Welcome to The Link

The Link is the new bi-annual newsletter from the Department of Health Policy and Management designed to keep current students and alumni informed about what’s happening in the department. We chose The Link as a title for several reasons. It speaks to the connections evident in our department: the relationships between health policy and management, between the theories we discuss and their applications in the world and between your time in the classroom and your work in the healthcare field. HPM also has an important network of current students and alumni. We’d like to strengthen that connection in The Link by featuring segments that highlight your lives and work. In each issue we’ll feature a Student Spotlight section that introduces you to one of our distinguished current students. We’ll also feature an Alumni Profile, which recognizes the accomplishments of an HPM graduate and provides some insight to how our former students are positively impacting the healthcare system. Our Faculty Corner will keep readers up to date on faculty research, awards and publications. We’ll also include articles that cover special events and current news in the department. We look forward to keeping you connected!

HPM 2012

Rooted in one of the nation’s first programs in health administration, Columbia’s Department of Health Policy & Management provides unique interdisciplinary education as well as prominent research in organizational leadership and management, health policy, and public health and health systems. HPM is one of six departments within the Mailman School of Public Health and runs six MPH degree programs: Full-Time Management, Full-Time Policy, Part-Time Management, Executive Healthcare Management, Effectiveness & Outcomes Research, and Global Health Policy & Management. Students come to New York City from around the globe to participate in one of our rich academic programs. Nearly 300 students (approximately one third of all MPH students) are a part of HPM. They are taught by sixteen fulltime professors including five economists, four healthcare policy and law specialists, three professors who concentrate their research on management issues, one operations research specialist, one decision analysis researcher and two professors who focus their research on global populations and organizations. These world-class academics are complemented by senior practitioners in the field.

IN THIS ISSUE:
WELCOME 1
MESSAGE FROM THE CHAIR 2
HPM HEALTHCARE CONFERENCE 3
STUDENT SPOTLIGHT 4
ALUMNI PROFILE 5
FACULTY CORNER 7
STUDENT HIGHLIGHTS 8
CONFERENCE ADDENDUM 9

ABBREVIATION KEY
EMPH EXECUTIVE MPH PROGRAM
EOR EFFECTIVENESS & OUTCOMES RESEARCH
FTM FULL-TIME MANAGEMENT
FTP FULL-TIME POLICY
GLOBAL GLOBAL HEALTH POLICY & MANAGEMENT
HPM DEPARTMENT OF HEALTH POLICY & MANAGEMENT
MSPH MAILMAN SCHOOL OF PUBLIC HEALTH
PTM PART-TIME MANAGEMENT
Message from the Chair

Welcome to the first issue of *The Link*, a newsletter for and about the Department of Health Policy and Management. Why is now the right time for an HPM newsletter? Because there are interesting and important things going on in the department, and because a newsletter is one way we can keep you informed and (hopefully) involved. For starters, let me provide a bit of background. We all know that the nation is in the midst of an important conversation about the future of our health and healthcare system. That debate is going on in DC, in every state capital, and in every local public health department. It is also going on in every hospital, physician’s office, and insurance company. Our role here in HPM is to be a part of that debate.

How do we do this? First, we educate! We have the largest teaching program in the Mailman school, a terrific faculty, and smart and savvy students. Our alumni manage and lead health systems in New York, across the country, and around the world. Second, our inter-disciplinary faculty produces an extraordinary range of interesting and influential research, which both examines and evaluates the health system we have today and leads in thinking about the needed health systems of tomorrow. Third, we have strong links to the world of public policy formation: one example is Sherry Glied, our former Chair, and now Assistant Secretary for Planning and Evaluation at HHS.

As much as we do now, however, we still need to build and grow in many ways. We hope to significantly expand our non-degree executive education programs. Perhaps begin a doctoral program. Expand our expertise in health law. Build a center (or two) that focuses on different aspects of health reform.

There are many steps on the path to achieving such a vision. Our first step is to articulate the vision of the department more carefully and more clearly, which is something I plan to do in future issues. Second is to move into a physical location that meets our educational and research needs – stay tuned to hear more soon about our plans to move into new offices (in the Allan Rosenfield Building here at Mailman) as well as our plans to build a new Executive Education Center. Third we need to engage and energize you, our alumni and friends, and work with you on the various aspects of our plans.

*The Link* is one step on our path forward in HPM. Enjoy! And let me know what you think. About the newsletter, but even more importantly, about our plans going forward!

