

THE MAGAZINE FOR DREXEL UNIVERSITY'S SCHOOL OF PUBLIC HEALTH

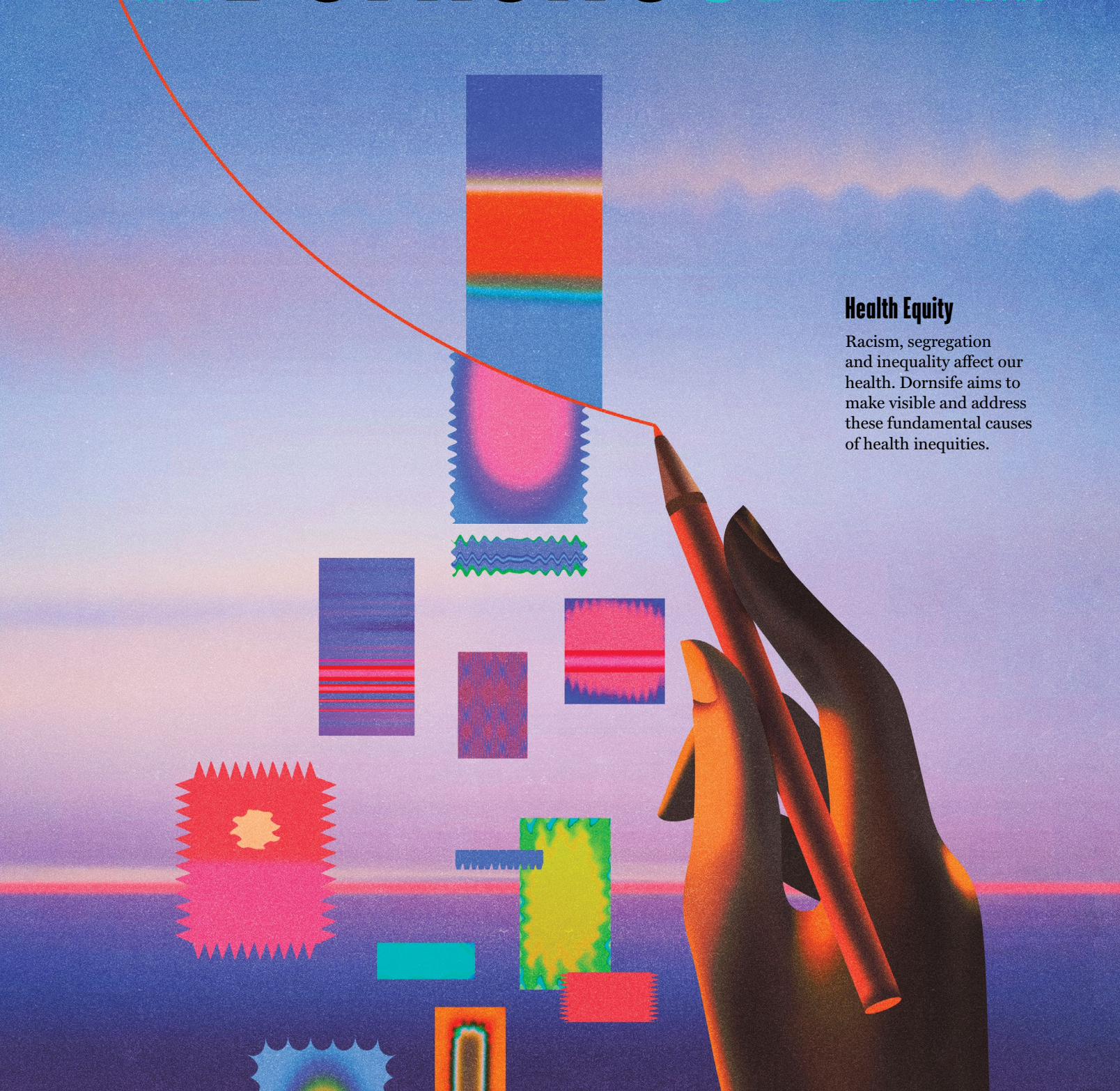
DornsifeSPH

MAGAZINE

VOL. 20
23

Health Equity

Racism, segregation and inequality affect our health. Dornsife aims to make visible and address these fundamental causes of health inequities.



06.2022
Graduates pose
for a quick photo
before processing
into the Daskalakis
Athletic Center for
Commencement.



Class of 2022

At Commencement 2022 we celebrated 19 undergraduate students, 189 master's students, and 11 doctoral students!



▲ **05.2022**
 During Drexel Alumni Weekend 2022, Dorn-sife alumni, students, faculty, and staff gathered for a reception at The Study at UCity where long overdue reunions occurred.

