

## Soda Taxed, Water Flows

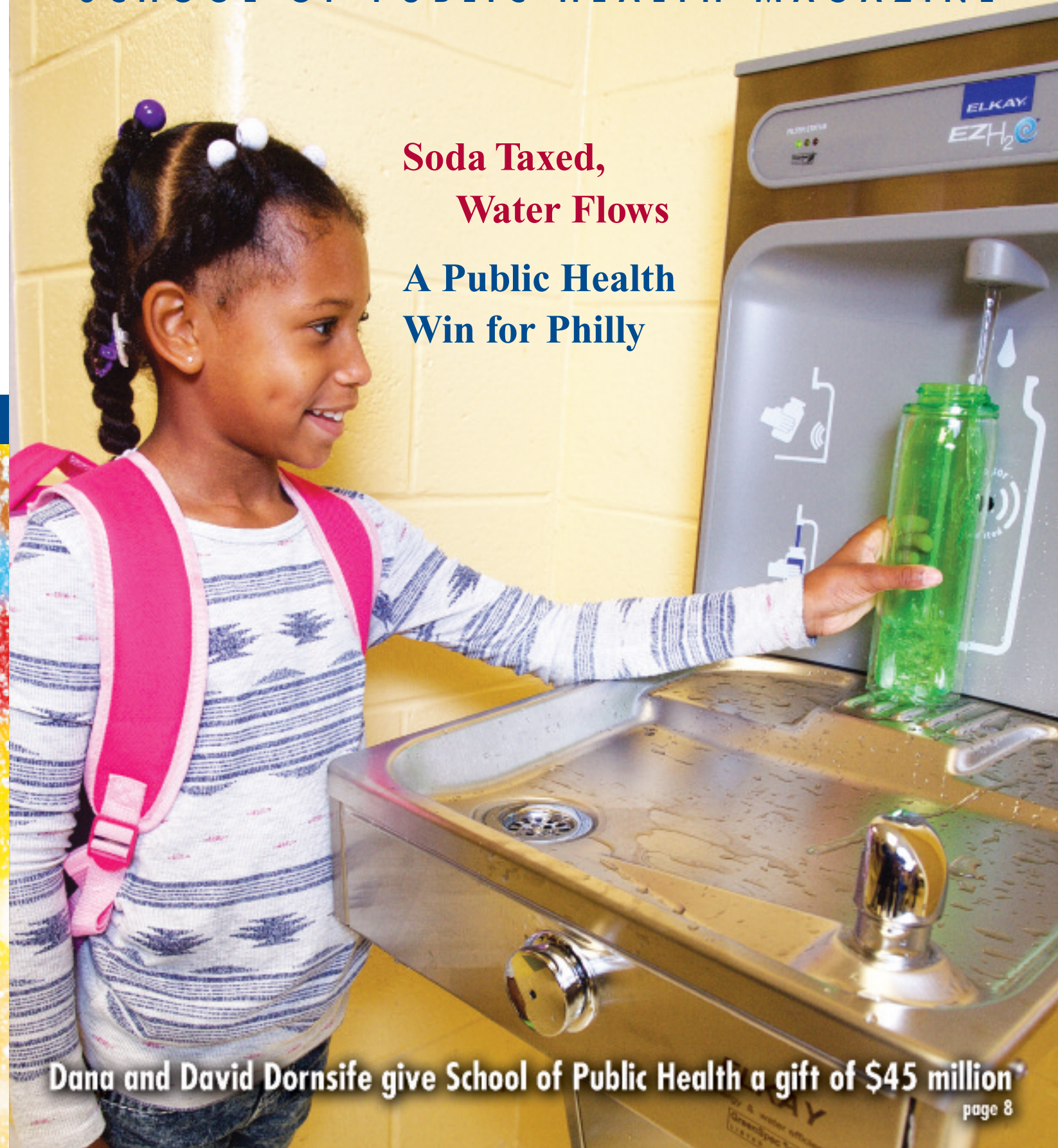
### A Public Health Win for Philly

## The Picture of Public Health: *Dancing Amid The Drops*



MarTayá Evans-Neal, 11, was among the first to enjoy new spray park at Wister Playground and Recreation Center in Logan on opening day in August. Playground improvements include a mural designed by artist Willis Humphrey.

David Maialetti / Philadelphia Inquirer Staff Photographer



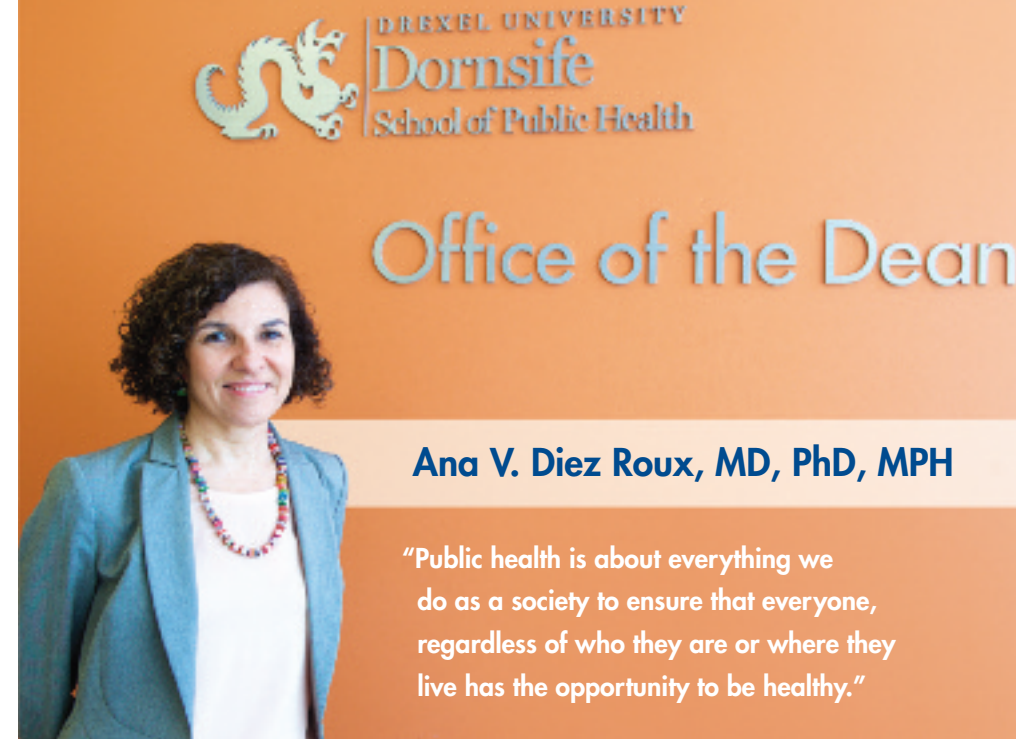
Dana and David Dornsife give School of Public Health a gift of \$45 million

# A NEW DAY at Dornsife

With this brand new issue of our magazine, we are thrilled to usher in a new era for the Dornsife School of Public Health. Building on our strong commitment to health as a human right and to the real practice of public health, we are growing our research, education and practice footprint here in Philadelphia and beyond.

Thanks to a transformative naming gift by Dana and Dave Dornsife, last fall we became the Dornsife School of Public Health. This has given us a tremendous opportunity for growth, building on our existing work and exploring new directions.

We are expanding our research efforts with a special focus on improving health in cities, eliminating health disparities, and improving translation of evidence into action. Thanks to generous commitments from the University and the Dornsife gift, we are rapidly growing our faculty. Over the past two years alone we have welcomed a total of 20 new faculty to our school and will continue to grow over the coming years. We are expanding our educational offerings



**Ana V. Diez Roux, MD, PhD, MPH**

"Public health is about everything we do as a society to ensure that everyone, regardless of who they are or where they live has the opportunity to be healthy."

and transforming our curriculum, retaining core strengths in practice and health equity, but also ensuring that we are providing graduates with the skills and tools they need to make a difference in today's world.

Public health is about everything we do as a society to ensure that everyone, regardless of who they are or where they live, has the opportunity to be healthy. This is why public health bridges so many disciplines and employs so many different tools. It is also why public health combines rigorous research with a commitment to translate scientific evidence into actions and policies. You will see this reflected in our school, and in the stories included in our magazine.

We hope that this new magazine will keep our friends and partners abreast of all the exciting things happening at Dornsife SPH. We also hope that our magazine will promote exchange and debate on key public health issues we face today, from the new groundbreaking soda tax in Philadelphia, to the health consequences of racism, to the prevention of hunger and violence, to the implementation of population health approaches in health care, to the creation of the physical and social urban environments we need to improve health and achieve health equity.

We welcome your thoughts, suggestions, and most importantly your active engagement as we move forward.

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*New revenue for education and health*

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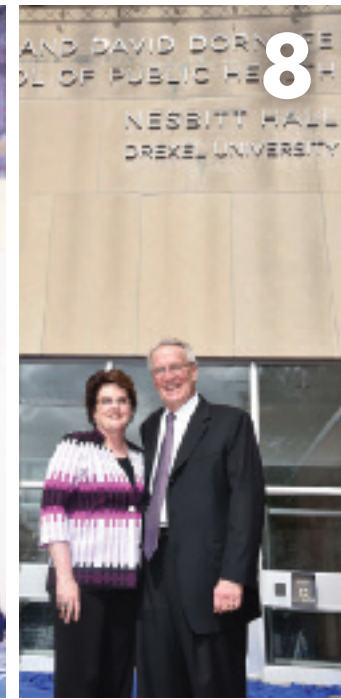
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**Cover Photo:** Rai Janvier Brown, 6, tries out a new hydration station at Fels High School in Philadelphia. Three stations are to be installed in every city school by next June, enabling students to fill portable bottles as well as grab a quick sip from the fountain – encouraging consumption of a healthy beverage: water.

Subscribe to the magazine at [drexel.edu/dornsife/magazine](http://drexel.edu/dornsife/magazine).



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**Soda Tax**

"Changing the narrative of poverty in our city."  
– Philadelphia Mayor Jim Kenney



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If ever a fairy tale can come true, the 20-year history of Philadelphia's first public health school shows how. What is today the Dornsife School of Public Health at Drexel University began as a glimmer in the eyes of a few determined people. They gave shape to their bold vision, only to meet tragedy and the threat of dissolution – and then to emerge triumphant.

### BIRTHING THE SCHOOL

Five academic medical centers flourished in Pennsylvania's Delaware Valley in the early 1990s, but the region had no public health school, and only one university-affiliated public health program. "It was almost embarrassing that we didn't have a school of public health," said **Donald Schwarz, MD, MPH, MBA**, Philadelphia's former health commissioner. "It was clear that there was a lot of talent and an increasing number of people who had interest and background in public health, but there was no larger resource."



A small group of educators and public health practitioners stepped forward to change that. "It is always a risky business to start a school," acknowledged **Jana Mossey, PhD, MPH, MSN**, who helped to midwife the school and is now a professor in its Department of Epidemiology and Biostatistics. "It could explode into nothing except embarrassment. It could be costly."



But the idea resonated with the Allegheny Health, Education, and Research Foundation (AHERF), the parent corporation of an expanding package of

health-science schools and teaching hospitals in the Philadelphia area. Many players, many proposals and many steps later, with signoff from the Pennsylvania Department of Education, the School of Public Health at Allegheny University of the Health Sciences came into being. It was inaugurated in August 1996 with 24 full-time Master of Public Health (MPH) candidates.

From its inception, the institution was committed to connecting its students to the city that surrounded them. "We said, 'Don't keep them in the classroom.' They should move back and forth fluidly between the two worlds so they gain knowledge and then go and practice it," said **Augusta "Toti" Villanueva, PhD**, another of the school's founders,



and currently an associate professor in the Department of Community Health and Prevention.

The initial MPH curriculum was built on 60 cases that examined national and local

**"We said, 'You need to take the telescope and turn it around and look at it through the eyes of the community. If you do that, you will do something worth showcasing.'"**

*– Toti Villanueva, PhD, associate professor, Department of Community Health and Prevention*

public health problems, which at the time was a very unconventional approach to learning. Required practicum and capstone experiences – such as teaching young people that dating violence is not acceptable and helping sex workers explore other employment opportunities – put students into the heart of the community they were being trained to serve.

Because the starting class and its faculty were so tiny, everyone bonded in very unique ways, recalled **Diane Benckert**, who has provided administrative support to every dean over the past two decades. "We knew everyone on a very personal level. Everything happened on one floor, faculty and students

were together, and that made it more intimate."

The vision of a community-engaged public health school in Philadelphia had become real.