Michael Sparer, PhD, JD
Professor and Chair
Department of Health Policy and Management
On April 14 the Executive MPH Program hosted the Inaugural HPM Healthcare Conference. The event was held in Midtown Manhattan at the Flatotel and drew attendees from around the country. The conference included seven panels that focused on public healthcare issues and initiatives. Panels were comprised of EMPH alumni, who contributed their research and professional experience to the event. HPM and EMPH faculty members served as moderators for each panel, lending their voices and expertise to the dialog. The conference provided an occasion to discuss current healthcare issues in a professional forum and served as an opportunity to unite the HPM community. The nearly 200 conference attendees represented all branches of the HPM family. This sense of community was also evident at the Professional Career Fair and Networking Event, which kicked off the HPM Healthcare Conference weekend. This event, designed for working healthcare professionals, was held on the evening of April 13 and brought students, alumni and participating organizations together. The attendees represented a rich pool of participants for companies to draw from. Participating organizations included Aetna, Continuum Health Partners, Inc., EmblemHealth, New York City Department of Health & Mental Hygiene, US Environmental Protection Agency and Zynx Health, Inc., among others. The evening incorporated speakers representing both HPM and MSPH. The Director of EMPH and PTM Programs, Rebecca Sale, was the driving force behind the conference and the networking event. She welcomed the crowd and emphasized the significance of the conference as a forum for connecting current students and alumni. Dr. Tom D’Aunno, Professor and Faculty Director of the EMPH Program, spoke about the HPM Department’s need to accommodate its expanding programs. He briefly noted the department’s exciting future move to the Allan Rosenfield building, which will house HPM with other MSPH departments and encourage further collaboration and community. Dr. D’Aunno introduced Dr. Linda Fried, Dean of MSPH, who applauded HPM’s continued dedication to scholarship, academic excellence, and the effort to sustain and encourage alumni relations. Both the Healthcare Conference and the Professional Career Fair and Networking Event provided a wonderful opportunity for new contacts to be forged. The overwhelmingly positive response to both of these events has raised the hope that they will become a new HPM tradition.

For a complete list of conference panels and titles see page 9.
Spotlight on Jared Dunlap (FTM ’13)

Jared Dunlap knows first-hand the complications and inequities that can limit native communities. Dunlap was raised in a biracial household (half white/half native) on the Fond du lac Reservation, a tribal community in northern Minnesota. He experienced his community as rich in culture and tradition but also noted that it was plagued by educational and health disparities. Dunlap’s interests in developing programs to assist native and underserved populations have motivated him to pursue a path in public health. He is currently in his first year of the Management Program at the Mailman School of Public Health. He is also the President of Future Healthcare Leaders (FHL), a student organization that provides a forum for students and faculty to engage in conversations and lectures that focus on leadership in the healthcare field.

Dunlap’s undergraduate experience at UCLA and his own familiarity with the struggles of being a first-generation college student led him to seek leadership positions that would allow him to have a direct impact on his community. “I knew I wanted to do public health because it’s vital to our tribal communities because of the high rates of health disparities. What better way to prepare future generations for a better life and to have a large-scale impact.”

At UCLA he worked as a Retention Coordinator for the American Indian Student Association, which managed funds for retention efforts for underrepresented communities. This job gave him practical skills in how to develop and run programs. It also taught him that though the underrepresented communities he championed were small, they were still able to have an impact on the larger community. But it was his work at the Epidemiology Center at the California Rural Indian Health Board that allowed Dunlap to witness the bigger picture of public health. Through his work on projects like the Tribal Asthma Survey Project as well as H1N1 prevention, Dunlap was able to see a convergence of the many moving parts within healthcare. He recalls, “The experience gave me a good sense of how public health should be run. We had a direct relationship with national health bodies for natives, which motivated me to go into administration.”

Dunlap later worked in the Office of Tribal Self-Governance with the Indian Health Service in DC. In his position, Dunlap consulted with over three hundred tribes on their future in self-governance, and he had a hand in reviewing certain aspects of the Affordable Care Act, including sections on state health exchanges and how they affected native communities. He also discovered the importance of expanding healthcare facilities to create more jobs in Indian country, potentially providing economic development while also curbing high rates of unemployment. This summer Dunlap will be the Administrative Resident at the University of California, San Francisco (UCSF) Medical Center where he will be working directly with the C-level Administration on pertinent issues that a leading academic medical center faces on an everyday basis.