▶ **09.2022**
 New students receive their health and human rights pins at the School's welcome ceremony, a long-standing tradition introduced in 1996.





◀ **09.2022**

At the start of the 2022-2023 academic year, Dornsife welcomed several new staff and faculty members (some pictured here) with a wide range of expertise and experience in the field of public health.

Ana V. Diez Roux, MD, PhD, MPH

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

This issue is a testament to our commitment to advancing public health research, education, and population health as well as promoting evidence-based solutions to the challenges we face today.

Welcome to the latest issue of the Drexel University Dornsife School of Public Health's (DSPH) magazine. This issue focuses on health equity and features a sample of exciting projects at our School that address health equity and other key public health challenges with which health equity intersects, as it does with virtually all population health topics.

We are fortunate to have terrific faculty, staff, and students at Dornsife who have been focusing on health equity and the fundamental links between social justice and health from the very origins of the School more than 25 years ago. Our approach to health equity is driven by the knowledge that the structures and systems of society are ultimately what drive inequities in health: systemic racism and its multifaceted implications for health across history and across generations; systems of inequality rooted in our economy; and the organization of work and educational systems, among others.



All these systems act together and reinforce each other in many ways. This is why addressing health equity requires addressing the fundamental ways in which our society is organized, and the way in which we live together.

In this issue you will see many new names and faces, as this academic year we welcomed 15 new faculty members housed in various departments and centers within DSPH. They have a wide range of public health expertise spanning behavioral change, stress, housing, neighborhoods, climate, environmental justice, spatial methods, policy evaluation, community-based participatory research, and of course the impacts of systemic racism and inequality on health. You will also see featured our amazing staff who work every day to support, advance, and lead so many initiatives at our School from ensuring that our students get the most out of their time with us, to advancing our research, to engaging with our practice and service mission. And last but not least, of course our students, the reason we are all ultimately here, who keep us on our toes with their energy, questions, and calls for a more just, healthier, and sustainable world.

I hope you enjoy these pages and that they motivate you to reach out and connect with us whether you are an academic, a practitioner, a researcher, a community member, a policy-maker, a student, or an alumnus. We are eager to work with all of you to build the coalition we need to advance the cause of social justice, health equity, and create a sustainable and equitable future for our world together.

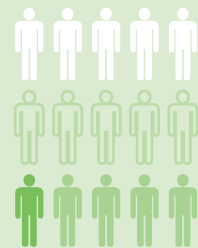


10.2022 Valencia, Spain Dean Diez Roux, as well as several other Drexel Urban Health Collaborative researchers, presented at the International Conference for Urban Health organized by the International Society for Urban Health (ISUH). Read more about the ICUH on page 11.

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Number of new faculty that joined our School in 2022.

THESE NEW FACULTY MEMBERS bring a wide range of public health expertise spanning behavioral change, stress, housing, neighborhoods, climate, environmental justice, spatial methods, policy evaluation, and community-based participatory research, among others. Learn more about them on page 45.



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Through a lens of social justice and health and human rights, we're committed to understanding the drivers of health disparities, investigating possible interventions to reduce them, and working with partners to eliminate them.

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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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A Need for Community Food-Growing Spaces in Philadelphia

