and 2016.

They found that only 16 percent of cases associated with those decisions referenced health issues, and when it was mentioned, health was most likely to be invoked in cases related to air pollution. Past research links air pollution to various health problems, including asthma, McCormick says.

In their findings, which were published online in April in The American Journal of Public Health, the researchers recommend climate litigation explicitly state the benefits of reducing the impact of climate change. They argue that climate change may follow examples such as tobacco in which the courts played a central role in protecting public health.

“The courts represent a pivotal branch of government in climate policy formation,” McCormick says. “Increasing inclusion of health concerns in emergent areas of litigation could catalyze effective climate policy-making.”
Dining Out Can Increase Exposure to Potentially Harmful Chemicals

Would you like a side of phthalates with your burger? A recent study from Milken Institute SPH researchers found that frequent dining at restaurants, cafeterias and fast-food chains may boost a person’s exposure to phthalates, which are potentially harmful chemicals. Used in food packaging and processing materials, phthalates disrupt hormone levels and are linked to various health problems, including fertility issues and pregnancy complications.

People who reported consuming more restaurant, fast-food and cafeteria meals had phthalate levels that were nearly 35 percent higher than in people who reported eating food mostly purchased at the grocery store, according to the study. “This study suggests food prepared at home is less likely to contain high levels of phthalates,” says Ami Zota, ScD, MS, senior author of the study and an assistant professor in the Department of Environmental and Occupational Health. “Our findings suggest that dining out may be an important and previously under-recognized source of exposure to phthalates for the U.S. population.”

Zota and her colleagues used data from the National Health and Nutrition Examination Survey (NHANES) collected between 2005 and 2014. The 10,253 participants in the study were asked to recall what they ate and where their food came from in the previous 24 hours. The researchers then analyzed the links between what people ate and the levels of phthalate break-down products found in each participant’s urine sample. The association between phthalate exposure and dining out was highest among teenagers, and teens who ate out frequently had 55 percent higher phthalate levels than their peers who only ate at home. The study found that certain foods, such as cheeseburgers and other sandwiches, had higher phthalate levels if purchased at a fast-food outlet, restaurant or cafeteria.

Pregnant women, children and teens are more vulnerable to the toxic effects of hormone-disrupting chemicals, so it’s important to find ways to limit their exposure and investigate ways to remove phthalates from the food supply, the researchers say.

Policymakers can also play a role in helping to limit phthalate exposure via food, says Zota, whose previous research shows that policy actions, such as bans, can help reduce human exposure to harmful phthalates.

People can personally take steps to reduce their exposure to these chemicals by preparing meals at home. “Home-cooked meals can be a good way to reduce sugar, unhealthy fats and salt, and this study suggests they may not have as many harmful phthalates as a restaurant meal,” Zota says.
By Miellyn Fitzwater Barrows

When undocumented immigrant and 36-year-old single mother Perla Morales-Luna went with her young daughters to pay rent one Saturday in the Southern California city the family was living last March, she couldn’t have predicted that she would be shoved into an SUV by three men and driven away. Only one of the men had on a uniform and badge, and the SUV’s U.S. Customs and Border Protection logo took up only a small section of the passenger-side door. Morales-Luna struggled as the men pushed her into the car, while her daughters, aged 17, 15 and 12, were left standing on the sidewalk screaming for their mom. One of the younger girls videotaped the arrest, and after her teacher posted it to Facebook, the video, and Morales-Luna’s story went viral.

Immigrants across the country see stories like this every day. They hear the current administration’s rhetoric, they read the president’s tweets, they know that they could be detained anywhere, anytime, and they feel fear.

This fear is literally making them sick, and it’s not good for their kids, either.

Not only do noncitizen Latinos have to worry about constant harassment and unexpected separation from family members, but they also face a 300 percent increase in the potential for symptoms of depression, clinical anxiety, PTSD and other signs of intense psychological distress.

In addition to experiencing more health problems, they are less likely to seek medical care and government services than their citizen counterparts, due, in part, to fear of deportation. They pass this distress on to their children, who have been known to later develop behavioral issues, further putting them at risk for substance use, poor performance in school and mental illness. Avoiding available services like preventive health care has hurt the aging immigrant population, as well, forcing them to turn to emergency services for treatable issues. This has left the Latino immigrant population further vulnerable and disenfranchised, facing an increasingly unpredictable and hostile climate with little access to protections, thus continuing the cycle.

LIVING IN FEAR
Late last year, Milken Institute SPH conducted a study (see page 14) examining the impact of the 2017 immigration news and policy changes on Latinos. This study showed that Latino parents experience high psychological distress as a result of recent U.S. immigration policy changes. Other research suggests their kids are also at risk.

“U.S. Latino parents—especially those who are undocumented, have temporary protected status, or are permanent residents—report making substantive changes in their daily routines and worrying about their futures as the result of changing immigration policies,” says the study’s lead author, Prevention and Community Health Associate Professor Kathleen Roche, PhD, MSW. She goes on, “The rapidity of immigration policy changes, coupled with relentless media coverage on deportations, appear to contribute to behavior modifications and elevated distress for U.S. Latinos.”

One such behavior modification is to avoid utilizing essential services like health care for fear of harassment or legal action. If parents forgo taking their children to the doctor, they could miss essential vaccinations or other opportunities to protect them from chronic or life-altering issues. Even an illness as common as strep throat can turn into something much worse like rheumatic fever, which can cause permanent heart damage, all because the parent was afraid to take the child in for a visit.
Are today’s immigration policies creating tomorrow’s public health crisis?
More than two-thirds of the parents studied are legal residents or U.S. citizens and many of their children are either citizens or eligible for protection under the Deferred Action for Childhood Arrivals (DACA) program, yet they still experience well-founded fears that current policies could tear their families apart.

Undocumented immigrant parents Oscar and Irma Sanchez experienced this in September 2017 when they sought treatment for their 2-month-old citizen son’s curable and debilitating stomach condition. They believe a nurse reported them, causing them to encounter Border Patrol agents in the hospital waiting room. They were each taken away from their sick baby to be booked and fingerprinted, and they wound up delaying their son’s operation to make sure that they both could be there for him.

“Immigrant parents express fear, uncertainty and confusion regarding changes in immigration policy, as well as deep concerns regarding the futures for their children in terms of employment and educational success,” says Roche. “Researchers have established that when parents experience elevated psychological distress, their children are at increased risk of substance use, poor school performance, compromised mental health and risk behaviors.”

ACCESS DENIED

While the current administration’s rhetoric and policies have heightened the issue, living in fear is nothing new for many immigrants. The aging noncitizen immigrant population in the United States were likely to be healthy when they first moved to this country, but now they are more prone to health problems than their citizen counterparts. Those who are not healthy don’t tend to immigrate, and people who stay in non-American cultures often have healthier diets and aren’t as likely to smoke or drink alcohol. The longer they live in the U.S., the more prone immigrants are to adopt the unhealthy habits of those around them.

A critical factor in their decline is the fact that many immigrants have avoided preventive health care over the years that they’ve lived here. Many of them pay taxes but aren’t eligible for Social Security, Medicare or Medicaid, and private insurance is frequently financially out of reach. Often, their only option is emergency services, but it’s a poor substitute for preventive care and well-visits, which could intercept many ailments before they become emergency-level issues. Something treatable like diabetes, for example, if left unmanaged, can result in the need for amputations during its more advanced stages.

“We all need more care as we get older, regardless of immigration status,” says Leighton Ku, PhD, MPH, health policy and management professor and director for the Milken Institute SPH Center for Health Policy Research. “As immigrants stay in the U.S. for longer, they become more acculturated, speak English better and often are able to become naturalized citizens. As these changes occur, they become more like U.S.-born citizens. Still, the lack of health insurance coverage that often occurs for noncitizens continues to make it harder for them to afford care.”

Even when immigrants decide they want to use health care, they run up against access issues. Currently, the Affordable Care Act (ACA) considers immigration status when determining eligibility, barring those who are undocumented, who have no access to apply for health care even without the subsidy. Another obstacle is employment. Some states require that people must be employed in order to access health care. With these work requirements, people have to have pay premiums and have legal jobs to be eligible for Medicaid.

Even if they find that they qualify and can afford the coverage, eligible immigrants consistently utilize less of available health services than their citizen counterparts. Ku found in the paper he co-authored for the Cato Institute that only one-fifth of eligible noncitizens receive Medicaid while one-fourth of citizens do.

Although Ku’s study was done in 2013, today’s immigrants are still not getting the health services they need. An important contributing factor today is the fact that immigrants don’t feel safe using these services.

According to Roche, it is “likely due to fear of immigration authorities. Importantly,
even Latino parents with legal residency—temporary protected status and permanent residents—appear to be avoiding public services.” With policy shifting so quickly and the president making daily off-the-cuff statements about what could change for immigrants, they feel that they cannot keep up with their status. Those providing services—both medical and law enforcement—also cannot keep up and may err on the side of reporting someone, beginning a potentially lengthy and expensive process of dealing with authorities.

When an ambulance carrying Rosa Maria Hernandez was detained at a checkpoint in October 2017, the 10-year-old undocumented immigrant, who has cerebral palsy and was on her way to emergency gallbladder surgery, was only allowed to proceed if she was escorted by border agents. They waited outside Hernandez’s operating and recovery rooms, and as soon as the young girl was discharged, the agents took her 140 miles away to a juvenile detention facility.