Dunlap brings his leadership abilities and his interest in promoting diversity to his position as the president of FHL. His overall goals for his term include expanding the organization’s reach to Mailman’s students by collaborating with HPM as well as other departments across Mailman and building strong relationships with alumni, faculty and staff. He looks forward to helping FHL provide great opportunities to the Columbia community, and he encourages those who want to get involved to check out FHL’s website or contact him or any of the executive board members directly.

To learn more about FHL, find them online: http://fhl-mailman.weebly.com/index.html
Q & A with Mary Marchetta O’Dowd (EMPH ’04)

Q: Can you discuss what specifically drew you to pursue a career in healthcare and the issues that keep you motivated to prompt change within the field?

A: My family is very involved in healthcare—I have a lot of aunts and uncles as well as many of my mentors growing up that are doctors, nurses and scientists, and I always saw my future as being in healthcare. When I was an undergraduate at Douglass College, Rutgers University, I was a biology major. I actually discovered the field of public health by trying to find other roles in healthcare besides being a doctor, nurse, laboratory technician or scientist. I was intrigued by the field because of all of the opportunities within it—the broad variety of work as well as the significant impact you could have on the overall population and on people’s lives. For me, it was the right balance between science, policy and having an impact on a community.

Q: What do you feel is your biggest accomplishment since serving as Deputy Commissioner and Commissioner of the New Jersey Health Department?

A: I would say that my biggest accomplishment to date has been to change the mindset and the culture of the department to think differently to serve our state. Government has had a very traditional mindset as a regulator, as an entity that provides rules, rather than really pushing for change in different ways. We have the resources and tools at our disposal to really create change in our communities, and we’ve done this in a number of different ways.

We are conducting a review of all of our programs throughout the agency to ensure that we are using our limited dollars in the most effective way and that our focus is on comprehensive and effective care. Here are some examples: We went through a revised grant-making process for HIV/AIDS funding where we focused on providing larger grants to a smaller number of providers that were providing comprehensive services. For example, a federally qualified health center here in Trenton was providing a variety of medical services to the population living with HIV/AIDS, and they wanted to offer mental healthcare services as well, so we provided them with more funding in order to do that. Another example is in our licensing and inspection programs. We monitor, inspect and enforce quality of care in our assisted living facilities as well as other licensed healthcare facilities. Working together with the association that represents our assisted living providers in New Jersey, we’ve created a new and dynamic program that changes the way we think of the governmental entity. Rather than enforcing our minimum standards of care and licensing through our regulatory process, we’re developing a new system where providers can go beyond the minimum standards, achieve best practices and collect quality data, provide benchmarking, and provide that information to the consumers and the public. Participating providers will be granted a special designation for achieving that higher standard of care, and that’s a very different way of thinking.

Q: You’ve been involved in many aspects of healthcare management and operations throughout your career. From your experience, can you discuss the issues you perceive as the biggest obstacles currently facing the New Jersey healthcare system and/or the US healthcare system?

A: There are so many different challenges, but I would say there are three different broad categories. One is the transformation of our healthcare delivery system, and much of this we’re seeing right now within our acute care setting in our hospitals. With the changes on how healthcare spending will be used on a federal level as well as the state level, we’re seeing a lot of transition of our physical healthcare delivery systems. For example, many of our hospitals are merging into larger systems, and we’re also seeing interest from local and national for-profit hospital chains investing in our state. We are also seeing some institutions that are closing or proposing to close or really changing the way they look from only in-patient beds to more outpatient community services. The second challenge, I would say, is healthcare disparities. This is a significant challenge for us because what works in one population doesn’t necessarily work in another. We have to be more creative and more effective in targeting our limited resources towards the high-risk populations and making sure that our interventions are making a difference for all people and really achieving health equity for all. And then the final category is the things we don’t know enough about. Emerging diseases, healthcare-acquired infections and autism are some examples of this.

Q: You have been personally affected by the policy surrounding end-of-life care. Can you discuss specific ideas about policies or changes that might be implemented to help improve end-of-life care and empower patients and families who are dealing with these issues?