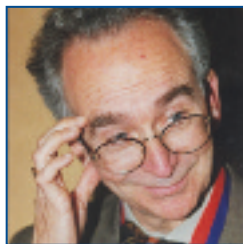
## Vision, Tragedy, and Triumph:

By Karyn L. Feiden

# 20 YEARS AT THE DORNSIFE SCHOOL OF PUBLIC HEALTH

<p><b>1996</b> Public Health School is Launched</p> <ul style="list-style-type: none"> <li>• First MPH cohort of 24 students enrolled</li> <li>• 1 degree program</li> </ul>	<p><b>1998</b> Tragedy and Transition</p> <ul style="list-style-type: none"> <li>• Dean Jonathan Mann and his wife, Mary Lou Clements-Mann, die in a plane crash</li> <li>• Bankruptcy shuts the public health school's parent</li> </ul>	<p><b>2002</b> Rebirth</p> <ul style="list-style-type: none"> <li>• Public health school joins Drexel University</li> <li>• Marla Gold, MD, is appointed Dean</li> <li>• 45 students enrolled 1 degree program</li> </ul>	<p><b>2007</b> We're Accredited!</p> <ul style="list-style-type: none"> <li>• Council on Education for Public Health (CEPH) accredits the school</li> </ul>	<p><b>2012</b> Celebrating a Decade at Drexel</p> <ul style="list-style-type: none"> <li>• 289 students enrolled</li> <li>• 10 degree and certificate programs</li> </ul>	<p><b>2013</b> New Leadership</p> <ul style="list-style-type: none"> <li>• Ana V. Díez Roux, MD, PhD, MPH, is appointed Dean</li> </ul>	<p><b>2014</b> No Place Like a Home</p> <ul style="list-style-type: none"> <li>• Public health school moves into a renovated Nesbitt Hall</li> </ul>	<p><b>2015</b> New Name, New Resources</p> <ul style="list-style-type: none"> <li>• \$45 million naming gift from Dana and David Dornsife</li> </ul>	<p><b>2016</b> Bright Future</p> <ul style="list-style-type: none"> <li>• 429 students enrolled</li> <li>• 13 degree and certificate programs</li> </ul>
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## CAN THE DREAM SURVIVE?



In January 1998, after more than a year under an interim dean, **Jonathan Mann, MD, MPH**, assumed the leadership role. Getting him on board was a remarkable coup for a fledgling institution. Mann had formidable energy and

an international reputation as founding director of the World Health Organization's Global Programme for AIDS and director of the Bagnoud Center for Health and Human Rights at the Harvard School of Public Health.

In promoting the principles of social justice and health as a human right, Mann's approach was fully in harmony with the school's foundational beliefs. "Faculty and staff were taken by the strength of his commitment," said Mossey. "Jonathan put words to some of the things we had thought about, but perhaps had not articulated very well." His inevitably creased suit jacket and inexplicably pink socks somehow made him all the more beloved.

bankruptcy. When Tenet Healthcare Corporation acquired AHERF's assets, and sought to shed some of its obligations, the brand-new public health school seemed like an obvious target. Student enrollment dropped, faculty departed.

But the formidable Constance Clayton, superintendent of schools in Philadelphia and another "birth mother" of the public health school, was among those who refused to hear of it. "This is too important to close," she declared, and Tenet took it off the kill list.

It soon came under the umbrella of the newly created MCP Hahnemann University, which Drexel University agreed to operate. Although there were still a few uncertain years to traverse, enrollment slowly headed back up and in 2002, the school was officially merged into Drexel. It had 45 students and five faculty members, and offered a single degree program.

**"For a few weeks we thought we wouldn't have a school anymore."**

— *Matt Young, MD, MPH '99*

In that crescendo, the small but mighty team that had helped to right the flailing school heard a leader who would go on to expand and diversify the faculty, increase student enrollment, attract research grants and put the school on the map. "I made it my business to be at every meeting, large and small, on the national stage with the other school deans," said Gold. "No matter that I came from a small school, post-bankruptcy, and was with deans from Harvard and Hopkins. I held up my head and talked about the connection to health and human rights. Not many others were doing that. I basically took a seat at the table."

A year after her arrival, following a national search, Gold was given a permanent appointment.

**Constantine Papadakis**, then president of Drexel University, promised to be generous with resources, and he was true to his word. Gold dusted off plans to pursue accreditation, which



full accreditation. By 2012, a decade after its merger with Drexel, revenues had increased 700 percent, and total grant funding was up more than 1,100 percent.

Gold stepped down in July 2013, ready to make room for a new leader and another set of big ideas.

**Ana V. Diez Roux, MD, PhD, MPH**, took the helm in February 2014. An internationally known scholar, Diez Roux has published widely on the social determinants of population health and the influence of neighborhoods on health. She previously served on the faculties of Columbia University and the University of Michigan.



**"We attract the kind of students who want to get out quickly and do great things in the community. At this school, you don't wait to become something, you are something the minute you enter the door."**

— *Marla Gold, MD, Professor and Dean Emerita*

**"I was impressed when I came by several things that were prominent in the school's history – the links between social justice and population health, the urban health focus, and the strong connection to public health practice and policy."**

— *Ana Diez Roux, MD, PhD, MPH, Dean*



Mann had big ambitions for the next generation of public health workers, and pushed faculty to seek transformative changes, not modest service improvements. He cared much less about such tactics as distributing condoms to prevent HIV, and much more about confronting structures that made people vulnerable. He was determined to "put in place strategies that would allow people to thrive and have all the health and well-being they could conceivably achieve," explained Villanueva.

But tragically, Mann had barely begun to move on his agenda when he and his wife boarded Swissair Flight 111 in September 1998, headed to Geneva for a United Nations conference on AIDS. When the plane crashed five miles off the coast of Nova Scotia, all 229 people on board were killed.

That terrible accident compounded the grave threats to the school that had come to light two months earlier, when the parent institution AHERF collapsed into

## POWERFUL LEADERSHIP, REMARKABLE GROWTH

From her perch at nearby MCP Hahnemann Medical School, where she headed the Division of HIV/AIDS Medicine, **Marla Gold, MD**, saw in the public health school a commitment to social justice that matched her own. She agreed to serve as interim dean, and in July 2002, moved into her office, cranked up her favorite music and began to unpack. Shortly afterwards, a faculty member appeared in her doorway and said, "I need to know right now whether you always play music."



"Yes, as a matter of fact, I do," replied Gold.

"Well, then, could you turn it up so we can all hear it?"

Gold wired the sound into loudspeakers, and declared, "Let's go."

had been on hold since the bankruptcy, and started a curriculum overhaul. With faculty approval, centers were spun into departments, and some elements of problem-based learning gave way to more traditional pedagogy. The comic sans font used in some school materials was banned.

"Were we becoming more of an establishment school?" asked Gold. "No. We were being creative, holding on to our fundamental values, but meeting standardized criteria so students would come in knowing how excellent their education would be. At the same time, the commitment to community remained at our core."

Snowballing growth continued. Entering students, who had once gathered in a small room for a Pinning Ceremony marking their initiation into the field of public health, now filed by the hundreds into an auditorium to hear nationally known speakers. In 2007, the Council on Education for Public Health (CEPH) granted the school

Diez Roux's appointment coincided with the school's move into the seven-story, 78,000-square-foot Nesbitt Hall, following a \$13 million renovation. It was a welcome escape from the decrepit Bellet Building, which was notorious for flooding and an elevator that stopped on floors of its own choosing. The new home provided the platform to take the school to yet another level. "Right now, public health research is largely disconnected from practice," said Diez Roux. "My aspiration is that this be the school that generates the most rigorous evidence possible about what drives health and health inequality and translates that into action."

With the announcement in September 2015 of the extraordinary \$45 million naming gift from Dana and David Dornsife (*see accompanying article*), all of that and much more seems possible. "The gift allows us to do a number of things that build on the vision we have been working on, and it connects to the history of the school in a very natural way," said Diez Roux.

# A Toast and a New Beginning: The Dornsife GIFT

By Karyn L. Feiden

The sparkling waters of San Francisco Bay and lights from the Oakland-Bay Bridge were in full view from the restaurant table where Dana Dornsife was celebrating her birthday with her husband, David. Three senior members of the Drexel University community – President John Fry; Ana V. Diez Roux, MD, PhD, MPH, Dean of the school of public health; and Christopher Brittin, MEd, vice president of development – were with them that last day of summer 2015. Dana lifted her glass to make a toast, and then a breathtaking announcement: *We intend to give Drexel University's School of Public Health a gift of \$45 million.*

That decision launched a new era in the extraordinary history of the place (*article, page 4*). “It is a game changer,” declared President Fry. The school has been renamed in honor of the donors: Welcome to the Dana and David Dornsife School of Public Health.



## Early Philanthropy

The Dornsifes had been generous to Drexel before. Their first gift of \$2.5 million in 2011 allowed the LeBow College of Business, where Dana had graduated in 1983, to establish the Dana and David Dornsife Office for Experiential Learning. That office leverages Drexel LeBow's expertise in experience-based education to shape the academic experience for LeBow students.

Then, in what Brittin calls “a \$10 million leap of faith,” they made a commitment to establish the Dana and David Dornsife Center for Neighborhood Partnerships. In 2014, after renovating three historic, but dilapidated, buildings on a 1.3 acre site, Drexel opened the resource center as a bridge between the community and the university. From dance and music classes, a community kitchen, and health and wellness programs to career services, a legal clinic, and free computer repairs, a rich array of programming for all ages is strengthening the social fabric of the surrounding neighborhoods.

“Everything we dreamt the Center could be has come true,” says Brittin. “When you build that kind of trust with people who want to make an impact in the world, they are going to be looking for the next big idea.”

And indeed, the Dornsifes asked Drexel's leadership to think about just that.

**“The Dornsife Center really gave us an insight into what Drexel University was capable of.”**

– Dana Dornsife

## A Journey to Africa

Dana and David Dornsife have been working in Africa for decades to improve water, sanitation and hygiene, mostly through World Vision, an international agency that tackles the root causes of poverty. “Water is really life, that is as basic as it gets,” says Dana Dornsife.

In 2013, with their ties to Drexel growing closer, the Dornsifes invited Fry and Shannon Marquez, PhD, MEng, director of Global Public Health Initiatives, to accompany them on one of their frequent field trips to Ethiopia and Ghana.

Marquez, who has advanced degrees in environmental engineering and public health, shares the Dornsifes' passion for using the technical tools of the trade to improve lives. “During our field visits, I observed first-hand how their projects were providing access to clean water, improving livelihoods and health, and transforming communities.”

As their SUV bounced along rural African back roads, the Dornsifes mentioned that they had approached other American universities with the idea of engaging students in their work, but had been unable to overcome bureaucratic barriers. Marquez immediately recognized the opportunity. “That would be a great fit with our study abroad, international programs, and our focus on coop and experiential learning,” said Marquez. “Drexel can absolutely make this happen.”

The Dornsifes glanced knowingly at each other. “We were both thinking ‘here we go again,’” Dana Dornsife recalls with a laugh. This time was different. Marquez returned home and worked closely with Julie Mostov, PhD, senior vice provost for Global Initiatives, to craft a proposal designed to give students a hands-on opportunity to work on water and sanitation-related development projects. Within six months the Dornsife Global Development Scholars Program was in place. The first cohort was inaugurated with just two students, but by the fourth cohort, 20 scholars were assigned in 10 countries across Africa.

Another stepping stone of a powerful partnership was in place.

## Investing in an Idea, and a Team

The Dornsifes had always thought of their global efforts in humanitarian terms, rather than as a strategy for improving population health. They gained a broader perspective in deep conversations with Ana Diez Roux, who framed public health as a bridge between the local neighborhood work and the global work they were already doing. “They started to see the connections there, rather than viewing them as two different things,” said Diez Roux. “We talked about how a gift could tie those ideas together.”

Eager learners and active listeners, the Dornsifes were intrigued by the opportunity to apply the principles of public health locally, regionally and globally to create transformative change. “Public health as a formal topic was not really in our nomenclature and we have a lot to learn,” Dana Dornsife acknowledges. “But because we are hands-on people, we will learn as we go. For us, it is an education process.”

In ultimately deciding to make the naming gift, something personal was involved as well – the Dornsifes had developed great respect for Drexel's leadership. “We understood that John Fry is not only a visionary, but he is an implementer,” says Dana Dornsife. “Ultimately, we really invested in John, Ana, and her team to get the job done. They have the audacious goal of being the trendsetter and creating a margin of excellence in public health.”

**“You don't really know what the need is until you are out in the field. We want to witness firsthand the effect of our philanthropy and you can't do that until you have spoken to the people who are benefitting from it.”**

– Dana Dornsife



**“I tried to provide a vision of public health as creating the conditions and environments and policies that allow people to be healthy.”**

– Ana V. Diez Roux, MD, PhD, MPH, Dean

**The Dornsife gift will be directed towards**

**FIVE SPECIFIC AREAS OF ACTIVITY:**

### URBAN HEALTH COLLABORATIVE

This inter-disciplinary initiative is designed to bring together research, training and policy translation to give urban health a highly visible profile at the School. “The future of humanity is in cities,” Diez Roux emphasizes. “There are things we can do to manage, design, govern and resource them so they allow people to be healthy.”

The pace at which the Urban Health Collaborative got up and running highlights the extraordinary value of what the Dornsifes have done. Typically, establishing such an initiative is a slow, painstaking process, as a school searches for seed money, slowly hires faculty, and eventually attracts grants. Instead, staffing was in place and pilot studies underway within a year, or what Kevin McNamara, chief development officer for the School, calls “warp speed.”

### FACULTY EXPANSION

The Dornsife gift specifically created three endowed Professorships in order to attract top scholars and researchers to the school. The first Dornsife Professor was hired in 2016 and six additional faculty positions were funded by the University (*see Faculty Corner*).

### ENDOWED SCHOLARSHIPS

Endowed scholarships will help to attract top graduate students and will help to further diversify the already-diverse student population, with funds available to individuals with limited resources, both from developing countries and from disadvantaged backgrounds in the U.S.