By Emily Gallagher

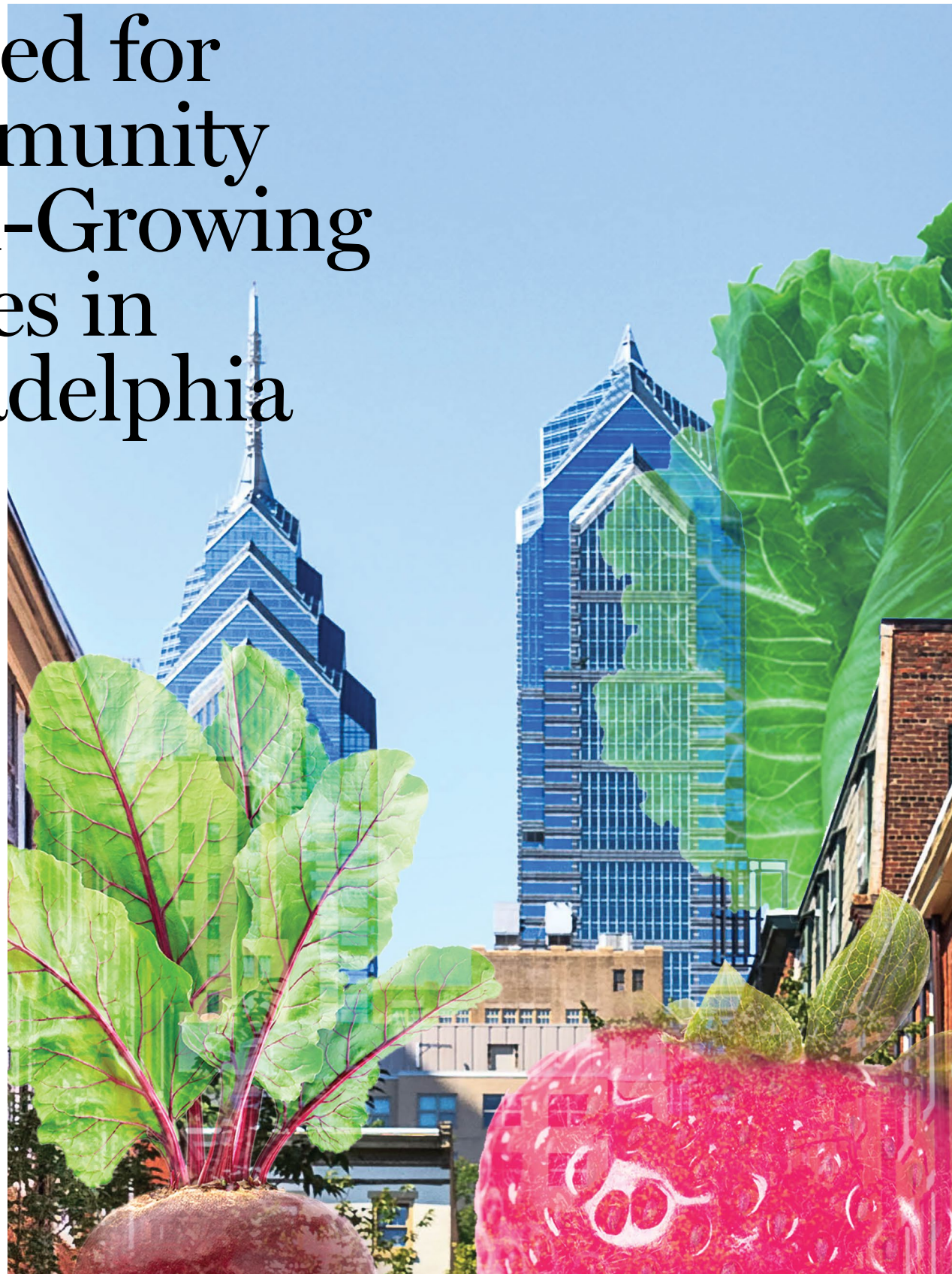
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RESEARCH LED BY Ashley B. Gripper, PhD, MPH, assistant professor in the department of Community Health and Prevention and The Ubuntu Center on Racism, Global Movements, and Population Health Equity at Drexel University’s Dornsife School of Public Health, highlights potential community-based solutions to food apartheid.

In the publication, researchers provide historical context and a descriptive epidemiological analysis of community food-growing spaces and neighborhood demographics in Philadelphia.

Due to centuries of racist policies and practices, Black and low-income neighborhoods tend to have fewer convenient options for securing affordable produce and nutrient-rich foods. This restricted access can lead to higher prevalence of diet-related illnesses such as cardiovascular disease, hypertension, and diabetes.

To reduce barriers to food access, many members of Black and low-income neighborhoods have opened community gardens and urban farms, a movement that has a long and rich history in the region.

The study notes, “Given the realities of food access, many members within Black communities grow food as a strategy of resistance to food apartheid, and for the healing and self-determination that agriculture offers.”

In the Philadelphia region, Black communities have long resisted food injustice. When Black individuals migrated north due to white terrorism, Jim Crow laws, and state-sanctioned land theft, they brought their heritage of food growing along with them.

As the 2000s approached, the city’s support of agricultural projects decreased as the first waves of gentrification affected working class African American neighborhoods.

Using existing data on community food-growing locations in large U.S. cities and spatial analysis techniques, researchers found that Philadelphia neighborhoods with higher populations of Black people and neighborhoods with lower incomes, generally tend to have more community food-growing spaces.

“This research, echoing much of what Philly’s urban agricultural communities have said for decades, helps us understand the landscape of community gardens and urban farms in Philly, and begins to uncover potential mechanisms of how collective agency and community resistance might manifest in Black and low-income communities,” said Gripper.

In conclusion, increasing access to urban agriculture may help strengthen communities and positively impact mental health by reducing stress, anxiety, and depression. This may also be an effective strategy for cities to become more self-reliant by employing sustainable food sources. Authors suggest that the Philadelphia City Council should support and implement the city’s Urban Agriculture Plan.