“Fear of deportation or other sanctions is a problem. And it may go beyond undocumented immigrants,” says Ku. “Many—probably most—children of undocumented immigrants in the U.S. were born here and are citizens. But parents may think that it could even be a problem if their citizen children get care. And many with legal immigration status worry that their legal status might be endangered if they use services. And it makes them worried that they may not be treated fairly or well in clinics because some people oppose immigrants.”

Language and cultural barriers certainly pose a problem as well. Ku observes that “lack of language interpretation is a barrier, even though federal policy requires that interpretation services be available. And the U.S. medical system is really confusing to many immigrants.”

The research also calls into question the fear that immigrants are the most significant drain on the U.S. government services system. According to Ku’s study, even when noncitizens avail themselves of government benefits, they spend less per year than their citizen counterparts. Even still, the available services are in danger of being dramatically reduced. Ku points out that there are active efforts by the administration and conservatives (e.g., the public charge regulation and policies to cancel DACA) that will exclude large numbers of immigrants and create harm.

The subsequent media coverage of those efforts, as well as news around changes in immigration policy, is contributing to a climate of fear, leaving immigrants uncertain of what may happen to them and their families.

A Picture of Fear

Yanela Sanchez, one of the most recognizable faces of the current immigration crisis, may not have been separated from her mother as initially thought, but her expression, captured in the now iconic photo taken at the U.S.-Mexico border, perfectly depicts the stress and panic Latinos are experiencing over the Trump administration’s policies.

Seeking a job, Yanela’s mother, Sandra Sanchez, set out for the U.S. with her not-quite-2-year-old, leaving three other children and a husband behind in Honduras. The mother and daughter had been traveling for about a month when they were stopped by U.S. Border Patrol agents on the Texas side of the Rio Grande.

The pat-down was over in less than two minutes, but it was enough time for Sanchez to put Yanela down, causing her to look up at her mother, crying out for comfort. Getty Images photographer John Moore, who happened to be shadowing one of the Border Patrol agents, snapped the iconic shot.

“The image showed a moment in time at the border, but the emotion in the little girl’s distress has ignited a response,” Moore told The Washington Post. “As a photojournalist, my job is to inform and report what is happening, but I also think it is important to humanize an issue that is often reported in statistics.”

Little Yanela crying up at Trump as he looms over her, positioned on a stark red background, became Time magazine’s July 2, 2017, cover image. The white text caption read, “Welcome to America.”

Initially, Time, and other outlets, reported that Yanela had been ripped from her mother like more than 2,500 children during this era of zero tolerance, but the publication was mistaken. Unlike other families who were torn apart, in this instance, mother and daughter were allowed to stay together in a detention center. Time printed an update correcting their mistake but stood by their story and photo stating that their “cover and [their] reporting capture the stakes of this moment.”

That fear is physically manifesting in the form of stress and related ailments. Worry over harassment and worse, including legal action and deportation, prevents many immigrants from getting the care they need and causes significant health and behavioral problems for their children. The system isn’t just failing immigrants; it’s rejecting them and they it.

This is an important public health issue that must be recognized, studied further and addressed. Ignoring the problem is borrowing against the future—not just for these immigrants, but for the U.S. health system as a whole.
After Hurricane Maria devastated Puerto Rico, Milken Institute SPH researchers jumped into action.
On a cold, snowy day in late December, a call came in to the dean of the Milken Institute School of Public Health: The Governor of Puerto Rico, Ricardo Rosselló, wanted to set up a meeting to talk about Hurricane Maria and the aftermath.

Dean Lynn Goldman, along with faculty member Carlos Santos-Burgoa, MD, PhD, MPH, hopped in a cab and met with the Governor in his Washington, DC office, pledging to carry out a detailed investigation of the deaths related to Hurricane Maria. That category 4 storm had slammed into the island on September 20, 2017, and destroyed buildings, damaged roads, knocked out power/telecommunications and interrupted access to basic services, including emergency medical care.

Rosselló’s team had set the official death count in the chaotic days right after the storm at 64, but unofficial counts had suggested the number was much higher. Could researchers at Milken Institute SPH provide the government with an independent report, one with a more accurate death count?

The answer was an unequivocal yes.

“This was one of the top natural disasters to ever hit the island and arguably one of the worst in the United States,” Dean Goldman says. “Puerto Rico had gone through so much in the aftermath of Maria. We were honored to be asked to help.”

Immediately Goldman began to assemble an expert team, including the principal investigator on the study, Dr. Carlos Santos-Burgoa, and other Milken Institute SPH staff and faculty members. In February, Dean Goldman, Dr. Santos-Burgoa and other members of the team traveled to Puerto Rico to participate in a press conference held by the governor to announce that Milken Institute SPH would conduct an independent study of the deaths related to the storm.

The governor commissioned the study for $305,000. In return, the research team would deliver a comprehensive report, one that would include much more than just a death count.
But even before the paperwork had been completed, the team understood the extent of the public health crisis triggered by this massive storm.

“We knew the urgency of the situation,” says Dr. Santos-Burgoa, who is a professor of global health and an epidemiologist at Milken Institute SPH. “We jumped right in and got to work.”

Professor Santos-Burgoa and his team had carefully mapped out a three-part study, which would estimate the excess mortality due to the hurricane; assess the process of certifying deaths; and evaluate mortality due to the hurricane; assess the study, which would estimate the excess number of deaths due to the hurricane, the Milken Institute SPH team would complete, the team understood the estimated number of deaths related to the hurricane. They also had to adjust the adjusted for sex, age and migration from the island, as approximately eight percent of the population left Puerto Rico.

Next, they started the painstaking process of collecting the mortality data not just in the immediate aftermath of the hurricane but during the previous seven years so that they could calculate a baseline death rate. The researchers, led by John Sandberg, PhD, an associate professor in the Department of Global Health, had to adjust for sex, age and migration from the island, as approximately eight percent of the population left Puerto Rico.

As it turns out, the University of Puerto Rico has a highly esteemed Graduate School of Public Health, so the dean and the researchers at Milken Institute SPH reached out to forge a collaboration with faculty members there. The UPR team provided “invaluable expertise” with the conceptualization, methodology and analysis of the results.

The Milken Institute SPH researchers traveled to the island several times to meet with the UPR team and to conduct field research.

Navigating damaged roads, downed trees and power outages, the team traveled from San Juan to rural villages and regions on the island, interviewing physicians, funeral home directors and others involved in the death certification process. They also went into government agencies and out into the community to talk to mayors, first responders, police officers and others.

Once they had collected all the data, it was crunch time.

Along with their collaborators at UPR, including Noel Estrada Merly, MS; Cruz María Nazario, PhD; Cynthia Pérez, PhD; and Erick Suárez Pérez, PhD, MA; as well as Scott Zeger, PhD, MS, a professor of biostatistics at Johns Hopkins Bloomberg School of Public Health, the Milken Institute SPH research team had to cross-check sources to ensure accuracy, calculate a standardized death rate and predict the estimated number of deaths related to the hurricane. They also had to adjust the data by factors such as age and region to identify subgroups at higher risk of dying after the massive storm.

**Health Centers in Puerto Rico and U.S. Virgin Islands: Essential to Recovery from Hurricane Maria**

Puerto Rico’s 93 community health centers were on the front lines of a crisis that began on Sept. 20, 2017, when Hurricane Maria made landfall near the southeastern town of Yabucoa. During and after the storm, these safety net providers often served as first responders, providing a range of medical and even life-saving care.

Two reports by the Geiger Gibson/RCHN Community Health Foundation Research Collaborative at Milken Institute SPH detail how those health centers coped with the deepening crisis.

The first report noted that one month after the hurricane, 83 of the 93 health center sites were operating, but post-storm conditions at the sites were precarious. The report noted that many health centers were still struggling with a lack of power and were relying on diesel fuel to run generators. With little or no electricity, many health centers were able to offer limited hours and services. Health centers also were reporting an urgent need for a wide range of vaccines and drugs, including antibiotics and insulin.

The second report takes another snapshot of health centers in Puerto Rico and the U.S. Virgin Islands six months after the hurricane hit, finding that many health centers were still operating under hardship conditions. While all health centers had restored primary care services more than four in 10 health centers reported that specialty care, emergency department services, and night and weekend hours, were available only at certain sites. Nearly two-thirds reported needing repair or replacement of their buildings and nearly half reported needing telephone and internet repair.

“With the next hurricane season on the horizon, it’s essential that health centers receive the support necessary to aid staff, address staffing and human resource needs, and fully rebuild,” said Feygele Jacobs, president and CEO of the RCHN Community Health Foundation, whose ongoing gift supports the Geiger Gibson Program.
After Hurricane Maria hit, people in Puerto Rico struggled with the loss of power, cellphone service and other basics such as food.

Milken Institute SPH Global Health and Exercise and Nutrition Sciences Associate Professor Uriyoán Colón-Ramos, ScD, MPA, had heard from family members and friends living on the island about the bare shelves in grocery stores and relief boxes filled with candy bars and other high-calorie foods with very little nutritional value.

Colón-Ramos felt the growing desire to help, and as an expert in global nutrition, she decided to conduct a study of the federal food aid sent to Puerto Rico. She quickly assembled a team of public health students and traveled to Puerto Rico about six weeks after the hurricane had ravaged the island. The team photographed relief food items sitting in a Federal Emergency Management Agency warehouse in a municipality called Barranquitas. After snapping photos of boxes filled with SPAM, Twizzlers and other items, Colón-Ramos and her team recorded all the food items delivered from this particular warehouse over a 10-day period.