### GLOBAL HEALTH PROGRAM

Given the eye-opening experience of John Fry's first African sojourn with the Dornsifes, it made sense that a piece of the school's new funding would be dedicated to international work. The Dornsife Global Development Scholars Program will continue to receive support. Visiting professorships, online courses, and graduate student support with an emphasis on global urban health, are among planned expansions.

### DEAN'S STRATEGIC INITIATIVES FUND

A fund will be set aside to give the dean the flexibility to invest in projects designed to enhance the visibility of the school, support start-up ideas, address urgent public health issues, and take advantage of fast-moving opportunities.

# Discovering the CUBAN Way of Life and Health

*For the first time, Dornsife public health and Drexel medical students visit our estranged island neighbor, to explore its rich culture and prevention-infused approach to health care.*

Professor Shannon Marquez, associate vice provost and director of Global Public Health Initiatives, first visited Cuba in 2009 as part of an APHA delegation studying the health system. She'd become curious about Cuba after meeting physicians from the island who were treating malaria in rural Africa. "I was intrigued by the presence of Cuban doctors in needy places," Marquez says. "They had been training physicians and sending them abroad to strengthen health systems around the world."

Because many of her students are from underrepresented groups, Marquez thought Cuba would be a worthwhile experience for them. So in July, she made her seventh visit, leading a group of 10 global public health and medical students.

"When the government nationalized the economy and health care system, the affluent fled – because they wouldn't be affluent anymore," Marquez observed. "Those who were poor, illiterate and without access to health care... became better off. The

change in government brought improvements in health care and literacy to them – through a system that provides everything for all.

"We don't talk about it much, but once we blockaded them, they had no choice but to go to prevention: they didn't have access to Western medicine."

Meanwhile, the U.S. health system has begun moving toward wellness

## The Cuba Experience:

There is a large sense of community and camaraderie that exists in Cuba... that is often times absent in America. The country is beautiful, but **the people are even more beautiful, welcoming, full of life and positive energy...**

**I was surprised at how positive and happy the people of Cuba are.** They live in a socialist country, where their salaries are controlled by the government. They work hard, knowing that they won't make much more money, but they are still positive. There is a lot of dancing, charisma and strength of character. Often times, in the States, we might assume that living in a country such as Cuba means that it must be miserable, very poor and of low standards. However, the Cuban people are rich in culture, and value all human beings.



What could we learn from them? **Happiness and love for one another, for all humans.** While in Cuba, I did not hear or witness anger, violence, or vulgarity. As soon as we landed in the U.S., an airport passenger/flyer was cursing and yelling to the airline check in staff. Welcome back to America. In Cuba, there is stress, however, it is managed with activities that keep people in a positive mood. Dancing and art are embraced and valued heavily in Cuba, whereas in the U.S., funding for these disciplines is being reduced/eliminated... **It would take a revolution to adapt values like those in Cuba.**

– Cinthya Alberto, MPH '17

## The Cuba Experience:

**Cuba is a beautiful, energetic and often misunderstood country** with a tangible sense of community that not only transcends public life, but is in large part responsible for its successes in healthcare and other endeavors... This experience through Drexel University not only changed the way I look at the world and my place in it, but **restored my optimism in our collective ability to improve our society and ultimately change lives for the better.**



– Brian Lefchak, MD/MPH '17



and prevention, because escalating health care costs are a crushing burden that threatens American economy.

Cuba is already there: The country's prevention-focused system uses a family doctor model, assigning a physician, a registered nurse and a community health center to a specified catchment area, providing door-to-door services to patients with chronic illnesses, and coordinating care when people are hospitalized. "Prevention is not an afterthought," says Marquez. "When there is a crisis, there is a holistic approach, including family and providers... something we cannot imagine in our fragmented system."

President Obama's historic visit to Cuba this spring set the stage for the two-week Dornsife SPH excursion to Cuba. There was a stop in Havana, where the high prices, bustle, and crush of tourists reflected the familiar but limited impression of Cuba from

afar. The students also spent classroom time at the University of Cienfuegos, located in the provincial capital on the southern coast of the island, and traveled to farms and towns across many provinces.

They discovered a resilient culture, but not perfection as America generally defines it – shiny, new and state-of-the art. Cuba is beset by problems such as aging infrastructure and shortages linked to the economic impact of the decades-long blockade. Those vintage 1950s-era American cars look cool and nostalgic, but are painstakingly maintained because there are no new cars. "There is no high-speed communication, because there is no fiber optic line. Everything is old," says Marquez.

The travel group also found spry, active senior citizens – salsa dancing and socializing at so-called "granny houses," adult day care centers where mobile elders hang out with friends, get daily health checks and nutritional support.



They visited museums and an art center that specializes in honing the artistic talents of students with Down Syndrome.

"Their culture is based on human connection... I'll see you and interact with you," says Idris Robinson, assistant director of Global Public Health Initiatives and a 2013 Dornsife MPH graduate. "It's about being appreciative of what you have. I wouldn't call it isolation – I'd call it a focus on values... that has sustained the culture over time."

**"Wellness and health need to begin with equal access to care, focused on prevention."**

– Tessa Pelger, Global Health Certificate Student

## The Cuba Experience:

The values of family and respect for persons were abundantly apparent in our experiences in Cuba. From the most abbreviated of encounters with local business owners who remembered our names and warmly greeted us in passing – to more extended interactions with Cuban youngsters who taught us Spanish, we experienced the significant role that these cultural values have in strengthening the social fabric of the country... **On a larger scope, these values are foundational to the principles of health equity and wellness reflected by the national community-based health system.**

I was most impressed by the **resilience** of the Cuban people. Despite facing seemingly insurmountable economic isolation, the country was able to develop a robust national health system, reform medical education to fully integrate a public health focus, and engage in

global medical diplomacy with this prevention-based model. Many of our field experiences at urban farms, community-based polyclinics, elder adult communities and art collectives reflected the innovation that emerged from this resourcefulness.

We have much to learn from the Cuban approach toward health; most notably, that 1) the right to health can be ensured in a cost-effective manner if prevention and health promotion are prioritized, 2) the development of a robust system necessitates the complete integration of public health and clinical medicine in both academic and delivery spheres, and 3) **the provision of equitable access to healthcare is a profitable investment when a society views its members as assets rather than liabilities.**

– Robin Yano, MPH '17



## Of Politics & Public Health:

# HOW PHILADELPHIA BECAME THE FIRST BIG CITY TO PASS A SODA TAX

By Paul Jablow

### HOW IT HAPPENED

When he took office in January, Mayor James Kenney knew that passing a tax on sugary beverages in Philadelphia was regarded as a long shot. No major city had ever passed such a measure, and attempts had been thwarted more than 40 times around the country. His predecessor, Michael Nutter, had twice failed to get City Council to approve a sugary-drink tax, often referred to as a 'soda tax.' Even Kenney, then a councilman, had opposed it: "He didn't feel the revenue was going to clearly define, accountable initiatives," according to his spokeswoman Lauren Hitt.

A month after Kenney's inauguration, Tom Farley became Philadelphia's health commissioner. He was very familiar with the idea of a soda tax because he and his boss, New York Mayor Michael Bloomberg, had been stymied twice on such a tax and once on a more modest plan to ban jumbo containers for sugary drinks. Labeling their proposal an "obesity tax" didn't help.

Farley arrived in town skeptical about the chances of achieving one of his long-cherished goals. Mayor Kenney was ready to try again, but with a novel strategy: Most of the \$91 million generated by the soda tax would go to pre-K education, and provide support to designated community schools in poor neighborhoods, along with funding parks, recreation centers and libraries. Rather than an unjustifiable

To pass a soda tax in Philadelphia, politics and public health quietly joined forces. It was an odd pairing: Politics frames life in black and white, with competing constituencies vying for power and influence in a world of limited resources and all-or-nothing choices. In contrast, public health embraces connections and nuances - recognizing how the elements of well-being are intertwined, influencing each other and our quality of life for better or worse.

The outcome of the unusual partnership was a new revenue stream to fund pre-K education, and provide health services in nine schools in poor neighborhoods – with the side-benefit of possibly improving overall health in the city that made cheesesteaks famous and obesity is becoming commonplace.

burden or a prod to force healthy behavior, the tax was framed as a necessity.

"We knew if we led with (health benefits) we'd be defeated," says Kevin Feeley, spokesman for Philadelphians for a Fair Future, a coalition of some 80 civic, labor and faith organizations. Pre-campaign polling showed that "we had to tie it to programs that resonated with voters and with elected officials."

In June, a "thrilled" Farley joined Kenney, other local officials and health advocates around the country in celebrating Council's passage of a 1.5 cent-per-ounce tax on a variety of beverages. The tax, which the American Beverage Association (ABA) is challenging in court, includes not only sugary drinks such as sodas, sweetened teas and sports drinks, but also artificially sweetened beverages such as diet sodas.

The final vote was 13-4, with opposition coming from the three Republicans in Council and a Democrat, Maria Quinones Sanchez, whose district includes a Coca-Cola bottling plant and numerous bodegas.

"A soda tax was fairest because it was a tax no resident or small business had to pay," Hitt says, "unlike wage or property taxes."

Prior to the big-city win in Philadelphia, only one other similar soda tax measure had won approval – passed by referendum

two years ago in smaller Berkeley, CA. A recent study there found that consumption of sugary drinks was down 20 percent in some neighborhoods, significant reductions that researcher Kristine Madsen at UC Berkeley says could, if maintained, reduce rates of obesity and Type 2 diabetes.



<b>43</b> FAILED ATTEMPTS	<b>4</b> TRYING THIS FALL	<b>2</b> SUCCESSSES
To Pass a Soda Tax Since 2008 <small>(Source: American Beverage Association)</small>	San Francisco, Oakland & Albany, CA & Boulder, CO.	Berkeley & Philadelphia

The two successes have encouraged public health advocates to hope that the tide is turning so that sugary drink taxes could become as widespread and accepted as cigarette taxes. This fall, four communities will attempt to pass soda-tax proposals (see chart).

Farley believes that New York's failed efforts contributed to Philadelphia's win almost a decade later. "Over the years we succeeded in getting people to recognize that this is a health problem we ought to do something about," he says. "When we started with this work ... people viewed foods, but not beverages, as fattening. Now everyone knows that sugary drinks increase their risk of obesity and diabetes, and people are shifting away from them."

## THE OPPOSITION

The basic pro-tax campaign strategy was to have coalition members lobby members of Council. "Spending a lot of money on a citywide campaign wouldn't have accomplished very much," says Feeley. "We needed nine votes on Council, that's all."

Anti-tax forces led by the American Beverage Association relied on lobbying by small grocers and the Teamsters Union, whose members deliver bottled and canned beverages, and on a publicity campaign that described the measure as a "grocery tax."

The beverage association spent \$10.6 million and the coalition, \$2.5 million – actually a large war chest for a pro-tax campaign, with over half the cash coming from billionaire Bloomberg. Nationally, according to an analysis by the Center for Science in the Public Interest, the ABA, Coca-Cola Co. and PepsiCo have spent



Philadelphia Daily News and Inquirer

\$67 million since 2009 trying to defeat initiatives in 19 states. Federal lobbying added more than \$14 million a year to the tally.

Larry Ceisler, a spokesman for the beverage industry in the campaign, discounted the loss in Philadelphia as a sign of things to come. "What happened in Philadelphia was very particular to Philadelphia," he says. "This was not an ideological decision but a transactional decision."

"The mayor was able to use the full force of his office to trade favors for votes."

On September 14, the beverage association, some businesses and residents sought an injunction in Common Pleas Court stating that the tax, scheduled to go into effect Jan. 1, violates the Uniformity Clause of the Pennsylvania Constitution, which requires that similar products be taxed at the same rate. The city has allocated \$1.6

million to retain two former city solicitors to lead the defense. Calling the sweetened-beverage tax "a political choice of necessity," lawyers for the city have asked the state Supreme Court to dismiss the lawsuit.

## ON THE HORIZON: A Day in Court... and Change

In a news conference following passage of the soda tax, Kenney said, "This is the beginning of a process of changing the narrative of poverty in our city." That's a very "public-healthy" declaration from a politician.

Philadelphia has the highest rate of deep poverty among the nation's 10 largest cities. According to the U.S. Census Bureau's 2014 Annual Community Survey, 186,000 Philadelphians – including 60,000 children – live on \$12,000 per year, about half of the federal poverty level of \$24,000 for a family of four.

Poverty, obesity, access to education and health services are intertwined variables – key social determinants of health and well-being. Poor people also consume more sugary drinks than the affluent, and are disproportionately affected by health problems associated with excess calories, including obesity, diabetes and heart disease.

The soda tax revenue will not only help prepare young children for school success, but also teach them and their families to live healthier lives and, in the selected community schools, improve access to health services.

The value of pre-K has been well established for decades. Starting with a cohort of at-risk students from 1962-1967, the HighScope Perry Preschool Study showed that pre-K returned \$17 for every dollar invested for such benchmarks as income, high school graduation and incarceration.

The beverage-industry lawsuit notwithstanding, preparations are underway by Philadelphia to offer 2,000 pre-K slots to 3- and 4-year-olds in January and gradually build up to 6,500. The Mayor's Office estimates that there are 15,000 kids in what would be considered "quality" day care and maybe another 17,000 with providers who don't meet that standard. The goal is for all providers to meet state standards, which would include a health curriculum – or to replace them.

