

THE MAGAZINE FOR DREXEL UNIVERSITY'S SCHOOL OF PUBLIC HEALTH

# DornsifeSPH

25  
VOL. / YEARS

MAGAZINE



## A Quarter-Century Milestone

Throughout the 2021-2022 academic year, the Dornsife community celebrates its 25th year milestone and reflects on the resiliency of the School, especially through uncertain times.





06.2021  
Staff members from  
the Dean's Office wear  
their matching Drexel  
colored masks together.

## Back on Campus

After a socially distant 18 months, the Drexel community was able to fully return to campus in September 2021 using COVID prevention tools including vaccine mandates, symptom monitoring, contact tracing and mask wearing in public and shared spaces on campus.





▲ **08.2021**  
Campus starts to slowly but surely come back to life with students utilizing outdoor spaces along Lancaster Walk.

▶ **09.2021**  
Happy to be on campus, new students hold their Dornsife pin that signifies their commitment to health as a human right.





► **October 2021**  
At Drexel University Convocation, Dr. Sharrelle Barber, assistant professor at the Dornsife School of Public Health and inaugural director of Drexel's The Ubuntu Center on Racism, Global Movements and Population Health Equity, gives an inspiring keynote speech on building a more just and equitable world that we all deserve.





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

Dana and David Dornsife Dean and Distinguished University Professor, Epidemiology,  
Dornsife School of Public Health

## This year the Dornsife School of Public Health is celebrating its 25th birthday.

In 1996 our School was launching its first MPH cohort of just 24 students. In 1998, Jonathan Mann was named Dean of what was then the Allegheny University School of Public Health, which would become the Drexel School of Public Health in 2002 and subsequently the Dornsife School of Public Health in 2015.

One of the things that first struck me about our school is that it is a place with a strong sense of mission, which I believe is grounded in the school's very foundation as a response to the health needs of our home, the City of Philadelphia. This sense of mission has infused the way in which the school community thinks about itself and goes well beyond what can be captured in an institutional mission statement. Our school's mission is driven by three key things: a commitment to Philadelphia, and through it, to cities all over the world; the belief that social justice lies at the root of improving health; and the firm conviction that we can and must use our skills to support effective practice and policy, recognizing that our science and training must have the goal of effecting change and creating a world that is healthier for all.

Over the past 10 years, our school has grown dramatically: its educational programs have expanded in size and number and the delivery modes and content have changed, adapting to a changing public health context. Our research

has blossomed with external funding tripling over the past seven years, and we have emerged as a leader in public health research at Drexel University and across the region. The school's partnerships and community engagement have evolved and grown, also adapting to new needs, new partners, and new members of our community. We have worked hard to support our growth and development and the change needed to address evolving public health needs while at the same time sustaining an enduring commitment to our foundational principles. This balance can be challenging to achieve, but our mission guides us and growth and change are fundamental to achieving our mission in an evolving world.

We begin our second 25 years as a school at a historical juncture: at what we hope may be the tail end of a pandemic (although it is not over yet), in the midst of a growing and increasingly inevitable climate crisis, with new threats of war and violence, and struggling to finally change the structures and systems that perpetuate racism and inequality as fundamental threats to our health. The pandemic has shown us that we can be resilient but has also highlighted all that we still need to do to promote public health and health equity in our city but also across the world. And recent global developments have reminded us of the ever-present threats of war, including nuclear war, to health and humanity.

As I reflect on the past 25 years, I wonder what our school will be like 25 years from now, what a future Dean will write when the school turns 50. Although 25 years is indeed not a very long time, there are many examples in our history when much has changed in just 25 years, especially in times of crisis. If I am optimistic (despite everything I usually am...stubbornly optimistic), I can still believe that so much could change for the better, if only we are able to use our intelligence, our compassion, and our humanity to make positive change happen. No doubt this change will be hard and there will be many setbacks, but our school and the many communities we belong to must be part of the change we need.



▲ Dean Diez Roux during the summer 2021 on her trip back home to the Palermo neighborhood in Buenos Aires, Argentina.



8.31.21 Buenos Aires, Argentina Despite all the challenges, the city is vibrant. In my neighborhood the plazas are full of children, restaurant tables spill out onto the sidewalks, flower stalls sell fragrant fresias and jazmines, coffee shops full of Argentinians in leisurely conversation dot almost every corner, and bakeries and verdulerias (fruit and vegetable stalls) are on every block. I can see a life here that can be fulfilling and rich and yes, healthy.. —Ana V. Diez Roux, MD, PhD, MPH



# 12

Number of different cities that alumni featured in the “25 Outstanding DSPH Alumni to Celebrate 25 Years” are based in.

From Dar es Salaam, Tanzania, to Toronto, Canada, Dornsife alumni live in a range of cities, suburbs, and rural areas practicing public health. To commemorate the school’s 25th milestone, 25 outstanding alumni shared what motivates them and how DSPH helped them prepare for their career.



Washington DC [8]

Philadelphia, PA [6]

Chicago IL [2]

Conshohocken, PA

Wyncote, PA

Atlanta GA

Los Angeles, CA

Sacramento, CA

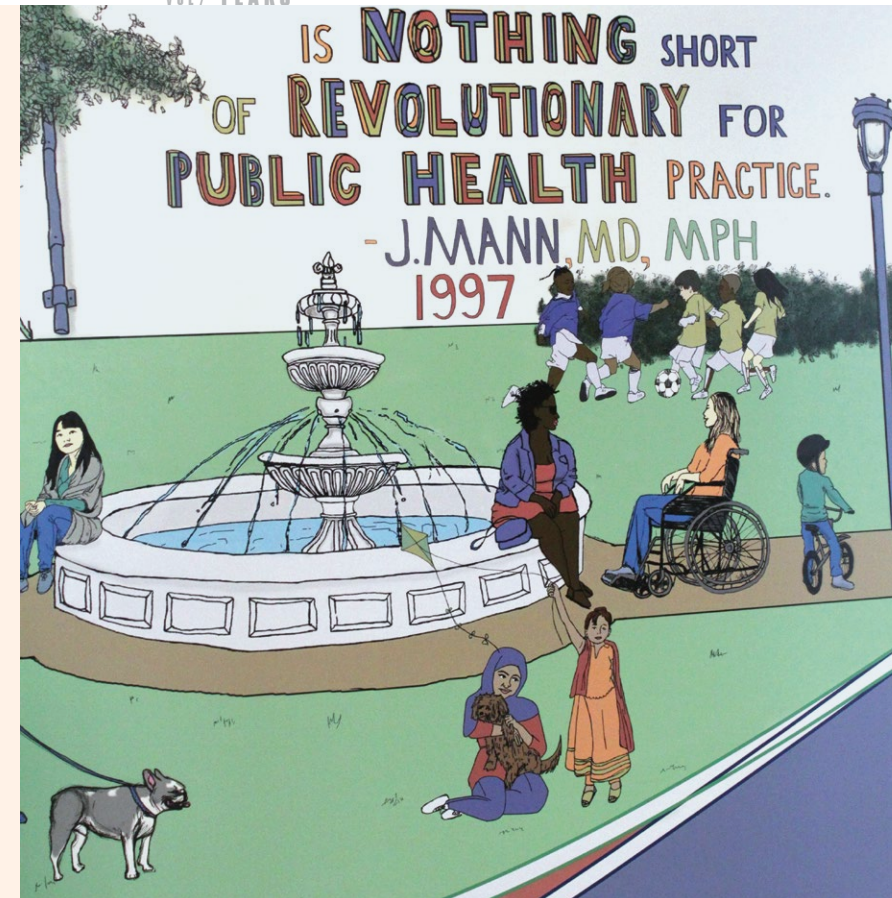
San Diego, CA

Dar es Salaam, Tanzania

Toronto, Canada

Zurich Switzerland

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Dornsife continues to partner with the Big Cities Health Coalition and uncovers benefits to closing indoor dining + a look at racial disparities in avoidable hospitalizations.

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True to the school's mission, researchers engage with communities on a range of topics: nutrition, community art, and emergency preparedness.

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Faculty, staff, and students each have unique stories to share. Meet new members of Dornsife's community and get to know more about existing Dragons.



# Urban Health Report

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### IN THIS EDITION

COVID-19 Health Inequities in Cities Dashboard Launches

Health Inequities in Latin America

The International Conference on Urban Health 2021

Community Violence Working Group brief



## Data in Demand

By Emily Gallagher and Sarah Greer

**EARLY IN THE PANDEMIC**, researchers from the Urban Health Collaborative (UHC) at the Dornsife School of Public Health (DSPH) responded by developing user-friendly dashboards to help facilitate the use of data for decision-making and advocacy around COVID-19 relief and recovery efforts.

### COVID-19 Health Inequities in Cities Dashboard

In January 2021, UHC launched the “COVID-19 Health Inequities in Cities” dashboard in partnership with the Big Cities Health Coalition (BCHC), with support from the Robert Wood Johnson Foundation and the De Beaumont Foundation. This dashboard allows users to characterize and track COVID-19 outcomes and inequities in 29 different major U.S. cities over time and across multiple levels: across subgroups of individuals within a city, across neighborhoods within a city, and across cities.

While similar platforms existed at the state and county level, this platform was the first city-level platform, enabling city health officials, policymakers, and other partners to analyze data within and across large cities in the United States. Public health leaders in BCHC cities were able to demonstrate to the public, policymakers, and public health officials the ways in which race/ethnicity, neighborhood, and city characteristics influence COVID-19 outcomes.

As the pandemic has evolved and changed over time, researchers at the UHC have added new features to the dashboard, including an update in October 2021 that examines vaccine inequities by age and location. One new feature shows city-specific inequities by age, which allows users to compare the COVID-19 vaccination outcomes by age group, and compare COVID-19 vaccination coverage and inequities in COVID-19 vaccination outcomes by age groups across several United States cities.

Tracking and characterizing inequities in COVID-19 vaccination outcomes is instrumental in developing interventions and policies to increase COVID-19 vaccination coverage, especially in underserved or vulnerable populations.

### Philadelphia COVID-19 Vulnerability Dashboard

DSPH researchers on the West Philadelphia Promise Neighborhoods (WPPN) project team have created multiple data dashboards that helped identify areas in Philadelphia that are at highest risk for COVID-19 and its longer-term impacts. WPPN’s mission is to support children who live or attend school in designated neighborhoods, so gathering data was critical for implementing strategies to support this population through the pandemic.

Their first dashboard shows general vulnerabilities based on the CDC’s Social Vulnerability Index. Their second dashboard displays data on additional COVID-related vulnerabilities relevant to Philadelphia communities, including health conditions, access to resources, and more detailed housing data. The third dashboard, the Essential Worker Dashboard, shows data on workers in essential industries, including data on race and ethnicity, pay, and where workers live.

WPPN staff is committed to increasing access to data at the community level and continues to share survey data snapshots, produce community indicator briefs, and process specific data requests.

These dashboards were funded by a grant from Drexel University’s Rapid Response and Development Fund to principal investigators Amy Carroll-Scott, PhD, MPH, associate professor of community health and prevention and policy and community engagement co-lead at the UHC, and Félice Lê-Scherban, PHD, MPH, associate professor of epidemiology and biostatistics training core lead at the UHC.

### COVID-19 in Latin America and the Caribbean Dashboard

The Latin America and Caribbean (LAC) region is one of the world’s regions hardest hit by the pandemic. Researchers from the SALURBAL project at LAC-Urban Health, which is convened and coordinated by the UHC, created a dashboard that allows users to plot trends of COVID-19 cases and deaths as well as to map these outcomes at various geographic levels (country, city, and sub-city in Latin American countries) and compare the progress of the pandemic across cities.

Using data compiled by Johns Hopkins University and from Latin American country governments, SALURBAL’s online dashboard generates visualizations which can be tailored to the informational needs of website visitors and which can be downloaded and shared. The data is currently being used in various analyses of how city characteristics influence COVID-19 outcomes including a SALURBAL publication on “The effect of population mobility on COVID-19 incidence in 314 Latin American cities,” [published in August 2021] as well as a data brief on the impact of COVID-19 in Latin America which was translated to Spanish and Portuguese.

As the pandemic evolves, researchers across the UHC are prepared to adapt these tools to best meet the needs of key stakeholders. They will continue to also highlight trends in the data that tell larger stories of health disparities and barriers to healthcare access that persist locally, nationally, and internationally.



The UHC began partnering with BCHC in October 2019 on a variety of projects that meet the UHC and BCHC shared goals of healthy, more equitable cities through big city innovation and leadership.



# “Preventable deaths differ dramatically across cities in Latin America.”

Salud Urbana en América Latina (SALURBAL) project researchers found large differences in the number of deaths that could have been prevented through medical and health care across urban settings in the Latin America region.

This research highlights pronounced variation in the rate of potentially preventable deaths across 363 cities in 9 countries of the region, from less than 400 potentially preventable deaths to more than 1,000 per 100,000 people.

The study, published in August 2021 in the *International Journal of Epidemiology*, found that across these cities, fewer women died of preventable causes than men (509.3 per 100,000 women compared to 843.6 per 100,000 men) and identified large differences between countries included in the study (Argentina, Brazil, Chile, Colombia, Costa Rica, Mexico, Panama, Peru, and El Salvador).

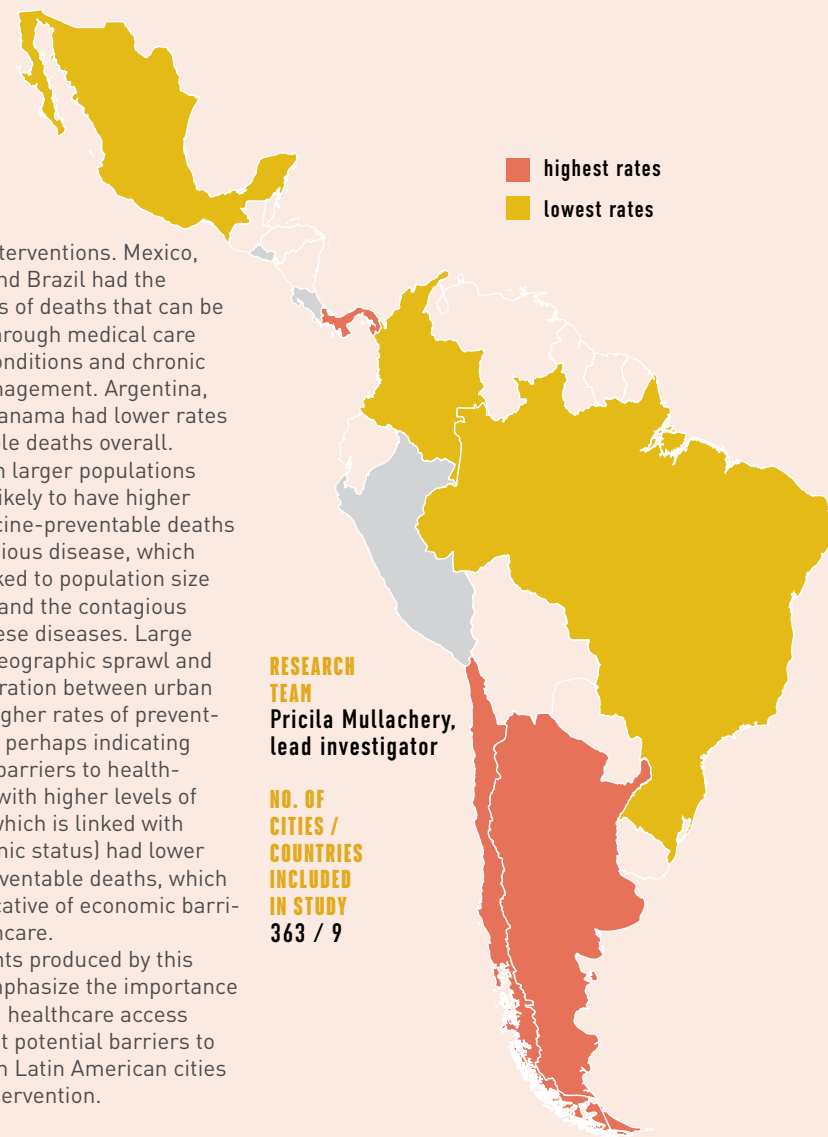
“Mortality rates varied so much in part because the countries have a different distribution of factors that cause disease as well as different access to early prevention and treatment. However, one of the most interesting findings is related to variations across cities within the same country. Our results indicate that the characteristics of the city such as population size, socioeconomic status, and spatial barriers may have a role in the occurrence of these potentially preventable deaths,” said Pricila Mullachery, PhD, MPH, lead investigator of the research.

Peru had the highest rate of deaths due to diseases that can be prevented through vaccines

and other interventions. Mexico, Colombia, and Brazil had the highest rates of deaths that can be prevented through medical care for health conditions and chronic disease management. Argentina, Chile, and Panama had lower rates of preventable deaths overall.

Cities with larger populations were more likely to have higher rates of vaccine-preventable deaths due to infectious disease, which could be linked to population size and density and the contagious nature of these diseases. Large cities with geographic sprawl and spatial separation between urban areas had higher rates of preventable deaths, perhaps indicating geographic barriers to healthcare. Cities with higher levels of education (which is linked with socioeconomic status) had lower levels of preventable deaths, which may be indicative of economic barriers to healthcare.

The insights produced by this research emphasize the importance of improving healthcare access and highlight potential barriers to healthcare in Latin American cities for policy intervention.



## The International Conference on Urban Health 2021

The Salud Urbana en América Latina (SALURBAL) Project (convened and coordinated by the Drexel Urban Health Collaborative) and the Pan American Health Organization (PAHO) co-hosted the 2021 International Conference on Urban Health (ICUH) virtually from July 6-8, 2021. This event serves as the annual meeting of the International Society for Urban Health (ISUH). The theme was “Transforming our Collective Urban Future: Learning from COVID-19.”

The pandemic has highlighted and exacerbated urban health inequities in cities. As COVID-19 has drawn the world’s attention to urban areas and the stark health inequities that must be addressed, the conference dove deeper into the drivers and impacts of urban health disparities, and opportunities for effective policies and interventions to address them.

The ICUH aimed to encourage an exchange of ideas, advance research, and drive action across sectors, transforming urban environments to promote health, health equity, and environmental sustainability in light of COVID-19.

The conference attracted interdisciplinary urban health researchers, policymakers, business leaders, practitioners, and grassroots community advocates from across the globe.

In addition to helping coordinate this conference, multiple SALURBAL researchers and other LAC-Urban Health network members presented and participated in panel discussions across the three days of the conference. From tackling air pollution to implementing systems thinking approaches to urban health, researchers covered a large range of topics.