The analysis revealed that much of the food aid failed to meet U.S. dietary guidelines for added sugars, salt and saturated fats. In fact, the pilot study revealed that 10 percent of the food delivered as part of federal aid were foods with low nutritional value such as chips and candy.

Colón-Ramos hopes the results of her study will help draw attention to the poor nutritional value of the food aid delivered to the island after Hurricane Maria. “Communities recovering from such disasters often need better nutrition to protect their health,” she says.

The investigators also had to identify gaps in the process of certifying deaths and in the communications to the public about the storm and its aftermath.

Elizabeth Andrade, DrPH, MPH, an assistant professor in the Department of Prevention and Community Health, led this process. After analyzing the results, the team developed recommendations to help the island plan for and take steps to mitigate the risks that come along with storms of this magnitude.

“Hurricane Maria took a devastating toll on the island and on the Puerto Rican people,” Goldman says. “We hope that the results of this comprehensive investigation will help speed the island’s recovery and begin to lay the groundwork for saving lives in the months and years ahead.”

The findings also pave the way for the next phase of the research.

The team hopes to conduct a Phase II study that would investigate potential hurricane-related deaths that are not currently designated that way on death certificates. In a Phase II study, the team would travel to the island and interview family members to find out more about the circumstances of such deaths.

For example, a man survives the high winds and flooding caused by the hurricane but then has a heart attack and dies two weeks later. The death certificate might list heart disease as the cause but interviews with the family reveal that the man died in route to the hospital—on a road blocked by debris left over from the hurricane.

“Every death represents a tragedy for the family members left behind,” Goldman says. “By accounting for them we hope to assist with the process of healing, not just for the individual families but for all the communities affected.”

In some ways, investigations like these are just the beginning.

Puerto Rico has experienced seven of the 63 highest impact hurricanes registered in the United States during the last century.

And other coastal regions on the mainland and all over the world are also at risk. A study reported in 2005 found that the number of category 4 and 5 storms had increased by 80 percent over the previous three decades.

“The lessons learned from Hurricane Maria can help cities and regions all over the world build in systems meant to accurately and rapidly account for deaths,” Goldman says. “More importantly, the next time a category 4 or 5 storm hits, be it San Juan or Tampa, plans will be in place to help save lives.”

In the end, that phone call last December kicked off one of the most important research projects in the history of the school.

“It is a public health imperative that we help underserved communities everywhere and Puerto Rico deserves not only a full recovery but a plan to mitigate the damage caused by hurricanes in the future,” Dean Goldman says. “We hope this research, and subsequent studies, will lead to a blueprint that will protect not just Puerto Rico but vulnerable coastal regions around the world.”

Federal Food Aid Delivered to Puerto Rico after Hurricane Maria High in Salt, Sugar

After Hurricane Maria hit, people in Puerto Rico struggled with the loss of power, cellphone service and other basics such as food.

Milken Institute SPH Global Health and Exercise and Nutrition Sciences Associate Professor Uriyoán Colón-Ramos, ScD, MPA, had heard from family members and friends living on the island about the bare shelves in grocery stores and relief boxes filled with candy bars and other high-calorie foods with very little nutritional value.

Colón-Ramos felt the growing desire to help, and as an expert in global nutrition, she decided to conduct a study of the federal food aid sent to Puerto Rico. She quickly assembled a team of public health students and traveled to Puerto Rico about six weeks after the hurricane had ravaged the island. The team photographed relief food items sitting in a Federal Emergency Management Agency warehouse in a municipality called Barranquitas. After snapping photos of boxes filled with SPAM, Twizzlers and other items, Colón-Ramos and her team recorded all the food items delivered from this particular warehouse over a 10-day period.

The analysis revealed that much of the food aid failed to meet U.S. dietary guidelines for added sugars, salt and saturated fats. In fact, the pilot study revealed that 10 percent of the food delivered as part of federal aid were foods with low nutritional value such as chips and candy.

Colón-Ramos hopes the results of her study will help draw attention to the poor nutritional value of the food aid delivered to the island after Hurricane Maria. “Communities recovering from such disasters often need better nutrition to protect their health,” she says.
The Report’s Influence To Date

After Milken Institute SPH researchers published a final report on August 28, 2018, to estimate excess mortality in Puerto Rico after Hurricane Maria, the government of Puerto Rico adopted the report’s estimate of 2,975 deaths as the official death toll.

As of September 17, 2018, the report has received over 8,600 national and international media hits, with a potential reach of 6.4 billion viewers.


International coverage included stories in The Guardian, Agence France Presse and BBC World News, with broadcast coverage on TV stations worldwide, including Australia.

Shortly after the report was released, The New York Times and The Washington Post published editorials that featured the study and called for more aid to speed the island’s recovery.

In response to the report, the U.S. House Committee on Oversight and Government Reform announced a planned hearing to look at the federal response to Hurricane Maria, and the governor of Puerto Rico announced initiatives aimed at preventing another hurricane-related disaster.

As a result of the media coverage, the report and Milken Institute SPH were mentioned over 41,000 times on Twitter—in messages that were overwhelmingly positive.

As of September 17, 2018, the report has received over 8,600 national and international media hits, with a potential reach of 6.4 billion viewers.
We calculated the deaths from Hurricane Maria. Politics played no role.

This op-ed by Dean Lynn R. Goldman appeared in the Washington Post on September 15, 2018, in response to presidential tweets suggesting a political motive for the school’s independent study.

Last December, a week before the holiday break, I received a call from the government of Puerto Rico seeking a meeting to discuss Hurricane Maria and its aftermath. In the cab on the way to meet Gov. Ricardo Rosselló, I knew the number of Puerto Rican lives lost was, and would continue to be, a highly charged issue. But I had no idea that after the Milken Institute School of Public Health, of which I am the dean, released our independent study, the issue would be the subject of several presidential tweets.

The tweets suggested a political motive for our study’s finding of 2,975 excess deaths in Puerto Rico after Hurricane Maria.

To set the record straight, our study was carried out with no interference whatsoever from any political party or institution. It was based on a careful examination of all of the deaths officially reported to the government of Puerto Rico between September 2017 and February 2018. Our scientists, in collaboration with scientists at the University of Puerto Rico Graduate School of Public Health, used state-of-the-art mathematical modeling to compare the total number of deaths during that time to the expected number of deaths, based on historical patterns as well as age, sex, socioeconomic status and migration from the island.

Make no mistake: The death toll did continue to rise in the months after Maria. In September 2017, when Puerto Rico recorded a total of 2,906 deaths, we found there was an excess of 574 deaths above what would have been expected in a year without the storm. The death toll continued to mount every day, with an excess of 697 deaths in October, 347 in November, 479 in December, 558 in January and 320 in February, for a total of 2,975.

Throughout that time, researchers produced other estimates. The government of Puerto Rico came up with a figure of 64 excess deaths through October 2017; the New York Times, 1,052 through October 2017; a team at Harvard University, 4,645 through December 2017; and researchers at Penn State University, 1,139 through December. Of these, only the estimate by the government of Puerto Rico involved the examination of individual deaths to determine if the hurricane had caused them. The Harvard study, based on a household survey, was later found (by Milken Institute SPH researchers) to have overestimated the number of deaths because they did not adjust the household death reports for household size. When analyzed correctly, their study produces similar numbers. The other two studies, like ours, used death certificates.

Ours was the only study that took into account the enormous net out-migration of citizens that occurred after the storm. According to our estimates, in mid-September 2017 there were 3,327,917 inhabitants in Puerto Rico; by the end of February 2018 there were only 3,048,173, a net loss of about 8 percent of the population. This is the main reason our analysis produced somewhat larger estimates than the other studies.

We do not know the exact circumstances around each of the 2,975 excess deaths that occurred. Many factors—disruption in transportation, access to food, water, medications, power and other essentials—may have contributed. In interviews, we heard many heartbreaking stories of families struggling to obtain emergency health care, power for medical devices, prescription drugs, or even food and drinking water. This is why we were not surprised to find that the highest rates of excess deaths occurred among those living in the poorest municipalities, as well as those over the age of 65, especially men.

The federal government and charities have provided tremendous resources to Puerto Rico, and we are proud of the hard work of the local citizens and leaders, federal responders and volunteers who risked their own lives to pitch in and help. What was lacking was adequate planning and preparedness for such a horrific storm. No one administration or political party is responsible for why we still don’t prioritize preparedness even though we are increasingly threatened by large hurricanes. By identifying the preventable causes of these deaths, we can save lives the next time a fierce storm hits. And this is especially important as Hurricane Florence grinds up the Carolina coast, leaving a deadly trail in its wake.
FACULTY VOICES

First-hand perspectives on pressing public health issues from Milken Institute SPH faculty
The Affordable Care Act’s Contraceptive Coverage Guarantee in an Era of Legal and Policy Uncertainty

Named by the Centers for Disease Control and Prevention one of the 20th century’s 10 most important public health advances, contraceptives help ensure that pregnancies will be planned, thereby averting serious health and social risks for women, their children and their families. Today, safe and effective birth control methods have the potential to virtually eliminate the risk of unplanned pregnancy. Leading public health organizations and professional medical organizations advocate for universal access to the most effective birth control for all sexually active people.