Cheryl Bettigole, who heads the city Health Department's Division of Chronic Disease Prevention, says the nine community schools funded by the soda tax

will get coordinators to work with parents, students and the public on health-related issues. The Health Department is partnering with the University of Pennsylvania and Johns Hopkins University on a three-year study of the tax's impact on price and consumption.

Whatever the outcome of the beverage-industry lawsuit, awareness that less sugar is good for your health is taking hold – even in the industry itself.

The American Heart Association recently released its first-ever guidelines on sugar limits for children to less than six teaspoons of added sugars a day (see sidebar). And a September *New York Times* story revealed that historical documents showed the sugar industry paid scientists in the 1960s to downplay the link between sugar and heart disease, and to promote saturated fat as the culprit.

The beverage industry has already removed full-calorie soft drinks from U.S. schools, and is developing lower-sugar products. PepsiCo reports that 45 percent of its revenues come from lower-calorie alternatives to fully sugared sodas.

In Philadelphia, water stations in public schools will be installed district-wide by the end of the school year. Students can fill water in containers as well as sip from a fountain.

"As a society, access to very cheap sugary drinks shouldn't be our focus," says Amy

Auchincloss, PhD, MS, associate professor in the Department of Epidemiology and Biostatistics at the Dornsife School of Public Health. "They're not necessary for well-being and, in fact, can have harmful consequences."

# SODA ? NOT IN THESE HALLS

When Ana Diez Roux arrived in Philadelphia to become dean of Drexel's school of public health in 2014, she had major decisions to make on administration, curriculum and budget.

But there were also small decisions, such as what to do about the soda machines in the lobby of Nesbitt Hall.

"It was a symbolic thing for a school of public health," she said. "It was a little concerning."

When she found that faculty members and students were also uncomfortable with the machines, they were banished, never to return.

While Drexel was not in the forefront of Philadelphia's soda-tax fight, its faculty have been active in related research areas and behind the scenes.

Associate Professor Amy Auchincloss, a social and environmental epidemiologist, co-authored a study published in *Public Health Nutrition*, June 2016, noting that sugary sodas are priced lower than such healthier alternatives as milk, and the disparity disproportionately impacts families in low-income households.

Doctoral candidate Dave Kern, a co-author of the study, is working on a longer national study with several other universities on the relationships between supermarket prices and diet quality in persons 50 and over at risk of cardiovascular disease.

"We've got to switch the dialogue" on whether soda taxes are regressive, Auchincloss said. "It's a tax on junk and we have to convince the public of that."

Mariana Chilton, PhD, MPH, a professor of public health who is also director of the Center for Hunger-Free Communities, said she found that residents in the low-income communities she works with are generally supportive of the soda tax.

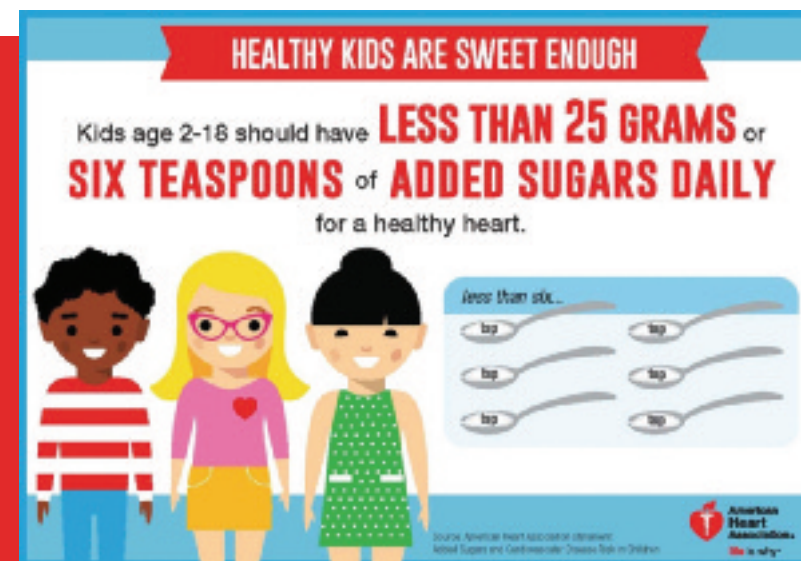
"Most of the people didn't flinch," she said. "We're opening the door for the rest of the country."

## American Heart Association Recommendations Limit Sugar Consumption for Kids

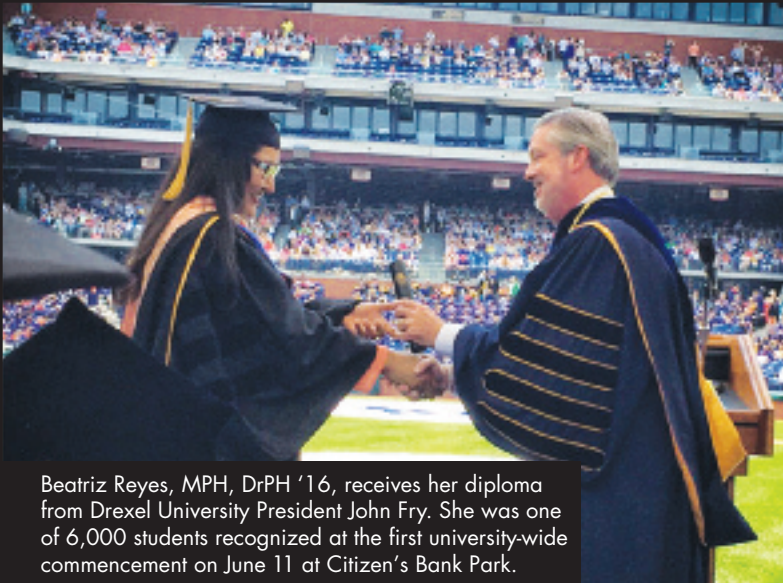
For Children and Teens ages 2 to 18: No more than 1 cup of sugary beverages per week

Children and teens should consume less than 6 teaspoons of "added sugars" a day and drink no more than 8 ounces of sugary beverages a week, according to an article by the American Heart Association's (AHA) on its first-ever scientific statement recommending specific sugar limits for kids. Published in the journal *Circulation* in August, the AHA statement also said that children younger than 2 shouldn't have any added sugars, but instead have nutrition-packed diets for growing healthy brains and bodies.

Risa Lavizzo-Mourey, MD, president and CEO of the Robert Wood Johnson Foundation, endorsed the AHA recommendations. "Reducing the amount of added sugars children consume is one of the smartest, most effective strategies we can pursue to reverse the national childhood obesity epidemic," Lavizzo-Mourey said in a statement. "Parents, policymakers, industry leaders, health advocates, and communities all share the responsibility for ensuring that this guidance swiftly becomes a part of our national nutrition fabric."



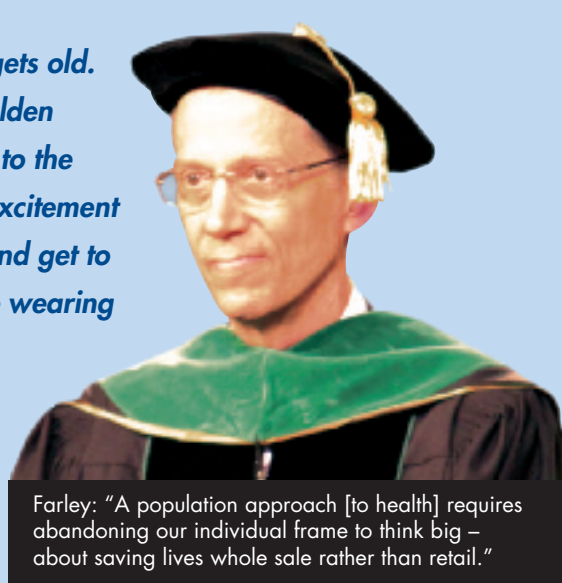




Beatriz Reyes, MPH, DrPH '16, receives her diploma from Drexel University President John Fry. She was one of 6,000 students recognized at the first university-wide commencement on June 11 at Citizen's Bank Park.

*"Graduation never gets old. These are really golden moments: We look to the future with hope, excitement and inspiration – and get to talk seriously while wearing funny hats!"*

– Tom Farley, MD, MPH  
Philadelphia Health Commissioner  
2016 DSPH Commencement  
Keynote Speaker



Farley: "A population approach [to health] requires abandoning our individual frame to think big – about saving lives whole sale rather than retail."



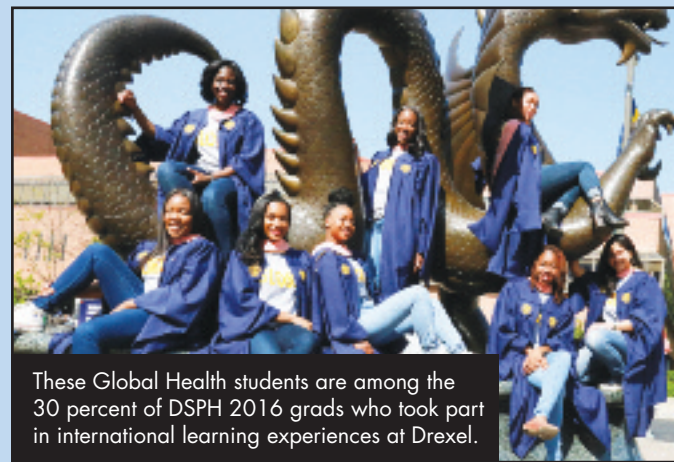
The final Sacramento-based cohort of Drexel Executive MPH students graduated in June.



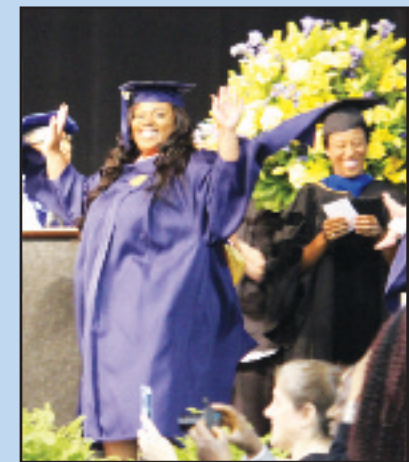
Faculty marshals Phillip Massey, PhD, MPH, and Amy Carroll-Scott, PhD, MPH.



Student speaker Wen-kuni Ashley Ceant, MPH '16: "Drexel taught me how to fly...We have already begun to change the world."



These Global Health students are among the 30 percent of DSPH 2016 grads who took part in international learning experiences at Drexel.

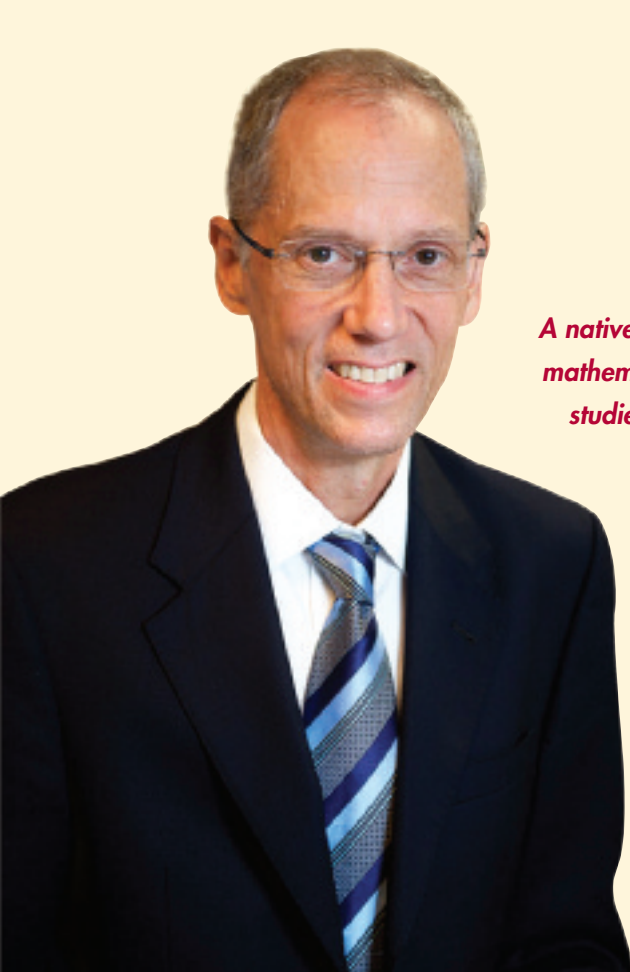


Dean Ana Diez Roux salutes the Dornsife School of Public Health's 2016 graduates – including the first graduate of the new Bachelor's of Science in Public Health program.



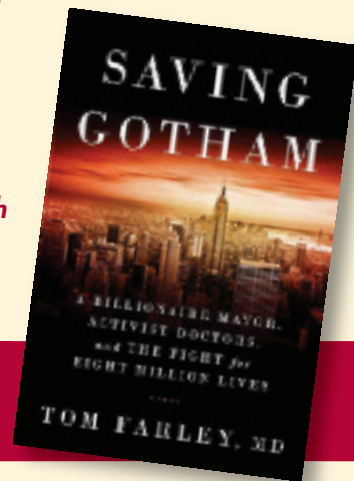
MPH students process into Dornsife's first school-specific Commencement Ceremony, held June 10 at the Pennsylvania Convention Center.