There were six themes at the 2021 ICUH Conference

- + Urban health inequities
- + Transforming built environments
- + Urban governance and public health systems
- + Urban health over the life course
- + Climate change and urban health
- + Urban health in Latin America and the Caribbean

# Police Violence is a Public Health Issue

**MEMBERS OF THE** Community Violence Working Group (CVWG) funded by the Urban Health Collaborative (UHC) at the Dornsife School of Public Health at Drexel University, created a data brief in February 2021 to address the recent calls for racial justice and reforming law enforcement systems. The CVWG is an interdisciplinary collaboration that includes Drexel faculty and trainees working together with a city-wide coalition of city and community leaders who lead violence prevention and crisis response efforts in Philadelphia.

This brief is authored by Samantha Rivera Joseph, MPH, PhD student and first author, Amy Carroll-Scott, PhD, MPH, associate professor and co-lead of the UHC Policy and Community Engagement Core and senior author, Danny Galpern, MPH, research assistant, Emily Brown Weida, MSW, DrPH candidate, Ted Corbin, MD, MPP, associate professor and co-director of the Center for Nonviolence and Social Justice, and John Rich, MD, professor and co-director of the Center for Nonviolence and Social Justice, each at DSPH.

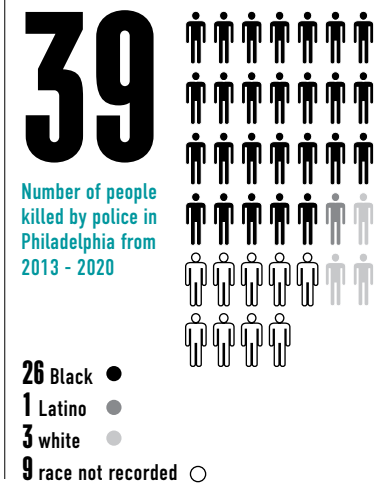
The Drexel team created this data brief to share available data on police-inflicted violence in Philadelphia. They drew data from multiple local and national publicly available data sources to better understand the individuals and communities most affected by non-fatal and fatal use of force by police. They found that the vast majority of victims are Black. Moreover, these instances predominantly occur in predominantly Black or Latinx neighborhoods.

While these data are from 2015-2020, the brief highlights that 2020 was the second highest year for incidents of gun violence in

Philadelphia since 1990, and which was eclipsed by 2021. Gun violence is a devastating public health issue which directly harms individuals and communities, in both immediate and longer-term ways. Police violence can cause injury, psychological trauma, and death. The context of police violence also negatively affects the mental and physical health of Black families and communities who are co-victims in these traumatic incidents.

The Drexel team presented these powerful data to CVWG members, who provided feedback on design and content and informed working group dissemination efforts.

CVWG members believe the brief will provide context and data for advocacy efforts to address racial profiling, police brutality, and de-escalation practices and policies within the Philadelphia Police Department. While these data confirm other studies of violence by police disproportionately impacting and harming Black and Brown communities, local data is helpful for framing the problem in order to design solutions and monitor their effects. The CVWG aims to share these data with those working to address systemic racism and fight for equity within the law enforcement system.







# Global Alliance for Training in Health Equity Research

**Dornsife Hosts Third Cohort GATHER Trainees**

**BEGINNING IN THE 2021-2022** academic year, the Dornsife School of Public Health (DSPH) welcomed its third cohort of Global Alliance for Training in Health Equity Research (GATHER) Trainees in June 2021. The four trainees are supported for 3 to 12 months while conducting health equity research in the United States and around the world.

The trainees are each partnered with two mentors: one based in the U.S., often a DSPH faculty or GATHER advisory committee member, and the others among investigators at affiliate global sites. Short courses and seminars from June through September offer intensive skills-based research training, and soon DSPH hopes to return to offering travel to one of three research sites in Brazil, Kenya, and Mexico while adhering to COVID safety protocols. This academic year, the trainees

are orchestrating additional events including a workshop on writing opinion pieces for media placement, a panel discussion of syndemic theory, and a tabletop pandemic preparation exercise.

This program is an opportunity to advance their careers and develop expertise in global health equity issues, while joining the DSPH's extensive international network of public health scholars across Latin America and Africa.



**WILLIAM LODGE II**, MSc, PhD Candidate, is focused on HIV primary and secondary prevention research—both domestically and in resource-constrained settings across the globe. His research interests include investigating barriers and facilitators to suboptimal antiretroviral therapy (ART) adherence among gender and sexual minorities living with HIV. His proposed dissertation uses a syndemic approach to understand the impact of substance use and other psychosocial factors on ART adherence among transgender women in India.

Prior to attending Brown University, he worked several years at Harvard T.H. Chan School of Public Health and Harvard Medical School on a range of research projects such as knowledge and attitudes on polio immunization, Ebola and Zika viruses, quality of surgical care, and cost-effectiveness of a national immunization program. While his work has primarily been focused in South Asia, he has also worked on projects in Tanzania, Somalia, Guinea Bissau, the Democratic Republic of the Congo, and the United States.

**MACCEAU MÉDOZILE**, DrPH, MPA, Post-Doctoral Trainee at SUNY Downstate Health Sciences University, a native-born citizen of Haiti received his DrPH in Environmental and Occupational Health Sciences from the SUNY Downstate Health Sciences University School of Public Health, his MPA in Public Administration from Long Island University, and his BS in Environmental Sciences from Medgar Evers College. His doctoral dissertation focused on the evaluation of the associations between the cholera vaccination, access to health services, health behaviors and cholera specific-mortality rates during the first two years (2010-2012) of the epidemic in Haiti. His research focuses on communicable diseases. He plans to build on his doctoral research by studying risk factors and determinants of health associated with HIV and tuberculosis in Kenya. Médozile uses this post-doctoral training to reinforce his analytical skills, explore the possibilities to expand his public health researcher career, collaborate and network with other scholars.

**SARA JANE SAMUEL**, MPH, Doctoral Trainee in Sociomedical Sciences at Columbia University, developed an interest in health equity as an undergraduate at Yale University. As a current student in the Sociomedical Sciences department at Columbia University, she is interested in the intersection of public health with American foreign policy. Specifically, Sara's work examines the use of vaccination campaigns and other public health measures as instruments of American foreign policy in the latter half of the 20th century in Mexico and South Asia. She is committed to gaining a better understanding of how American power has been cultivated and utilized using non-violent, non-militaristic means. Prior to her doctoral studies, Sara worked in central California to increase access to prenatal healthcare to migrant workers and has professional experience working to reduce sexual misconduct and promote sexual health on college campuses. In her free time, Sara enjoys playing board games, allergen-free cooking, and playing soccer.

**JAMILE TELLEZ LIEBERMAN**, MPH, DrPH Candidate at DSPH, works with Ana Martinez-Donate, PhD, a DSPH faculty member in the department of Community Health and Prevention. Before entering the doctoral program, she received a BA in International Studies from Elon University and an MPH from DSPH. Jamile hopes to work in non-academia or industry setting after earning her DrPH degree, focusing on intervention development/evaluation, applied mixed-methods, community-based research, and service delivery in communities of color, specifically Latine/x immigrant families at the intersection of social justice and health equity. She also explores the use of arts in healing, advocacy and community-based research, as well as comprehensive immigration reform nationally to protect the well-being of immigrant families and children.

GATHER was recognized alongside other National Institute on Minority Health and Health Disparities (NIMHD) Minority Health and Health Disparities Research Training (MHRT) programs at the annual meeting of the Consortium of Universities for Global Health in March 2021. Gina Lovasi, PhD, MPH, associate professor of urban health at DSPH, joined fellow leaders in academia to discuss challenges faced and lessons learned from leading new and longstanding training programs based in Africa, Asia, and Latin America that encourage students from underrepresented groups to explore careers in global health and to increase the pool of scientists that are prepared to address contemporary needs in science and technology.

The growing network of GATHER trainees also includes 10 prior trainees, with a range of disciplinary backgrounds and research interests. Recruitment for the next cohort is underway with applications due in early spring 2022.

### 1 Sara Jane Samuel

MPH, PhD Candidate in Sociomedical Sciences at Columbia University

### 2 William Lodge II

MSc, PhD Candidate at Brown University

### 3 Jamile Tellez Lieberman

MPH, DrPH Candidate at DSPH

### 4 Macceau Médozile

DrPH, MPA, Post-Doctoral Trainee at SUNY Downstate Health Sciences University







### International Climate Conference Participation

## To Glasgow, Scotland

### Student Joins Drexel Delegation at COP26

Sarah Wetzel, BS public health '23, was one of several undergraduate students in Drexel University's delegation at the United Nations Framework Convention for Climate Change (UNFCCC)'s annual Conference of Parties (COP).

Held in Glasgow, Scotland in November 2021, the COP26 conference aligned with the goals of Drexel's 2021 Climate Year initiatives.

In preparation for the COP26 conference, Wetzel and the other undergraduate student attendees took a "Great Works: Climate Action" colloquium course in the Pennoni Honors College. Taught by Adam Zahn, the Office of Global Engagement's Director of Global Engagement, the course studied COP-related issues and featured guest speakers with COP experience.

Asked by *DrexelNow* about the opportunity to attend COP26, Wetzel shared:

*"Like many of my peers, I've always been invested in the fight against climate change, but I've never been given the space to do anything substantial. Now, as a public health student, I am learning concrete ways to improve lives and address some of the inequities in our society. I originally saw COP26 as an opportunity to learn more*

*about ending the inequities caused by climate change."*

*"I've been so inspired by young activists here — not just the ones in the streets, but the ones who engage with politicians and organizations throughout the year...I've heard from young women who have no choice but to advocate for their communities, which are burning, contaminated by pollution from mines, or devastated by poverty. I want everyone to understand how vital this issue is."*

### Highlighting the Need to Fight for Better Air Quality for Children

Ana Ortigoza, MD, PhD, a researcher at Salud Urbana en América Latina (SALURBAL), and Michelle Bachelet, MD, former President of Chile and United Nations High Commissioner for Human Rights, participated in a high-level panel on taking advantage of air pollution mitigation to accelerate climate action at COP26.

This November 11, 2021, panel was moderated by Xavier Altamirano, Executive Director of Horizonte Ciudadano, and was in collaboration with the Melimoyu Ecosystem Research Institute (MERI) Foundation.

Ortigoza and Bachelet are pediatricians by training who have focused on population health. During the conference, both highlighted the growing evidence base on the role of social factors in determining vulnerability and population exposure to poor air quality and other environmental risks associated with climate change.

"There is an urgency for children to be able to prioritize these climate actions in their health, not only because they are vulnerable from a biological point of view, but also because many of these children currently live in poverty in Latin America. And poverty adds vulnerability to it," said Ortigoza.

They emphasized actionable items that can help in decision-making processes at each level of intervention to inform and promote local, national, and regional responses.

## Improving Public Transportation

Beyond COVID, the need for safe and accessible transportation is a must.

**WHEN COVID-19 STRUCK** with force in March 2020, much of the workforce in wealthy countries quickly shifted to remote work. That option wasn't available for a large majority of workers in Latin America, especially those employed in factories and the service sector. They needed to reach their jobs and relied on trains and buses to get there. In big cities such as Bogotá, Mexico City, and Panama City more than half the population commutes on public transportation.

Could the virus spread rapidly there? What could be done to curb transmission? Policymakers needed answers to such questions quickly. Not much was known about COVID in those early days, but a robust body of evidence about how other respiratory infections spread was already available. Researchers worked at high speed to synthesize the available knowledge.

"A systemic epidemiological review takes a lot of time," said Nancy Paulina López Olmedo, PhD, a researcher at the Instituto Nacional de Salud Pública de México. The institute is part of the Network for Urban Health in Latin America and the Caribbean (LAC-Urban Health) and the SALURBAL study, both coordinated by the Drexel Urban Health Collaborative. "We needed information a lot more quickly and conducted a rapid review in just two weeks."

That swift scan of the literature confirmed the potential risks of contagion, especially to the disadvantaged groups that depend most on public transportation. By June, the Mexican government had adopted the recommendations put forward by the researchers, who continued to update them in light of new studies. "In an emergency situation, we need to act on the basis of what we know and then make changes as more information becomes available," emphasized López Olmedo. Expanded findings were published in the Spring of 2021 in *Salud Pública de México*, following a more traditional review process. "Our core recommendations did not change."

The research team's core recommendations to reduce the risk of COVID transmission on public transportation:

- Require a mask at all times and provide guidelines for its proper use.
- Reduce the number of passengers on each bus and train, running them more frequently and staggering school and workday schedules to compensate.
- Limit speaking, singing, eating, and shouting during journeys. This upends cultural norms in Mexico, where musicians commonly perform in the Metro and passengers use their cell phones, but persuasive data indicated it had to be done.
- Keep windows open and modify air conditioning systems to provide adequate ventilation without recycling indoor air.
- Limit travel time where possible, ideally to less than 30 minutes. This requires congestion-reducing adjustments, such as designated bus lanes and restrictions on the use of private cars.
- Install handwashing stations.
- Diversify public transport options, providing discounts for certain populations and improving connectivity between bus and train lines and active transport (cycling or walking) routes.

Although COVID will subside, the importance of safe and accessible transportation will not. "This is an opportunity to improve things," suggested López Olmedo. "COVID highlighted the needs, but pollution and climate change also tell us we need to plan for safe and equitable public transportation."

## Assessing COVID Impact in Africa

On August 17, 2021, Alex Ezeh, PhD, professor of Global Health at Dornsife, co-authored an essay for *The Conversation* about why the impact of COVID-19 has been lower in Africa than in many other areas of the world.

This widely circulated piece titled "The impact of COVID-19 has been lower in Africa. We explore the reasons." was co-authored by Ezeh, Michael Silverman, MD, chair of Infectious Diseases at the Schulich School of Medicine & Dentistry, Western University, and Saverio Stranges, MD, PhD, professor and chair of Epidemiology at Western University. Janica Adams, a Health Analyst, also contributed to the piece.

Researchers conducted a scientific literature review looking at some of the following issues:

- Lack of long-term care facilities
- Potential cross-protection from local circulating coronaviruses
- Limitations of COVID testing
- Effective government public health responses
- Contrasting South Africa as an outlier

The researchers proposed several policy prescriptions to help advance health practice. Recommendations included improved communication with public, governments securing financial support, building international medical infrastructure, prioritizing equitable access to vaccinations, and more.

In addition to making recommendations, the authors call for more research to "better understand how these factors contribute to the lower burden of COVID-19 disease in the African context."

To read the full piece in *The Conversation*, visit [bit.ly/3FRAlw9](https://bit.ly/3FRAlw9)

In addition to this publication's far-reaching circulation, Ezeh received recognition for his global public health work by the United Nation's Department of Economic and Social Affairs' High Level Advisory Board (HLAB) on Economic and Social Affairs – he was offered and accepted an HLAB board position in January 2021. He joined 19 fellow global health leaders to build on the accomplishments of the first HLAB. Together, they work to continue to strengthen the United Nation's thought leadership on sustainable development and to reinforce its impact at the forefront of sustainable development policy at global, regional, and local levels.





# Honoring Our Melting Pot Identity?

Spotlight on the U.S.

**THE UNITED STATES IS OFTEN** depicted as a “melting pot,” in which diverse cultures and ethnicities come together to form the rich fabric of our Nation. Despite some progress in achieving this ideal, three recent papers published from Dornsife School of Public Health (DSPH) researchers, discuss continued inequalities and growing challenges faced by many immigrants in the U.S. They also offer opportunities for a creative refocus of present efforts to help close these gaps.

**Structural racism establishes inequalities that grow throughout an immigrant’s life.**

In February 2021 the *American Journal of Preventive Medicine*, lead author Brent A. Langellier, PhD, and Jessie Kemmick Pintor, PhD, assistant professors at DSPH, and colleagues detail the effects of structural racism on the health of immigrants in the U.S. The authors

provide evidence that chronic exposure to racism leads to worsening health over time among immigrants, particularly among those who are Black or Latinx. The authors look at allostatic load – a comprehensive measure of the body’s response to stressors during a lifespan—in both immigrants and non-immigrants across racial/ethnic groups to put a spotlight on health disparities among groups.

The authors studied the 2005-2018 National Health and Nutrition Examination survey and found that allostatic load increases with age among all groups, but at much steeper rates among Black immigrants of both genders and Latina immigrants. They argue that these findings should inform new laws to close these gaps and address structural inequities, such as access to safe housing, education, health care or healthy food.

**Immigrants may be losing culinary traditions, at the cost of health.**

A study published in the journal *Preventing Chronic Disease* in late 2020 found immigrants may be losing their culinary traditions. Jim Stimpson, PhD, a professor at DSPH, Langellier and colleagues studied the eating behaviors of immigrants in the U.S. and found a troubling trend. As immigrants spend more time in the U.S., less time is spent preparing and eating meals—and more time is spent eating while doing something else, such as watching television.



“The mounting evidence suggests that U.S. culture may influence immigrants to adopt unhealthy behaviors and, by extension, be at greater risk of chronic disease,” the authors note.

The team looked at responses from 192,486 adults in the U.S. from the American Time Use Survey, which gave self-reported information on how respondents spend their time during a given 24-hour period. They also note that future research should employ a randomized controlled intervention to encourage participants to spend more time preparing meals, eat less processed foods, and maintain other healthy habits.

#### Unauthorized immigrants spend less on healthcare than authorized immigrants or U.S.-born individuals.

Using the novel approach of machine learning, Stimpson, Professor Alex N. Ortega, PhD, and colleagues studied survey data from 47,199 respondents of the Los Angeles Family and Neighborhood Survey and the 2016-17 Medical Expenditure Panel Survey to predict health care use and spending among unauthorized and authorized immigrants and those born in the U.S. In contrast with some perceptions that unauthorized or undocumented immigrants are a financial burden on our Nation’s healthcare system, this cross-sectional study found that unauthorized immigrants incurred considerably less expenditures per person on healthcare than other groups. Average annual health costs were \$1,629 for unauthorized immigrants, \$3,795 for authorized immigrants, and \$6,088 for those born in the U.S.

“Contrary to much political discourse in the U.S., this cross-sectional study found no evidence that unauthorized immigrants are a substantial economic burden on safety net facilities such as emergency departments,” the authors wrote in a December 2020 *JAMA Network Open* publication.



## Cardiovascular Disease and the Built Environment

Cardiovascular disease (CVD) is a leading cause of mortality in the United States. Recent prevention efforts have focused on the association of the built environment and modifiable risk factors for cardiovascular health. Policies that shape the built environment, including the physical surroundings where people live, work and access food, has the potential to impact health-related behaviors.