Recognizing the personal health and the long-term public health, social and economic value of planned childbearing—as well as the high cost of the most effective forms of birth control now on the market—the Affordable Care Act directed the United States Department of Health and Human Services to advance universal access through the development of standards for coverage, without cost-sharing, of all FDA-approved contraceptive methods. The ACA further instructed the government to apply this standard to all insurers other than a narrow group of “grandfathered” health plans in effect at the time of ACA enactment and expected to sunset over time. Recognizing the government’s compelling interest in universal access to family planning, the Obama administration developed market-wide policies that exempt only grandfathered plans and health plans sponsored by churches. All other plans are covered. Recognizing the concerns of religiously affiliated nonprofit employers such as hospitals and churches, the administration also created a special accommodation that allows employers with sincerely held religious beliefs to avoid covering birth control under their plans, while simultaneously preserving access to coverage for workers and their families directly through their insurers.

From the moment this policy was announced, it was challenged through dozens of lawsuits. For-profit employers demanded a complete exemption, as did nonprofit religiously affiliated employers. Although litigation remains ongoing, by the time former President Obama left office, the Supreme Court had instructed the federal government to find a solution that would satisfy religious employers while ensuring “seamless” access to birth control under the contraceptive guarantee.

Now the Trump administration has attempted a complete about-face. Declaring that the government has no compelling interest in ensuring access to affordable birth control, the administration has sought to erase these vital gains through regulations that would permit any employer to drop coverage for religious or “moral” reasons. For now, this rollback effort has been enjoined nationally by a lower court. But the future of the ACA’s contraceptive coverage guarantee remains in doubt, and the public’s health hangs in the balance.

Sara Rosenbaum, JD, is the Harold and Jane Hirsh Professor of Health Law and Policy in the Department of Health Policy and Management.
Family Separation is ‘Inhumane and Inexcusable’

There is no policy or political rationale that can justify this barbaric practice, which runs contrary to every basic tenet of child welfare and medical practice.

The following statement was issued June 19, 2018, one day before President Donald Trump issued an executive order to end family separation at the border.

The Trump administration’s decision to forcibly separate immigrant children from their families at the U.S.-Mexico border constitutes intentional child abuse by our government. It is inhumane, inexcusable and must end. There is no policy or political rationale that can justify this barbaric practice, which runs contrary to every basic tenet of child welfare and medical practice.

In just the six weeks the so-called zero tolerance policy has been in place, over 2,000 children have been taken away from their parents, sometimes separated from their siblings, with no reliable means to communicate with their parent nor plan for reunification. While the pictures and reports of children crying for their parents is horrifying and recalls other dark times in our history, the trauma inflicted on these children will have lifelong health consequences.

As Dr. Kraft, president of the American Academy of Pediatrics, has pointed out, loss of a parent can cause permanent alterations in brain function. Such children are less likely to achieve their developmental milestones and more likely to develop mental illness, abuse drugs and suffer from chronic diseases such as obesity and diabetes. To make matters worse, many of these same children are already vulnerable, through experiencing the violence that led their parent to flee and enduring the hazards of a dangerous journey. These experiences are amplified when the very person who could help them cope with these traumas—a loving parent—has been removed from their lives.

We can and should have a debate about the best way to fix our immigration system and how best to address the violence and poverty that causes so many families to seek refuge in the United States. What is not debatable are the fundamental principles that families belong together and that children should never be intentionally harmed.

William Dietz, MD, PhD, is chair of the Sumner M. Redstone Global Center for Prevention and Wellness and interim director of the GW Food Policy Institute at Milken Institute SPH.
The humanitarian health response to natural disasters presents a unique opportunity to put the needs of affected persons in vulnerable communities at the core of decision-making process. Health needs of a population need to be considered throughout.

#buildbackbetter

Overheard in #Oregon this week “When you have a framework to move forward, you have an option to move forward.” That’s @ResilNation in action as leaders use our process and tools to address the state’s wicked child welfare crisis. Connecting across sectors to address #PairoFACES

Delighted to see editorial @TheLancet on #roadsafety a social & #publichealth issue in need of govt action on the ground esp in #LMICs declarations are not enough @UNRSC @WHO @etiennekrug @Nhan_T_Tran @grspartnership @GlobalRSRC @HopkinsINJURIES @GlobalNCAP @CIPRB

The Key to Weight Loss Is Diet Quality, Not Quantity, a New Study Finds

While coffee does have some acrylamide, there are many beneficial compounds in coffee too. Our prospective studies have found that higher consumers of coffee actually have a *lower* risk of a number of cancers. California warning label is not justified.

When you give people the space to be reflective & creative, great stories emerge, attitudes change, & outlooks improve. But the space has to be open & authentic, otherwise it’s a non-starter. #leadership #leadershipseminar #gwsphs #publichealth

In my new summer class on #climatechange and #airpollution @gwpublichealth, students will identify which of these solutions might yield the greatest co-benefits for #publichealth

The humanitarian health response to natural disasters presents a unique opportunity to put the needs of affected persons in vulnerable communities at the core of decision-making process. Health needs of a population need to be considered throughout. #buildbackbetter
New Research Center to Investigate How Promoting Workplace Safety Improves Health and the Bottom Line

While many employers recognize that managing for employees’ safety and health not only saves the lives and limbs of workers, but also makes them better, more productive companies, there is relatively little empirical evidence to support this idea, says Environmental and Occupational Health Professor and former Assistant Secretary of Labor for the Occupational Safety and Health Administration (OSHA) David Michaels, PhD, MPH.

To help change this, Michaels is collaborating with Milken Institute SPH Lecturer Colin Duncan, a workplace safety management expert and former CEO of BST/DEKRA Insight, to create a body of research-based evidence. This new initiative, dubbed the Workplace Safety Health Management Research Unit, will work with companies to investigate the business benefits of worker safety and health as well as how organizations can best apply any findings to help them be more successful. The two researchers expect to launch the center this fall.

The center’s work will also examine the idea among some business leaders that safety is not cost-effective. Writing in the Harvard Business Review last spring, Michaels noted that among some business leaders there is an inherent belief in a trade-off between the cost of workplace safety and profit. He points to companies that prioritized speedier production times and cost reductions in order to ensure “appropriate returns for shareholders,” as one CEO said.

7 Ways to Improve Operations Without Sacrificing Worker Safety

Michaels outlined several steps employers can take to better operations without sacrificing safety in a recent article he wrote for the Harvard Business Review.

To read the full article, “7 Ways to Improve Operations Without Sacrificing Worker Safety,” visit hbr.org.

“These kinds of statements speak to a leader’s choice of values, and a failure to understand the relationships between a safe work environment and operational performance,” Michaels wrote. “They convey to workers what’s really important, and they create ample context for inadequate safety focus lower down the organization.”

It doesn’t have to be that way. According to Michaels, workplace injuries are preventable, and safety management and operational excellence are linked.

“I ran OSHA for seven plus years, and as the agency’s administrator, I saw many employers who understood the value of safety was both to protect their workers but also to manage better,” Michaels says. “I’d like to explore aspects of safety and health management so we can help more employers embrace that same concept.”
GW Food Policy Institute
Now Part of Milken Institute SPH

Milken Institute SPH was excited to welcome the GW Food Policy Institute as an official institute in 2018. The Food Policy Institute will be headed by interim co-directors Bill Dietz, chair of the Sumner M. Redstone Global Center for Prevention and Wellness, and Kim Robien, exercise and nutrition sciences associate professor, while a search is being conducted for a permanent director.

Policy plays a fundamental role in determining how we respond to perturbations to our food system and environment. It dictates who can tap into federal resources, and for what purposes; it influences who has access to food, and of what quality; and it shapes how well we address persistent and historical inequities. A strong future for our food and agricultural systems requires expanding the resource base for policymakers to diversify perspectives that will shape policies that work for all. With the new Food Policy Institute, GW will house the only academic food policy research institute in the District of Columbia. The institute will also further GW’s reputation as the go-to university for policymakers.

“In DC, we are surrounded by local, regional, national and international agencies and organizations working on food policy issues,” says Robien. “I can’t think of a better location from which to advocate for healthy and sustainable food systems.”

Funders Forum on Accountable Health

A new initiative of Milken Institute SPH’s Department of Health Policy and Management is working to assess the impact of community-based partnerships on population health.

Established in fall 2016, the Funders Forum on Accountable Health aims to bring together public and private funders of accountable health initiatives, often called Accountable Communities for Health (ACHs), to encourage shared learning and collaboration.

ACHs are community-based, collaborative, multi-sector efforts that work across public health, health care and social services to improve the health and well-being of people living in a given geographic area. These efforts are funded through various mechanisms, including private philanthropy, federal and state Medicaid funds, and the Center for Medicare and Medicaid Centers (CMS) Innovation’s Accountable Health Communities initiative.

The Forum’s mission is to create a learning community among these funders of ACH initiatives as well as to create a common platform for assessing the elements of success for such ventures and to create a policy roadmap that would help to scale and sustain ACH efforts across the country.

“Accountable Communities for Health are promising initiatives in the drive towards achieving true health equity through addressing population health and social needs,” says Jeff Levi, PhD, principal investigator for the Forum and professor of health policy and management. “These initiatives are resident-led and collaborative in nature, demonstrating that when health care, social services, and community-based organizations band together, the whole is greater than the sum of its parts.”