# Tom Farley

*A native of Summit, N.J. and a self-described “numbers guy,” Tom Farley majored in mathematics at Haverford College and attended Tulane Medical School where he studied pediatrics. After a CDC training program in epidemiology, he was sold on public health: “We absolutely save more lives in public health than doctors seeing patients do,” he says. Farley worked for the Louisiana Department of Health and as a professor at Tulane for 24 years, then moved on to New York City, where he served as health commissioner under Mayor Michael Bloomberg from 2009 to 2014. He then spent a year writing a book “Saving Gotham: A Billionaire Mayor, Activist Doctors, and the Fight for 8 Million Lives.” Farley was named health commissioner by Philadelphia Mayor Jim Kenney in February 2016. He spoke with DornsifeSPH Magazine about his experiences and plans for improving health in the city.*



to grow up to be a public health person, I want the heroes on our television shows to be public health people, rather than surgeons.

### **What are your top priorities – your challenges – as you begin your work in Philadelphia?**

My priorities fall into three broad areas. The first is we have services we provide in the health department that we should continue to provide and to improve. That’s everything from inspecting restaurants to running our health clinics...

Secondly, we need to be prepared for new

health. So if we want to narrow the health disparity gap, that’s one good way to do it... We’re going to go where we see the biggest opportunities for saving lives, and preventing preventable deaths – even if those are areas where the health department hasn’t traditionally been involved in the past.

I’ll start with the data on what is killing the most people: heart disease and cancer and diabetes. If you think of the risk factors for those – they are smoking, lack of physical activity, alcohol and drugs. So for example, we have a crisis in the city and the country now with

### **and access to jobs that pay a living wage... You can’t gentrify your way out of that, so....?**

I think the key determinants of health fall into two categories: There’s behavioral and the environmental determinants, like smoking, the food that’s available in stores, the marketing of unhealthy products. And there are the social determinants: poverty, housing and education. Sometimes I think people make a mistake by saying, “Well, we can’t make any progress until we make progress on the social determinants,” but I think we can. We know that smoking rates are incredibly high. We know there are many things we can do to reduce smoking rates that will save a lot of lives, whether we solve poverty or not. So yes, we should work on those behavioral and environmental determinants. At the same time, we should also be working on

## NUMBERS GUY

## *“I want to create a more health-promoting city.”*

### **The jacket blurb on your book says “Saving Gotham’ demonstrates how government – local government – can protect citizens and transform health for everyone.” Really?**

**TF:** Yeah – it’s the story of how Mike Bloomberg came in and brought in Tom Frieden who was a very focused public health guy... When he came in, smoking rates in NYC had been about 21.5 percent for over a decade. By the time he left, they were about 15 percent. So you had a big decline in smoking rates and parallel with that there was a big increase in life expectancy: reduction in heart disease mortality and other things that related to smoking so it seemed like it worked. Other things were taking place at the time, but I do think the health department’s activities can take legitimate credit for a good chunk of the health gains that happened in a city of 8 million people.

### **So you’ve already done Gotham. Philly has always been the forgotten city [between DC and New York]. We boo Santa, we love cheesesteaks, and we’ve got a chip on our shoulder. Why are you here?**

Philadelphia is a great city. I’ve always liked Philadelphia. And if you look at its health statistics, they’re the worst of any of the top ten cities. So to me, that’s an opportunity.

### **A few days after your June commencement address to the Dornsife School of Public Health Class of 2016, Philadelphia City Council passed a soda tax. Were you surprised?**

By the time it finally passed we had enough signals that this was going to win, so I wasn’t surprised at the end. Overall, though, it was surprising, because the soda companies hate the idea of a soda tax. They knew that this

would be precedent-setting. And so we knew they were going to spend millions to try to stop it – which they did. But the strategy, and the execution of that strategy to gather community support and focus that community support on the benefits of the program really worked.

### **One of the messages in your commencement remarks was to encourage new graduates to go forth and do big things... and to explain to the public what public health is.**

In our society, medicine is really very dominant: When people think health, they think medical care and they raise their children hoping they’re going to grow up to be doctors. I want to change that narrative a little bit. I want people to recognize there’s this other field out there called public health, a different way of approaching health – a much more effective way and cost-effective way of saving lives. I want my son or daughter

threats. I’m old enough and have been in public health long enough to guarantee you that in the next four or five years, there will be some new threat that will appear on the horizon for Philadelphia. It may be the Zika virus, it may be HIV, whatever – it’ll be something we’re not expecting right now but some new threat and we need to be prepared to handle that.

The third area, though, is really where we save the most lives. That is, I want to create a more health-promoting city. That’s a city that makes it so people are less likely to smoke, more likely to have a healthy diet, to be physically active, less likely to use alcohol or do drugs – that’s for adults. And for children, try to create a city that makes it so that children are more likely to get a good start in life, particularly the first three years of life. Because there’s increasing evidence that what happens in the first three years of life really has lifelong implications for

prescription opioids. Many people now are going the route of taking heroin and the street drug fentanyl. That is killing roughly eight times as many as gun homicides are killing – a huge public health crisis. We have a partner over in behavioral health which provides drug treatment, and we want to do whatever we can do working with them, to address that crisis - reduce the number of people who get addicted in the first place, get people into treatment. And for those who are not getting into treatment and are dying of drug overdoses, at least try to prevent them from dying of drug overdoses until we can get them into treatment.

### **What are the barriers to effective public practice? Philadelphia is among the nation’s poorest cities, where all the social determinants of health are interconnected, in terms of housing and transportation and education**

the social determinants, doing what we can – and that’s tougher. It’s definitely much farther afield from where we’re trained in public health, and who we tend to talk to in public health but we might be able to contribute in some way. What can we do to increase the wages of low income people? That is probably the simplest way to reduce poverty. If we can do that, there’s going to be a real health benefit to that. We can participate in that conversation, even if we’re not the ones who are making that change happen.

### **Four to eight years from now, what would you like to be able to say if you’ve had good success here?**

I’d like to be able to say that we’ve made a measurable difference in the health status of the entire city of Philadelphia and a measurable decline in the health disparities in Philadelphia.

# Welcome!

Since we last published in May 2015, fourteen new professors have come to Dornsife SPH



Scarlett Bellamy, ScD, MS

This fall, **Scarlett Bellamy, ScD, MS**, joined the Department of Epidemiology and Biostatistics from the University of Pennsylvania, where she developed and implemented statistical

methods for cluster- and group-randomized trials that have been used in longitudinal trials of behavioral modification interventions and multicenter trials addressing health disparities, among other areas.

**Kim M. Blankenship, PhD**, will be joining the faculty in the Department of Community Health and Prevention in Winter 2017.



Kim M. Blankenship, PhD

Blankenship's work focuses on the social determinants of health and structural interventions to address them. She is currently Professor and Chair in the Department of Sociology and Director of the Center on Health, Risk and Society at American University. She serves the District of Columbia Center for AIDS Research as Director of the Social and Behavioral Sciences Core.



Jerry Fagliano, MPH, PhD

**Jerry Fagliano, MPH, PhD**, new chair and associate clinical professor in the Department of Environmental and Occupational Health. He spent 30 years in public health practice at the New Jersey Department of Health, as the senior environmental/occupational epidemiologist managing the Environmental and Occupational Health Surveillance Program. Fagliano testified on the public health impact of lead in drinking water before the Philadelphia City Council and spoke at a National Public Health Week teach-in on campus. In his first year teaching since joining the faculty last fall, Fagliano was awarded the Drexel Graduate Student Association's Outstanding Faculty award in June.

**Ali Groves, PhD**, assistant research professor, comes to Dornsife's Community Health and Prevention department to continue her research at the intersection between HIV infection and intimate partner violence among women. She works to implement and evaluate interventions to mitigate women's risk of HIV and intimate partner violence, and joined Drexel this summer from American University.

**Tran Huynh, PhD**, assistant professor in Environmental and Occupational Health, is currently developing research projects aimed at identifying effective interventions to assist small businesses in protecting the health of their employees, specifically Vietnamese employees of nail salons. In addition, she has worked to develop occupational exposure assessment strategies for workers who participated in the Deepwater Horizon oil spill clean-up. Huynh was previously at the University of Alabama at Birmingham.

**Shiriki Kumanyika, PhD, MPH**, is founder and chair of the African American Collaborative Obesity Research Network (AACORN), and a past president of APHA. She came to Dornsife as a research professor in Community Health and Prevention in September 2015. Drexel is now the administrative home for AACORN, a leading voice of scientific evidence for optimizing nutrition and physical activity lifestyles in the U.S. black population. **Sheldon Watts, PhD, MPH**, joined as AACORN's National Office Director in June.

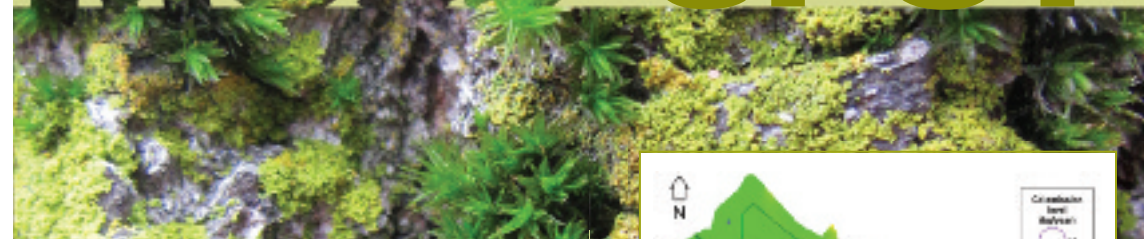


Gina S. Lovasi, PhD, MPH

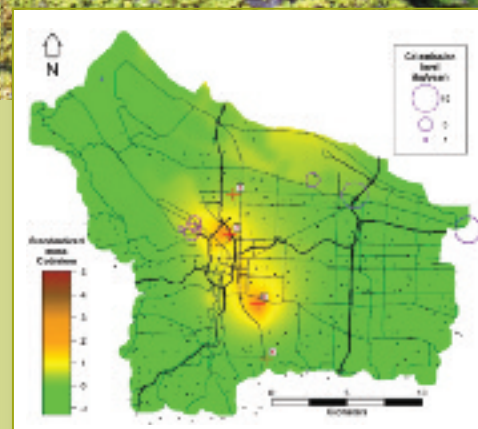
**Gina S. Lovasi, PhD, MPH**, joined as Dornsife Associate Professor of Urban Health in the Department of Epidemiology and Biostatistics this September. Previously she co-directed Mailman School of Public Health's Urban+Health Initiative at Columbia University. Her research examines how local policies and initiatives influence cardiovascular and respiratory health.

## RESEARCH NOTES:

# MOSS MARKS THE SPOT



What began as a randomized sampling of moss on trees to assess air quality in Portland, Oregon expanded into a state-wide effort to provide safer air.



Partnering with the United States Department of Agriculture's Forest Service, Dornsife faculty members **Yvonne Michael, ScD**, and **Igor Burstyn, PhD**, set out to test whether ordinary tree moss could be an effective, inexpensive tool to identify sources of atmospheric air pollution. Tree moss samples were taken from more than 300 locations across Portland, Oregon using a modified randomized grid-based sampling strategy designed by Drexel researchers. Upon evaluation, testing of moss samples revealed two significant "hotspots" of cadmium in moss found near two stained-glass manufacturers. Subsequent readings from air monitors corroborated the moss

sample findings and confirmed cadmium levels 49 times higher than Oregon's benchmark. Since results of the initial study were shared, local and state officials have taken steps to reduce the threat from toxic metal emissions, monitor health effects and keep the public informed through a new state program, Cleaner Air Oregon ([SaferAir.oregon.gov](http://SaferAir.oregon.gov)). Both local glass companies have agreed to stop using the metals. Air, soil and human health data are being consistently monitored and evaluated by local officials. Moss data continues to be used as a screening tool for air quality.

**Ana Martinez-Donate, PhD**, began her appointment as an associate professor of Community Health and Prevention in September 2015. Her research interests include HIV prevention, tobacco control, obesity prevention, and access to health services, focusing primarily on Latino immigrants and other disadvantaged populations. Martinez-Donate was previously a faculty member in the Department of Population Health Sciences at the University of Wisconsin-Madison.



Leslie McClure, PhD, MS

**Leslie McClure, PhD, MS**, was named chair and professor of Epidemiology and Biostatistics in September 2015, bringing biostatistics expertise on both clinical trial design and the analysis of observational studies from her previous role at the University of Alabama Birmingham where she was recognized for her outstanding teaching and mentoring skills. McClure has diverse research interests, ranging from statistical methodology to environmental epidemiology, as well as racial and geographic disparities in diseases and the role that the environment plays in those disparities.

New Health Management and Policy Assistant Professor **Ryan McKenna, PhD**, uses his economics expertise to analyze the impact health information technology in hospital settings has on patient outcomes, physician behaviors, and costs of care. He is also interested in public policy analysis in the health care sector. McKenna received his doctorate in economics from SUNY Stony Brook in May.

**Alex Ortega, PhD**, joined as professor and chair of the Department of Health Management and Policy from the UCLA Fielding School of Public Health in November 2015. He is internationally recognized as a public health scholar who specializes in the health of Latino children and families in the U.S. Ortega has conducted studies in the areas of pediatric asthma treatment and management disparities, access to primary care, mental health care access, psychiatric epidemiology, and community-engaged health interventions to reduce chronic disease risk in a variety of sites and contexts.