Exploring the impact of the built environment by examining healthy food store availability and socioeconomic status can better inform health policies that target increasing or preserving access to healthy food stores.

Gina Lovasi, PhD, MPH, co-director of the Drexel Urban Health Collaborative (UHC) and associate professor of urban health at the Dornsife School of Public Health (DSPH), led a team of researchers including Jana Hirsch, PhD, MES, assistant research professor at the UHC, Kari Moore, MS, research and data core co-lead at the UHC, and Janene Brown, MPH, doctoral research fellow at the UHC, to investigate the association of the presence of healthy food retail (supermarkets and produce markets in geographic areas) and cardiovascular mortality and all-cause mortality across the

#### WHAT RESEARCHERS FOUND

Presence of unhealthy food retail (e.g. fast food restaurants) was associated with increased all-cause mortality, but had **NO** association with cardiovascular death.

Exploring the impact of the built environment by examining healthy food store availability and socioeconomic status can better inform health policies that target increasing or preserving access to healthy food stores.

continental U.S. This research was published in the British Medical Journal titled, “Healthy food retail availability and cardiovascular mortality in the United States: a cohort study.”

Although food deserts have been associated with CVD outcomes, prior research has not distinguished adequately between the built environment features of food deserts and the socioeconomic conditions present in food deserts. This research linked data from 2,753,000 individuals from a nationally representative health survey with food retail data from across the continental U.S.

The hypothesized protective effects of access to healthy food retail on cardiovascular death was not supported in analyses. Presence of unhealthy food retail (e.g. fast food restaurants) was associated with increased all-cause mortality, but had no association with cardiovascular death.

This research provides support for the notion that the impact of food deserts on CVD reflect the socioeconomic conditions in the geographic area, rather than the lack of accessibility to healthy food retail. This suggests that policy efforts to combat CVD that solely focus on increasing or preserving healthy food store access are likely missing the foundational cause. More research and efforts are needed to address the economic and racial factors that impact disparities in preventable diseases such as CVD.



**SUNGCHUL PARK, PHD**  
assistant professor of health management and policy at the Dornsife School of Public Health

## Healthcare Out of Reach?

Racial Disparities in Avoidable Hospitalizations: Traditional Medicare vs. Medicare Advantage

**ONE OF THE HALLMARKS** of an efficient and accessible healthcare system is its success at treating ambulatory care sensitive conditions (ACSCs), such as asthma, diabetes, chronic obstructive pulmonary disease, influenza, pneumonia, and ear, nose, and throat infections. If timely, appropriate outpatient care is widely available, and patients are monitored, managed, or treated appropriately, they can often avoid being hospitalized for those conditions. As a result, ACSCs are widely considered a proxy for the quality and accessibility of primary care.

For far too many people, such care is out of reach, contributing to unnecessary hospitalizations. And too often, those hospitalizations reflect the racial disparities embedded in the healthcare system. A body of data, for example, has consistently shown that among patients enrolled in traditional fee-for-service Medicare, Black people are at greater risk of ACSC hospitalizations than white people.

Sungchul Park, PhD, assistant professor in the department of Health Management and Policy at the Dornsife School of Public Health, wanted to know if that pattern carried over to Medicare Advantage, which now enrolls more than one-third of all Medicare beneficiaries. Medicare Advantage has built-in incentives to provide high-quality outpatient care because it is based on a capitated payment system—plans are paid a flat fee, adjusted for health status, to provide comprehensive care to each enrollee, rather than being reimbursed for each service they provide.

Drawing on data from the Centers for Medicare and Medicaid Services (CMS), Park and his research team identified all beneficiaries 65 or older who had been continuously enrolled

in either traditional Medicare or Medicare Advantage for a 12-month period in 2015-16. Using the variables of race, geographic area, and type of insurance, their primary outcome of interest was any ACSC hospitalization.

Their study, published in *Medical Care*, concluded: “Our findings provide evidence of racial disparities in access to high-quality primary care, especially in Medicare Advantage.” Per 10,000 beneficiaries of traditional Medicare, there were 209 ACSC hospitalizations for Black people, compared to 164 for white people. In Medicare Advantage, Black people experienced 221 ACSC hospitalizations per 10,000 beneficiaries, compared to 162 for white people.

In other words, ACSC hospitalizations were particularly high among Black populations in Medicare Advantage, suggesting that there exist large racial disparities in access to primary care in Medicare Advantage.

The Medical Care study is the first of three that Park plans to publish exploring racial disparities in Medicare Advantage plans. The second looks at the regional availability of plans that have earned high ratings from CMS (i.e., four or five stars). His findings indicate that fewer high-rated plans are available in counties with a high proportion of non-white populations. In his third paper, Park proposes actionable policies to address the racial disparities he has uncovered.

With enrollment in Medicare Advantage expected to grow significantly in the coming years, Park noted the urgency of a response, commenting, “The federal government has to think about how to develop additional regulatory policies for Medicare Advantage so that all Americans have equal access to the best care.”





## Sorry, We're Closed

*Data Shows Public Health Benefit to Closing Indoor Dining*

Closing indoor dining during the first two waves of the pandemic was associated with a 61 percent decline in new COVID-19 cases over a six-week span, preventing an estimated 142 daily cases per city, compared with cities that reopened indoor dining during that period, according to published data from experts at the Dornsife School of Public Health (DSPH).

The team looked at data from March to October 2020 in 11 U.S. cities, including Philadelphia, Atlanta and Dallas. The results were published in the journal *Epidemiology*.

The authors did not suggest that any specific U.S. cities should close indoor dining at the time but suggested it could be a tool worth employing – in addition to social distancing, improved ventilation, vaccination, and other measures – to curb the spread of new variants around the globe.



**ALINA S. SCHNAKE-MAHL, ScD**  
postdoctoral research fellow at the Urban Health Collaborative at DSPH

"We must learn from what worked in the early months of the pandemic, especially since we have seen new variants Omicron and Delta rapidly cause more COVID-19 cases in countries around the globe," said study lead author Alina S. Schnake-Mahl, ScD, a postdoctoral research fellow at the Urban Health Collaborative at DSPH.

This study is among the first to isolate the role of indoor dining in transmission of this coronavirus. This contrasts with previous studies on "on-premises" dining (that included both indoor and outdoor dining together and COVID).

"Reducing transmission is key to saving lives and preventing serious illness, and of course helps prevent long-term financial and social costs," said Schnake-Mahl. "Effective policy must be met with a public willing to work together and help us all get through this time and build stronger, more innovative cities for this and the next public health crisis."

Philadelphia's City Council passed a bill in December 2021 that aimed to help those in Philadelphia dine out at less risk – by making outdoor dining structures indefinite fixtures in some areas of the city.

The street-based three-walled boxes that hug the sidewalk in front of many of center city's popular restaurants, often replete with hanging flowers, lighting and heat lamps or fans – are one of the more publicly noticeable innovations by the restaurant industry to help keep businesses open during the pandemic and allow diners to feel more comfortable dining out during more months of the year.

Indoor dining may also contribute to racial disparities in coronavirus cases, as higher rates of occupational exposure are experienced disproportionately by Black and Hispanic populations

working in those settings, researchers said.

"Our data suggests that closing indoor dining can help prevent transmission and may also send a message to the broader public about the severity of the pandemic," said senior author Usama Bilal, PhD, MD, an assistant professor at DSPH. "It might also encourage other policies and regulations aimed at ensuring social distancing and improving indoor air ventilation and filtration that we know can help reduce transmission."

The authors added that the challenge of protecting public health while preventing layoffs and restaurant closures is especially difficult considering this data, and the inherent limitations of the data available.

For example, this study measured associations between cases and indoor dining policies, but it's possible that opening indoor dining sent a message of reduced risk to city residents, thus leading to additional higher-risk behavior overall (such as not social distancing, not wearing masks in large indoor gatherings, etc.) in those cities. If future studies look at data pertaining to closing indoor dining from December-February, that might yield additional context as well.

Overall, the researchers report that closing indoor dining is not a substitute for other public health measures, such as masking and vaccination, but may be another way to help stem the spread of COVID-19 and prevent more widespread closures and lockdowns.

## Policy & Practice

Partnership with Big Cities Health Coalition to Create Healthy, Equitable Cities

**THE DORNSIFE SCHOOL** of Public Health, through its Urban Health Collaborative (UHC), has continued its partnership with the Big Cities Health Coalition (BCHC) that began in 2019. DSPH supports the Coalition's vision of healthy, more equitable cities through big city innovation and leadership. A powerful voice for public health departments in the nation's largest, most urban cities, this vital partnership is advancing BCHC's work by bringing faculty, expertise, and resources in policy, planning, and evaluation, as well as data knowledge and infrastructure.

The partnership has been an opportunity for the school to expand its steadfast commitment to urban health locally and globally. "Our partnership with BCHC has enabled us to deepen our work in urban health policy by working together to look at policy and practice in our nation's largest cities," said Jennifer Kolker, MPH, clinical professor in the department of Health Management and Policy, associate dean for public health practice and external relations, and co-lead of the UHC's Policy and Community Engagement Core.

Currently, the UHC is engaged in three projects with BCHC.

The first focuses on building a national urban health agenda by creating a policy tool that will synthesize literature on upstream policies and their effect on various health outcomes. This builds upon earlier work interviewing senior health department staff to gain insights on key priorities and challenges of implementing those priorities for large city health departments.

The UHC is also contributing its data expertise to the partnership by creating a city-level data platform titled "The Big Cities Health Inventory Data Platform" to provide health and health equity metrics for 30 of the largest urban cities in the United States. The revamped platform, [bigcitieshealthdata.org](http://bigcitieshealthdata.org), provides comparisons of health indicators across BCHC member jurisdictions.

"Our partnership with BCHC has enabled us to deepen our work in urban health policy by working together to look at policy and practice in our nation's largest cities."

A third project also focuses on maintaining and updating a dashboard on COVID-19 health inequities in cities titled "COVID-19 Health Inequities in Cities Dashboard." This dashboard enables visualizations of COVID-19 related outcomes such as testing, incidence, hospitalizations, and mortality and examines inequities in outcomes over time and across BCHC member cities. Researchers also provided an equity framework that details the approach used by this project to document and monitor inequities in cities. It can also be utilized as a tool to identify targets for actions and policies designed to mitigate and eliminate inequities in COVID-19 outcomes. The dashboard has been used by key stakeholders, community leaders, public health officials, and policy makers.

**30**  
of the United States' largest cities have health and health equity metrics compiled through "The Big Cities Health Inventory Data Platform"



# Community



## Raising Consumer Voices

**Conversations with Black consumers on targeted unhealthy food ads**

**RESEARCHERS FROM THE** Dornsife School of Public Health (DSPH) recently facilitated conversations with Black Americans from suburban, rural, and urban communities on their perceptions of ethnically targeted marketing and its implications for Black community health. They engaged with three local community-based organizations located in suburban Maryland, rural Mississippi, and urban Ohio to convene and conduct focus groups.

Tiffany M. Eaton, MPH, doctoral candidate in the department of Community Health and Prevention (CHP) and Shiriki K. Kumanyika, PhD, MS, MPH, research professor of CHP and founding chair of the Council on Black Health at DSPH, led this research which was published in the *Journal of Racial and Ethnic Health Disparities* in August 2021.

The publication featuring this work first notes the disproportionate impact of the obesity epidemic on communities of color. According to the Centers for Disease Control and Prevention's National Center for Health Statistics, obesity prevalence was 50 percent among Black Americans contrasted with 42 percent in white Americans. Among American adolescents ages 12 to 19, obesity prevalence was 28 percent among Black youth versus 16 percent in white youth in this age range in 2018.

For Eaton and Kumanyika, these findings can be linked to food environments. A contributing factor to these statistics is greater exposure to the marketing of fast food, packaged snack foods, and sugary beverages to communities of color.

"Targeting various consumer groups based on demographic characteristics, including age, race or ethnicity or by neighborhood, is a common and longstanding marketing practice. If what is targeted is not harmful to health, change might not be needed. But the issue we are dealing with relates to which types of products are targeted to which groups. Black audiences get more exposure to promotions for some of the least healthy products – presumably based on stereotypes of what companies think Black people want. This is why we need to raise consumer voices to demand a healthier mix of products," said Kumanyika who has worked towards achieving health equity for Black Americans, specifically in relation to diet-related diseases, over the last three decades.



Though more research is needed, Eaton and Kumanyika found that increasing awareness of the tactics marketers use for targeting Black consumers may elicit support for policies that oppose such ads. Additionally, community members' input is critical for developing strategies to reduce the harmful impacts of advertising in Black communities.

"Reactions to targeted marketing varied, highlighting the complexity of consumer responses. However, participants across the sites expressed the notion that something should be done about targeted marketing. A proposed solution that might work for some Black consumers might not work for others – thus, engaging with Black communities is essential to get a more nuanced understanding of consumer attitudes and behaviors," said Eaton.

Focus group participants discussed different perspectives and solutions. One was the idea that celebrities could use their influence to promote healthy products instead of endorsing unhealthy ones. A participant noted that celebrities should take advantage of their position to "build for the future" by promoting items with less sugar and "healthier" ingredients. Some participants were skeptical of the likelihood of this happening but supported this approach for improving health.

Participants also pointed to teaching nutrition literacy as a way to combat the influence of unhealthy food and beverage marketing campaigns. With children specifically, some participants mentioned that caregivers could make a positive impact by shaping healthy eating patterns and limiting media use.

"This study was only the beginning. Our next steps are to further study Black consumer perspectives and to delve deeper into exploring possible youth-focused approaches to combat targeted marketing. Participants also shared a few interesting ideas for actionable strategies in the focus groups, so we would like to look into those as well," said Eaton.

Advertising of this nature is just one of the factors that can harm health in Black communities, and more research and advocacy are needed within the area of public health nutrition and health equity. Listening to community voices on this issue will be critical for informing effective solutions and driving systemic change.



## The Power of Art

*Addressing social determinants of health through community engaged collaboration*

Rabbi Nancy Epstein, MPH, MAHL, has long seen the power of the arts to transform individuals, neighborhoods, communities and societies. A professor in the department of Community Health and Prevention at the Dornsife School of Public Health (DSPH), she led the development of the Arts in Public Health graduate minor at DSPH. This new minor, which is open to all graduate students at Drexel, focuses on the fast-exploding global arts in health field.

The minor builds on Philadelphia's renowned commitments to community arts and the growing evidence-base linking creative arts and positive health. Learning how to design and evaluate community-based arts and health initiatives provides public health students with a valuable toolkit for social change and improving health at every level.

From talking with perspective students to co-authoring articles on the topic, Epstein advocates for this field in various ways.

In May 2021, Epstein co-authored a *Health Promotion Practice* (HPP) article featuring the Skywatchers Program. Her collaborators on the piece include community partners Anne Bluethenthal, MFA, and Deirdre Visser, MFA; Clara Pinsky, MPH student at DSPH;



**RABBI NANCY EPSTEIN, MPH, MAHL**  
professor in the department of Community Health and Prevention at the Dornsife School of Public Health

and Meredith Minkler, DrPH, professor emerita of Health and Social Behavior at the University of California, Berkeley School of Public Health and renowned Community-Based Participatory Research Program (CBPR) researcher. The article discussed how art can be leveraged for justice, equity, and public health.

The Skywatchers Program is a collaborative community arts ensemble of artists and residents of the culturally rich but economically poor Tenderloin neighborhood in the San Francisco area. Now just over a decade old, the program's original values-based methodology to be "relational, durational, conversational, and structural" focuses on process over product and leverages arts for justice and equity.

The work of Epstein and her partners shines a light on collaboration between community-based health promotion practice and community-engaged arts to address the social determinants of health and build vitality and neighborhood assets at multiple levels of the social-ecological model. Their article about the Skywatchers Program also outlines implications and offers recommendations for community-based health promotion practice and research.

This program's model can be used by public health practitioners, community organizers and leaders to build mutually beneficial relationships, co-create artworks, and promote arts-based advocacy to improve the conditions that foster poor health in neighborhoods.

"While there has long been a strong field of creative arts therapy primarily focused in clinical settings and serving patients, their families and caregivers, the newly emerging field of Arts in Public Health focuses on primary prevention, social justice, inequities and disparities — all of which are necessary to respond to the overlapping public health crises of COVID-19, racism and injustice," said Epstein.

These resources are accessible via computer or mobile phone and can be saved digitally or printed:

Checklist for Families with Children with Physical Disabilities

Checklist for Families with Children with Intellectual or Developmental Disabilities

Checklist for Families with Children with Hearing or Vision Loss

Emergency Evaluation Shelter FAQ

Local Resource Guide

Checklist for Pediatric Medical Practices

Community and healthcare leaders are encouraged to share the toolkit widely.

## Disaster Preparation

*Engaging with families with children with special health care needs*

THE CENTER FOR Public Health Readiness and Communication (CPHRC) at the Dornsife School of Public Health (DSPH) recently completed a four-year research project to understand and address the information needs of families with children and youth with special health care needs (CYSHCN) during disasters. This project was funded by the Centers for Disease Control and Prevention (CDC) and staff from the CDC collaborated with the CPHRC throughout the project.

Faculty and staff from DSPH include Esther Chernak, MD, MPH, FACP, Associate Professor in the Department of Environmental and Occupational Health and Director of CPHRC; Tom Hipper, MSPH, MA, Assistant Professor in the Department of Environmental and Occupational Health and Associate Director of CPHRC; Leah Popek, MPH, Project Coordinator at CPHRC in the DSPH; Renee Davis, MD, MPH, Research Associate at CPHRC; Jennifer Lege-Matsuura, Visiting Fellow at CPHRC; and Renee Turchi, MD, MPH, Clinical Professor in the Department of Community Health and Prevention and Collaborating Faculty at CPHRC.

Together, they developed a toolkit of preparedness checklists for families of CYSHCN and their healthcare providers to help address these critical information needs.

"We've learned from our research with families whose children have special health challenges that they want tailored information—information that addresses their child's medical condition and guides them to prepare for emergencies that could impact their child," said Chernak.

To ensure the toolkit is useful and considers several scenarios, CPHRC engaged with families of CYSHCN, pediatricians, CDC staff, and other health care providers to review the materials then incorporated their feedback in the final product.

"The content and format of the materials was based on what we learned from families and their providers throughout the project, but it was important to make sure that we reviewed drafts of the materials with the people they were designed to help. This input helped us to confirm that the materials clearly conveyed the information families said they needed," said Hipper.

Community and healthcare leaders are encouraged to share the toolkit widely.