The International Conference on Urban Health

From October 24 - 27, 2022, several researchers from the Urban Health Collaborative (UHC) at the Dornsife School of Public Health (DSPH) participated in the 18th International Conference on Urban Health (ICUH) in Valencia, Spain, which was hosted by the International Society for Urban Health. The theme for ICUH 2022 was “Growing Our Global Community. Driving Action. Ensuring Equity.” The conference connected global stakeholders working within the urban health realm to drive action and ensure equity across cities and regions.

The UHC community presented, spoke on panels, and organized an affiliate event. They also shared insights from their partnership with the Big Cities Health Coalition including the development of data dashboards, improving data on health equity, and contributing to the development of an urban health agenda.

Ana V. Diez Roux, MD, PhD, MPH, Dana and David Dornsife dean at DSPH and director of UHC moderated a plenary session titled “Making it Happen.”

“The International Conference on Urban Health is really unique — first in its global breadth and second in that it engages not only researchers but also practitioners, policymakers, government, nonprofits, and even funders,” said Diez Roux. “The global focus and the participation of a range of urban health stakeholders allows for dialogues that often do not occur at traditional scientific meetings.”

In 2021, SALURBAL hosted the 17th annual ICUH, which was held virtually due to COVID. After a very successful gathering back in-person in 2022, the UHC community already looks forward to playing a role in this event in 2023.

► This research, “Community solutions to food apartheid: A spatial analysis of community food-growing spaces and neighborhood demographics in Philadelphia” was published in *Social Science & Medicine* Vol. 310 in October 2022.

Here are the DSPH/ UHC community members that took part in ICUH

+ Opeyemi Babajide, PhD, postdoctoral researcher at DSPH

+ Andrea Bolinaga Assunto, MA, communications specialist at SALURBAL at the UHC

+ Ariela Braverman MD, MPH, PhD, postdoctoral research fellow at the UHC

+ Ana V. Diez Roux, MD, PhD, MPH, Dana and David Dornsife dean at DSPH and director of UHC

+ Dustin Fry, MPH, doctoral student in the department of Epidemiology and Biostatistics at DSPH

+ Katy Indvik, MSc, senior climate and policy specialist at SALURBAL at the UHC

+ Jennifer Kolker, MPH, clinical professor, associate dean for public health practice and external relations, and director of the Center for Public Health Practice at DSPH

+ Brent Langellier, PhD, MA, associate professor at DSPH

+ Ana Ortigoza, MD, PhD, MPH, senior research scientist II at the UHC

+ Alex Quistberg, PhD, MPH, assistant research professor at DSPH

Climate Exposures and Child Health

CLIMATE CHANGE IS IMPACTING health in many ways, and mitigation efforts are critical, especially among vulnerable populations. Jane E. Clougherty, MSc, ScD, professor in the department of Environmental and Occupational Health at the Dornsife School of Public Health (DSPH) and Urban Health Collaborative (UHC) — along with researchers from Icahn School of Medicine at Mount Sinai and the University of Pittsburgh — is leading an epidemiologic study that aims to examine children's susceptibility to extreme temperatures and environmental pollutants, and identifying community assets which may help build children's resilience to climate-related exposures in communities across upstate New York.

With funding from the United States Environmental Protection Agency (EPA), the researchers aim to identify the top community resilience-enhancing resources that may alter relationships between climate change-related exposures, such as extreme heat and pollution, and pediatric health.

The project will leverage patient-level data from pediatric hospitalizations and emergency room visits to examine associations between high temperature and pollution days with events related to asthma, epilepsy, seizures, mental health events, and other acute health events among children across the state. They will create daily exposure estimates for heat, ozone, and particulate matter concentrations, to examine variations in exposure-health relationships using case-crossover methods. Next, they will apply climate projections to estimate impacts under varying emissions scenarios. Using a range of indicators of social susceptibility and resilience-building community assets, the project will identify those characteristics of communities that are resilient to climate-related exposures, and provide this information to government and clinical partners, to move towards solutions to improve children's resilience and health.

Researchers are collaborating with community-serving organizations in Buffalo, Rochester, Syracuse, and Albany. The following



Researchers are collaborating with community serving organizations in:

- 1 Buffalo
- 2 Rochester
- 3 Syracuse
- 4 Albany

organizations will be engaged throughout the project: New York State Children's Environmental Health Centers (NYSHECK), Federal Region 2 Pediatric Environmental Health Specialty Unit, and Monarch of Infinite Possibilities. NYSHECK is a clinical network with statewide reach co-directed by Perry Sheffield, MD, MPH, (Mt Sinai) who is co-principal investigator of this new project. Next, the Pediatric Environmental Health Specialty Unit's mission is to improve reproductive and children's health by leading the integration of environmental health into clinical care and public health, while supporting communities in addressing historical injustices and ongoing environmental racism. Lastly, the Monarch of Infinite Possibilities' mission is to facilitate connections between decision makers that want to engage with Black, Brown, and Indigenous People of Color (BIPOC) and the faith-based community around the environment and the arts. Additional entities whose work is synergistic with this project include the New York State Department of Environmental Conservation (NYS DEC) and the Rural Health Network of Southern New York (RHNSCNY).