A: Changing the public discussion on this and encouraging and empowering individuals and families to have this conversation is the single most effective way to improve our care for individuals in the final stages of life. There are some things the government can do that are more policy-oriented, and we have done that recently in New Jersey. Governor Christie signed legislation in December called the Physician Orders for Life-Sustaining Treatment (POLST). This provides a tool for physicians and advanced practice nurses to sit down with their patients to discuss their goals for care at the end of life and embed them within a medical order that would provide more weight. We
Q: As a young woman, what particular challenges have you faced in your leadership position, and what have these challenges taught you about leadership and management?

A: I think this will be an effective tool for providers, empowering them to have a meaningful conversation with their patients, and empowering patients to vocalize specific information to their providers about what their wishes are, so that the entire system will have a better opportunity to ensure that those wishes are honored at the end of life.

Q: In addition to end-of-life care, are there other specific healthcare interests you have or other areas of focus you would like to explore as commissioner?

A: I have three priorities: one is end-of-life care, another is having the department work smarter and the third is promoting healthy people and healthy communities in the state. One way we can do this is by developing creative partnerships because government can’t and shouldn’t necessarily be doing these things alone. When we work together with partners throughout the community, we’re more effective. One example of this is our Shaping NJ program, which is the signature program in our department to fight the obesity challenge that we have. Through this initiative, almost two hundred partners, leading health, nutrition, fitness, business and community leaders throughout the state are focused on preventing obesity. Rather than focusing on individual education, we are working to change our environment to make “the healthy choice the easy choice.” For example, we have provided grants for hospitals to achieve baby-friendly status, a World Health Organization initiative that promotes hospitals that support mothers who would like to breastfeed. This makes it easier for their baby to have a healthy start. We know breastfeeding reduces the risk of childhood obesity and hospitals have a significant role in supporting new mothers.

Q: As a young woman in a senior leadership position, what particular challenges have you faced in your education and your career, and what have these challenges taught you about leadership and management?

A: I would say right now that my challenges are exactly the same as any person in this position. It’s maybe how I approach them that gives me a unique advantage as a young woman leader. People sometimes are distracted that I’m a young woman, and I don’t look the part. But I think the advantage that I have is that I don’t go into the room assuming that everyone will respect me just because I have a specific title or role. I know that I have to earn people’s respect, and I think every person in this position needs to earn the respect of their employees and their colleagues, but they don’t always know that—I do. And that gives me an advantage. I’ve always known that I need to prove myself, and I think that has actually helped me be more successful as a leader.

Q: As a former EMPH student, you must have strong time management skills! How do these skills help you balance your career with your family life? What are some of your hobbies and interests apart from your career that you engage in when you have free time?

A: I think time management is something that you’re always challenged with, and you just take each day as it comes. One of the most important things to be successful is to have a really good team around you both in your home life and your work life. I just recently became a mother. I have an 11 month old, and so I have both my mom and dad at home helping my husband and I to balance life. Having a really good team within your organization is essential so that you can appropriately delegate and empower the individuals that you work with to take on their roles to their full capacity. Also, I think the concept of making decisions when they’re good enough, not getting stuck on trying to achieve perfection is important. In terms of free time, I wish I had more, but my son is now the beneficiary of all of it! Generally, I like to spend time with my family. When I have down time, I like to cook and take long walks with Patrick in the stroller, and reading on the beach at the Jersey Shore is one of my favorite ways to vacation.

For the complete interview:
http://www.cumc.columbia.edu/dept/mailman/hpm/emph/
Faculty Corner

HPM Professor Dr. Y. Claire Wang looks at how implementing health policy can help curb the growing obesity epidemic