To check out the toolkit, scan the QR code.







# A Dual Burden

*Stress from work and social interactions put women at higher risk of coronary heart disease, Drexel study suggests*

**PSYCHOSOCIAL STRESS** — typically resulting from difficulty coping with challenging environments — may work synergistically to put women at significantly higher risk of developing coronary heart disease, according to a study by researchers at the Dornsife School of Public Health (DSPH) and LeBow College of Business. Their research was published in February 2021 in the *Journal of the American Heart Association*.

The study specifically suggests that the effects of job strain and social strain — the negative aspect of social relationships — on women is a powerful one-two punch. Together they are associated with a 21 percent higher risk of developing coronary heart disease. Job strain occurs when a woman has inadequate power in the workplace to respond to the job's demands and expectations.

The study also found that high-stress life events, such as a spouse's death, divorce/separation or physical or verbal abuse, as well as social strain, were each independently linked with a 12 percent and 9 percent higher risk of coronary heart disease, respectively.

The study used data from a nationally representative sample of 80,825 postmenopausal women from the Women's Health Initiative Observational Study, which tracked participants from 1991 to 2015, to find better methods of preventing cancer, heart disease and osteoporosis in women. In the current follow-up study, Drexel researchers evaluated the effect of psychosocial stress from job strain, stressful life events and social strain (through a survey), and associations among these forms of stress, on coronary heart disease.

Nearly 5 percent of the women developed coronary heart disease during the 14-year, seven-month study. Adjusting for age, time at a job, and socioeconomic characteristics, high-stress life events were associated with a 12 percent increased coronary heart disease risk, and high social strain was associated with a 9 percent increased risk of coronary

heart disease. Work strain was not independently associated with coronary heart disease.

Coronary heart disease, the leading cause of death in the United States, occurs when the heart's arteries become narrow and cannot bring sufficient oxygenated blood to the heart. The latest work builds on earlier studies linking psychosocial stress to coronary heart disease by finding out how job strain and social strain work together to compound disease risk.

"The COVID-19 pandemic has highlighted ongoing stresses for women in balancing paid work and social stressors. We know from other studies that work strain may play a role in developing CHD, but now we can better pinpoint the combined impact of stress at work and at home on these poor health outcomes," said senior author Yvonne Michael, ScD, SM, professor at DSPH. "My hope is that these findings are a call for better methods of monitoring stress in the workplace and remind us of the dual-burden working women face as a result of their unpaid work as caregivers at home."

The study's authors say that future studies should look at the effects of shift work on coronary heart disease and explore the effects of job demands according to gender.

"Our findings are a critical reminder to women, and those who care about them, that the threat of stress to human health should not go ignored," said lead author Conglong Wang, PhD, a recent DSPH graduate who conducted the research before graduating. "This is particularly pertinent during the stressors caused by a pandemic."

In addition to Michael and Wang, co-authors on the study include Félice Lê-Scherban, PhD, MPH; Jennifer Taylor, PhD, MPH, CPPS; Lucy Robinson, PhD, each from DSPH, and David Gefen, PhD, of Drexel's LeBow College of Business.

The Women's Health Initiative research was supported by the National Heart, Lung, and Blood Institute, National Institutes of Health and the U.S. Department of Health and Human Services.

**21%**  
Increased risk  
in women of  
developing  
coronary heart  
disease as a  
result of the  
effects of job  
strain and  
social strain



# Out of Control

*Controlling diabetes is not just an imperative for individuals and their families, but also a priority for the entire healthcare system.*

**THE RISKS OF DIABETES** are well-known: increased likelihood of cardiovascular disease, stroke, and a host of other health challenges, including kidney disease, nerve damage, and dangerous eye, foot, and skin disorders.

Fortunately, the course of the disease is not always so bleak. With proper treatment and lifestyle adjustments, diabetes does not have to spiral into debilitating and potentially life-threatening complications. “If they have diabetes under control, people can live into their 80s and 90s,” explains Longjian Liu, MD, PhD, associate professor of epidemiology and biostatistics at the Dornsife School of Public Health (DSPH). “Medication works and it can be taken for decades.”

Controlling diabetes is not just an imperative for individuals and their families, but also a priority for the entire healthcare system. The Centers for Disease Control and Prevention (CDC) says the disease is the nation’s most expensive chronic condition, estimating that it costs the economy \$237 billion in direct medical costs, and another \$90 billion in lost productivity, every year. And those numbers are on the rise—the decade from 2007 to 2017 saw costs jump by 60 percent.

**“Potential neighborhood disparities, such as access to health care services, healthy foods, and the effects of environmental injustice may play a critical role in the disparities of the disease control across the different neighborhoods.”**

While most studies examine the incidence and prevalence of the disease, Liu and his colleagues wanted to understand where the heaviest burden of uncontrolled diabetes rests. Their study, published in *Health Equity* in 2020, uncovered two core findings that have implications for clinical care, for population health, and indeed for social policy on a broad scale: both young adults and residents of neighborhoods where socioeconomic indicators are lowest are least likely to have their diabetes under control.

To reach that conclusion, the study team drew on a sample of almost 5,000 people who had already been diagnosed with diabetes and were receiving care at one of the largest university teaching hospitals in Philadelphia. The marker was A1C, which measures average glucose levels in hemoglobin (blood sugar) over a period of several months. A1C levels of greater than 8 percent are an indicator of uncontrolled hyperglycemia, the defining characteristic of uncontrolled diabetes in the study. The researchers used electronic health records to gather data on age, race, ethnicity, and gender, and on concurrent medical conditions, including body mass index, blood pressure, hypertension, and cholesterol levels. Drawing on Census-tract data from 18 Philadelphia neighborhoods, they also created a socioeconomic status (SES) score that factored in 16 variables relating to housing, residential stability, overcrowding, education, employment, income, and wealth.

Their analysis revealed that almost one-third of the study population did



not meet the clinical goal of maintaining A1C levels below 8 percent. Strikingly, people ages 18 to 54 were more than twice as likely as those 75 or older to have uncontrolled hyperglycemia. With age, the comparison became less dramatic—those ages 55-64 faced a 73 percent higher risk and in the 65-74 age group, they were at 11 percent greater risk, compared with the 75-and-above reference group. While personal motivation, compliance and disease pathology may offer partial explanations for these findings, Liu also suggests ready access to affordable care may be a factor. “At age 65, people are on Medicare and don’t have to worry as much about costs,” he notes.

The influence of socioeconomic status clearly demonstrates pervasive health inequity. People in the lowest SES quarter of the study population were one-third more likely to have uncontrolled hyperglycemia compared to those in the highest quartile. “Potential neighborhood disparities, such as access to health care services, healthy foods, and the effects of environmental injustice may play a critical role in the disparities of the disease control across the different neighborhoods,” write the journal article authors.

Philadelphia has particularly compelling reasons to pay attention to these findings, given that 15 percent of its population over age 18 has diabetes, ranking it first among the nation’s ten largest cities (by population). “The study tells health practitioners and policymakers that we are really challenged to reach young people and those who are underserved,” emphasizes Liu, underscoring the importance of using the data to inform action. “We need to encourage self-management and use health policy to reach diverse populations so that we are supporting people in need.”





# THE YEAR OF

# 2021

**WILL FOREVER BE MARKED** by uncertainties surrounding the coronavirus pandemic, threats of the changing climate, and a greater recognition of barriers to forming a more equitable and just world. Despite all that has occurred, the Dornsife School of Public Health (DSPH) has remained committed to improving the health of communities and populations through education and training programs; conducting and expanding research; and forging partnerships with communities, government and many other organizations and institutions focused on improving population health and promoting health equity across the globe. —>

**Dornsife  
in Depth**

**A YEAR  
IN REVIEW**

By  
**Emily Gallagher  
Alissa Falcone  
Greg Richter  
Annie Korp**



## A Historic Return to Campus

AFTER 18 socially distant months, the Drexel community was able to fully return to campus in September 2021 using COVID prevention tools in-

cluding vaccine mandates, symptom monitoring, contact tracing and mask wearing in all campus public and shared spaces. DSPH faculty, staff and students supported the return to campus in many ways including serving on advisory committees, processing data, and assisting with testing, vaccination and contact tracing among other tasks. Drexel leadership continues to follow federal and City public health guidelines and make adjustments to protect everyone's health.

Drexel's campus came back to life with a hopeful energy. "Even with masks on, the opportunity to see each other and connect beyond a computer screen is refreshing," said Ana V. Diez Roux, MD, PhD, MPH, Dana and David Dornsife dean and distinguished university professor of epidemiology at DSPH, as classes began.

DSPH welcomed 15 new undergraduate students, 209 new master's students, and 26 new doctoral students. Students came from many parts of the United States and from 18 different countries. In addition to the many new students, the School also welcomed three new faculty and 11 new staff members.

This unprecedented time was reflected on in the University's Convocation Ceremony on October 6, 2021. This official ceremony to begin the academic year included a keynote speech given by Sharrelle Barber, ScD, inaugural director of the Ubuntu Center on Racism, Global Movements and Population Health Equity and assistant professor in the department of Epidemiology and Biostatistics at DSPH.

Barber described 2020 and 2021 as an important time in history when pervasive and persistent health inequalities have been exacerbated not just through the pandemic, but through social violence, climate change and racism. Now is also the time, Barber said, to address those forms of oppression and advance health equity and anti-racism by partnering with a wide and diverse range of experts and execute anti-racism principles and scholarship both on and off campus.

## Transformative Funding to Expand

IN OCTOBER 2021, DSPH and the College of Nursing and Health Professions (CNHP) at Drexel University received a 5-year, \$14.4 million "Faculty Institutional Recruitment for Sustainable Transformation" (FIRST) grant from the National Institutes of Health (NIH). This grant allows Drexel to hire, retain and support diverse, early career researchers with a focus on health disparities research on aging, chronic disease and/or environmental determinants.

FIRST is a novel initiative launched by the NIH with the goals of enhancing and maintaining cultures of inclusive excellence in the health research community and supporting the career development of diverse faculty.

Drexel is one of only six institutions nationwide receiving funding as part of the inaugural FIRST cohort.

The funding will drive the development of a transformative and sustainable infrastructure to support faculty at Drexel. It will create evidence-based mentorship and sponsorship programs, build a community of scientists in health disparities research engaged in population health to intervention science research and establish policies and procedures for faculty recruitment, retention, and progression. The grant enables the recruitment and career development of 12 diverse, early career scientists at the tenure-track, assistant professor level. It will also support their efforts to submit competitive NIH research grants in health disparities research. The goal of the grant is to create sustainable institutional changes necessary to promote inclusive excellence for all and it includes innovative ways to evaluate the success of the program at multiple levels, including its scientific impact. *(continued)*

FUNDING  
AT A GLANCE

**5**  
YEARS  
**\$14.4**  
MILLION

To hire, retain  
and support  
diverse,  
early career  
researchers  
with a focus  
on health  
disparities  
research on  
aging, chronic  
disease and/or  
environmental  
determinants



# “Today,

more than ever, we recognize the importance of conducting rigorous research into the drivers of health inequities so

that we, as a society, can take the actions we need to improve health,” said co-principal investigator Diez Roux. “Achieving this goal requires a diverse faculty who can raise new questions, provide new interpretations and generate innovative solutions. This new program will allow us to attract and support faculty working in these areas and will energize health disparities research at Drexel generally.”

The grant reflects a shared commitment from the colleges to prioritize diversity, equity and inclusion in recruitment, retention and promotion across careers at Drexel. It also reinforces the link between two recently adopted University strategic goals: to foster an inclusive and equity-driven culture and to strengthen transdisciplinary research. In this instance, more diverse faculty leads to more innovative research in health disparities research.

“When research lacks input from diverse researchers, our research questions and measures are inadequate and the communities most in need very often are not included in research studies,” said co-principal investigator Laura N. Gitlin, PhD, distinguished university professor, executive director of the AgeWell Collaboratory and dean of CNHP. “When this happens, our understanding is incomplete and health disparities are not meaningfully addressed; that is, knowledge generation does not translate into actions that reduce health inequalities. This funding ensures that research faculty from historically under-represented groups not just contribute to but lead critical and impactful research in this area.”

The grant involves three cores co-led by Drexel faculty who are nationally recognized in their areas of expertise: an administrative core co-led by Diez Roux and Gitlin; a faculty development core co-led by Leslie Ain McClure, PhD, professor in DSPH and Stephanie Brooks, PhD, clinical professor in CNHP; and an evaluation core co-led by Maria Schultheis, PhD, professor in the College of Arts and Sciences and Girija Kaimal, EdD, associate professor in CNHP. An internal advisory board of key administrators and deans at Drexel, and an external advisory board of national experts in health disparity research, along with many faculty throughout the university, who will serve as mentors, will participate in this transformative opportunity.

The structure of the grant exemplifies team science and an inclusive approach to transforming the research enterprise. Once developed, new programming will also be available to existing faculty and staff at the University to foster an inclusive environment and maintain the program’s viability beyond this grant funding.

▶ DSPH has experienced an increase in research engagement over the past few years. For a complete list of funded research projects in 2021, check out our “Awards, Honors and Funded Research” pages in the “Dornsife Highlights” section of this issue.

“We have to save ourselves now, and the way to do that is to build our sense of community and resilience and connectedness.”

## DSPH’s Role in Climate Year

THE CALL FOR climate action has reached a tipping point as the adverse effects of the warming planet like persistent droughts,

extreme weather patterns, poor air quality, and wildfires continue to increase. In response, Drexel declared 2021 a “Climate Year” and took action in numerous ways involving members of DSPH.

The university partnered with the City of Philadelphia, the Delaware Valley Regional Planning Commission (DVRPC), and other local organizations to create a Climate Resilience Research Agenda (CRRA). The CRRA was convened by academic researchers from across the university as well as those with relevant community-based, sectoral, or policy-related experience from the City of Philadelphia, the Delaware Valley Regional Planning Commission, and the Consortium for Climate Risks in the Urban Northeast.

Four interdisciplinary working groups represented dozens of institutions, organizations, governmental agencies and private firms working together to identify and understand the implications of climate change in the Greater Philadelphia area, and also to develop solutions to minimize climate change risk and impact on its citizens. Jerry Fagliano, PhD, associate clinical professor and chair of the department of Environmental and Occupational Health (EOH), is part of the Regional Climate Change & Cascading Hazards Working Group; Jane Clougherty, ScD, associate professor in EOH, and Arthur Frank, MD, PhD, professor in the EOH, were part of the Health & Environmental Vulnerability Working Group;



and Leah Schinasi, PhD, assistant professor in the EOH, was in the Planning Low-Carbon Adaptation of the Built Environment Working Group.

These working groups met multiple times during the summer of 2021 and presented their conclusions in a public meeting before the new year. The report will be widely circulated to key stakeholders to facilitate action across the region.

In addition to this work, DSPH hosted or participated in various climate and sustainability events that dive deep into how the changing climate impacts planetary health.

It has grown more and more evident that marginalized communities will bear the brunt of climate change, and its impacts can further exacerbate unequal social conditions. As this threat is addressed worldwide, leaders in this fight must consider that not all effects are felt equitably and develop solutions accordingly. Through this lens, DSPH has dedicated its annual Population Health Spotlight Series to “Climate, Justice and Health” and has welcomed renowned experts in environmental health research, justice, policy, and health equity to deliver lectures and meet with faculty, staff, and students.

Diez Roux presented at a university-wide event titled “Infrastructure + Health: The Impacts of COVID and Climate on Transportation” to discuss implications of greenhouse gas and air pollution emissions, mobility options for vulnerable communities, and the health and wellness of dense urban populations. Research centers and departments housed in DSPH have also hosted guests that have explored these complex topics.

To further generate awareness and answer pressing questions in the public, DSPH researchers have provided expert commentary on climate change in the media. Notably, Mariana Chilton, PhD, professor at DSPH and director of the Center for Hunger-Free Communities, joined fellow scholars backing a global report warning of climate change’s irreversible effects. “We have to save ourselves now, and the way to do that is to build our sense of community and resilience and connectedness,” said Chilton.

Students had the opportunity to get involved at town hall style meeting hosted by the university. The discussion questions included: What has Drexel University done to be more sustainable? What is it doing now to implement sustainability practices? And what comes next?

Each action and event helped to strengthen the university’s climate commitment, inspire civic engagement, and engage the community through public-facing climate and sustainability programming.

## CEPH ACCREDITATION

For the past two years, DSPH faculty and staff have been working towards securing Council on Education for Public Health (CEPH) accreditation once more with a comprehensive self-study.

DSPH was the first accredited school of public health in Philadelphia by CEPH in 2000 and was reaccredited in 2014 for another seven years.

Since 2014 DSPH has grown exponentially, expanding its online offerings, adapting educational programs to meet the needs of public health professionals, and tripling its research expenditures. DSPH is close to fulfilling remaining procedural requirements of the review and underwent a campus site visit by CEPH accreditation site visitors in December 2021.

CEPH, an independent agency recognized by the U.S. Department of Education to accredit schools of public health and public health programs, ensures quality and state-of-the-art education. By attending an accredited school or program of public health, students benefit from the broad range of educational and experiential opportunities.