"Our primary goal, in this project, is to identify those specific resources and assets which appear to improve children's resilience to the health-related impacts of climate change. We look forward to working closely with our partners, to move the science forward on how to best improve children's health and resilience as the climate changes," said Clougherty.

The project will draw from "The Principles of Community Engagement" to guide interactions with participating communities and acknowledging power differentials. Additionally, researchers will elaborate on and use the EPA's definition of environmental justice as a guiding principle: "the fair treatment and meaningful involvement of all people regardless of race, color, national origin, or income with respect to the development, implementation, and enforcement of environmental laws, regulations, and policies."

They will produce deliverables such as maps of critical stressors and intervention measures to provide stakeholders with evidence that tailored investments in environmental justice can alleviate current and future climate impacts on child health. Dr. Sheffield said, "We're excited for this opportunity to bring researchers, clinicians, and community together around this topic of climate change and protecting children's health."

The study is innovative in the environmental health research field due to its partnerships with community, government, and clinical networks. Researchers also note that hardly any environmental justice research has examined cumulative effects of social and environmental exposures across the full urban-rural gradient—including mid-sized cities through rural areas.

"[Environmental Justice is defined as] the fair treatment and meaningful involvement of all people regardless of race, color, national origin, or income with respect to the development, implementation, and enforcement of environmental laws, regulations, and policies."

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY



Improving Small Area Estimation for State and Local Health Departments

IN JULY 2022, researchers at the Dornsife School of Public Health (DSPH) were awarded a National Institutes of Health (NIH) RO1 grant to develop and disseminate statistical methods that will help state and local health departments study neighborhood-level health disparities.

As principal investigator, Harrison Quick, PhD, assistant professor of biostatistics at DSPH, is leading a team of researchers at DSPH, the Philadelphia Department of Public Health, and the Centers for Disease Control and Prevention.

Despite the substantial evidence of health disparities between neighborhoods in cities like Philadelphia, neighborhood-level data is often limited, particularly for rare health outcomes. This phenomenon is exacerbated when inference is desired for multiple demographic subpopulations, such as data from different racial/ethnic backgrounds and different age groups, leading to the challenge known as small area estimation.

“There can be sizable disparities in health outcomes and their underlying risk factors between communities that need to be observed and addressed, but data at the community level can be limited,” said Quick. “Through the use of Bayesian statistical models, however, we can leverage spatiotemporal structure—i.e., relationships between adjacent neighborhoods and across time—to obtain estimates that are more accurate and more precise, thereby allowing us to make inference at finer levels of geography than the data alone would allow.”

This study builds on prior work led by researchers in the Urban Health Collaborative (UHC) – including the recent “State of Cancer in Philadelphia” report and the Salud Urbana en América Latina (SALURBAL) project research study which is housed in the UHC. SALURBAL aims to develop, apply, and disseminate statistical tools that will help state and local health departments better study health disparities in their communities.

First, the team is researching and developing novel statistical methods for the analysis of small area data which leverage both spatial and temporal dependencies that exist in the data. For instance, while data from a particular neighborhood in a particular year may be limited, data from surrounding neighborhoods

and previous years can be used to produce estimates with greater accuracy and precision.

Second, the team will apply these methods to study trends in heart disease mortality and its risk factors in Philadelphia census tracts over a 10-year period. To align with the city’s progress toward the American Heart Association’s 2020 Impact Goals, which sought to reduce heart disease mortality and its risk factors by 20 percent, researchers also plan to publish a report similar to the “State of Cancer in Philadelphia” report.

Third, the team will partner with the Centers for Disease Control and Prevention (CDC) to produce easy-to-use software and help train state and local health departments to conduct small area estimation in their communities.

This work dovetails with Quick’s recently funded National Science Foundation CAREER award focusing on the intersection of spatial statistics and data privacy, which aims to develop methods to improve access to public health data at sub-county levels.

Pilot funding for this research was provided by the American Statistical Association and the Centers for Disease Control and Prevention’s National Center for Health Statistics.