To date, the Forum has engaged philanthropic funders from the Robert Wood Johnson Foundation, Kresge Foundation, W.K. Kellogg Foundation, Episcopal Health Foundation, Blue Shield of California Foundation, The California Endowment, and the Conrad Hilton Foundation. Additionally, various federal agencies collaborate with the Forum, including the Centers for Medicare and Medicaid Services, through the Center for Medicaid & CHIP Services and the Center for Medicare and Medicaid Innovation, the Health Resources and Services Administration, the Office of the National Coordinator for Health Information Technology, and the Centers for Disease Control and Prevention.

Learn more about the Funders Forum on Accountable Health at accountablehealth.gwu.edu.
Last spring, more than 40 public health scholars from around the country, including Harold and Jane Hirsh Professor of Health Law and Policy Sara Rosenbaum, JD, Health Policy and Management Professor and Director of the Center for Health Policy Research Leighton Ku, PhD, MPH, Milken Institute SPH Dean Lynn R. Goldman, and other faculty members, filed a friend of the court brief in a U.S. District Court to challenge the federal government’s legal authority to launch Medicaid work demonstrations as well as the approval of a Kentucky plan that would impose work requirements on recipients.

The amicus brief argues that imposing work requirements on Medicaid recipients is unlawful and runs contrary to the very purpose of the Medicaid program. The Kentucky plan as approved could result in the loss of Medicaid for hundreds of thousands of people—and the losses could expand if other states follow Kentucky’s lead, the brief says.

Overall, the Kentucky plan “will produce bad outcomes for families across Kentucky for an unreasonably long time,” the brief states.

Kentucky and the federal government admit that the work requirements would translate to about 100,000 people losing their health coverage over a five-year period. However, the scholars argue that the Medicaid losses would be much faster and deeper than that projection.

The brief relies upon a scientific analysis by Ku, which concludes that—unless the Medicaid work requirements are stopped—an estimated 175,000 to 300,000 recipients would lose health coverage in the first year alone.
When researchers at the Geiger Gibson/RCHN Community Health Foundation Research Collaborative at Milken Institute SPH learned that Congress had not restored the Community Health Center Fund last fall, they began working on an analysis to gauge the impact on safety net clinics and their patients throughout the nation.

That report, published in December 2017, predicted that if Congress failed to restore the funding to these health centers, an estimated 9 million patients could lose access to crucial health care. In addition, the analysis estimated that as many as 161,000 jobs could be lost nationwide if Congress failed to act and replenish funding for these centers. Struggling health centers would have to downsize, and that would translate to job loss in the health care sector. The report went on to say that two-fifths of health care jobs would be lost, but workers in other fields would also lose jobs as the economy took a turn for the worse.

The report also said that the states would lose $7.4 to $15.6 billion in revenues as the economy slowed. In 2016, community health centers provided care to about 26 million people in 10,000 locations, often in underserved urban or rural areas of the United States.

The analysis helped inform the congressional debate about the need to restore the Community Health Center Fund, and in February Congress did just that by ensuring that community health centers had funding for two more years.

The report, “State Economic and Employment Losses if Community Health Center Funding Is Not Restored,” was published by the collaborative on December 4, 2017.

More than 300 hospitals, health centers and clinics across the United States are using legal services to address complex social and environmental issues that play into poor health, according to a commentary published by Health Policy Professor Marsha Regenstein, PhD, and her colleagues at the Milken Institute SPH.

Medical legal partnership is a collaborative approach that embeds legal aid professionals in health care settings to help solve seemingly intractable social problems such as food insecurity, joblessness, substandard housing and other ills that can cause or exacerbate health problems.

Regenstein and her team drew on national survey findings and field research to identify multiple models for delivering legal services in clinical settings. They found that different health care organizations—from pediatric clinics in low-income neighborhoods to health centers with highly specialized programs—use medical-legal partnerships to meet the specific needs of their patients.

While models of delivery vary, the authors identified eight core areas that define medical-legal partnerships. These include the use of training to help doctors and other clinicians understand when legal help is best deployed and the presence of lawyers on-site in the clinic to help them better understand some of the challenges that patients face.

The authors conclude that financing and commitment from health care organizations and the legal sector are key if these innovative models are to be scaled up and sustained.

Students, faculty and staff celebrated National Public Health Week (NPHW) in early April with five full days of events focused on issues such as behavioral health, communicable diseases, environmental health, injury and violence prevention, and ensuring the right to health.

The GW Public Health Student Association (PHSA) collaborated again this year with Milken Institute SPH to coordinate lectures, film screenings, interactive activities and panel discussions centered around the American Public Health Association’s theme of “Changing Our Future Together.”

The week’s kickoff event, a panel discussion on “Trauma: A Community Approach,” was moderated by Wendy Ellis, project director for the Building Community Resilience collaborative. Panelists, who also included Prevention and Community Health Associate Professor Kathleen Roche, PhD, MSW, and Megan DesCamps, health policy advisor for U.S. Sen. Heidi Heitkamp (D-ND), addressed health inequalities in DC and among immigrant and Native American populations.

Featured speakers throughout the week also included author Jennifer Weiss-Wolf, who spoke about menstrual equity and her book Periods Gone Public, and former Michigan Congressman Bart Stupak, who shared a behind-the-scenes look at the creation and passage of the Affordable Care Act.

Milken Institute SPH also partnered with APHA to host a student town hall with APHA Executive Director Georges Benjamin and Dean Lynn R. Goldman. Global health student Nilakshi Biswas, MPH ‘18, moderated the discussion on current public health issues, and students from around the country were able to submit questions via Twitter.

“National Public Health Week was several months in the making and was built on the hard work of all of our board members, as well as effort from our school faculty and administration,” said 2017-2018 PHSA President Jordan Wolfe. “We’re proud to show what can occur when students work side-by-side with professors to craft a fun and engaging week of public health events, and we look forward to building on that partnership in the future.”

From left: Nilakshi Biswas, MPH ‘18, APHA Executive Director Georges Benjamin, and Dean Lynn R. Goldman lead a discussion on current public health issues during a student town hall.
DC CFAR Brings Together Top HIV/AIDS Researchers at 2017 National CFAR Meeting and Scientific Symposium

The District of Columbia Center for AIDS Research (DC CFAR) hosted leadership and investigators from the 19 NIH-funded Centers for AIDS Research from across the country at the 2017 National CFAR Meeting in Washington, DC, in November. Participants engaged in a series of scientific and administrative meetings.

In keeping with the mission of the DC CFAR, the theme of this year’s meeting was “Conducting HIV Research in Partnership with Government and Community” with a focus on the research response to the domestic HIV epidemic.

“The DC CFAR was greatly honored to host HIV investigators, administrators and community representatives from across the U.S. and to have the opportunity to showcase the outstanding HIV science that is being conducted right here in Washington, DC,” says Alan Greenberg, director of the DC CFAR and chair of the Department of Epidemiology and Biostatistics.

Meeting participants included the CFAR leadership and members, numerous government and community partners, the NIH co-funding and participating institutes and centers, and HIV organizations in the DC area.

More than 400 attendees also participated in the CFAR Scientific Symposium at the National Academy of Sciences. The daylong event featured plenary talks by Anthony Fauci, director of the National Institute of Allergy and Infectious Diseases at the National Institutes of Health, and Eugene McCray, director of the Division of HIV/AIDS Prevention at the Centers for Disease Control and Prevention, as well as four themed sessions: HIV Cure Research, The Urban Epidemic, Health Inequities and Aging and Co-Morbidities.
Second Annual Public Health Summit Tackles Three Pressing Public Health Challenges

Policymakers, public health experts, students, faculty and staff gathered at Milken Institute SPH in October 2017 for the school’s second annual Public Health Summit. The event featured panel discussions on climate change, the importance of girls’ education and the threat of antibiotic resistance—some of today’s most critical public health issues.

Climate: Acting Now
The event kicked off with a keynote address by U.S. Sen. Ben Cardin (D-MD), who discussed the reality of climate change and emphasized the need to take immediate action, which requires community support and collaboration. “There is not a lot of time left for us to reverse human impact on climate change,” Cardin told the audience.

Cardin’s address led into the afternoon’s first panel discussion on the visible health effects of climate change and the importance of educating the public about emerging threats to their physical and mental health. Panelists included Environmental and Occupational Health Associate Professor Sabrina McCormick, PhD, MA, Bob Perkowitz, founder and president of ecoAmerica, and Frank Sesno, director of GW’s School of Media and Public Affairs.

Girls’ Right to Education
The afternoon’s second panel focused on the global gender gap in education and featured Prevention and Community Health Associate Professor Amita Vyas, PhD, MHS, who led a discussion with Christina Lowery, CEO of Girl Rising; Kate Roberts, co-founder of Maverick Collective and vice president of Population Services International; and Candi Wolff, executive vice president of global government affairs for Citi.

Not only are there countless economic, social and health benefits of expanding girls’ access to education, there’s also a “mountain of undeniable evidence” that educating girls is vital to ending poverty, the panelists told the audience.

Stopping Superbugs
The day’s final panel on the global threat of antibiotic resistance was moderated by Mike Milken, chairman of the Milken Institute. Panelists included Environmental and Occupational Health Professor and Director of the Antibiotic Resistance Action Center Lance Price, PhD, Everly Macario, public health communications consultant and co-founder of the MRSA Research Center at the University of Chicago Medical Center, and Bruce Stewart-Brown, senior vice president at Perdue Farms.