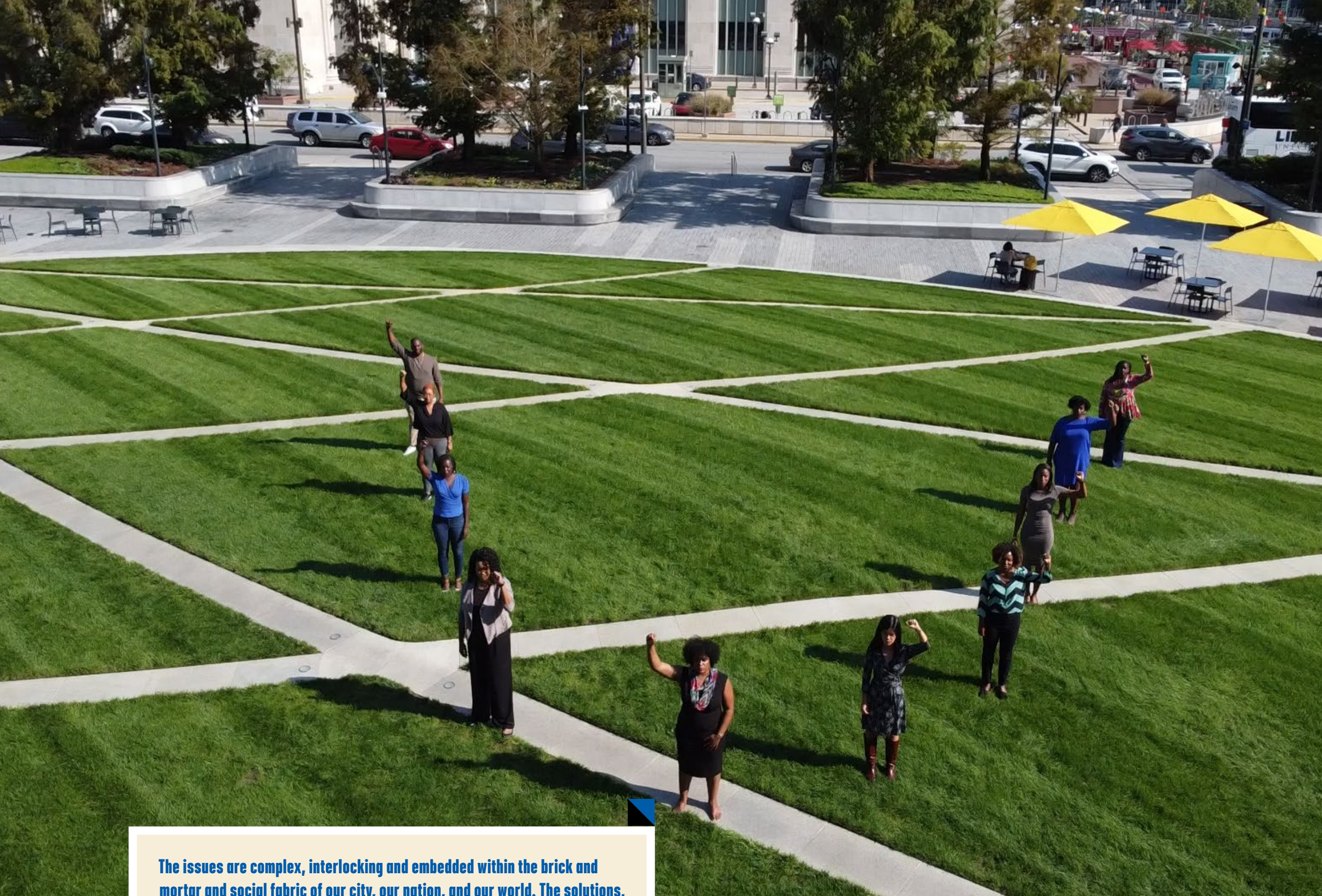
“CEPH accreditation attests to the quality of our educational programs to prepare students to excel as a public health professional. Accreditation also enhances our national reputation because it represents peer recognition for quality and excellence,” said Jim Stimpson, PhD, professor at DSPH.

CEPH’s mission aligns with DSPH’s goal of providing quality education to benefit future public health professionals that work towards creating healthier communities.

▶ ACCREDITATION AT A GLANCE

DSPH was the 1st accredited school of public health in Philadelphia by CEPH in 2000 and reaccredited in 2014 for another 7 YEARS





INTRODUCING NEW CENTERS

# The Ubuntu Center

THE UBUNTU CENTER on Racism, Global Movements and Population Health Equity, made possible through a generous gift from philanthropists Dana and David Dornsife to DSPH in December 2020, officially launched in November 2021. A leader in research on the impact of structural racism on racial health inequities, locally in Philadelphia, nationally in Jackson, Mississippi, and globally in Brazil, Sharrelle Barber, ScD, was named inaugural director.

When searching for a name for the Center, Barber reflected on the past year, looked to her experience in Brazil and recommended the South African principle Ubuntu -- "I am because we are."

The name "is not an anemic commitment to unity without accountability and justice, but rather a radical act of solidarity rooted in our shared humanity, unapologetic truth-telling, and a commitment to bold collective action that dismantles oppressive systems, disrupts narratives, and dares to imagine and build the just and equitable world we all deserve," said Barber. "The name connects us to a long lineage of transformative social movements locally, nationally, and globally from which we draw strength, insights, and inspiration."

The Ubuntu Center's mission is to unite diverse partners, generate and translate evidence, accelerate anti-racism solutions, and transform the health of communities locally, nationally, and globally. It is rooted in the disproportionate impact of the COVID-19 pandemic; the state-sanctioned violence by law enforcement in 2020, most notably the killings of Breonna Taylor and George Floyd; the resulting protests that were sparked globally; and the renewed sense of urgency around racism as a public health crisis. *(continued)*

**The issues are complex, interlocking and embedded within the brick and mortar and social fabric of our city, our nation, and our world. The solutions, therefore, cannot be mere Band-Aids on the gashing wounds of entrenched inequities. They must be bold and audacious and rooted in a deep sense of the collective and shared responsibility to right the wrongs of the past.**

SHARRELLE BARBER, SCD  
addressing the audience as the keynote speaker at Drexel's Convocation Ceremony in October 2021

ERICA HAWKINS, DRONE PHOTOGRAPHER



“The COVID-19 pandemic has held our world in suspended reality for more than a year, and in that time of reflection, the crises facing our societies have emerged in stark relief,”

said Irene Headen, PhD, assistant professor of Black Health in the department of Community Health and Prevention at DSPH. “Racism is one of these leading challenges facing public health in the 21st century. Garnering the resources, tools, scholarship, and practices to dismantle its impact on the health of Black, Indigenous, and other people of color is critical.”

The Ubuntu Center will connect anti-racism and population health scholarship and action locally and nationally to ongoing work happening in other parts of the world. It will build on the research and expertise of affiliate faculty and COVID in Context, a data and digital storytelling project designed to document the disproportionate impact of COVID-19 in Black communities in Philadelphia and amplify the voices of communities hardest hit by the pandemic.

The Center envisions a just future, free of systems of oppression, full of new possibilities through bold collective action, and an equitable world in which all individuals and communities are healthy and thrive. To learn more, check out the Center’s new website [UbuntuCenter.org](http://UbuntuCenter.org).

To keep up with DSPH news from across the school, subscribe to the Dean’s monthly newsletter. Scan below:



INTRODUCING NEW CENTERS

# The Medical Cannabis Research Center

THE HEALTH CONDITIONS that qualify patients for medical cannabis in Pennsylvania, which include opioid dependence and autism, stand as top population health problems in the United States. In response, Drexel University has launched a new center affiliated with DSPH called the Medical Cannabis Research Center (MCRC).

The mission of the MCRC is to conduct population, clinical, and translational science-based research studies on medical cannabis and disseminating this knowledge. This mission aligns with a key part of Drexel University’s mission to “focus our collective expertise on solving society’s greatest problems.”

The Center will collaborate with Commonwealth of Pennsylvania’s Medical Marijuana Program and the medical community at large to make better clinical decisions for its patients. Currently, there is little data on the efficacy of medical cannabis, which has been legal in the Commonwealth of Pennsylvania since 2016.

The MCRC is a collaboration between DSPH and Drexel College of Medicine: DSPH Professor and Associate Dean of Research Stephen Lankenau, PhD, and College of Medicine Professor and Chair of Psychiatry Wei Du, MD, are co-directors.

Lankenau, who has led multiple large-scale, NIH-funded grants focused on medical cannabis in young adults in California since 2013, is

RESEARCH AT A GLANCE  
The Drexel-Agronomed research partnership seeks to expand known health effects of medical cannabis (in its various forms) used to treat 23 state-approved physical and psychological medical conditions including HIV, neuropathies, autism, opioid dependence and PTSD.

“Our vision is to improve patient population health by balancing the scientific understanding of cannabis and its medical applications. Our goal is to learn from marijuana users and potentially figure out what types of cannabis formulations work the best for different conditions.”

STEPHEN LANKENAU, PHD, DSPH PROFESSOR AND ASSOCIATE DEAN OF RESEARCH

overseeing a patient registry study which began in June 2021. It follows medical marijuana users to understand their demographics, prior health concerns and prior cannabis or other drug use practices, as well as what impact using cannabis medically has on their health.

“Our vision is to improve patient population health by balancing the scientific understanding of cannabis and its medical applications,” said Lankenau. “Our goal is to learn from marijuana users and potentially figure out what types of cannabis formulations work the best for different conditions.”

MCRC also enables University faculty, staff and students to propose small pilot studies that would be funded by the partnership and could grow into larger studies that could ultimately receive external funding.

# The New Practice Council

FORMED IN EARLY 2021, the Dornsife School of Public Health Practice Council was established by the Dean to provide insight and feedback on key priorities and

initiatives for DSPH. As leaders in public health, the Practice Council provides particular insight into the impact of DSPH’s research, education and activities on the practice of public health. DSPH has assembled a council of 16 public health professionals to guide and inform the Center for Public Health Practice.

Each professional on the multi-disciplined council brings a unique expertise and set of skills that enrich students’ experiences in the field, whether in their co-op or their applied practice experience.

“The Practice Council provides us with a great opportunity to regularly convene public health leaders and discuss issues and initiatives concerning our school, learn more about the priorities of their organizations, and put our heads together on how we can collectively work to improve the health of our region,” said Jennifer Kolker, MPH, associate dean for public health practice and external relations and clinical professor of health management and policy.

“The council is a truly constructive forum where Executive Leaders representing a diverse group of organizations can have a dialogue with the Dean and other Dornsife faculty on how the groups can best work together,” said Dean’s Advisory Council chair Gerald Miller, MPH.

The assembly of this council further elevates DSPH’s commitment to creating bridges between academia and the public health workforce.

THE COUNCIL MEMBERS

- Jose Benitez, Executive Director, Prevention Point Philadelphia; Jeanne Casner, County Health Director, Chester County Health Department; Susan Choi, Senior Director, Population Health, Health Improvement Foundation; Richard Cohen, President and Chief Executive Officer, Public Health Management Corporation; Judith Emmons, Vice President, Health Care Services, Congreso de Latinos Unidos; Desha Dickson, Associate Vice President of Community Wellness, Tower Health; Cheryl Bettigole, Health Commissioner, Philadelphia Department of Public Health; John Kirby, Director, Dornsife Center at Drexel University; Natalie Levkovich, Chief Executive Officer, Health Federation; Rev. Lorina Marshall-Blake, President, Independence Blue Cross Foundation; Christina Miller, Public Health Administrator, Montgomery County; Gerald (Jerry) Miller, President and CEO (retired), Crozer-Keystone Health System, Chairman of Dean’s Advisory Council at DSPH, Dave Rubin, Director, Policy Lab at Children’s Hospital of Philadelphia; Brenda Shelton-Dunston, Executive Director, Black Women’s Health Alliance; Alonzo South, Senior Director, Community Engagement, Children’s Hospital of Philadelphia; and Amy Verbofsky, Manager, Healthy and Resilient Communities, Delaware Valley Regional Planning Commission.

# THE YEAR OF 2021

has been truly historic, for better and for worse, and “has highlighted more than ever the critical role of public health and social justice in creating a better world,” said Diez Roux. “Our School continues to grow and expand its work towards achieving health for all.”

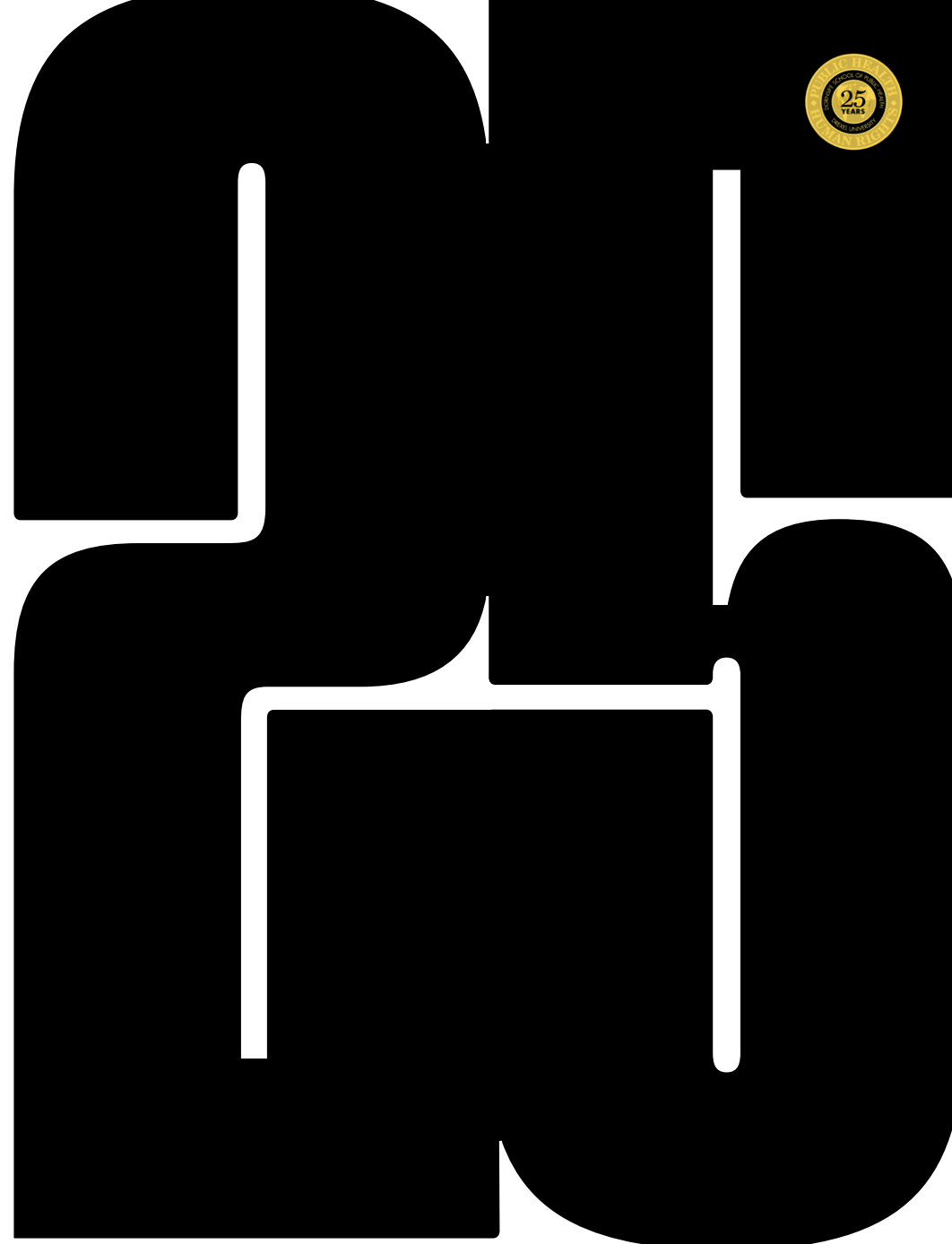




25  
VOL / YEARS

- RABIAH ASIF
- VALERISSA C. BAKER
- JEANETTE M. BOWLES
- BREAUNA BRANCH
- ASHLEY D. BROWN
- NICOLE DICKERMAN
- VIREN DOSHI
- SIGNE ESPINOZA
- LAUREN FINN
- MARCELLA GONSALVES
- KOMAL GUJARATHI
- MONICA J. HARMON
- BRYAN HULL
- MICHAEL L. JENKINS, JR.
- KESHIA MAUGHN
- VANESSA BO YEE MOY
- RAYMAN AUNI MWANGOSI
- KATE OGDEN
- PALAK RAVAL-NELSON
- JORDAN ROGERS
- VELTON W. SHOWELL IV
- CLINT STEIB
- SUSAN STEIN
- NICK THOMPSON
- BARBARA C. WASHINGTON

Collage by Eleanor Shakespeare



# Outstanding DSPH Alumni to Celebrate 25 Years

**I**N 2021-2022, THE DORNSIFE School of Public Health (DSPH) at Drexel University celebrates 25 years of providing education, conducting research, and partnering with communities and organizations to improve the health of populations. In 1996 the school was founded on the principle of health as a human right and the recognition of the importance of social justice as a means to achieve health for all. The last 25 years have been marked by forward thinking, growth in programs and research, and substantive community impact. **1** To commemorate this milestone, we gathered 25 outstanding alumni for a Q+A to share why they chose the field of public health, what continues to motivate them, and how DSPH helped them prepare for their career.







**MOBILE TESTING SUPERVISOR**  
at the Philadelphia Department of Public Health

**RABIAH ASIF**

MPH with a concentration in Community Health and Prevention '19

PHILADELPHIA, PA



**VALERISSA C. BAKER**

MPH, BS in Biological Sciences with minor in Public Health '15

**BUSINESS DEVELOPMENT MANAGER** at World Vision, Inc.

SOUTHERN CALIFORNIA




**JEANETTE M. BOWLES**

POSTDOCTORAL FELLOW  
at the Centre on Drug Policy Evaluation, St. Michael's Hospital

TORONTO, CANADA

DrPH in Community Health and Prevention '17




**BREAUNA BRANCH**

MPH with a concentration in Epidemiology and minor in Infectious Diseases '20

**MATHEMATICAL STATISTICIAN**  
at United States Department of Agriculture (USDA)

WASHINGTON, DC



**ASHLEY D. BROWN**

MPH with a concentration in Global Health '13

**AFFORDABILITY SOLUTION DIRECTOR,**  
Global Market Access at MSD Switzerland

ZURICH, SWITZERLAND

What drives me most to do the work I do is seeing the difference it makes in people's lives through empowerment, disease prevention, and health promotion. I am passionate about health advocacy in the communities I work in. I saw the greatest impact of this work during the pandemic where I witnessed how thankful people were to finally have a vaccine or how grateful those with positive test results were when they were offered social resources to help them isolate safely. The pandemic has provided many learning opportunities that encompass innovation, disease prevention, and education to continue to keep the communities safe.

A clever analogy encouraged me to pursue a career in public health to make changes on larger scales and help address the needs of marginalized communities more quickly: "Working in medicine and public health are like dealing with forests and trees. Medical practitioners address each individual tree's needs while public health practitioners address problems of the whole forest." At World Vision, Inc., working remotely to manage teams across countries to design programming that is both effective and sustainable can be tough work, but I'm driven by the numbers. Acquiring funding is an excellent feeling; however, reading reports that our programming increases access to clean water, mothers and children are receiving the nutrition and services they need, food insecurity and livelihood solutions are addressing effects of natural disasters, and that our first responders are supporting internationally displaced people is the impact that drives me to continue my work.

I am deeply troubled by interpersonal and structurally violent injustices in society that lead to premature death, damage quality of life, and hinder the ability for many to live freely without discrimination and accompanying stigma. I am driven by the fact that these injustices are preventable. I also see healthcare as a fundamental human right, along with clean water, food, and housing. I support the concept of "health in all policies" and that the voices of those most marginalized need to be heard when such policies are developed and enacted.