Continued Partnership with Big Cities Health Coalition

When Drexel’s Urban Health Collaborative (UHC) and the Big Cities Health Coalition (BCHC) formed a partnership in 2020, they built it on a shared vision of improving health in the nation’s largest cities through evidence-based public health practice. After three years, this vision has resulted in the creation of an Urban Health Agenda and multiple data platforms that serve public health leaders in 35 of the largest metropolitan jurisdictions, helping them meet the unique and varied needs of their more than 61 million residents. These resources also helped BCHC member cities navigate a deadly pandemic and the cascade of crises that followed, including sharp increases in drug overdose deaths and gun violence.

Reflecting on the past three years, BCHC Executive Director Chrissie Juliano, MPP, notes that “Partnering with the UHC has really extended the capacity of our team, while at the same time has given us access to an expertise on data and urban health research that we wouldn’t necessarily have. The UHC’s work really complements that of our members, pairing research and practice.”

A signature piece of this collaboration is the Big Cities Health Inventory (BCHI), an open-access data platform that is primarily supported by the U.S. Centers for Disease Control and Prevention (CDC), through a cooperative agreement with the National Association of County and City Health Officials (NACCHO) and a partnership with BCHC. The BCHP offers data on more than 100 public health indicators in 35 BCHC member jurisdictions. This year, the platform was updated with new metrics on COVID-19 deaths, homelessness, and flu vaccination. UHC researchers use the Big Cities Health Inventory to examine a range of urgent issues affecting U.S. cities. This work is detailed in a series of briefs that provide both data and social context, revealing structural factors that drive urban health inequities.

The briefs produced this year shed light on some of the country’s most urgent urban health problems. One found that drug overdose deaths had nearly tripled between 2010 and 2020. At the beginning of this period, these death rates were highest among white people; by the end, they were highest among Black people, attributable not only to an increase in fentanyl, but also to racist healthcare practices that create barriers to accessing prescription pain management and addiction treatment. Similarly, gun deaths and obesity rates climbed in many cities, and analysis revealed not only the prevalence of these outcomes, but the web of structural inequities that support and reinforce health disparities – which have only grown starker since COVID-19.

The UHC/BCHC partnership allowed for some of the only documentation of the unique impact of COVID-19 on cities. With support from the Robert Wood Johnson and de Beaumont Foundations, the partnership created the COVID-19 Health Inequities in Cities data dashboard, using a novel framework to measure inequities in COVID-19-related outcomes, revealing racial and ethnic disparities in incidence, testing, and treatment. In a paper published in the *American Journal of Public Health*, UHC researchers documented these inequities in urban Hispanic populations, finding large disparities in incidence, hospitalization, mortality, and vaccination rates, compared to white populations.

In addition to creating innovative data platforms, the partnership also enables urban health department leaders to collaborate in a more low-tech way: They hold a monthly tobacco working group on Zoom, giving members a space to exchange ideas and best practices for addressing tobacco-related policy challenges and innovation.

“The partnership between UHC and BCHC is truly beneficial to both institutions,” says Jennifer Kolker, MPH, Associate Dean for Public Health Practice at Dornsife. “For BCHC, it provides data, planning, and policy expertise to help guide their members in their work. And for UHC, it helps keep us grounded in public health policy and practice and translates our research into action.” —Rebecca Finkle

UNCOVERING CLIMATE-HEALTH IMPACTS IN LATIN AMERICAN CITIES

Researchers from the Salud Urbana en América Latina (SALURBAL) project, which is convened and coordinated at the Dornsife School of Public Health’s Urban Health Collaborative, have been studying and documenting the direct and indirect effects of climate change on health, particularly in urban areas throughout Latin America.

Flip to page 40 to read more.



Global Health Training

Working with World Vision on Water Sanitation Projects in Ghana

NAHIAN EHTESHAM IS a senior public health major within Drexel's Pennoni Honors College and the Dornsife School of Public Health and is projected to graduate in the spring of 2023. She is also a Dornsife Global Development Scholar (DGDS), a program based on a mentorship model that allows students to work alongside World Vision International on humanitarian efforts.

For Ehtesham, pursuing a career in global health was always a goal of hers and her family set the example. "My grandfather was a deputy director for the World Health Organization and my parents are doctors," she shared. "I have always envisioned a career where I can integrate my love for medical science and global health. As someone planning to go to medical school, cultural competency is my main priority. Having the capability to treat patients from different racial and ethnic backgrounds is a total game changer in the medical field because it heavily improves patient health outcomes and satisfaction."

Ahead of her senior year, Ehtesham was able to partake in a trip to Ghana as a DGDS in summer 2022. Initially when accepted to the DGDS program in 2020, she was prepared to take her public health education abroad in Senegal, but this was cancelled unfortunately due to the COVID-19 pandemic.