Dr. Y. Claire Wang has made headlines recently for her research on the obesity epidemic. Dr. Wang, approaching this subject from a policy standpoint, uses modeling to integrate evidence to inform policy and practice guidelines. She notes, “Good policies are the ones that help people make better decisions about their own health—whether it is diet, exercise or screening for cancer—so that the easiest choice also happens to be the best choice.” In a report to the New York City Department of Health and Mental Hygiene, Dr. Wang notes that a penny-an-ounce excise tax on sugary beverages, which include sodas and other drinks with added sweeteners, would reduce consumption of these beverages by 15-20%. The tax would not only help to promote a healthier lifestyle by discouraging the consumption of these sugar-laden drinks but also decrease the risk of diseases closely associated with obesity, such as type 2 diabetes and heart diseases. This could save an estimated $1.2 billion in medical costs in New York State within the next decade. Additionally, the tax would generate approximately $1 billion for the state, funds which could be used to support nutrition education programs and other healthy lifestyle initiatives. Dr. Wang’s research reveals that low-income families in New York are more likely to benefit from the tax in terms of health and a reduction in medical expenses. In a recent panel at the Mailman School of Public Health titled Food Stamps and the Fight Against Obesity, Dr. Wang, along with authorities from a variety of fields including New York Times food columnist Mark Bittman; Edward M. Cooney, Executive Director of the Congressional Hunger Center; and Gary Jenkins, Assistant Deputy Commissioner at New York City Human Resources Administration/Department of Social Services (HRA/DSS) addressed the need to promote healthier options for the food stamp program (renamed the Supplemental Nutrition Assistance Program or SNAP). They discussed the proposed tax’s impact on curbing the consumption of the “empty” or nutrient-poor calories found in sugary beverages. During the discussion, Dr. Wang noted, “In NYC alone $75-135 million a year worth of SNAP benefits went to purchasing soda and other sugary beverages. These beverages are very cheap and contain basically water and lots of sugar—17 teaspoons of sugar in a bottle. It’s the largest source of empty calories in the American diet.” The discussion included different viewpoints on how an excise tax on sugary drinks might be received, and some of the difficulties of implementing such a tax. There was, however, an overwhelming consensus among panelists that using government funds to subsidize the consumption of beverages that ultimately provide negative nutritional value needs to be changed. According to Dr. Wang, “We’re advocates for health, especially for the less fortunate and less resourceful. Since what we eat directly links to our health, I think the question is not whether there needs to be a healthier SNAP program, but how.”

A comprehensive version of Dr. Wang’s study appears in the January 2012 issue of Health Affairs. More information on panel participants in Food Stamps and the Fight against Obesity as well as a link to video footage of the panel presentation can be found on the Mailman School of Public Health website.

Have You Heard?

HPM faculty member Bhaven Sampat received tenure and a promotion to Associate Professor! Watch for a profile in a future issue.

Assistant Professor Tal Gross was the recipient of the Mailman Early Career Teaching Award.

Assistant Professor Miriam Laugesen’s article on Medicare spending appeared in the May issue of Health Affairs.

In the fall, HPM will welcome two new faculty members: Sara Abiola, PhD, JD and Nathan Dong, PhD, MBA.

Assistant Professor Matthew Neidell will be on sabbatical for one year in Florence, Italy. He will be working at the European University Institute in the Department of Economics and will be continuing his research examining the impact of pollution on human capital and productivity.

HPM faculty member Tom Ference’s article “Training the Administrators Who Run City Hospitals” appeared on May 3 in Crain’s New York Business.

HPM Professor John W. Rowe’s article, “Why Nurses Need More Authority” appeared in the May 7 issue of The Atlantic.

Department Chair and HPM Professor Michael Sparer appeared in a March 27 interview on Yahoo Finance and contributed to the related article, “Obamacare Takes Hits from SCOTUS.”

HPM Adjunct Professor Kenneth Ong was elected to the Board of Directors of Health Information Management & Systems Society, a not-for-profit organization that provides global leadership for the optimal use of health information technology.
Student Highlights

Andrea Ducas and Elena Blebea (FTP’12) were awarded this year’s Regina Loewenstein Prize for Academic Excellence.

David Klein (FTM ’12) received an administrative fellowship at NYU Langone Medical Center which will provide an opportunity to gain exposure to the many facets of hospital management.

Charlotte Eichna (FTP ’12) has recently begun a new position as a Senior Project Specialist at EmblemHealth in internal strategic planning.

Chukwunyere Ahaghotu (FTP ’12) will do his summer practicum with the Assistant Secretary for Planning and Evaluation, US Department of Health and Human Services through the National Academy of Social Insurance Internship Program.

Mariana Cotlear (FTM ’12), President and Co-Founder of Students for Food Policy and Obesity Prevention, is continuing her work in diet-related disease prevention at FoodCorps, a national organization that leverages public service to transform the food environments in high-need public schools through nutrition education, school gardens, and sourcing of farm-fresh food.

As part of a class assignment for his Managing Public Health Non-Profits class, Alex Bergstrom (FTP ’12) wrote a grant for the NYC nonprofit Fresh Youth Initiatives (FYI). FYI was funded $20,000 from United Way because of this submission.