“There’s no silver bullet,” Price said about this growing public health issue. “We need to be vocal consumers and vote with our dollars by purchasing foods without antibiotics in them to influence the market and encourage companies to change their policies.”

All three of the day’s discussions are significant conversations to be had within the current public health landscape and will “affect all of use here and for generations to come,” Dean Lynn R. Goldman told the audience.
There’s no sugarcoating it—the American diet is too sweet. But what can we do to reduce our sugar intake?

That was the focus of a three-part seminar series featuring a group of interdisciplinary experts from industry, policy and public health this past spring at Milken Institute SPH.

“We hoped to bring together stakeholders from different disciplines and also individuals who have different or even opposing perspectives on reducing sugar and the best way to do so,” says Allison Sylvetsky Meni, PhD, assistant professor of exercise and nutrition sciences, who helped organize the events.

Consuming too much sugar through sweetened beverages and processed food can lead to obesity, diabetes and heart disease, and because sugary products are inexpensive, widely available and heavily marketed, they pose a significant public health risk.

Meanwhile, foods containing artificial sweeteners, while they do not contain sugar or calories, may contribute to unhealthy weight gain, according to some research. Sylvetsky Meni’s own research suggests the consumption of artificial sweeteners among children in the United States has increased by 200 percent over the last decade.

Hosted by the Milken Institute SPH Department of Exercise and Nutrition Sciences, in conjunction with the Sumner M. Redstone Global Center for Prevention and Wellness, the GW Food Institute (now the GW Food Policy Institute), and the GW Institute for Corporate Responsibility, the sugar series addressed three significant questions around this issue: Are proposed policies for reducing sugar intake on a population level viable? Why is reducing sugar intake so difficult? What are some of the available sugar alternatives?

While public health experts agree a multi-sector approach is needed to curb the country’s alarming sugar consumption, how to accomplish that is a harder question, Sylvetsky Meni says.

“Bringing people to the table will help facilitate productive movement toward progress,” she adds.

Former U.S. Rep. from Colorado Pat Schroeder delivered the annual Edward N. Brandt Jr. Memorial Lecture in Women’s Health in October and encouraged students, faculty and staff to continue working toward women’s health equity.

“We tend to get so discouraged by where we are today, but we all have to pull up our socks and be tough like those before us,” Schroeder told those in the audience.

During her time in Congress, Rep. Schroeder was the longtime co-chair of the Congressional Caucus for Women’s Issues, the first woman on the Armed Services Committee and a leading sponsor of the Family and Medical Leave Act, the Women’s Health Equity Act, and many others.

The Edward N. Brandt Jr. Memorial Lecture in Women’s Health is an annual lectureship honoring Dr. Edward N. Brandt, Jr., former Assistant Secretary of Health and Human Services. This year’s lecture is co-sponsored by Milken Institute SPH, the Oklahoma University Health Sciences Center College of Public Health, the Jacobs Institute of Women’s Health at Milken Institute SPH, the GW Public Health Student Association, and the GW Women’s, Gender, and Sexuality Studies Program.
Public health officials turned their attention toward the growing threat of vector-borne diseases during a day-long event at Milken Institute SPH in June.

Viruses transmitted by vectors such as mosquitoes and ticks, also known as arboviruses, are surging simultaneously in Latin America and the Caribbean at unprecedented rates of disease, says Jon Andrus, MD, adjunct professor of global health, who organized the event.

With warmer climates as well as urbanization expanding city slums, which do not always have access to safe water and sanitation, mosquitoes and other tropical vectors are finding more safe havens and bringing their infections with them, Andrus says. Add to that the increasing number of people who travel around the world annually, and infection anywhere means infection everywhere.

“We have a crisis that we must address with a stronger public health effort,” says Andrus.

During the June event, internationally recognized arbovirus experts convened to discuss disease burden, vaccine delivery strategies, and vaccine research and development for infections such as dengue, yellow fever, Zika, and chikungunya. Anthony Fauci, director of the National Institute of Allergy and Infectious Diseases at the National Institutes of Health, delivered a keynote address on the public health concerns, initiatives and best practices surrounding arbovirus infections.

After the discussions, the group of arbovirus experts assembled by Andrus compiled a report aimed at informing policy decisions in Latin America and the Caribbean around the management of and prevention and control strategies for emerging arbovirus infections. Andrus says he’s hopeful that this meeting and its outcomes will be helpful in managing the spread of vector-borne diseases. “I am very optimistic that this meeting will help catalyze additional, important policy action.”

John Andrus with the group of arbovirus experts who have led national and international efforts at WHO, PAHO, the CDC, and leading NGOs and universities to combat vector-borne diseases.
Smartphones and social media have made it easier than ever to share information, yet when it comes to promoting the country’s health, there is limited communication among government, academia, and health care and technology sectors.

To discuss the possibilities for greater collaboration, nearly 100 of the country’s leading experts in digital health communicated in Washington, DC, in June for the Digital Health Promotion Executive Leadership Summit. Co-hosted by Milken Institute SPH, the summit explored ways that digital health communication tools can be used to address current public health problems and ways in which they can be leveraged to advance public and private partnerships to improve health outcomes.

“Our goal of the meeting was to bring together—in many ways for the first time—public health leaders from government and academia with leading social media and internet companies,” says Lorien Abroms, ScD, MA, Milken Institute SPH professor of prevention and community health, who co-chaired the summit along with University of Maryland School of Public Health Professor Robert Gold.

Featured speakers included leaders from Google, Facebook, Twitter, the National Institutes of Health, the National Cancer Institute, the Centers for Disease Control and Prevention, and the U.S. Department of Veterans Affairs. Among the topics discussed during the two-day summit were the opioid epidemic; how to assist veterans, teens and others with mental health issues; ways to prepare communities to prevent or respond to public health emergencies and disease outbreaks; and how to reach underrepresented, diverse populations with effective digital health messages.

“The exciting part of the summit was that we learned that social media companies are interested in public health and in some cases are already working on public health topics, but there is much more to be done,” Abroms says. “We are hopeful that from the summit, we can start to build meaningful partnerships that span the tech sector, government and academia in order to achieve pressing public health goals.”

Additional hosts of the summit included the University of Maryland, the Society for Public Health Education and the Public Good Projects.
A panel of experts convened at a Milken Institute SPH event in May to discuss the medical and foreign policy vulnerabilities created by U.S. dependence on China as a source for vital medicines.

Dean Lynn R. Goldman sat down with Rosemary Gibson, co-author of *China Rx: Exposing the Risks of America’s Dependence on China for Medicine*, the first book to delve into this topic. They were joined by Dan Slane, former commissioner of the U.S.-China Economic and Security Review Commission, and Patrick Mulloy, former assistant secretary in the U.S. Department of Commerce’s International Trade Administration.

In addition to manufacturing generic drugs, China supplies most of the active ingredients in our medicines. “If China shuts the door on exports, within months pharmacy shelves would be empty and hospitals would cease to function,” Gibson said during the event. If this persists, China’s goal to become the pharmacy of the world won’t be far out of reach.

Supply chain centralization could have significant global ramifications, according to the expert panelists. Any disruption would pose a serious public health challenge and national security risk. “The implications of one country controlling the supply of medicines are astounding, no matter what country we may be talking about,” Dean Goldman said.

Discussions like this are important for informing policymakers, academics and the greater public health community, Gibson said. “I think we all need access to this information. We want to trust the medicines that we take. Those medicines can be the difference between life and death, and we need to know where they come from.”

To watch a video of the full discussion, visit our Facebook page by searching @GWPublicHealth.
Samira Tella, MPH ’18, has always been fascinated with Latin America, especially after her undergraduate study abroad experience in the Dominican Republic. It was there that she developed an appreciation for how important health is to community development, an understanding that has inspired her graduate studies.

“A combination of factors such as race, culture and lasting impacts of colonialism have drawn me to be interested in health projects throughout Latin America,” says Tella, who is specializing in global health program design, monitoring and evaluation and completed her practicum in Costa Rica. “I have tailored many of my public health experiences to the region.”

For her project, Tella worked with the Interamerican Center for Global Health in the Costa Rican province of Coto Brus, which has some of the lowest health indicators in the country, to analyze the efficacy of recent outreach initiatives that the government implemented to better understand what’s happening within the local community.

The work also aimed to shed light on some of issues that community members want to communicate to the local government. For example, part of Tella’s
work was conducting an assessment within the community to determine how the outreach system could incorporate health issues, particularly in the area of mental health.

Tella says she was drawn to this project because of the ability to engage in health promotion and work directly with people. “I’m interested in doing grassroots-level work, so I was interested in this project because it focused on the community’s objectives in terms of development, to help the local government and NGOs engage the community directly and develop a shared vision.”

Meanwhile, a second project, funded by a grant from the Pulitzer Center, provided Tella with even more grassroots experience. For this project, the public health student reported on and studied the effects of migration on an indigenous population, many of which migrate to Costa Rica from Panama during the coffee harvesting season.

“My project investigated what is happening with this population … the conditions in which they live when they come to Costa Rica and the human rights concerns that emerge—they enter the country undocumented through a challenging journey and don’t have access to the same health or economic mechanisms that Costa Rican citizens would have,” says Tella, who eventually created a series of multimedia stories around her reporting.