With COVID safety measures in place, Ehtesham finally had the opportunity to work alongside World Vision for a week in Bolgatanga, Ghana. Along with her fellow DGDS cohort

members, she learned about World Vision's community-based sanitation development projects throughout the country. They heard from local program directors and medical professionals as well as the people they serve.

"This was an exciting experience, as I got to see my non-academic and academic worlds collide," Ehtesham said. "There were many times where I could apply what I learned in my public health classes to the experience. Getting first-hand experience of community members talking about the water sanitation projects is truly incredible and a once in a life opportunity. I am incredibly happy I got to learn the importance of global health and community engagement, especially in a rural setting."

Ehtesham appreciated the DGDS program's openness to discussion and innovative ideas. "Every time we visited a community, we would spend time debriefing our observations and exchanging ideas on certain policies we would support. This challenged each of us to think critically and accept that there is not one correct answer," she shared.

Upon returning, the scholars were each given a research assignment about water, sanitation, and hygiene (WASH)-related health outcomes. Ehtesham took this opportunity to learn and write about the impact WASH programs can have on maternal and child health (MCH) specifically. Through this assignment, she researched effective interventions used by countries in Africa such as the Clean and Safe Healthy Facility (CASH) model. This model was started in Ethiopia and the goal was to create more health facilities and reduce the number of healthcare-associated infections. This model was successful as the average infection prevention and overall patient safety dramatically increased from 46 percent to 77 percent. Additionally, the initiative led to 52 percent of the health facilities having piped water.

Another highlight of her time at Drexel was partaking in the Macy Undergraduate Leadership Fellows Program at the College of Nursing and Health Professions. "Being a Macy Fellow has been a challenging yet rewarding experience. I have learned a great deal about myself, my strengths and weaknesses, and also what makes me a unique leader," she shared.

After completing her bachelor's degree in public health, Ehtesham hopes to pursue a medical degree like her parents, and become specifically a primary care physician, and practice in Bangladesh. "I am grateful to see how far I have come as a student both academically and personally," she shared.



NAHIAN EHTESHAM Public Health major '23, Drexel's Pennoni Honors College and the Dornsife School of Public Health



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Safeguarding Public Health in Conflict

THROUGHOUT 2022, the World Health Organization's (WHO) Surveillance System for Attacks on Health Care (SSA) database recorded more than 1,100 targeted attacks on health care facilities, vehicles, supply sources, patients, and providers. In Ukraine alone, there were more than 700 confirmed attacks recorded in 2022.

In March 2022 as attacks in Ukraine increasingly targeted health facilities, members of Safeguarding Health in Conflict Coalition joined forces with

▲ Safeguarding public health in areas of conflict like Ukraine, Syria, Yemen, Burkina Faso, Nigeria, Afghanistan, among others, is critical.

the head of the American Public Health Association, the International Council of Nurses, and the World Medical Association to urge WHO leadership to take additional steps to increase pressure to stop attacks on health facilities, personnel, and transports, and the people they serve in Ukraine.

The Coalition outlined the following action items: issue a fact sheet and hold a special press briefing to explain to the international media the location and a detailed description of confirmed attacks on health in Ukraine; expand the WHO's leadership on protection of health care; and address the current limitations of the surveillance system for attacks on health care.

Joseph Amon, PhD, MSPH, director of the Office of Global Health and clinical professor in the department of Community Health and Prevention at the Dornsife School of Public Health (DSPH), is a founding member of this Coalition organized in 2012.

"The WHO has strongly condemned the attacks by Russia on Ukrainian health centers and personnel. We need WHO to go further to counter misinformation and make clear that these attacks, which are war crimes, will have consequences," said Amon. "This is an important message to Russia, but also for those responsible for attacks in Syria, Yemen, Burkina Faso, Nigeria, Afghanistan, and other countries that we are tracking."

The Coalition has been instrumental in raising the issue of protection of health workers in conflicts, releasing an annual report tracking attacks and analyzing trends. The Coalition has worked with Ministers of Health worldwide towards a resolution at the World Health Assembly and the establishment of a system of monitoring attacks at the WHO and with the United Nations Security Council on a resolution mandating strengthened laws and policies protecting health workers and investigation and accountability for violations.

In addition to this advocacy work, Amon is also doing research in Ukraine, funded by the Global Fund against HIV, TB and malaria, and in conjunction with Ukrainian partners, to track the impact of the conflict on HIV and TB services.