Alex Ortega, PhD

**Brent Langellier, PhD, MA**, came to Dornsife as assistant professor of Health Management and Policy in September 2015. He conducts research to understand and address the mechanisms that produce health disparities, particularly among racial/ethnic minorities and the poor. Langellier received his PhD in Community Health Sciences from UCLA.

**Harrison Quick, PhD, MS**, comes to Dornsife's Department of Epidemiology and Biostatistics this fall, after working on characterizing spatial inequalities in health across small areas while at the University of Missouri and Centers for Disease Control and Prevention. He brings expertise in Bayesian methods for spatial and spatiotemporal data analysis, and has conducted research in the fields of data confidentiality and spatial epidemiology. Quick received his PhD in Biostatistics from the University of Minnesota in 2013.

**Leah Hope Schinasi, PhD**, transitioned from her role as a post-doctoral fellow to become an assistant research professor in the Environmental and Occupational Health department. As an environmental and occupational epidemiologist, Schinasi conducts population-based research and uses quantitative methods to characterize associations between exposures experienced in the environment and the workplace with human health effects.

## NEWLY PUBLISHED

**Michael Yudell, PhD, MPH**, associate professor and chair of Community Health and Prevention, will follow on the success of his latest book, *Race Unmasked: Biology and Race in the 20th Century*, by serving as co-editor of a new Columbia University Press series on Race, Inequality and Health. The book won the 2016 Viseltear Award for outstanding contributions to the history of public health from APHA, which will be recognized at the APHA annual meeting in Denver.



# Loni Philip Tabb

*Assistant Professor Biostatistics*  
DORNSIFE SCHOOL OF PUBLIC HEALTH

## CHILDHOOD AMBITION

Being a supermodel. I'd see Iman—all these women – and I'd say I want to do what they do. They looked so *confident*. That was my childhood ambition.

## FIRST JOB

I was a YMCA camp counselor. It was so fun – my first job at age 14.

## INSPIRATION

My parents. They're immigrants. Came to this country with nothing. Mom is from St. Vincent and the Grenadines, and Dad is from Grenada. I was born here in Philadelphia at Pennsylvania Hospital....

## PROUDEST MOMENT

My proudest moment would have to be obtaining my PhD... In my family on my mother's or father's side, all of my cousins are first generation college graduates. So when I got my bachelor's and my masters that was one thing, but PhD was uncharted territory. My parents were there when I defended my thesis... My thesis was "Building Complex Models for Complex Data." It was applied to environmental as well as health and social disparities.

## WHY PUBLIC HEALTH?

I'm too short for modeling, and too tall for gymnastics... I was getting my training in math I knew that teaching would be an obvious choice because I liked to explain to people very complicated, quantitative things. In public health I can use my quantitative skills to address issues I see on a day-to-day basis, in my family, with respect to violence – or cardiovascular disease. Public health incorporates all those things and I felt that I could use my math and my statistical training to contribute to addressing these issues.

## PROFESSIONAL FOCUS:

Spatial statistics and spatial epidemiology. Not only am I able to measure various things, like health and social disparities, so we can be more informed to know where to target interventions. A number is nice – but putting it into context of maps too – in terms of where people live, where they work, where people are – that's my bread and butter.

Health is something that doesn't operate in a black box. It is very fluid, in terms of the environment people are in. That's why there is a stroke belt: there are certain things that are very specific to where those states are, the types of food, the air, the cultural norms... So using maps allows one to tell more of a complete story – instead of just numbers. People want to know: If I work here, live here, raise my family here, what's going on around me? ... What are the environmental factors in play in terms of where I am?

## LATEST RESEARCH

I've been looking at availability of alcohol and it's linkage to violence in neighborhoods. I am from the inner city, and I grew up where you might have access to "forties" (40 ounce bottles of beer) and different types of alcohol – but not fresh fruits and vegetables... I recently looked at links between alcohol and violence in Seattle because they privatized. Pennsylvania is one of few states left to potentially privatize and get out of state-run alcohol distribution... I know that neighborhoods that have more alcohol tend to have an increase in violence... The key was to look at this relationship over time – to see if the same relationship I'd seen before between alcohol and violence persisted – or even got worse – in a state that privatized and had more alcohol outlets. And that was the case. Even though I cannot definitely say that increasing numbers of alcohol outlets because of this policy are the only cause of escalating violence, it is more than just chance. And especially in neighborhoods that are characterized as being more disadvantaged and more diverse... I knew it was important for me to at least assess this relationship in Seattle because policymakers here in Pennsylvania who have an eye on implementing something like this can use as much information as possible.

[My work] was timely: Seattle implemented privatization in 2012, and I said let's look back two years, and then track for the next two years, and see if this relationship [between increased availability of alcohol and violence] persists. And it did. Those neighborhoods that had an increase particularly a significant increase – in alcohol availability – those same neighborhoods have more violence...

## ANYTHING SURPRISING?

The research confirmed what I knew – and what the literature has shown. What's interesting, is that when Washington implemented the policy, they restricted the size of places that can sell alcohol to 10,000 square-foot retailers – not small bodegas. Retail outlets like BJ's lobbied for the measure, and now they can sell alcohol... A BJ's is very different from a mom and pop store. States like Pennsylvania should consider this, because there are already lots of small outlets in Philadelphia that are in violation of existing zoning laws – too close to schools, places of worship, etc. If we were to raise the square footage requirements, so that only big stores can sell alcohol, it would help. For Washington State, having that caveat in their policy seems to work.

## WHAT'S AHEAD FOR PUBLIC HEALTH?

In order for us to tackle some of the most pressing issues that face our public's health – we have to be very creative and consider unorthodox ways of addressing problems. At the very least, it has to involve all different types of people who have the same goals, but come from different walks of life, with different training, focuses and languages... One of the reasons I got out of math. It was not collaborative. But in biostatistics I can collaborate with doctors, nurses, community health professionals, with ministers from churches...

If you are always around people who look, walk and talk just like you, you don't get exposed to fresh ideas and your work moves very slowly. And we don't have time. People are dying. Communities are failing, people are suffering and time is not really on our side, so we need to make sure we are as efficient as possible, and really come together and be interdisciplinary. My advice to those coming up as public health professionals is just that.

## MY PASSION

My family – my husband, and my two children. [Daughter Madison, age 4, and son Chandler turned two in September.] That's my away-from-work everything.

"In order for us to tackle some of the most pressing issues that face our public's health – we have to be very creative and consider unorthodox ways of addressing problems."



# Witnesses to Hunger:

By Sherry Howard

Dr. Mariana Chilton didn't expect her program to become a movement fueled by the women that it had attracted. As an anthropologist who works directly with people, she wanted to empower those who live with poverty to speak for themselves about their experiences.

"I wasn't out there to save anyone or to do nutrition education, none of that," says Chilton, director of the Center for Hunger-Free Communities at Drexel University's Dornsife School of Public Health. "What I was interested in was to make sure people had a strong voice and a strong presence in the national dialogue. I was really disgusted that the people who were talking about hunger and poverty tended to be upper middle class and primarily white."

In 2008, Chilton, a professor in the Department of Health Management and Policy, created the Witnesses to Hunger program so policymakers – and society in general – could see and hear those who had been pushed to the sidelines. Armed with digital cameras, more than 40 female Witnesses took photos of their everyday lives to show how they and their children lived.

## Exploding Stereotypes of Poverty

They also rode buses to Washington to testify at congressional hearings; talked to local, state and national officials; told their stories at events; conducted issue forums and exhibited their photos. The program has expanded to nine other sites, with the most active groups in Boston, Camden, Washington, DC, and New Haven, CT, along with Philadelphia.

After eight years, the women have seen positive changes in their lives and have moved beyond the place where they started. Chilton says she's excited about their growth, and has hired a program director to help them and the program evolve.

"As soon as the women got together, they recognized they were the launch of a very cool and exciting movement," she says. "As an academic, it certainly is not my expertise. That's why I have been a little bit slow to start out with community organizing, but we're starting to do that."

Here are the stories of two of the original Witnesses:

## Angela Sutton: Finding Safety and Sisterhood

When Angela Sutton first met the women in Witnesses to Hunger, she felt that she had found a sanctuary. It was the same feeling she had experienced when she spent a year or so at a Job Corps center in the Poconos.

The mountains of Pennsylvania were a quiet and beautiful place, and the program's natural setting and structure grounded her. In this new place, with these women, she felt an even stronger bond that helped erase her decades'-old feelings of being unloved and separate.

"When I came up, I had a lot of trials and tribulations," says Sutton, 40. "I was by myself and didn't have the support system that I needed. ... I saw all these different women, all different shades, all different ethnic backgrounds and I wasn't alone. It made me feel like, 'Wow it's not only me.'"

Sutton joined the program in its infancy after filling out a survey on food insecurity. She was later given a free digital camera and told to document her life as a woman living in poverty. Although struggling, she says, she is a woman with ambition and hopes, someone who has seen the darkest side of the human soul, and came out battered but stronger.



**"The program "gave me a voice. It gave me a sense of empowerment," Sutton says. "It gave me a sense of freedom and it gave me back my dignity..."**

The program "gave me a voice. It gave me a sense of empowerment," Sutton says. "It gave me a sense of freedom and it gave me back my dignity, letting people know that I am not lazy: I cook, I clean, I strategize, I budget."

Sutton endured years of trauma to reach the point where she could be a spokeswoman for both herself and other poor women. She was born to a teenage single mother whom she believes never loved her – which completely destroyed her feeling of self-worth until she found forgiveness as an adult.

"I always felt like the black sheep. I always felt like outside the circle," she says of her mother's family of a husband and two children.

It was in her godmother that she found solace. "I'm a firm believer that God put her in my life because he knew I was going to need a spiritual life to make it," Sutton says. "She taught me about God. She was the first person who took me to church. She has given me light when there was no light. When my mom would yell at me or I felt alone I would sit in her kitchen while she was making cornbread."

What she really wanted was to live with her father, whom she had never met. She pictured him as a kind and loving man with money who would come to rescue her.

I don't have a phone, so I have to use pay phones. That's the closest phone. It's been broken for two years now. There's another phone, too. But I don't go there because of drug dealers over there. I have to walk to where the train station is to use a phone to call the Welfare office.

– Ashley O., Philadelphia Witnesses to Hunger

## The Closest Phone



SNAP saves me from that awful choice. I was hit by a drunk uninsured driver who almost killed me. I've had 38 major surgeries to date. I wish with all my heart it never happened, but it did so I live on Social Security Disability and money is just not enough to survive.

– Debbie K., Connecticut Witnesses to Hunger

## Choosing Between Monthly Medication or Food



## Using WIC

The cashier made me feel so bad about myself for using WIC. As soon as I got in her line she saw my WIC folder, she puckered her lips because she doesn't like messing with the WIC. She made me feel like I was doing something wrong. Like 'you shouldn't be getting this assistance, you should be paying for this.' I just felt really uncomfortable. And then people are getting in line and the line's getting longer, so you're feeling like you're holding up the line. I started getting embarrassed about it. I didn't like that feeling.

– Margaret M., Baltimore Witnesses to Hunger



## Visual Success

I ended up growing even more than my family could use, so I donated some of my produce to the local pantry. Because it's hard to get fresh produce in low-income communities, I'm happy I can help my neighbors by donating the extra that my garden yields.

– Jo-Anne, New Haven Witnesses to Hunger



She also went through some horrible traumas growing up: At age 8, she was raped by a teenage cousin. At age 14, she was caught in the crossfire of a shootout and was hit in the stomach, requiring 13 operations and leaving a scar on her belly.

When she left the hospital, she finally moved in with her father and his family, but the idyllic life she had imagined turned into a nightmare. For more than a year, she says, he repeatedly raped and beat her. He was finally brought up on charges more than a dozen years later, she says, but it was beyond the statute of limitations and he escaped major punishment.

During those years with her father, Sutton ran away often and attempted suicide. She never told her mother about the abuse, she says, believing that her mother should have been more attentive, especially the time when she called her begging to return home. At one point, she wanted to kill both her parents, she says.

Job Corps was the first turning point. “It was serenity, it was peace. It was like a safe haven where nobody could really hurt me. That part of my life I cherish.”

After that year or so, she got jobs at fast-food restaurants, even selling Kirby vacuum cleaners door to door. She also started taking classes in behavioral health at Drexel University, she says, because she someday would like to open centers to help youths get past traumatic experiences, as she has. She has not completed her degree requirements yet.

Sutton and her family survive on a disability check, child support from her youngest son’s father, along with odd jobs she can find. She and her two sons - Jahzaire, 15, and Ayaan, 9 - live in a Section 8 townhouse that she got after the wife of a U.S. senator saw her Witness photos at an exhibit eight years ago.

For years, Sutton says, she blamed her mother for all the ugliness that had befallen her. Through Witnesses, she has learned to forgive both her mother and father.

“I had to come to grips that (forgiveness) wasn’t for them, it was for me,” she says. “It was for healing. I couldn’t heal. I couldn’t love. I forgave because I wanted to love my son (her first born) because I had a hatred towards men. ... I had to come to grips that if we were not living in poverty and we had the health coverage to deal with mental illness, maybe my father would have gotten the help that he needed before he got to me.”