The Department of Health Policy and Management is relocating to the fourth floor of the Allan Rosenfield Building. This move is a critical component in the HPM strategic plan. It will allow the department to grow, to recruit key faculty, to accommodate visiting specialists and prestigious policy leaders, and to provide an infrastructure for a larger and more ambitious research agenda. The new space will accommodate HPM’s expanding programs and will include an executive suite for administration, a conference room with advanced audio-visual capabilities and communal space for HPM students to convene in mini-collaboration centers. The new location will have the capacity to accommodate alumni networking, events, and other department meetings. Construction will begin in the fall of 2012 and the estimated completion date is November 2013. In addition to creating suitable facilities for HPM, the move to the Rosenfield Building will unite us with the other departments in MSPH. It will maximize opportunities for our students, faculty, and staff to work together, encourage interdepartmental collaborations, and it will improve the educational environment for HPM students, allowing them to feel more a part of the larger Mailman School community.
## HPM Conference Panelists & Presentation Titles

### Models for Primary Care: Programs and Prevention Costs
- **Nan Liu**  
  Moderator
- **Adrian Tyndall**  
  Potentially Preventable Hospital Admissions: An ED Perspective and the Role of Primary Care
- **Jackie Spencer**  
  Engaging Patient Aligned Care Teams in Primary Care Transformation
- **Madhu Mathur**  
  Medical Home and Childhood Obesity

### Aging in America: Programs and Payments
- **Stacey Finkelstein**  
  Moderator
- **Marc Damsky**  
  Community-Based Long-Term Care in New York City: Changes and Opportunities
- **Melissa Lang**  
  Rebalancing Institutional Care with Grassroots Aging in Place Models

### Navigating Public Health Insurance
- **Don Ashkenase**  
  Moderator
- **Kent McKinney**  
  What’s New in Health Care Reform: A Focus on Pre-Existing Condition Insurance Plans
- **Robin Boltz**  
  Health Care Reform in the Commercial Payer Market
- **Subodh Saggi**  
  Association of Insurance Status and Outcome of Hemodialysis Patients Utilizing the Emergency Department for Acute Care

### Drugs and Devices: Pharmaceuticals and Quality in Developing Markets
- **Bhaven Sampat**  
  Moderator
- **John Maguire**  
  Pharmaceutical Development and Public Health: Can Policy Shifts Stimulate Development of More Useful Drugs?
- **Helen Edelberg**  
  Regulatory Strategy for Product Development: Think Globally, Act Locally
- **Mary Carter & John Callegari**  
  A Model for a Program to Treat Kidney Injury in Developing Countries

### Health Information Technology: The Frontline
- **Bob Chaloner**  
  Moderator
- **Ken Ong**  
  Getting to Meaningful Use
- **Kathleen Regan**  
  Increasing Interest in HCIT from Payers and the Implications for the Future Delivery of Care
- **Ross Ellis**  
  Making the Business Case for Quality and Evidence-Based Clinical Decision Support

### Ensuring Quality and a Culture of Safety in Healthcare
- **Tom D’Aunno**  
  Moderator
- **Lorraine O’Neill**  
  Piloting Healthcare Safety: A View from 30,000 Feet
- **Lee Eisenberg**  
  Alphabet Soup of Physician Credentialing: A Hospital Approach for Surgeons
- **Joseph Merola**  
  Where the Rubber Meets the Runway: Take offs and Landings in Obstetric Performance

### Private Health Insurance in the Public Marketplace
- **Tal Gross**  
  Moderator
- **Ulysses Lee**  
  Health insurance Exchanges: What They Mean for Coverage and Cost
- **Alison Boyle**  
  Impacts and Implications of Public Exchanges
- **Eliza Ng**  
  Providers and Payers Collaborations in the ERA of Healthcare Reform
Stay Connected!

Save the date for the next HPM Healthcare Conference:
April 13, 2013, New York City

Like us on Facebook!

Alumni—update your contact information via the HPM Department homepage:
http://www.mailman.columbia.edu/academic-departments/health-policy-management

or the EMPH website:
http://www.cumc.columbia.edu/dept/mailman/hpm/emph/

Check out our EMPH student blog:
http://columbiaemph.wordpress.com/

Check the HPM website for future issues of The Link to keep up with what’s happening in the department.

Contact HPM to share your updates. Email Carey McHugh:
ctm2101@columbia.edu

EMPH Class of 2011 at the HPM Conference: Fran Caracappa, Melanie Dunn, Fiona McLennan