She credits her experience at Milken Institute School of Public Health, especially a class in global health program design and a promotional mental health class, with helping her implement these two projects and says she hopes to continue doing this kind of work after she graduates in December, when she hopes to begin doing health promotion work with migrant communities coming to the U.S. to work in agriculture.

To future public health students who have a passion to work in a certain part of the world or to do a specific type of work,
Environmental and Occupational Health (EOH) alumna Brianna VanNoy, MPH ’18, was on her way to becoming a physician when an undergraduate research position doing environmental justice work piqued her interest in public health. She found herself wanting to prevent health issues and communicate health risks at the community level. “It made me think I might be interested in something beyond individual medicine and person-alized treatment,” says VanNoy. “When it comes to public health research, our efforts aren’t useful in the long run if the research isn’t understood by the communities we are trying to help.”

VanNoy, who recently graduated from the Environmental Health Science and Policy program and who was mentored by EOH Assistant Professor Ami Zota, says she’s always been passionate about women’s reproductive health and children’s health, particularly within minority communities. “I want to use my skills in public health to illuminate the stories and experiences of those in vulnerable populations,” she says.

It’s that kind of passion that inspired her recently published systematic review, conducted as part of the MPH culminating experience. VanNoy’s study examined exposure via breastfeeding to a particular set of chemicals known as PFASs, which have been used for a wide range of industrial purposes and have been linked to developmental defects. The study concluded that breastfeeding may be an important excretion route for PFASs in women, but that consumption of breast milk may actually increase exposures in infants.

On top of her studies, VanNoy worked as a graduate teaching assistant in the Women’s Leadership Program at GW. In addition to living in the dorm with first-year undergraduate women, she was also the TA for their introductory biology classes. “It was a very formative experience that I’m so glad I did,” VanNoy says. “I was even able to introduce public health to my students and a lot of them are now studying it.”

For her academic achievements, demonstrated campus and community leadership, and commitment to the university, VanNoy was honored with the GW Alumni Association Prize at this year’s school commencement ceremony. “It was a complete surprise to me,” she says. “I was extremely thankful and very humbled because I never set out to have all of these accomplishments. I never thought I would publish my systematic review or that I would win this award. I just tried to do what I could and make good friends along the way, and fortunately, some really good things came out of it.”

She was also inducted into the Delta Omega Honor Society for her academic achievements and commitment to public health, and she won the People’s Choice Award at GW’s 2018 Health and Medicine Research Day for her poster illustrating her published systematic review.

Currently, VanNoy is working as a research associate with EOH Assistant Professor Ami Zota, ScD, MS, and is overseeing recruitment of participants and data collection for a fibroid epigenetics epidemiology study, in addition to analyzing data for various ongoing projects.

She is also considering applying to PhD programs in epidemiology or environmental health. “I know that I’m not done with school,” says VanNoy. “I feel like there’s so much more for me to learn.”

To future public health students, VanNoy says it’s important not to limit yourself and to always be open to new experiences. “There are so many opportunities out there, and I feel like the things I’ve been able to do at GW are because I said ‘Yes.’ Did I think I would have all these things in the end? Absolutely not, but I do believe that my saying ‘Yes’ had a little bit to do with it.”
Originally planning to be a dentist, Paige Carawan, MHA ’18, discovered a passion for health administration while working in a dental office after completing her undergraduate studies. What fascinated her most about the job, she realized, was working on insurance claims—especially after she helped her employer greatly reduce a significant backlog of accounts receivables.

“The whole reason I went into health administration is to help people who can’t help themselves,” says Carawan, who completed her residency as an administrative fellow at the North Carolina health system WakeMed Health & Hospitals this past spring.

WakeMed’s mission is to “improve the health and well-being of the community by providing outstanding and compassionate care to all,” and Carawan knows firsthand just how active a role her employer plays in furthering the health of its local community. In fact, she recently succeeded in receiving federal funding that is helping the health system to expand its outreach to the local homeless population.

The grant that WakeMed received, thanks to Carawan’s successful application, is from the U.S. Department of Health and Human Services (HHS) Substance Abuse and Mental Health Services Administration (SAMHSA) for its Projects for Assistance in Transition from Homelessness (PATH) program. This is the first proposal from a health system that SAMHSA has ever funded. Through the non-clinical program, WakeMed will expand its outreach to the homeless population in Wake County, which encompasses the state’s capital, Raleigh, and 11 other municipalities, including a significant part of the area’s Research Triangle region.

“Paige has done a phenomenal job from start to finish with the PATH grant application,” says Becky Andrews, senior vice president and administrator of WakeMed’s Raleigh campus. “She quickly grasped the concept of what this new community outreach program could mean for our community and she pulled together a team to provide input so the grant application process could be completed.”

During her residency, which she credits Health Policy and Management Assistant Professor Doug Anderson, PhD, MHA, for encouraging her to apply for, Carawan made it her policy to say yes to any business task at least once. It’s how she ended up writing the grant for the SAMHSA PATH program. After the grant was accepted, Carawan became involved in implementing the program that the grant made possible.

“I had the entire view of the operation from the top down,” Carawan says of her residency experience. “I was involved in leadership conversations and they value my opinion.”

After graduating in May, Carawan accepted a position as Business Manager for Radiology at WakeMed, whose culture of inclusivity and service are a good match for Carawan’s academic and career ambitions. “It was important to me to pursue my MHA in a school of public health,” she says, “because my goals in becoming an administrator include fostering public health and keeping the patient at the forefront.”
MPH Student Gains Real-World Work Experience at the White House

Where they will conduct their practicum project to gain real-world public health work experience is a key decision for MPH students at Milken Institute SPH. The school maintains active connections with hundreds of professionals at top agencies and organizations within the federal government, international health organizations and nonprofits where students can complete their projects. Enterprising students are also welcome to find their own opportunities, as Pei-Ying Chang Kobres, MPH ‘18, did at the White House Office of Science and Technology Policy (OSTP).

Kobres became interested in OSTP after meeting Jean-Paul Chretien at a GW School of Medicine and Health Sciences event where he spoke soon after Kobres began her studies in January 2016. “I knew I wanted to focus on biodefense, and Dr. Chretien is a senior biological threat defense policy advisor at OSTP,” says Kobres, who received the Department of Environmental and Occupational Health (EOH) Chair’s Award for her outstanding accomplishments when she graduated in May.

After meeting Chretien, who eventually became Kobres’ site preceptor, and capitalizing on the EOH Department’s uniquely strong focus on environmental health policy, Kobres immediately began taking steps to begin her practicum in OSTP’s National Security and International Affairs Division in January 2017. The experience proved to be all she hoped for and more, giving her the opportunity “to see the progress being made in science and technology at the highest level of government and work with some of the most intelligent people I have ever met,” she says.

At OSTP, Kobres was invited to attend unclassified portions of meetings held by her division, and she says that “a lot of the most interesting work I did involved things I can’t really talk about.” One activity she can discuss is her literature review of publications on the response to the Zika virus that set off a global health crisis in 2015 and 2016 and left thousands of babies with serious birth defects, a review that she and some of her OSTP colleagues are trying to publish.

While Kobres’ stint at OSTP took place during a transitional period, she says she found all of the people she worked with there to be helpful and approachable, whether they were outgoing or incoming staff. “I am confident that any MPH students interested in working at OSTP in the future will have little trouble finding someone there who is willing to talk to them,” she says.

“The most rewarding part of my internship was to see the progress being made in science and technology at the highest level of government and work with some of the most intelligent people I have ever met.”

–Pei-Ying Chang Kobres, MPH ’18
Elana Meyers Taylor, BS in exercise science ‘06, MTA ‘11, knows what it takes to push limits and dream big. This past winter, the Milken Institute SPH alumna took home her third Olympic medal in bobsled, a sport she only started competing in after retiring from a successful career in softball 10 years ago. Meyers Taylor’s win at the 2018 Olympic Winter Games also made her the first American woman to win three Olympic bobsled medals.

On her way to the Olympics, where she had longed to compete since she was 11 years old, Meyers Taylor graduated from GW in 2011 with a master’s degree in sports management after finishing her bachelor’s degree in exercise science. While an undergrad at GW, she played for the softball team and led the Colonials to their first-ever Atlantic 10 Tournament appearance.

Hoping to one day make it onto the Olympic softball team, Meyers Taylor tried out for the U.S. national team twice, but didn’t make the cut. By 2008, she was forced to find an alternative when softball was cut as an Olympic sport. Always aware of their daughter’s unwavering Olympic aspirations, Meyers Taylor’s parents, Eddie and Janet Meyers, suggested she might be good at bobsled.

In the summer of 2007, as her softball career quietly dwindled, Meyers Taylor reached out to Bill Taveras, former U.S. women’s bobsled coach. With his help, Meyers Taylor transformed from a shortstop into an elite women’s bobsled pilot. “After [Meyers Taylor] started running the sled, we knew she had what it takes,” Taveras told GW Magazine. She made the national team just a few months after tryouts, and with discipline and focus went from novice to Olympic medalist in four years.

Meyers Taylor says bobsledding is unlike anything she’s ever experienced. “You’re one with your sled,” she told the magazine. “When you’re really hitting your drives right and when things are really going well, it is the most fun feeling I could ever think of. It is like flying and being a superhero.”