**I am driven by the fact that these injustices are preventable.**

As a public health professional, I feel extremely blessed to be able to work in public service and support the safety of food products. I have heard constant conversations surrounding nutrition and hunger, but rarely hear about proper food safety and foodborne illnesses. Working for USDA has made me more aware about proper food handling and ensuring that I teach others around me in order to prevent foodborne illnesses.

My work has the ability to improve and save lives of others all over the world. The determination that motivated me to pursue a degree in public health continues to drive me to give my best every day. The projects I have worked on span across six continents and affect individuals across the socioeconomic spectrum. I've seen the impact of this work when I look at the statistics on access to innovative cancer therapies and the impact that vaccines have had on the elimination of certain cancers in the world.

**Why PUBLIC HEALTH?**

**Why DSPH?**

I chose to pursue a degree in public health when I realized the impact that socioeconomic disparities had on an individual's health. I wanted to be a part of the system that tackled health equity, while putting social justice at the forefront and revolutionizing the way healthcare is provided to underserved populations. DSPH has a reputable program in a diverse city with a wide range of socioeconomic classes, which presents many hands-on opportunities. Their interdisciplinary approach to tackling current public health challenges through real-world experiences is what attracted me most.

As a Bill and Melinda Gates Millennium Scholar, studying public health was highly encouraged and a fully-funded discipline so I added the minor while studying pre-medicine at Drexel.

**Working in medicine and public health are like dealing with forests and trees. Medical practitioners address each individual tree's needs while public health practitioners address problems of the whole forest.**

Before pursuing a public health degree, I worked as a social worker in various capacities. I was underequipped to advocate alongside communities for the resources needed to thrive. I saw how poverty was impacting health and I wanted to expand my knowledge base in a manner that would enable me to develop interventions and/or policies aligned with health. DSPH was appealing to me in particular because our research training is "applied research," meaning that we learned to produce high quality research with practical application, which I consider critical for the practice of ethical research.

In undergrad, I had an opportunity to participate in an internship at Drexel. At the time, I didn't know what public health was or even realized that the research I was doing was public health related. I had every intention of pursuing a career in medicine but realized that path wasn't right for me. As I began researching what I could do with a biology degree, I soon learned about public health and decided that was the career for me. I enjoyed my time as an intern and wanted to pursue an education at the university.

I decided to pursue a public health degree because my passion is helping others via equitable access to lifesaving and life-enhancing healthcare. By pursuing a degree in public health, I was able to develop the tools and skills necessary to properly address these issues, as well as develop the leadership skills required to discuss public health on a larger platform. I chose DSPH due to their evolving work in global health and for the professors, who I found to be very knowledgeable and passionate, as well.





MPH with a concentration in Health Management and Policy '18

**NICOLE DICKERMAN**


HEALTH SCIENCE POLICY ANALYST at The National Institutes of Health (NIH)

WASHINGTON, D.C.

I'm compelled and driven to help develop, maintain, and renew strategies to improve health and prevent disease, as well as exemplify the highest level of scientific integrity, public accountability, and social responsibility in the conduct of science. I'm also inspired by how medical discoveries can be transformed into standard clinical practice, and how health equity strategies can improve access to life saving treatments and interventions. During my time at NIH, I've been fortunate to see significant impact on matters of importance to the agency, the research community, and the public, with regard to promoting progress in the biomedical research enterprise through the development of sound and comprehensive policies, funding announcements, and partnerships.

I chose to pursue a public health degree at DSPH for several reasons: it consistently ranks as one of the top public health schools in the nation; I strongly resonated with its values of reducing health disparities, promoting health in all policies, and creating healthier cities; and I desired the opportunity to be mentored by some of the leading experts in the field. DSPH also has incredible engagement opportunities for students in the Philadelphia area and beyond. DSPH was a great option for me, and I attribute much of my professional success to the public health education I received there.

**The most compelling and most fulfilling part of my job is helping others solve problems.**



DIRECTOR OF LEGAL AFFAIRS at NorthShore University HealthSystem

CHICAGO, IL

**VIREN DOSHI**

JD MPH with a concentration in Health Management and Policy '16

The most compelling and most fulfilling part of my job is helping others solve problems. I always enjoyed strategy games/puzzles, so it's no surprise that being able to advise others and generate creative solutions for my projects and colleagues is fun and even directly helps patients of my community hospital and health system. The impact is not always evident immediately, but after projects are complete and they are made available to our community, it puts a smile on my face to see how much the community benefits.

I chose to pursue my MPH at Drexel because it has the strongest public health program in Philadelphia and also because Drexel has a stronger emphasis on experiential education than any other university. Being a Drexel undergrad as well, I was confident in Drexel's ability to couple its strong academic courses with real world experiences. I knew these two components would allow me to take the knowledge from the classroom and apply it in any position. I'm glad I did – Drexel helped build a strong resume even before I graduated!

Why  
**PUBLIC HEALTH?**

Why  
**DSPH?**



**SIGNE ESPINOZA**

EXECUTIVE DIRECTOR of Planned Parenthood Pennsylvania Advocates (PPPA)

CONSHOHOCKEN, PA

MPH with a concentration in Health Management and Policy '19

Knowing that there is still so much work to do to ensure reproductive freedom for all compels and drives me to continue doing this work. The work we do at PPPA has an impact on communities across the state. Whether it's electing sexual and reproductive health champions to all branches of government or hosting a phonebank, PPPA brings people together every day to ensure that the fight for reproductive liberation is kept front and center.

I pursued a public health degree at DSPH because of their commitment and work to dismantle health disparities.

**Knowing that there is still so much work to do to ensure reproductive freedom for all compels and drives me to continue doing this work.**



LOS ANGELES, CA

EPIDEMIOLOGIST at Los Angeles County Department of Public Health

**LAUREN FINN**

MPH with a concentration in Epidemiology '13

I am motivated by a desire to improve and protect the health of my community, particularly those individuals placed at higher risk of illness due to systemic health and social inequities. Having worked in both the governmental public health and health care settings, I have seen firsthand the disproportionate burden of disease experienced by vulnerable populations, from COVID-19 to Legionnaires' disease. By highlighting these disparities in health and access to health care, we can underscore the critical importance of improving health through promoting policies and programs aimed at eliminating those underlying inequities.

I became interested in public health because it is a discipline that provides an opportunity to improve the health and well-being of others on a population scale. I chose to pursue my MPH at DSPH due to the school's emphasis on community service and engagement. The research opportunities and internships I was able to explore both internally and externally during my time at DSPH, including a research project at the Philadelphia Department of Public Health, allowed me to serve my community while also granting me valuable experience to aid in transitioning into a career in governmental public health.



LECTURER at University of California, Davis, Department of Public Health Sciences

**MARCELLA GONSALVES**

SACRAMENTO, CA

EdD, Executive MPH '11

As a public health instructor, I am driven because I know I am initiating exponential change. I am privileged to teach hundreds of students who will contribute to public health goals within their careers or communities. When I am not teaching, I am driven to support organizations that are improving public health. Most recently, I conducted a needs assessment and a research project with our local food bank's partners. They are using the data to inform an emergency food plan and other efforts to improve food security within our county.

I knew my degree in public health would be the ticket to career advancement. I was working in public health with my bachelor's degree but noticed how many of the public health leaders in my area had a graduate degree. I wanted to be like them. I specifically chose DSPH because it offered the only Executive MPH program in my area. I was working full-time and loved that I got the best of both worlds: in-person instruction two days per month followed by asynchronous instruction.






**KOMAL GUJARATHI**

COVID-19 CONTACT TRACING PROGRAM MANAGER at Will County Health Department

GREATER CHICAGO AREA

MPH with a concentration in Environmental and Occupational Health '08



**MONICA J. HARMON**

Executive MPH '06

CLINICAL ASSISTANT PROFESSOR in Drexel University's College of Nursing and Health Professions and the Executive Director of the CNHP Community Wellness HUB at the Dornsife Center

PHILADELPHIA, PA



**BRYAN HULL**

JD MPH with a concentration in Health Management and Policy '07

WASHINGTON COUNSEL for the American Medical Association

WASHINGTON, D.C.



**MICHAEL L. JENKINS, JR.**

MPH with a concentration in Epidemiology '12

SENIOR POLICY ANALYST/SOCIAL EPIDEMIOLOGIST at the U.S. Department of Health and Human Services

WASHINGTON, D.C.



**KESHIA MAUGHN**

SENIOR PRINCIPAL, STRATEGIC ADVISORY SERVICES at STATinMed Research

WASHINGTON, DC

MPH with a concentration in Health Management and Policy '11

Right now, I am a COVID-19 Contact Tracing Program Manager for my local health department. I have the privilege of leading a team of contact tracers fighting this pandemic. Every single day, I am inspired, challenged, and humbled by the work my team and I do. Being able to serve my community in this way is something I will always be grateful for. I am driven by the fact that the work I do helps limit transmission in the community and ultimately gets us a step closer to ending the pandemic. I feel that my passion for "One Health" came full circle in my current role, where I work alongside communicable disease experts well versed in zoonotic and emerging infectious diseases, during a pandemic.

I am convinced that community factors and social issues manifest in chronic disease. I think that health care practitioners must consider all determinants of health when addressing population health needs. Cognizance of these influencing factors and willingness to address the many challenges prohibiting optimal health for the populations we work with is at the forefront of my practice as a public health nurse, educator, and researcher.

I am driven to work in the public health space to continue making strides in the advancement of the livelihood and wellness of our communities. Every day, I advocate to influence health policies that have a far-reaching impact on our health-care system. Particularly during this pandemic, healthcare systems were forced to quickly adapt in order to facilitate care. I've witnessed how the policies and social justice elements of advocacy not only allow physicians to have the essential tools and resources needed to provide their patients with quality services, but I've also seen the removal of the barriers that prevent individuals—particularly those in minoritized communities—from having access to quality healthcare.

Epidemiology, health equity and social justice have progressively woven themselves into my life. In this work, I couple my passion for investigation with my desire to improve the lives of others. Martin Luther King, Jr. once said, "All labor that uplifts humanity has dignity and importance and should be undertaken with painstaking excellence." I believe my work exemplifies this philosophy, and I have dedicated my career to work that will further aid in uplifting humanity. It's hard to see the immediate impact of my work, as I work at the 1,000 foot-level, but I know that Federal legislation, policy, and programs that are shaped by my work have and will continue to improve health and well-being.

I love helping my clients solve their biggest challenges. Generating real world evidence is critical to the success of any pharmaceutical product. In my current role as Principal, RWE I provide advisory services to my clients to help them achieve their short-term and long-term evidence generation goals. Over the course of my career I have had the opportunity to help many products expand their access to underserved populations. Being a behind the scenes 'influencer' of public health provides me the opportunity to improve quality of life for thousands of people and is such a rewarding experience.

The "One Health" approach is what drew me to this field. As a veterinarian's daughter, I was always interested in the interconnection between people, animals, and their shared environment. Once I was at DSPH, I was able to complete my practical experience at Merck and Co. to better understand occupational exposures to animal workers. The practice opportunities available to students is what drew me to DSPH for my public health education. I ultimately completed my thesis on occupational exposures to waste anesthetic gases during animal research. My practical experience work is what led me into the field of environmental and occupational health for over a decade until the COVID-19 pandemic hit.

To better understand systemic factors related to health and well-being, health care, health care delivery, and policy development.

**I am convinced that community factors and social issues manifest in chronic disease.**

I pursued a public health degree because health and well-being are essential to our everyday lives. The public health conversation touches so many elements, spanning not just the health choices we make as individuals but the impact that health and healthy choices have in our communities. I wanted to engage in social justice initiatives and drive public policy and ensure that underserved communities had access to affordable healthcare. I specifically chose to attend DSPH because of the classroom and community-based hybrid curriculum for students to take what they learn in the classroom and apply those concepts in the surrounding communities.

Why **PUBLIC HEALTH?**

Why **DSPH?**

I was born in Washington, D.C. where epidemiological problems, chronic disease issues, and social and health inequities are pervasive. At the age of five, I learned that my grandmother had diabetes, and at the time I could not comprehend the severity of this disease, but I later learned of its prevalence in the African American community, and its impact on life quality. I didn't realize it then, but that knowledge would shape the course of my educational pursuits and career aspirations. I chose DSPH because when I visited, I felt welcomed and the research areas of the faculty were of great interest to me.

**Being a behind the scenes 'influencer' of public health provides me the opportunity to improve quality of life for thousands of people and is such a rewarding experience.**

Drexel was one of the few accredited public health programs in the area. Much like the rest of the university, the program's focus on practical learning was especially important to me as I wanted more exposure to Health Economics and Outcomes Research. During my time in the program I was fortunate enough to work on some challenging research studies where I gained hands-on experience integrating multiple data assets to research patterns of substance abuse behavior.





**VANESSA B. MOY**  
 MPH with a concentration in Health Management and Policy '16  
 MANAGEMENT CONSULTANT at ECS  
 WASHINGTON, D.C.




**RAYMAN AUNI HWANGOSI**  
 HEALTH AND NUTRITION TECHNICAL PROGRAM OFFICER at World Vision, Inc.  
 DAR ES SALAAM, TANZANIA  
 Global Health WASH certificate, Post-Baccalaureate Certificate '21



**KATE OGDEN**  
 DIRECTOR, POLICY & RESEARCH at The Pharmaceutical Research & Manufacturers of America (PhRMA)  
 MPH with a concentration in Health Management & Policy '14  
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**PALAK RAVAL-NELSON**  
 PHD, MPH with a concentration in Environmental and Occupational Health '02  
 DIRECTOR OF ENVIRONMENTAL HEALTH SERVICES at the Philadelphia Department of Public Health  
 PHILADELPHIA, PA



**JORDAN ROGERS**  
 MPH with a concentration in Health Management and Policy '18  
 CANNABIS COALITION LEADER at John Fetterman for U.S. Senate  
 PHILADELPHIA, PA

One of my passions is to continuously improve our nation's public health and health care system through management and policy, which compels and drives me to do what I'm doing. I have had the rewarding opportunity of working with federal government agencies by improving the efficiency and effectiveness of programs. Currently, I provide project management support to one of Veterans Health Administration's initiatives, which streamline processes across all medical centers and clinics. This initiative makes an impact on Veterans by empowering them to make informed health care decisions, improving their timely access to care, and centering the process on them.

Communities in developing countries need public health practitioners like me to be on the front lines to alleviate prevailing health problems. The investment made by World Vision and DSPH to train me helps ensure communities in need are transformed. It's also my responsibility to ensure that the reputations of DSPH and World Vision are sustained by utilizing the knowledge acquired and opportunity respectively to bring positive impact to the communities we serve.

Why **PUBLIC HEALTH?**

I pursued a public health degree because it ties into health care and the health care system whether at the local, national, and global level. I also think our nation's health care system can continuously be improved through high quality of care, policy, and management. I chose DSPH because of its mission that health is a human right. Another reason I chose DSPH was the unique curriculum of being taught a range of core public health courses before identifying a concentration and the flexibility to select courses that aligned with my interests.

With my first degree in nutrition, I have been working in the community supporting public health projects focused on reproductive, maternal, newborn and child health (RMNCH); food access; livelihoods; and global water, sanitation and hygiene (WASH) with different international organizations. I wanted to continue my education to better serve more communities. Especially in remote areas, more trained professionals in the area of public health are needed. With a remarkable reputation and the partnership with World Vision, I was privileged to receive a scholarship to study at DSPH in cohort number seven.

Why **DSPH?**

**Especially in remote areas, more trained professionals in the area of public health are needed.**

It's been important to me in each position I've held to be able to say that I'm doing some good in the world, and I feel lucky to have found that, in some way, shape, or form throughout my career. I'm consistently fascinated by the way we pay for healthcare in the U.S. (the good, the bad, and the ugly!), and am compelled to be a part of the dynamic conversation of how we make that equation more efficient and more equitable to ensure that people have access to the services they need.

I chose DSPH primarily because of the school's focus on healthcare as a human right. It was important to me that the concept was held as the underpinning of the program itself, and was infused into every course I took. I also appreciated the structure of the program and the ability to declare your concentration after your first term. That allowed me to experience a bit of each concentration before I determined the best focus area for me.


My motivation and drive come from wanting to help all people, especially the most vulnerable populations: children, minorities, women, the poor, all disadvantaged populations. I strive every day to understand the environmental public health needs of Philadelphians and create education and regulatory strategies that will make the city environmentally healthy and safe. As the Environmental Health Services Director for the City, I can see the direct impacts of my work through the food safety compliance within food establishments; lead-safe home environments; West Nile Virus prevention; tobacco sales enforcement; and most notably the COVID-related enforcement to control the spread of the virus in public spaces such as food establishments, schools, and gyms.

Ever since I was 5 years old, I wanted to help people. Originally, I thought that the best way to do that was to be a medical doctor. After getting into medical school, I realized that I wanted to help more than one person at a time. So I began my career in environmental public health in 1996. In 1998, I learned about MCP Hahnemann's Public Health School (DSPH's former name) and met Dr. Johnathan Mann, the first dean of the school. I was inspired by him, the school's mission, and the curriculum so much that I decided to pursue my MPH in the first part-time class at the school. It was one of the best decisions of my life, and I am grateful for everything I learned. I use my learning on a daily basis to help Philadelphians.

Cannabis is medicine and no one should be in jail over a plant. As someone with bipolar disorder, daily cannabis use for over half my existence combined with psychoactive medication and therapy has saved my life. The impact of this work reaches far and wide, especially when it comes to what I view as the most honest, public conversation on cannabis legalization and the harm that criminalization has played in the effects of the War on Drugs. Honest conversation and loud advocacy leads to true legislative change, and I'm a part of that while also observing a revolution on cannabis right before my eyes.

I chose an MPH because public health encompasses so many things, including social/restorative justice and progressive policy change. As a cannabis activist and user for 16 years, I wanted to learn how these disparities were created due to social determinants of health and help shine light on the criminal justice disparities and create legislative language to legalize and decriminalize cannabis and rectify those disparities. DSPH offered me the opportunity to dive deep into theories of social determinants of health, policy, and community organizing, and gave me the resources to produce my thesis on this topic. Drexel provided an overall great education in the city I love and call home!