Dr. Mariana Chilton, who founded Witnesses, says Sutton – better known through her nickname Nike, for both the shoes she wanted but did not get as a child and the goddess of victory – has taught her much about trauma and forgiveness.

“I’ve brought her to Drexel multiple times to talk about her advocacy with Witnesses to Hunger,” says Chilton, “but also about the importance of forgiveness and reconciliation in order to have a personal experience of healing, and to be your best self and to have good relationships in the world.”



## Just Trying to Get Home Safe

To get a good education, my sons have to take two buses and a train through the hood to get to school. They fight all day but here they were tired, cold, and supporting each other just trying to get home safe.

# Whitney Henry: From a Dark Place to Bright Possibilities

For much of her life, Whitney Henry had straddled the line between dignity and despair.

When she entered the Witnesses to Hunger program, she recalls, “I was in a darker place in my life. I was a new mom, I had just lost my best friend to domestic violence, I had just lost my baby brother to gun violence. I didn’t have the resources. I didn’t have the outlets, the things I have now. I definitely didn’t have the strength or courage.”

The program provided a digital camera to document her family’s everyday life “from the moment we woke up to the moment we went to sleep.” Today, she says, she barely recognizes herself in the earlier images of her life. That’s why the single photo she offered for a Witnesses exhibition last summer featured her two smiling daughters Zharae, 8, and Zuhrae, 5, – and the caption “My children are my reason for fighting.”

“I wanted people to see that Witnesses had overcome these things and we were in a better place in our lives,” says Henry, 29.

“I seen myself as that ‘po’ black girl back then, but I seen a strong ‘po’ black girl,” she adds, using dialect for emphasis. “Like I tell my daughters and my sisters, there’s always a Harriet (Tubman) or Sojourner (Truth) in each generation and I felt like that was me.”

What she also found in the program was a group of women like herself, some in places far darker than hers, but all wanting to disentangle themselves from whatever was holding them back. They found sisterhood and camaraderie, and most became friends.

It was not the first time others had come into her life at the right moment.

As a preteen, her mother dropped her off at the Philadelphia Department of Human Services. Henry acknowledges that she was into some dangerous and naughty escapades: smoking marijuana starting at age 14, sneaking out of the house and hanging out with her friends.

She ended up at the Meridian Group Home in the suburbs of Philadelphia, where counselors and staff changed her life. They pushed and encouraged her: She got good grades in school and made it into the 12th grade before her mother asked that she be returned, over Henry and the staff’s objections, she says.

Six months later, she was back on the streets, living with a girlfriend, working fast-food and retail jobs, selling and using drugs (marijuana only, she says). Later, while living with an aunt, she became pregnant with her first child.

In 2008, she met Dr. Mariana Chilton and joined the Witnesses to Hunger.



“When I met her, she was bouncing from house to house, bouncing from job to job,” Chilton recalls. “I thought this woman ought to go to college and study poetry and do spoken word and have her own business because she’s so smart. But there she was at another job cleaning toilets, and I’m thinking what a waste of such incredible potential.”

The program gave Henry resources and access to government officials, but it also enhanced what she already knew and expanded her outlook.

“Yes, we all went without a meal,” she says. “Yes, we all had to scrape up something and had to deal with the welfare system and child care and working an hour over and getting our check cut off. This is why I always encourage everybody to use all this stuff as a stepping stone and not a permanent situation because how many times do you want to yell at somebody for not giving you free food? You have to look at the bigger picture these days.”

In June, Henry graduated with a high school diploma after almost a year of night school. Meanwhile, she’s working in housekeeping at a Marriott hotel and hoping for a supervisory position. Her ultimate goal is to open a nonprofit performing arts school for low-income children.

Beyond the Witnesses program, Henry has become a community activist, participating in protest marches against police brutality and black-on-black crime, helping to raise money to buy and transport water to Flint, MI, and organizing activities that celebrate mothers and provide school supplies for their children. She co-hosts a Teen Talk show on internet radio, started an online magazine called *Proof* when she was around 15 years old and writes continuously in her journal.

She laments that the Witnesses program is not as active in the community as she is. “I outgrew the program in a sense because I got tired of the talking part,” she says.

“It’s more of a research program for them. ... OK, that’s all fine and cool, but we are the experts. We got to go home and see this every day, so going to DC and talking to these people mean zero to me. ‘Cause me talking to them never made a difference. ‘Cause how I look at it, my ancestors been talking this same story for years and nothing has changed. So we have to change it within our people. That’s where I’m at with it.”

Chilton says she understands the frustrations. “What Witnesses has taught me over the years is that advocacy and informing the dialogue is not the answer,” she says. “I think that Witnesses hold the key.”



## My Reason

My children are my reason for fighting.

With the money food stamps provide, I was able to feed her breakfast that morning. Without it what would she have eaten? I wanted to show that with the help she was able to eat breakfast that morning. She had cereal. She had milk. She didn’t have to go without..

## Breakfast



– Crystal S., Philadelphia Witnesses to Hunger

My daughter was really happy to be in a new environment. I wasn’t stressed out anymore, or moving from place to place. Each place had different problems. We both felt really at peace. We felt really blessed to be at a place where we felt safe and there wasn’t anybody treating us like we were nothing. We were both really happy.

## Happiness



– Judith R., Washington DC Witnesses to Hunger

## Being Homeless with Children



The hardship of being homeless with children is what I would like people to see. When you look into my children’s faces and in their eyes in that picture, they’re only one and five years old, but you can see the stress and the loneliness. Especially in my oldest son because he’s been through it before. When we were homeless we spent a lot of time outside just to get out and clear our heads. When you’re homeless it seems like it’s not just being homeless from having a home; it’s being homeless from having self-respect and self-worth, and just not being able to do what you want to do.

– Tianna G., Philadelphia Witnesses to Hunger

# Dornsife ALUMNI NOTES

## School of Public Health

### 2000-2010

**Sonia Frazier, MPH '00** works for the National Committee for Quality Assurance (NCQA) as an accreditation manager and is responsible for coordinating and facilitating the accreditation process for organizations.

**Juanita A. Gardner, MPH '05** is an Assistant Clinical Professor in the Physician Assistant Program at the College of Nursing and Health Professions at Drexel University. Prior to this, she worked as a Physician Assistant and team member for the National Health Service of Scotland developing asthma/COPD programs in Edinburgh, Scotland.

**Aeleia Patricia Sanderson, MD, MPH '06** is getting ready to move to Alabama for a medical fellowship.

**Barbara Lynn Bungy, MPH '07** was recently appointed Chief Operating Officer (COO) at Philadelphia Fight Community Health Centers.

**Gaurang Gujarathi, MD, MPH '07** graduated medical school in 2011 and went on to complete his residency training in Internal Medicine in Chicago. He is currently a second year cardiology fellow and will complete his fellowship in July of 2017.

**Lilliam Ambroggio, PhD '12, MPH '08** is conducting research in respiratory infectious diseases in children at

Cincinnati Children's Hospital Medical Center. Her main focus is improving diagnostic tools for children with pneumonia.

**Komal Gujarathi, MPH '08** is working as an environmental and occupational health software consultant at Medgate. As a subject matter expert in the field of environmental and occupational health, she implements Industrial Hygiene, Safety, Ergonomics and Environmental software solutions. This includes providing services such as implementation planning, work process review, and training.

**Monique Simone Shaw, MPH '09** is the MPH program coordinator at the University of Pennsylvania. She engages with students at all levels – prospective students, current students and alumni. Additionally, she manages student recruitment, supports the admission process and maintains required paperwork for accreditation purposes. She is also a doctoral student in the Health Policy program at the University of the Sciences.

**Amber E. Sterling, MPH '09** is a project manager at the National Quality Forum working on strategic health policy issues related to quality measurement and CMS payment/reporting programs.

**Erin Andrews, MPH '10** completed her doctorate in public health in Epidemiology at the State University of New York Downstate Medical Center in May 2016.

### 2011

**Teresa V. Lamore, MPH '11**, in addition to working at Merck, serves on the board of Catholic Social Services,

National Coalition of 100 Black Women Incorporated - PA Chapter and is the current President for Building a Bridge to Uganda. In the midst of doing all this, she is planning for her fall nuptials.

**Angus Shieh, MPH '11** is the Product Manager at LexisNexis Risk Solutions, responsible for LexisNexis MarketView™ which delivers medical claims-based business intelligence to pharmaceutical and medical device entities as well as health systems. The product leverages the industry's leading provider information database and proprietary analytics to analyze provider claims, referral patterns and affiliations to provide clients with business and market intelligence.

### 2012

**Maureen Gingerich Bergey, MPH '12** is working in a community-based integrated health program called HealthConnections, for individuals living with mental illness and chronic physical health conditions.

**Lindsay Garito, MPH '12** is in the second year of a doctoral program at the Heller School of Social Policy and Management at Brandeis University. She is focused on social policy in health and health services research and is a research assistant on projects related to behavioral health, access to care and prescription drug monitoring programs. She was awarded an Agency for Healthcare Research and Quality Training Fellowship.

**Stanley Ng, MPH '12** is a data analyst and statistician at the Center for the Study of Traumatic Stress, a part of Uniformed Services University of the Health Sciences in Bethesda, MD. He performs statistical data analysis for the Army Study to Assess

**Gregory D. Benjamin, PhD, MPH '06** earned a doctorate in Public Policy with a concentration in health policy at the University of Delaware in 2012. After working as a director for a non-profit and adjunct teaching at night, he decided to move full-time into teaching. In August 2015, Dr. Benjamin joined Temple University's College of Public Health as an assistant professor in the Department of Epidemiology and Biostatistics. Currently Dr. Benjamin enjoys teaching both undergraduate and graduate students, as well as designing and teaching advanced epidemiology courses in-classroom and online. Dr. Benjamin is also co-authoring



**Gregory D. Benjamin, PhD, MPH 2006**

an undergraduate textbook focusing on disease prevention and control in public and community health. While his passion is teaching, he is also engaged in research, including working with behaviorally bisexual Latino men and learning how they and their primary care physician interact, focusing on the identification, treatment and prevention of physical and mental health diseases.

### Salimah El-Amin, DrPH, MPH 2005

In January, **Salimah El-Amin, DrPH, MPH '05**, was appointed Associate Director for the Global Inequality Research Initiative at the Samuel DuBois Cook Center on Social Equity at Duke University. Prior to her appointment, El-Amin was a Senior Research Associate at the Center. She earned her DrPH in 2011 from Florida Agricultural and Mechanical University. The Global Inequality



Research Initiative is an interdisciplinary, vertically integrated research initiative that emphasizes a judicious application of mixed methods from the social sciences, both quantitative and qualitative, and the treatment of representation and identity from the humanities.

Risk and Resilience in Service members (Army STARRS). Army STARRS is a multi-component, multi-million dollar study aimed at understanding the risk and resilience factors for mental health and suicidal behaviors in the U.S. Army. In addition to his full-time position, he is an active guitarist/vocalist in the DC metro area, serves a board member on the Public Health Alumni Network at Dornsife School of Public Health and chairs the strategic planning committee.

### 2013

**Hannah Crooke, MPH '13** is currently a NIDA pre-doctoral fellow at the University of Florida in the Department of Epidemiology. Her dissertation focuses on marijuana use and cardiovascular disease. Other areas of research interest include community capacity building, global health, and chronic disease management and prevention.

**Lauren Finn, MPH '13** works as the surveillance coordinator for waterborne diseases at the Philadelphia Department of Public Health. She reviews surveillance data and conduct outbreak investigations for a variety of infectious conditions including Legionnaires' disease, cryptosporidiosis and giardiasis.

**Laura Hunter, MPH '13** works as Health Project Lead at GlaxoSmithKline and is responsible for implementing and supporting global health promotion initiatives for employees to increase engagement and promote sustainable work practices. She also serves as a board member on the Public Health Alumni Network at Dornsife School of Public Health and co-chairs the lifelong learning committee.

**Arvin Magusara, MPH '13** is responsible for managing the administration of patient satisfaction measurement tools for

# Dornsife ALUMNI NOTES

## School of Public Health

members of Blue Shield of California. He ensures measurable improvement of patient satisfaction and experience through leadership engagement, change management, quality improvement methods and optimization of service delivery.

**Michelle Woo, MPH '13** is working with a team to help prevent and manage chronic diseases, specifically diabetes and hypertension. Her work revolves around building infrastructure for the National Diabetes Prevention Program. She is promoting policies for worksite wellness, community-building and clinical linkages of preventative referrals related to chronic disease.

## 2014

**Cecilia Alcala, MPH '14** recently started a PhD program at Tulane University School of Public Health and Tropical Medicine in the Department of Global Environmental Health Sciences. Her research focus is environmental chemicals in breastmilk and its relationship to infant health outcomes. She also serves as a board member on the Public Health Alumni Network at Dornsife School of Public Health.

**Kimberly Tamia Arnold, MPH '14** is currently a first year doctoral student in Health and Public Policy in the Department of Health Policy and Management at Johns Hopkins University and is interested in racial/ethnic health disparities and the impact of social and public policies on the health of African Americans with low income.

**Zeinab Mohamad Baba, MPH '14** currently works as an epidemiologist in the Delaware Division of Public Health in the Comprehensive Cancer Control Program.