The three-time Olympic medalist was awarded an honorary doctorate degree at GW’s University Commencement in May.
950 Award Winners

In celebration of Milken Institute SPH’s 20th anniversary in 2017, the school established the 950 Awards to recognize those who have demonstrated exceptional loyalty to the school and who overall embody the school’s ethos.

Last year’s winners included alumni who are leading by example through their successful careers in public health. Winners were honored and presented with their awards at a special celebration during the Colonials Weekend Dean’s Reception at the school. Here they share what inspires them in their work advancing the health of local, national and global communities:

“I am proud to be a Colonial who seeks to change the world through the development and implementation of affordable, high-quality and sustainable health care delivery systems that provide good help to those most in need.”

Roslyn Brock, MHSA ’89
Vice President, Advocacy and Government Relations, Bon Secours Health System, Inc.
Chairman Emeritus, NAACP

“It’s always an inspiration to me to see the difference we can make in health care in the lives of people in our communities—especially our most vulnerable friends, family members and fellow citizens. Also, I’m inspired by the individuals and teams that I’ve been privileged to teach and mentor.”

Jeffrey Flaks, MHSA ’96
President and COO, Hartford HealthCare
“I’m inspired by the opportunity to change the trajectory of thousands of lives. I think the most fulfilling part about my current job, and working for the District specifically, is that we can make an almost instant positive impact on the lives of residents by advocating for smart health policy.”

**Osazee Imadojemu, MPH ’13, JD ’13**  
*Deputy Committee Director, Committee on Health at Council of the District of Columbia*

“I am inspired to make a difference in the lives of people in communities of color, whether that’s helping facilitate change to healthy behaviors or healthy relationships.”

**Venessa Perry, MPH ’99**  
*CEO, Health Resources Solutions, LLC  
Former President of GW’s Alumni Association*

“My biggest source of inspiration is my upbringing. Having grown up in a resource-poor setting in Pakistan, I recognize how hard it is to be able to materialize goals and aspirations or even learn how to dream beyond what seems possible at the time.”

**Madiha Tariq, MPH ’11**  
*Deputy Director, ACCESS Community*
The Milken Institute SPH Alumni & Friends Reception at the 2017 APHA Annual Meeting in Atlanta was one for the record books! Alumni, students, faculty, staff and friends gathered to catch up, network and unwind after a busy few days of conference activities.
Milken Institute SPH alumni, faculty, students and staff gathered in Chicago for the 2018 American College of Healthcare Executives (ACHE) Congress on Healthcare in March.
$24 Million in Gifts from the Atlantic Philanthropies Will Expand Health Equity Fellowship Program

The George Washington University Health Workforce Institute (GWHWI), based at Milken Institute SPH, will expand its Leaders for Health Equity (LHE) Fellowship program thanks to an $18 million gift from the Atlantic Philanthropies. With this gift, the program officially joined the global community of Atlantic Fellows and is now known as the Atlantic Fellows for Health Equity (AFHE).

Established in 2016 through an initial $6 million award from the Atlantic Philanthropies, the AFHE program trains early-mid career health sector professionals in areas such as the social determinants of health, health disparities and community organizing with the goal of making them more effective leaders in constructing fairer and healthier communities. The program focuses on the fundamentals of health equity and proven strategies to reduce health disparities.

GWHWI received a $2.1 million grant to expand its current program, and $15.9 million to be gifted in July 2020 to extend the program through 2026. The total program support from the Atlantic Philanthropies will total $24 million.

“We are grateful to have this level of support to build healthier, more equitable communities,” said Dean Lynn R. Goldman. “We are also appreciative of the vision of the Atlantic Philanthropies in creating this next generation of leaders and are thrilled to be able to contribute to that effort.”

The yearlong AFHE program has successfully recruited two cohorts of fellows. Each class of fellows is composed of 15 early-mid career health sector workers from the United States and worldwide, including Uganda, the Philippines, Brazil, India, Argentina and Sierra Leone. The first two classes include health activists with expertise in law, economics, medicine, dentistry and nursing, as well as community organizing, data science and public health management. The initial $2.1 million grant will help expand the 2019 cohort’s size to 20 fellows.

“We are excited by the connections and experiences that fellows have already had as a result of this program,” said Fitzhugh Mullan, MD, co-director of the GWHWI and professor of health policy and pediatrics at Milken Institute SPH and GW’s School of Medicine and Health Sciences. “With this support we anticipate training more leaders who will have the knowledge, skills and courage to tackle health disparities throughout the world.”

In late July, the Atlantic Philanthropies formally welcomed the newly named AFHE into the global Atlantic Fellows program, which now has 267 fellows in seven programs operating across five continents working to advance fairer, healthier, more inclusive societies.

Each of the seven Atlantic Fellows programs is focused on solving a distinct 21st-century problem. They include reducing the impact of dementia worldwide; achieving health equity in South Africa, Southeast Asia and the United States; advancing racial equity in the United States and South Africa; improving the well-being of communities in Australia and the Pacific by drawing on the knowledge and expertise of indigenous people; and addressing global inequalities. The Atlantic Philanthropies has committed over $660 million to support the work of the global network of Atlantic Fellows over the next 20 years.

Advancing Health Workforce Equity

The Leaders for Health Equity Fellowship Program, now known as the Atlantic Fellows for Health Equity, is one of several programs at the George Washington Health Workforce Institute (GWHWI) that aims to promote health equity by identifying, connecting and preparing leaders.

“Fellows have great promise to make health systems not only better but fairer during their year as fellows and long into their careers,” says Fitzhugh Mullan, co-director of the program and a professor in Milken Institute SPH’s Department of Health Policy and Management. “They are multidisciplinary leaders who will advance health workforce equity in their communities, institutions, neighborhoods and countries.”

GWHWI, housed in the Department of Health Policy and Management, is a university-wide initiative to strengthen health workforce policies in the United States and around the world. Its members represent Milken Institute SPH, the School of Nursing, School of Medicine and Health Sciences, School of Business, Graduate School of Education and Human Development, and the Trachtenberg School of Public Policy and Public Administration.
Gates Foundation Awards Advance Global Research Work

Milken Institute SPH researchers will address global public health concerns in Nepal and India, thanks to nearly $10 million from the Bill and Melinda Gates Foundation.

In Nepal, James Tielsch, PhD, MA, chair of the Milken Institute SPH Department of Global Health, is leading a team of researchers in exploring ways to combat intergenerational health challenges. The team is specifically looking at how nutritional supplements taken during pregnancy and breastfeeding could help women deliver healthier babies and improve growth in early infancy.

Tielsch and his team received a $4.9 million grant from the Gates Foundation in support of their project.

In India, Rajiv Rimal, PhD, MA, chair of the school’s Department of Prevention and Community Health, is designing a social norms-based strategy that aims to reduce the high rates of iron deficiency and anemia in the Indian state of Odisha, with the hope that the model can then be used worldwide. Rimal and his team are able to research and test an innovative solution to this important public health problem thanks to a $4 million grant from the Gates Foundation.

Founded in 2000 by Bill and Melinda Gates, the Gates Foundation works to help all people live healthy, productive lives and provides support to health programs around the world.

To learn more about these projects, turn to “Milken Institute Researchers Receive First-of-Their-Kind Grants From Gates Foundation” on page 15.
Milken Institute SPH was excited to partner with the GW Public Health Student Association (PHSA) this year to launch a new scholarship fund supported by students for their peers. The I Heart GWSPH Students for Students Fund launched during National Public Health Week and raised more than $1,300 in cash and pledges. The initiative aims to support students through things such as practicum, unpaid internships and more.

“The Student for Student Fund gives the GWSPH student community an option to directly support their peers who may be working on a passion project, traveling abroad for research or trying to make a difference in the DMV area,” says Gayatri Malhotra, MPH ’18, 2017-2018 PHSA vice president.

The I Heart GWSPH campaign was launched in 2016 by PHSA and the Office of Alumni Engagement to raise awareness among students about philanthropy and how gifts support the school. The campaign was expanded in 2017 to faculty and staff.
To help better the alumni experience for current and future alumni, Milken Institute SPH launched a Recent Alumni Advisory Council (RAAC).

Made up of alumni who have graduated within the last 10 years, RAAC’s aim is to foster and deepen meaningful relationships between students, alumni, faculty, staff and administration. RAAC’s inaugural chair is Megan Jacobs, MPH ’10, and its inaugural members are Keri Apostle, MPH ’10, Caitlin Christman, MPH ’16, Clark Hagen, MPH ’10, Kelly Nelson, MPH ’13, Dane Oehlert, MHA ’15, Stuart Portman, MPH ’15, Kaitlyn Rush, MHA ’17, and Mark Shimamoto, MPH ’15.

The group held its first RAAC happy hour in May at Wunder Garten in DC and will host more events throughout the year. RAAC will also launch the school’s first-ever recent alumni survey soliciting feedback from DC-area alumni with the hopes of expanding nationally in the future.

Look out for upcoming RAAC events, news and ways to get involved in the Milken Institute SPH Alumni Newsletter! Or contact Patrick Sanders, executive director, development and alumni relations, at psanders@gwu.edu.

GWSPH alumni gather at the first RAAC event at Wunder Garten in DC.
2017-18 Philanthropic Partners

The Milken Institute School of Public Health is honored to recognize the individuals and organizations who made a gift in support of our mission during fiscal year 2017-18 (July 1, 2017, through June 30, 2018). Together, we advance the health of our local, national, and global communities by providing the best educational experience to foster the next generation of public health leaders.

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