**LEAD EPIDEMIOLOGIST**  
at Colorado Department  
of Public Health and  
Environment's Residential  
Care Epidemiology Team

**ATLANTA, GA**

**VELTON W. SHOWELL IV**

MPH in Epidemiology  
and minor in Infection  
Prevention and Control '18



Executive  
MPH '15

**CLINT STEIB**

**PROGRAM MANAGER** at  
the Dorothy Mann Center  
for Pediatric and Adolescent  
HIV at St. Christopher's  
Hospital for Children

**PHILADELPHIA, PA**



Executive  
MPH '10

**SUSAN STEIN**

**EXECUTIVE DIRECTOR**  
of Medical Affairs  
Patient Advocacy  
at Turning Point  
Therapeutics, Advisory  
Council at DSPH

**PHILADELPHIA, PA**

25  
VOL. / YEARS



**NICK THOMPSON**

**IT PROJECT  
MANAGER** for the  
Epic Together Team at  
Robert Wood Johnson  
Barnabas Health  
and Lecturer at the  
Jefferson College of  
Population Health

**WYNCOTE, PA**

PMP, MPH with a  
concentration in Health  
Management and Policy '15



Retired from Public Health  
Management Corporation  
2020 (18 years);

**PART-TIME FACILITATOR**  
at the Black Women's  
Health Alliance

**PHILADELPHIA, PA**

**BARBARA C. WASHINGTON**

Executive MPH '11

I've always been drawn to the why and how in things. Working as an epidemiologist as part of the COVID-19 response answers those questions on a daily basis, and no two days are ever the same. Through my work I've been able to see the impact in real time while assisting in mitigation efforts to stop the spread of SARS-CoV-2 in a variety of settings, from professional sports to residential care populations. The ultimate gratification comes from resolving outbreaks that affect facilities and members of our population that are traditionally among the most vulnerable. I chose public health because it provided me the opportunity to make an impact at a population level. At its core public health allows you to use your skill set to advocate for others and affect change in something bigger than yourself.

The resilience and determination in the clients that we serve in our clinic, and the commitment and passion of my colleagues are the driving force that compel me to continue the work that I do...and there is still a lot of work left to do. As we move closer to ending the HIV epidemic and seeing an AIDS free generation in the U.S., I know that our contributions are playing a role in this incredible achievement and that our work will never be in vain.

Working in oncology patient advocacy, I am continuously inspired by the resilience, strength, and tenacity of patients, caregivers, and patient group leaders. It is so important to ensure their collective experiences are incorporated into the vision, focus, and the drug development process of our organization. When we listen to patients, we receive a more informed understanding of the true lived experience and can therefore make more patient-centered decisions that affect therapy, access, education, and support. Having an MPH has given me a more thorough understanding of the complex healthcare issue we face and finding solutions to advancing patient care is what compels me to do this work.

I am entering my seventh year of implementing, maintaining, and optimizing enterprise electronic health records. The dynamic nature of the work and the far-reaching impacts have kept me interested. While large-scale change initiatives are challenging, they are also extremely rewarding as I can see firsthand how my efforts improve organizational metrics, reduce the potential impact of project risks, and enhance patient outcomes. As someone who strives for efficiency and enjoys working with people, IT project management gives me an avenue to ensure we begin with the end in mind and always focus on the effects of our work on the people we serve: our patients.

I am compelled to do this work every day because of the great needs in our society today (drug addiction, poverty, criminal activity, lack of health care, poor education, poor nutrition, women's health issues, and more). I have actively engaged with all of these challenges working in public health and I love it. I love when I see even a small window of success where an individual has begun to make changes in their lives for the better. I have particularly seen an impact working with women in small groups at Public Health Management Corporation and now with the Black Women's Health Alliance. Women have often been treated as second-class citizens, especially women of color. We have been taken advantage of, mistreated and overlooked. Working with this population as a woman who has experienced some of these life challenges, I have seen women begin to turn their lives around, recover from drug addiction, participate in higher education, reconnect with children, and improve their parenting process as well as improved health and self-esteem through group sessions, providing resources and demonstrating reassurance, hope and caring.

DSPH offered me a chance to receive not only traditional in-class training, but the ability to gain experience while working in communities, both local and abroad. DSPH's unique approach has prepared me for many of the scenarios I have been faced within my career thus far.

DSPH's Executive MPH program was the perfect fit since I was already working in the public health sector in the Dorothy Mann Center for Pediatric and Adolescent HIV Clinic at St. Christopher's Hospital for Children. Not only did the Executive MPH program allow me to continue with full-time employment and immediately apply my education in real time, but it also prepared me to obtain a higher-level employment position within the same institution. It was a win-win on many levels.

After many years working for and with pharmaceutical and biotech companies, I had expertise in one area of the health system and I desired to have a more holistic understanding of the entire continuum. For example: Why is so much of the population in poor health? How do we keep the population "well" which includes so much more than simply the absence of disease? And how can we fix the issues of health equity? I chose DSPH because of its focus on urban health. It provided a well-rounded degree where students can learn about all aspects of public health.

I pursued DSPH primarily for its focus on ensuring students receive real-world exposure through practical experiences. I have always learned best by doing, so a school focused on experiential learning was key in my search. I originally planned to concentrate in biostatistics because I believed that would best allow me to contribute to the collective medical knowledge base and improve health outcomes. However, I quickly changed my concentration once I took my first HMP course as I knew I could have even further-reaching impacts with that concentration! HMP also had the added advantage of helping to develop my management and leadership skills.

Having a degree in public health has allowed me to tap into the lives of individuals and help them to practice prevention and improve their quality of life. I believe that prevention is key to health and wholeness in life. I worked as a social worker and educator for over 20 years. During this time, I have had the opportunity to work directly with young children, adolescents, and adults in various capacities. My experiences have led me to the conclusion that "an ounce of prevention is worth a pound of cure."

**I chose public health because it provided me the opportunity to make an impact at a population level.**

**Having a degree in public health has allowed me to tap into the lives of individuals and help them to practice prevention and improve their quality of life.**

Why  
**PUBLIC  
HEALTH?**

Why  
**DSPH?**





# Highlights

**AFTER A VERY DIFFICULT** and uncertain year, faculty, staff, and students from the Dornsife School of Public Health (DSPH) were finally able to return to Nesbitt Hall to kick off the academic year. ¶ On Friday, September 17, 2021, **a long-standing tradition at DSPH took place – the Welcome Ceremony and Pinning.** Attendees of this event gathered in person in the Stein Auditorium in Nesbitt Hall or tuned in live via a live stream. This year marked 25 years of the tradition that allows the DSPH community to formally welcome all new students, staff, and faculty. It was also the first time since the pandemic that an in-person event was possible.

*(continued)*

◀ Students out front of Nesbitt Hall presenting their pins.



The honoree guest speaker of the event was Mario Cruz, MD, Medical Director, Philadelphia FIGHT Community Health Centers. A board-certified pediatrician, Dr. Cruz joined Philadelphia FIGHT as the Medical Director for their Pediatric and Adolescent Health Center in 2017. He addressed the attendees and inspired them to “lift others as you rise. Think about the people that have been left behind and bring them with you.”

After Dr. Cruz spoke, new members of DSPH were presented with the “Health as a Human Right” pin by faculty members. Next, the Student Government Organization Officers led new students in reciting the preamble to the Universal Declaration of Human Rights and Charter of the World Health Organization as a reflection of the school’s commitment to social justice, and its vision of health as a human right.

Others shared remarks including Ana V. Diez Roux, MD, PhD, MPH, Dana and David Dornsife dean and distinguished university professor of epidemiology; Jennifer Kolker, MPH, associate dean for public health practice and external relations and clinical professor in health management and policy; and Phi Nguyen, assistant dean of student and alumni affairs.

A total of 15 new undergraduate students, 209 new master’s students, and 26 new doctoral students began their academic journeys at the school. These students came from many parts of the United States and from 18 different countries. There were a total of 14 new faculty and staff members who joined the DSPH community as well.

In addition to the Welcome Ceremony and Pinning Ceremony, new students participated in DSPH Orientation and Drexel’s Welcome Week during the week of September 13 on campus once again. Students had opportunities to explore services and resources, and connect with fellow students, faculty, and staff.

This historic return to campus also included an outdoor luncheon hosted by DSPH where faculty, staff, and students gathered to reflect on the past couple of months and connect beyond a computer screen.

New students prepare to recite the preamble to the Universal Declaration of Human Rights and Charter of the World Health Organization as a reflection of the school’s commitment to social justice, and its vision of health as a human right.



## Throughout 2021, DSPH School of Public Health (DSPH) faculty received impactful research grants, noteworthy accolades, and took action locally, nationally and globally to improve population health

**11.5** Sandra Bloom, MD, an associate professor at DSPH, was featured in a November *Generocity* article about Philadelphia-area leaders whose work makes a difference. The piece recognizes Bloom’s commitment to trauma-informed care.

**10.11** René H. Moore, PhD, research professor, director of the Biostatistics Collaborations Center (BSC), and director of diversity, equity and inclusion for the department of Epidemiology and Biostatistics at DSPH, was recognized for her service on the COVID-19 trials data and safety monitoring board (DSMB) as one of the public health heroes. An article titled “Data and Safety Monitoring of COVID-19 Vaccine Clinical Trials” was published in the *National Library of Medicine* in May 2021 about this service.

**10.19** Sharrelle Barber, ScD, MPH, assistant professor of epidemiology and biostatistics and director of The Ubuntu Center on Racism, Global Movements and Population Health Equity at DSPH, was

appointed to *The Lancet International Advisory Board* for GRaCE, their Group for Racial Equity.

**10.15** Ana Diez Roux, MD, PhD, MPH, dean of DSPH and director of Urban Health Collaborative, has been appointed Chair of the Observational Studies Monitoring Board (ORMB) for the National Institutes of Health’s (NIH) REsearching COVID to Enhance Recovery (RECOVER) initiative. The RECOVER initiative will build a national study population of diverse research volunteers and support large-scale studies on the long-term effects of COVID-19.

**10.08** Jim Stimpson, PhD, professor of health management at DSPH, was accepted to the U.S. State Department’s Fulbright Specialist Program, which offers U.S. academics and professionals the opportunity to complete a two- to six-week project at host institutions around the globe.

**10.06** Leslie McClure, PhD, professor and chair of the department of Epidemiology and Biostatistics and associate dean for

faculty affairs at DSPH, was elected president of the Eastern North American Region of the International Biometric Society. The International Biometric Society promotes the development and application of statistical and mathematical theory and methods in the biosciences.

**10.04** The Drexel Urban Health Collaborative was awarded \$1.2M to establish a training program for cardiovascular disease risk research in Central America. The training program, led by Brisa Sánchez, PhD, DSPH Endowed Professor of Biostatistics in the Department of Epidemiology and Biostatistics and Ana V. Diez Roux, MD, PhD, MPH, dean of DSPH and director of the Urban Health Collaborative, received the 5-year grant from the National Institutes of Health and the Fogarty International Center.

**9.24** At the sixth annual celebration of America’s Hispanic Heritage, the 2021 *AL Día* Archetypes event, Ana V. Diez Roux, MD, PhD, MPH, dean of DSPH and director of the Urban Health

Collaborative, was among 10 outstanding Hispanic professionals to receive the 2021 Ambassador Manuel Torres Award. Diez Roux was the honoree in the health category and was recognized for “her work on neighborhood health effects, [which] has been highly influential in the policy debate on population health and its determinants.”

**9.7** The National Institute of Minority Health and Health Disparities (NIMHD) awarded \$2.2M to a team of researchers led by Brent Langellier, PhD, MA, assistant professor of health management and policy at DSPH, to study the factors that produce racial/ethnic and income disparities in healthy diets across Philadelphia neighborhoods. The team will examine the economic consequences of the pandemic, recent changes in key federal policies, and collaborate with stakeholders to assess promising policies that could be used to reduce diet disparities.



## Jaèlaun Moses



Training Specialist for the Healing Hurt People (HHP) program within the Center for Nonviolence and Social Justice (CNSJ) at the Drexel Dornsife School of Public Health

In August 2021, Jaèlaun (Jaè for short) Moses, MS, began her role as Training Specialist for the Healing Hurt People (HHP) program within the Center for Nonviolence and Social Justice (CNSJ) at the Drexel Dornsife School of Public Health (DSPH). The HPP program aims to help survivors of trauma to heal from their physical and emotional wounds and support their well-being to ultimately break the cycle of violence.

Before coming to DSPH, Moses received her bachelor's degree in Mass Media Arts Journalism from Clarion University in 2014 and furthered her education at Duquesne University, receiving a master's degree in Leadership and Professional Advancement in 2016.

After graduation from Duquesne, Moses found her way to the education field. She worked as a paraprofessional at a charter school, ensuring students received classroom support through the Individualized Education Program (IEP), and then as a translational living assistant at a high school in Hershey,

Pennsylvania. There, she advised students on life after high school, whether it was going to college, technical school or joining the workforce. She and her team facilitated workshops on various topics including financial literacy and management, diversity and inclusion, mental health and self-care, and healthy and toxic relationships. "We were mentors and helped guide our students to break the cycles they may have seen in their families," she said.

At HPP, Moses now cross-trains young adults who have faced their own adversity, trauma, and/or violence to become Community Health Worker Peers and Certified Peer Specialists. These trainees prepare to share their lived experiences as a tool to support HPP participants in their healing.

Moses uses her knowledge base to mold trainees into confident professionals who make a real impact in their communities. "So far, this has been an amazing experience," she said. "I help people turn their pain into their passion to heal and not allow their trauma to define them."

Two quotes that inspire Moses' work are, "We repeat what we don't repair" and "Healing is the end of conflict with yourself."

As Philadelphia grapples with an increase in violence in 2021, the need for community-led intervention models like HPP's are essential. According to the City of Philadelphia's Office of City Controller, the city's gun violence epidemic has claimed the lives of more than 400 people in 2021.

"We create a space for individuals impacted by violence and increase access to resources that can begin their journey to heal and be at peace with themselves and their situations," said Moses. "Philadelphia needs more people who are willing to support them, hear them, and help them."

HPP continues to expand its reach in Philadelphia communities as the demand for support and trauma-informed care grows.

Outside of her career life, Moses owns her own clothing line called Beaulity (Reality of Beauty) for women. "Beaulity started off as t-shirt line for young women who suffer from self-esteem issues based off what the media and society display as 'beautiful,'" said Moses. It has since expanded to include clothing that inspires the mental, spiritual, and emotional beauty of women as well as physical. During the pandemic, she opened an online boutique called Jaè Taj Boutique.

Moses has also self-published two books in 2017 and 2018 titled "Signed, Sealed, Delivered" Vols. I and II, which feature letters from individuals who wrote to someone who impacted their life. Through the process of writing these letters, participants gained closure and freed themselves.

Moving from Hershey to Philadelphia has been a welcome transition for Moses. As a Pittsburgh native, she enjoys the city life versus the rural life. And because her she thrives in helping others build healthy and fulfilling lives, she finds her position as a Training Specialist at Healing Hurt People to be an ideal fit.



**"The increased conversations about racism today and the many claims of racism as a public health crisis provides us with an opportunity to demand that action to dismantle systemic racism follow suit. If we know a harm exists, we have a duty to course correct."**

## Jennifer Ware

In the summer of 2021, Jennifer Ware, MPH, was named Deputy Director of The Ubuntu Center on Racism, Global Movements and Population Health Equity at the Dornsife School of Public Health (DSPH). The Ubuntu Center, which officially launched on November 11, 2021, was made possible through the generosity of Dana and David Dornsife.

The Center's mission is to unite diverse partners to generate and translate evidence, accelerate antiracism solutions, and transform the health of communities locally, nationally, and globally.

As Deputy Director, Ware is committed to using her skills and lived experience as a Black woman in America to support collaborative and collective action to expose the ways that structural racism feeds policies and laws in this country and advocate for innovative and sustainable ways to dismantle them. She is also committed to partnering with and learning alongside Black residents in Philadelphia and globally to develop action plans to demand repair of historical and current harms.

"My passion in life is to unleash the power of collective action for social change that will lead to the liberation of all people," said Ware. "The vision of The Ubuntu Center offers the space to authentically engage with resident activists, use lessons from historical and current social movements, and develop a model for advocating for and implementing antiracism solutions that some only theorize about. The Center is where we can put theory into action."

Before transitioning to The Ubuntu Center fulltime, Ware worked at the Drexel Urban Health Collaborative (UHC) as a project coordinator. She did this while also completing her master's in public health degree from Simmons University.

Ware previously worked as an equity consultant in Philadelphia and as an advocate for racial equity in southern Oregon and Washington, D.C.

Living in Oregon was one of the most pivotal times for Ware. There she spent her professional and personal time collaborating on ways to advance racial equity. Through a regional health equity coalition, she coordinated with professionals from many fields in partnership with community residents to advocate for policy, systems, and environmental changes that would improve health and well-being for Black, Indigenous, People of Color (BIPOC) and LGBTQIA residents in the region.

In her spare time, she helped to start the Southern Oregon Racial Equity Coalition (REC) following the killing of Michael Brown in Ferguson, Missouri. What started as a storytelling space for Black and Brown community residents grew into an organizing and co-learning space for BIPOC residents and white comrades.

Alongside members of the REC, Ware worked to develop a racial equity toolbox to aid individuals in leading conversations about the impacts of racism. She also co-led community conversations and action-planning sessions to develop strategies to dismantle interpersonal and structural racism in the area. What started in southern Oregon is an example of community-driven action to develop a more just and cooperative way of being.

Her hard work was recognized in 2015 when Ware was awarded the Dolores Huerta Woman in Social Justice award and the REC was awarded the Inspiring Organization of the Year by Oregon Action/Unite Oregon a year later.



**8.26** Leslie McClure, PhD, professor and chair of the department of Epidemiology and Biostatistics and associate dean for faculty affairs at DSPH, is co-leading a study at Drexel that aims to identify how race and gender barriers affect mid-career faculty women. Learn more about the study at Clearing Pathways for Women Faculty.

**8.9** Scarlett Bellamy, ScD, professor and associate dean for diversity, inclusion and faculty development at DSPH, was awarded the 2021 Lagakos Distinguished Alumni Award from the Harvard T.H. Chan School of Public Health's Department of Biostatistics for her leadership in "research, education, service, and outreach." Bellamy also gave a virtual lecture hosted by Harvard Chan's biostatistics department in October 2021.

**7.29** Results from a COVID project led by Jonathan Purtle, DrPH, MPH, MSc, associate professor of health management and policy at DSPH, titled "Impacts of COVID-19 on Mental Health Safety Net Services for Youths: A National Survey of Agency Officials" were published in *Psychiatric Services*. The study presents results from their survey of 159 mental health agency officials from 46 states about their experiences meeting the mental health needs of youth during the pandemic which was funded by the National Institute of Mental Health.