**Brittany L. Grear, MPH '14** works for the Centers for Disease Control and Prevention and goes into the community to locate individuals infected with, exposed to, or is at-risk for infectious diseases such as Tuberculosis, Gonorrhea, Chlamydia, Syphilis and HIV/AIDS. She educates the community on the signs, symptoms and modes of transmission of these various infectious diseases and builds rapport with key stakeholders in the community to raise awareness of high STD incidence rates in Hillsborough County, Tampa, Florida. She also conducts educational presentations for community members and conducts infectious disease interviews in both English and Spanish in efforts to best reach the minority communities throughout Central Florida.

**Debra Harris, MPH '14** works as a healthcare consultant at Hayes Management Consulting and supports hospitals and other healthcare organizations with the development and implementation of strategies and information management systems to streamline operations during times of change or stabilization.

**Resham Khiani, MPH '14** works as a project manager in patient care services at a hospital in Chicago. Past projects include, improving volume productivity, patient flow and wait times across many service lines including Oncology, Pediatrics and Family Practice.

**Rosemary Thomas MPH '14** serves as Program Coordinator for the Penn Medicine Program for LGBT Health. The program aims to change the culture of Penn Medicine to be more LGBT-inclusive and make Penn a leader in LGBT patient care and research.

## 2015

**Madison Davidson, MPH '15** currently serves as the chair of the Public Health Alumni Network at Dornsife School of Public Health. She works at The Lewin Group, a health policy research and consulting firm, where she provides quantitative support for the Oncology Care Model (OCM) evaluation and several Measure Implementation and Development (MIDS) projects. On OCM, her work is related to comparison group selection and rapid cycle reporting of cost and quality outcomes. Her work under the MIDS contract includes testing and developing clinical quality measures. She plans to pursue a PhD in the future.

**Evan Goberman, MPH '15** is currently in his second year of medical school at the Philadelphia College of Osteopathic Medicine.

**Mariah Moore, MPH '15** is a tobacco prevention specialist in the New Jersey Department of Health in Trenton NJ, where she develops and oversees deliverables for the Centers for Disease Control and Prevention (CDC) National Tobacco Control Core Funding Grant and manages activities of two statewide grantees, in collaboration with the Office of Tobacco Control, Nutrition and Fitness.

**Navjot Parmar, MPH '15** is working in Deloitte's Regulatory and Compliance Practice focusing on the Life Sciences and Healthcare industry. Parmar also works with health plans and providers to mitigate risks and helping to predict risk, preserve current functionality and respond to regulatory changes.

**Leslie Reynolds, MPH '15** is working in Dornsife's Department of Community

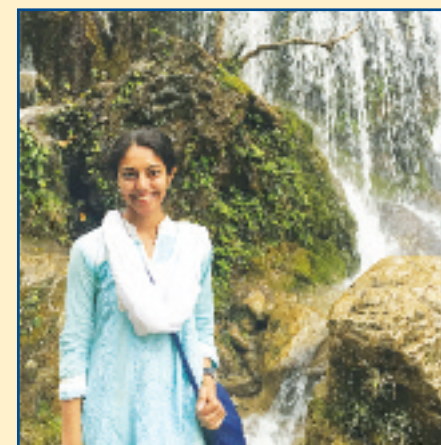
Health and Prevention on both the Bucks County and Pennsylvania Strategic Prevention Frameworks-Partnership for Success (SPF-PFS) grants. She is a project coordinator and program evaluator for prescription drug and alcohol prevention programs for parents, caregivers and youth.

**Reeti Sharma, MPH '15** works as an infectious disease epidemiologist in

the Bureau of Infectious Disease, investigating notifications of the communicable and infectious diseases that are reportable to the state of Massachusetts.

**Hanyang Shen, MPH '15** is a research data analyst supporting clinical trials in the Department of Psychiatry and Behavioral Sciences at Stanford University.

## Shout Outs: Awards, Scholarships & Fellowships



This fall, **Yasin Khan, MPH '14** began the American Indian Foundation (AIF) Clinton Fellowship for Sustainable Development in India. She is working with The Broadleaf Health and Education Alliance, a public health NGO, to improve the health of tea farming communities in Darjeeling, India. Immediately after graduation, Khan was awarded the Critical Language Scholarship to begin studying Urdu in Lucknow, India. The following year she continued her intensive Urdu study as an American Institute for India

Studies (AIIS) Urdu Fellow. She also worked with Dr. Jennifer Taylor's FEMA funded research team to assess safety culture within the US Fire Service. Khan says: "I'm so excited to be combining my background in Occupational Health and Safety with Urdu/Hindi language skills to improve the health conditions of workers and their families."

**Neal Goldstein, PhD '15** won the 2016 Tyroler Student Prize Paper Award from the Epidemiology Congress of the Americas. His paper, "The racial disparity conundrum of HIV risk among men who have sex with men: Bayesian approaches for correcting estimates of risk", was presented at the Epidemiology Congress of the Americas meeting held in Miami in June. The meeting is held only once every five years and is the primary gathering for around 1,700 of the top researchers, educators and policy makers in the epidemiology. An article related to this research method was published in the September issue of Epidemiology.

**Meghan Kirk, MS Epidemiology '16**, won an award from the Lifesavers National Conference on Highway Safety Priorities to attend their April meeting in Long Beach, CA, and present her poster, "Racial and ethnic differences in licensing and police-reported crashes among adolescents and young adults." Kirk is conducting this project in partnership with the Children's Hospital of Philadelphia (CHOP).

**Kathryn McNamara, MPH '17**, received a 2015-2016 Graduate Student Scholarship from the Society of Women Environmental Professionals (SWEP) at the Green Smarts Party in Philadelphia in April. Her research is examining radiation doses received by local nuclear power plant workers in an attempt to better understand their attendant health risks. She also supports the Drexel Center for Public Health Readiness and Communication as graduate research assistant.





**Ann Henderer**

"I want to synthesize my love for yoga, and my desire to work in public health on a larger scale and make an impact."

– Ann Henderer



**Alton Reid**

"Everything in life is interconnected, it's a balance."

– Alton Reid

**MPH Class of 2017  
Trauma Informed Yoga**

She first envisioned a career as a physician, but a volunteer experience in Cambodia, watching a teacher instruct poor children about health changed Ann Henderer's career path. "I realized I wanted to help groups of people, instead of just one individual at a time," she says. Henderer first completed Drexel's Global Health Certificate Program, and in the spring finished year one of her MPH studies.

This summer, she combined her love for travel and public health with another passion: yoga, which she took up a decade ago for stress relief as an undergrad. "My yoga practice kept me sane in the midst of studying and tests – and it seemed a natural extension to tie in what I'd seen so much benefit from to help others," she says.

Armed with a certificate as a yoga instructor and support from the Foundation for International Medical Relief for Children (FIMRC), in July Henderer was off to Peru, known as a center for traditional medicine rooted in local culture. "I'm doing my practicum in a yoga program with incarcerated Peruvian women that's been very successful, but the teacher hasn't been formally trained," she says. "So I'm going to train her so she can teach in a trauma-informed manner...and I'm developing a training manual on trauma-sensitive yoga, too." The idea, Henderer says, is to counteract the fight-or-flight stress response by encouraging cues to get grounded: to feel the mat, to come back into your body, and repair the parasympathetic and sympathetic nervous systems in the brain.

**Practicum Matters:  
Students in Action**

**MPH Class of 2017  
Reaching People Where They Live**

Alton Reid stumbled upon the Home Preservation Initiative, a project run by a group of nonprofit organizations –Habitat for Humanity, People's Emergency Center, Dornsife SPH and others – which measures the impact of housing repairs on neighborhoods, people, and their health. "It's a blessing from God that I walked

by and saw them, and said 'Can I do this?'"

In a training session on how to conduct qualitative research interviews, Reid learned that "giving a little bit of kindness" makes a big difference in how people present themselves and whether they trust you. "You're the outsider – and that understanding will take you a long way: It's not my neighborhood, but I must treat it and the people in it with respect." Reid recalls a woman who had a carbon monoxide leak. "Her daughters are disabled and can't get around quickly," he says. "After the repairs, they had railings that were helpful to them, and the mom and father." Another person explained how home repairs had helped with neuropathy, by providing reliable air conditioning and heat.

Growing up in New York City and Jamaica, Reid recognized early the existence of housing disparities. "Just a couple of blocks from Drexel, neighborhoods are drastically different...People are very aware of what's going on in their neighborhood."

Reid's future holds medical school or getting a PhD then opening a clinic to help people – though he's learned that health doesn't happen in the doctor's office. "It's very interesting to see things you take for granted affecting people's health: it can be a broken sidewalk, or an abandoned house with a tree growing inside of it, and the rot affecting houses on both sides of the blight.

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COMING EVENTS 2016-2017



OCT 13

**Lisa Simpson, MB, BCh, MPH, FAAP**  
President & CEO, AcademyHealth



NOV 9

**Sonia Ehrlich Sachs, MD, MPH**  
Director, Health Sector, Center for Sustainable Development, Earth Institute, Columbia University



JAN 11

**James Colgrove, PhD, MPH**  
Professor, Sociomedical Sciences, Columbia University, Mailman School of Public Health

**Urban Health Collaborative**

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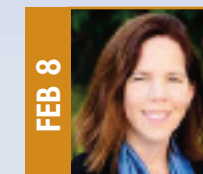
OCT 14

**Manuel Franco, MD, PhD**  
Associate Professor, Division of Epidemiology and Public Health, School of Medicine, University of Alcalá, Spain



NOV 18

**Dustin Duncan, ScD**  
Assistant Professor, Department of Population Health, New York University School of Medicine



FEB 8

**Maria Glymour, ScD, MS**  
Associate Professor, Epidemiology and Biostatistics, UCSF School of Medicine, University of California, San Francisco



MAR 8

**Johnathan Patz, MD, MPH**  
Director of the Global Health Institute, Professor and Chair in Health and Environment, University of Wisconsin

APRIL 5

Student Select: Speaker TBD

MAY (TBD)

Johnathan Mann Lecture

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HEALTH SPOTLIGHT  
SPEAKERS

**COMMUNITY  
BASED  
MASTERS  
PROJECTS:**

*Enabling MPH 2016 Grads to  
**HONE SKILLS,  
DEFINE INTERESTS***



**BRITTANY KOCH:**

*Evaluating a Pediatric Food Insecurity  
Screening & Referral Program*

Volunteering at Philabundance and local food pantries opened Brittany Koch’s eyes to the reality that thousands of people are going without adequate food in Philadelphia. Though she double majored in art history and painting and worked in that field for five years, she found herself drawn to public health.

Her practicum and CBMP, supervised by Professor Mariana

Chilton, focused on evaluation of a screening and referral program at the Children’s Hospital of Philadelphia (CHOP), which aims to connect food insecure families with young children under age five to needed resources: food, clothing, and more. Her work on the project won honors in a poster contest at the Philadelphia College of Physicians earlier this year.

The evaluation found that families trusted CHOP staff, and were able to communicate with them about the very personal challenges they faced – but often, providers didn’t have comprehensive knowledge of public benefits and community resources. Sometimes months passed between initial screening and getting connected to needed supports. What surprised Koch most was that public benefits are simply not enough. “There is a myth that if people are eligible and receiving benefits they should be fine,” she says. “But sixty percent of people who screened as food insecure were already getting benefits.... ‘Yes, I get SNAP and I get WIC – but I can’t feed my four babies.’” That’s why Koch wants to work on advocacy and policy change.

“I used to be paid to do art, and volunteered at food pantries,” she says. “So I just switched them: my art is a hobby now and public health is my career. I want to work to improve child health in Philly.”

**NINA FIGUEROA & CARA KING:**  
*Mental Health and Substance Abuse Services*

As an undergrad biological science major with a minor in Spanish, Nina Figueroa worked as a scribe in an Elkton, MD Emergency room serving a poor community, and saw lots of behavioral and substance abuse problems. The experience sparked her interest in public health. Cara King, a speech communications major from Lancaster found herself working in a pharmacy, in the depressed post-9/11 economy, then in a Colorado physician practice that was an early version of the medical home model. She was struggling through chemistry when a friend suggested she consider public health.

Working with the Scattergood Foundation, Figueroa and King focused their CBMP project on why mental health and substance abuse parity remains an elusive goal – although law mandating mental health parity passed back in 2008. It says insurers must cover behavioral health benefits at the same level as physical health – as does the Affordable Care Act.

Their research, which included surveys of Fortune 500 Human Resources personnel as well as employers and mental health providers found that large companies were usually aware of the parity issue, while smaller employers were not. “Behavioral health

has a stigma – people don’t want to acknowledge or discuss it,” says Figueroa. What’s needed, they conclude is more education, workshops and awareness, so that people can take advantage of help that is available, such as workplace-based Employee Assistance Programs. More providers and higher reimbursement rates are also essential – especially because demand for services is rising, as a result of the opioid epidemic and rising suicide rates.

“One big thing to do is to find evidence-based practices for mental health – which generally tends to be very individualized,” says King “There have to be evidence-based measures we can weigh things against – so we can follow guidelines that are out in the open.”

“We need more data and evidence of the impact of policy on mental health issues,” adds Figueroa.

Both women are committed to public health careers. “There’s a fight between medical and public health, about focusing on individuals vs. populations,” says King. “We as Americans tend to think, ‘It’s about me, it’s not about us.’ We need to think about the collective whole sometime.”



Nina Figueroa (l); Cara King (r) at their master’s project presentation, Spring 2016.



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