**7.01** The American Statistical Association's Biometrics and Mental Health Statistics sections awarded Loni Philip Tabb, PhD, associate professor of epidemiology and biostatistics at DSPH, with the 2021 Annie T. Randall Innovator Award. The award honors Black female statistician Annie T. Randall and recognizes statistical innovators.

**6.28** The Society for Epidemiologic Research presented Ana V. Diez Roux, MD, PhD, MPH, dean of DSPH and director of the Urban Health Collaborative, with their Kenneth Rothman Career Accomplishment Award at their annual conference held virtually. Diez Roux's plenary address focused on her work to expand epidemiology beyond the individual to encompass social systems and the broader environmental factors so critical to health.

**6.17** The City Council of Philadelphia honored and congratulated Sharrelle Barber, ScD, MPH, assistant professor at DSPH, for her appointment as Director of The Ubuntu Center on Racism, Global Movements and Population Health Equity at DSPH, with a resolution. "Dr. Barber has committed to using her scholarship to make the invisible, visible; mobilize data for action; and contribute to the transnational dialogue around racism and health inequities," stated the resolution.

**6.16** Leslie McClure, PhD, professor and chair of the department of Epidemiology and Biostatistics and associate dean for

faculty affairs at DSPH, was awarded \$274K by the University of Vermont's Association of University Centers on Disabilities to study risk factors and the burden of COVID-19 related thrombosis and/or bleeding complications.

**6.16** Michael LeVasseur, PhD, MPH, assistant teaching professor in the department of Epidemiology and Biostatistics at DSPH, and Michael Donnelly, MSc, a data scientist, were awarded by the Office of New York State Governor for co-founding COVIDoutlook.info for their commitment to providing accurate, scientific information to policymakers about the pandemic.

**6.16** Alexis Roth, PhD, MPH, associate professor in the department of Community Health and Prevention at DSPH, was awarded an National Institutes of Health R01 grant for 4.9M to conduct a randomized control trial to assess HIV prevention interventions over the next 5 years.

**6.16** Ann Klassen, PhD, professor in the department of Community Health and Prevention at DSPH, and Hee-Soon Juon, MSN, PhD, of Thomas Jefferson University, were awarded a 4-year R01 grant to study the bio-psycho-social drivers of disparities in liver disease progression among Korean Americans with Hepatitis B virus (HBV) infection.

**6.8** Jana Hirsch, PhD, MES, assistant research professor at the Urban Health Collaborative (UHC), was awarded a 5-year, \$4.3M R01 National Institute on Aging grant for the project, "Contribution of Longitudinal Neighborhood Determinants to Cognitive Health and Dementia Disparities within a Multi-Ethnic Cohort."

**4.22** Brisa N. Sánchez, PhD, endowed professor of Biostatistics at DSPH, was appointed to the Census Bureau's National Advisory Committee on Racial, Ethnic and Other Populations.

**4.19** Jana Hirsch, PhD, MES, assistant research professor at the Urban Health Collaborative at DSPH, helped compile data for a new report outlining growing disparities in Pennsylvania for American Association of Retired Persons (AARP).

**4.07** Ayden Scheim, PhD, assistant professor of epidemiology and biostatistics at DSPH, received recognition as a Schulich Medicine & Dentistry Alumni of Distinction 2021. "Scheim has established himself as one of the world's top experts in the field of transgender health," said the Schulich School.

**3.26** New research "Public Opinion About Adverse Childhood Experiences: Social Stigma, Attribution of Blame, and Government Intervention" led by Jonathan Purtle, DrPH, MPH, MSc, associate professor of health management and policy

at DSPH, provided insights on perceptions surrounding childhood trauma.

**3.15** Ayden Scheim, PhD, assistant professor of epidemiology and biostatistics at DSPH, was awarded \$423K by the National Institute of Mental Health to study "Gendered Situated Vulnerabilities and Mental Health among Transgender Men in India."

**2.19** The research of Sharrelle Barber, ScD, MPH, assistant professor and director of The Ubuntu Center on Racism, Global Movements and Population Health Equity at DSPH, was featured in the February 2021 issue of *The Lancet* titled, "At the Intersection of Place, Race, and Health."

**2.15** Ann Carroll Klassen, PhD, professor in the department of Community Health and Prevention at DSPH, had the article "Formative Research to Address Vaccine Hesitancy in Tajikistan" published in the March 2021 issue of *Vaccine*.

**2.02** Ana Diez Roux, MD, PhD, MPH, dean of DSPH and director of Urban Health Collaborative (UHC), and Usama Bilal, MD, PhD, MPH, assistant professor at DSPH and the UHC, were awarded a one year, \$250K grant from the Robert Wood Johnson Foundation to track equity issues in COVID-19 testing and vaccination. The study focused on building on the Big Cities Health Coalition (BCHC) COVID-19 Health Inequities in Cities Dashboard to characterize the

availability and inequalities of COVID-19 testing, characterize policies that cities have implemented to reduce these inequities, and evaluate the effects of these policies.

**2.01** In celebration of Black History Month, Scarlett Bellamy, ScD, associate dean for diversity, inclusion, and faculty development & professor at DSPH, was recognized by The American Statistical Association for making tremendous contributions to the field of statistics.

**1.27** Suruchi Sood, PhD, associate professor in the department of Community Health and Prevention at DSPH, continues her work with the UNFPA-UNICEF Joint Programme on Female Genital Mutilation (FGM), the largest global initiative to accelerate the abandonment of this harmful traditional practice and advance the rights, health and well-being of women and girls. Programme members released a new publication "Participatory Research Toolkit for Social Norms Measurement." The toolkit is a culmination of almost two decades of social and behavior change communication research and practice collaborations from around the world and is intended to address social-norms change.

**1.14** Harrison Quick, PhD, assistant professor of epidemiology and biostatistics at DSPH, led a team of researchers at DSPH to explore the utility of spatial Bayesian models to improve the precision of small area estimates used by the County Health Rankings. The published results laid the foundation for the use of modeled estimates in the Rankings, which uses modeled estimates for measures like premature death. Funding was provided by County Health Rankings & Roadmaps (CHR&R) in 2019.

**1.15** Alex Ezeh, PhD, professor of Global Health in the department of Community Health and Prevention at DSPH, was appointed to the United Nation's Department of Economic and Social Affairs' High Level Advisory Board (HLAB) on Economic and Social Affairs. Ezeh joined 19 fellow board members to build on the accomplishments of the first HLAB. Over the next two years, they will continue to strengthen the United Nation's thought leadership on sustainable development and to reinforce its impact at the forefront of sustainable development policy at global, regional, and local levels.

## Javiér Lopez-Rios, PhD, MPH



Assistant teaching professor in the department of Community Health and Prevention

real-world experience to both the undergraduate and the graduate courses that he will teach at Drexel," said Janet Fleetwood, PhD, MPH, professor and interim chair of CHP.

In 2012, Lopez-Rios received his bachelor's degree from the University of Puerto Rico. He went on to receive his master of public health in 2016 from Hunter College of the City College of New York (CUNY) and his PhD in 2021 from the CUNY Graduate School of Public Health and Health Policy.

Before coming to DSPH, Lopez-Rios was a research project manager at the HIV Center for Clinical and Behavioral Studies at the New York State Psychiatric Institute and Columbia University. He oversaw a series of federally funded research studies on the use of HIV rapid testing modalities by sexual and racial/ethnic minority populations in New York City. Additionally, he was an adjunct lecturer at the York College of CUNY in the Department of Health and Human Performance.

Throughout his career, Lopez-Rios has developed fruitful collaborations with experts in the field, and he hopes to continue learning from both colleagues and students.

When not in the classroom or engaged in public health research, Lopez-Rios enjoys going on long walks, baking for his loved ones, and playing video games.

Javier Lopez-Rios, PhD, MPH, joined the Dornsife School of Public Health (DSPH), in September 2021, as an assistant teaching professor in the department of Community Health and Prevention (CHP).

Lopez-Rios' work is focused on the prevention of HIV/AIDS, specifically improving HIV testing and access to HIV care for sexual minority populations. He is trained in qualitative research methods and has over 10 years of research experience in the U.S. and in Puerto Rico, where he was born.

"What drove me to public health was my desire to enable change in my community back in Puerto Rico and to, hopefully, do my part in making people's lives a little better," said Lopez-Rios. "I sincerely enjoy the interdisciplinary nature of public health and have been fortunate enough to collaborate with and learn from colleagues who share this passion."

"Dr. Lopez-Rios brings a wealth of teaching experience to CHP and a fresh perspective on student engagement and course design. That, plus his extensive research background, enables Javier to bring

To learn more about research projects and progress, visit [bit.ly/DSPHfunding](https://bit.ly/DSPHfunding).



# Meghan Ghupta

BS '23

Meghan Gupta is a junior majoring in Public Health with minors in Psychology, Health Service Administration, and Global Studies. A busy student, she was a Dornsife Global Development Scholar in 2020 and is currently an Orientation Leader, president of the Undergraduate Student Government Organization, and e-council member at Sharing Excess.

Gupta recently served as librarian at the Urban Sexuality Lab, previously hosted by Drexel University's Department of Sociology. She first became involved at the lab as a publicist managing the website and social media and helping to facilitate collaborations.

She enjoyed seeing her work at the lab have an impact. "We did a study of HIV risks and rates with COVID-19 social distancing mandates in effect and its impact among the MSM in Philadelphia," she said. "These findings were shared with the city's Department of Health."

Through her involvement at the lab, Gupta and her colleagues were presented with the opportunity to support the Philadelphia Department of Public Health with HIV surveillance efforts. She is now a part-time HIV tester and interviewer of the men who have sex with men (MSM) population. She conducts in-depth, standardized surveys with study participants, collects specimens for rapid blood-based HIV testing, and documents participant information through an eligibility screener, consent form, questionnaire, and tracking form.

This experience has helped Gupta diversify her competences for her future career in public health. "This research has provided me with a plethora of skills to continue my work with the city's health department like notetaking, conducting interviews, and analyzing data with integrity," she said.

For Gupta, public health is the right industry to be in. "There are countless opportunities in public health, and I believe that public health helps millions at a time, which I want to do," she said.

In the future, this Cherry Hill, New Jersey native wants to build on her global health skills. One goal is to complete Dornsife's WASH (Water Sanitation and Hygiene) certificate and use this training in developing regions in India and countries in Africa.

Gupta expects to graduate in the spring of 2023.



**There are countless opportunities in public health, and I believe that public health helps millions at a time, which I want to do."**

# Kylie Brinson



MPH '22

Kylie Brinson is a second-year MPH student with a concentration in health management and policy and a Dornsife Fellow at the Dornsife School of Public Health (DSPH). She chose DSPH's MPH program for the structured and expansive real-world experiences integrated into the curriculum.

"DSPH's practice experiences stood out to me as opportunities to continue to serve the greater Philadelphia area prior to completing my MPH," said Brinson. "Additionally, I knew that at DSPH I would be connected to amazing resources in the Philadelphia area, particularly the phenomenal faculty and staff."

Through her Dornsife fellowship, Brinson was matched with faculty advisor Jonathan Purtle, DrPH, MPH, MSc, associate professor of health management and policy at DSPH, due to their similar research interests. She has been working on a tax policy research project that Purtle leads which assesses earmarked taxes in the United States and their impact on health.

"This project has exposed me to connections between socioeconomic, politics, and public health," she said. "Specifically, we look at mental and behavioral health, and tax policy decisions that improve (or fail to improve)

mental and behavioral health for people in this country."

In addition to staying busy on campus, Brinson completed her Applied Practical Experience (APE) at Philadelphia's Department of Behavioral Health and Intellectual Disability Services (DBHIDS) over the summer. She then decided to complete her Integrative Learning Experience (ILE) there as well at the start of the new academic year.

For her ILE, she is collecting data on current opioid use and fatal/non-fatal overdoses in Philadelphia while considering the impact of COVID and availability of resources, particularly in primarily Black and Brown communities. This information will be used to form policy recommendations which employ harm reduction strategies and seek equity.

Before coming to DSPH, Brinson completed her undergraduate studies at Villanova University. It was during this time that she founded her own health-driven nonprofit organization, Mission 4 Nutrition (M4N). The nonprofit serves low-income

"I started M4N because I wanted to give back to the community that gave so much to me and made me the woman that I am today. I grew up in predominantly Black and Brown spaces and witnessed the impact of social determinants of health before I knew what they were."

families in her hometown of Norristown, PA, by helping to increase access to nutritious foods and promote healthy lifestyle practices.

"I started M4N because I wanted to give back to the community that gave so much to me and made me the woman that I am today. I grew up in predominantly Black and Brown spaces and witnessed the impact of social determinants of health before I knew what they were," shared Brinson. "Black and Brown people have a lower life expectancy, and nutrition and health education are leading factors. Knowing that from personal and educational experience, I was motivated to start an organization that could contribute to changing that."

Brinson looks forward to graduating in 2022 and pursuing a meaningful career. "My passion for serving and contributing impactful change has grown and continues to grow," she shared.



# Reneé Moore



Research professor, director of the Biostatistics Scientific Collaboration Center (BSC), and director of diversity, equity and inclusion for the department of Epidemiology and Biostatistics at the Dornsife School of Public Health

Reneé H. Moore, PhD, is a research professor, director of the Biostatistics Scientific Collaboration Center (BSC), and director of diversity, equity and inclusion for the department of Epidemiology and Biostatistics at the Dornsife School of Public Health (DSPH). The BSC personnel at DSPH collaborate with research teams on study design, choosing and implementing appropriate statistical analysis, and translation of statistical results for public health and biomedical research. The BSC provides professional, high quality data analysis, biostatistical computing, and data management services to a wide range of research, including observational studies (epidemiologic or clinical), clinical trials, outcomes research (including studies involving large prescription and diagnostic databases), and animal studies. As the director, Moore oversees center operations and is in the process of updating policies and payment structures to ensure continued growth.

As director of diversity, equity and inclusion for the Epidemiology and Biostatistics department, Moore is focused on recruitment, retention, and curriculum updates in order to create a more inclusive and anti-racist environment for all students, staff, and faculty members to thrive and excel. She looks forward to helping to implement the diversity, equity, inclusion (DEI), and anti-racism goals set by her department, DSPH, and the university.

“I’ve spent much of my career dedicated to recruiting, training, and retaining the next generation of diverse statistical scientists. In this effort, I have collaborated with several faculty here at DSPH. It is so exciting to continue these efforts, now under the same roof, for Drexel and beyond. I am ecstatic to be here, where teaching, mentoring, civic engagement, and DEI rank just as high as research endeavors,” said Moore.

“We are delighted to have Dr. Moore as part of our community,” said Leslie Ain McClure, PhD, MS, professor, chair of the department of Epidemiology and Biostatistics, and associate dean for faculty affairs at DSPH. “In addition to a proven track record of implementing centers for collaboration, she’s a strong advocate for diversity, equity, and inclusion in public health.”

Before joining DSPH in the summer of 2021, Moore was associate professor of research in the department of Biostatistics and Bioinformatics at the Rollins School of Public Health of Emory University and the Director of the Biostatistics Collaboration Core.

Moore received a bachelor’s degree in mathematics and completed the secondary mathematics education program from Bennett College, and her PhD in Biostatistics from Emory University.

**I’ve spent much of my career dedicated to recruiting, training, and retaining the next generation of diverse statistical scientists. In this effort, I have collaborated with several faculty here at DSPH. It is so exciting to continue these efforts, now under the same roof, for Drexel and beyond.**

After completing her doctoral degree, Moore spent six years as an assistant professor at the University of Pennsylvania, Perelman School of Medicine, with a primary appointment in the department of Biostatistics and Epidemiology and a secondary appointment in the department of Psychiatry. She taught physicians, was the lead statistician in the data coordinating center for a multi-site randomized clinical trial of sleep apnea and was the faculty biostatistician in the Center for Weight and Eating Disorders, joining a group of researchers investigating interventions for the prevention and treatment of obesity in children, adolescents, and adults. She was also an associate professor teaching in North Carolina State University’s department of Statistics.

Moore’s research interests are in the design, conduct, and analysis of clinical trials and statistical applications to obesity, sleep apnea, and health disparities. She has a wealth of experience as a biostatistician collaborating with clinicians, public health practitioners, and scientists.

As much as possible, Moore also dedicates her time to training the next generation of collaborative biostatisticians and users of statistics.

“Before I arrived at Emory, traditionally one doctoral student was engaged in research in the collaboration center; when I left, we were including up to 15 undergraduate, masters, and doctoral students per year in these team scientist research experiences. My goal for DSPH’s BSC is that one day all masters and doctoral students in the department are able to engage in these collaboration experiences,” said Moore. “It is essential to connect what is learned in traditional course work with these real-life experiences. Skills such as communication and interpersonal intelligence are as important as the technical skills and can only be learned through interaction and partnerships with our collaborators as we all work to improve public health and eliminate health disparities.”

In 2017, Moore was inducted as a Fellow of the American Statistical Association (ASA) recognizing her contributions to the “recruitment and mentoring of students in the profession, especially to underrepresented minorities; for highly valued collaborative work, especially in obesity and clinical trials research; and for outstanding teaching and increasing statistical literacy.”

#### LEADERSHIP

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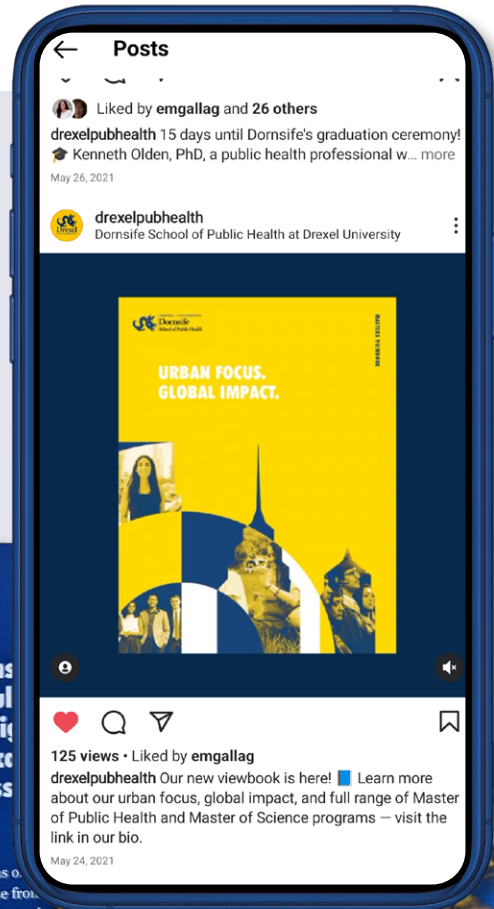
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