Similarly, Jennifer Kolker, MPH, clinical professor of health management and policy, and associate dean for public health practice

"We need WHO to go further to counter misinformation and make clear that these attacks, which are war crimes, will have consequences."

and external relations, is part of a Philadelphia team with members from DSPH, Temple University's College of Public Health, and the Health Federation of Philadelphia on a USAID Cooperative Agreement with PACT to strengthen public health system recovery and resilience in Ukraine.

Kolker is part of the Technical Working Group which meets regularly with the PACT team in Ukraine to build their public health system. They provide technical assistance to Ukrainian public health colleagues in the development of community health needs assessments and disease surveillance, as well as the integration of mental health into primary care. Her team held an in-person training in Poland in Spring of 2023 and will host Ukrainian public health leaders for a study tour in Philadelphia in June.

"Being able to offer technical assistance to public health colleagues in a conflict zone has been an enormously gratifying and educational experience. Our colleagues' commitment to building public health in their communities in the midst of a war is inspiring," said Kolker.

700 confirmed attacks on health care facilities in Ukraine were recorded in 2022.



New Cardiovascular Disease Risk Training Program in Central America

New training program builds local capacity to conduct policy-relevant research about the influence of social determinants and place-based factors on heart health.

THE DORNSIFE SCHOOL of Public Health's Urban Health Collaborative and the Center for the Prevention of Chronic Diseases at the Institute for Nutrition of Central America and Panama (INCAP) have partnered to establish the Drexel-INCAP Training Program on Social Determinants of Cardiovascular Disease Over the Life Course.

This program was established, in part, because cardiovascular disease (CVD) incidence and the prevalence of CVD risk factors have steadily increased in the Central American region over the last several decades.

The program provides training and mentoring of MS and PhD degree students in identifying relevant research questions, in the use of appropriate research methods, and in the dissemination of results to the scientific community, the public, and policymakers. The goal is to increase local capacity to conduct policy-relevant research about the influence of social determinants and place-based factors on CVD.

The training program is led by Brisa Sánchez, PhD, Dornsife Endowed Professor of Biostatistics and Associate Dean for Research, Maria Fernanda Kroker Lobos, PhD, MSc, INCAP Program Lead, and Ana V. Diez Roux, MD, PhD, MPH, Dana and David Dornsife Dean and Distinguished University Professor of Epidemiology and Director of the Drexel Urban Health Collaborative.

PHOTO COURTESY RENE HERNANDEZ, VIA WIKIMEDIA COMMONS

Drexel-INCAP Research Fellows



HOMETOWN:
Guatemala City,
Guatemala

UNDERGRADUATE INSTITUTION:
Rafael Landívar University

UNDERGRADUATE MAJOR: Nutrition

DORNSIFE DEGREE AND MAJOR: PhD in Epidemiology

FACULTY MENTOR: Amy Auchincloss, PhD

PAOLA AREVALO, MS

Before pursuing a PhD in Epidemiology full time, Paola worked as a research assistant in the Research Center for the Prevention of Chronic Diseases at INCAP. She led the data analysis in projects related with the Food and Agriculture Organization, World Health Organization and Pan-American Health Organization. The specialized software used included the European Food Safety Authority (EFSA)'s software -FoodEx2- for standardizing food items; Canada's University of Toronto -FLIP- software to collect packaged food data; and -STATA15- as statistical software.

As a research assistant with the University of Chile, she worked with a team of nutritional epidemiologists, translating the research of the team on non-nutritive sweetener intake in Chilean toddlers, scholars, and adolescents to a compound of recommendations based on evidence, so that policymakers could consider it for the next stages of their Food Labelling Law and other policies. Her work focused on Chilean toddlers is in process of being published in a scientific journal.

In the future she looks forward to contributing further to the study of food environments, health disparities and the adjustment of well-designed public health policies, with the aim of reducing inadequate dietary intake and the prevalence of chronic diseases. She hopes to focus on low-income and immigrant communities, promoting healthy lifestyle strategies to guarantee a better quality of life across the lifespan.



HOMETOWN:
Guatemala City,
Guatemala

UNDERGRADUATE INSTITUTION:
Universidad del Valle de Guatemala

UNDERGRADUATE MAJOR:
Anthropology

DORNSIFE DEGREE AND MAJOR: MS in Epidemiology

FACULTY MENTOR:
Brisa Sánchez, PhD

JUAN CARLOS FIGUEROA

Before pursuing an MS in Epidemiology full time, Juan Carlos worked in Guatemala with the Center for Prevention of Chronic Diseases at INCAP in a study aiming to improve hypertension control and with the Ministry of Public Health doing assessments and helping design communication strategies to improve malaria care.

As a research assistant with the Center for Prevention of Chronic Diseases he conducted fieldwork and qualitative data analysis. He interviewed health administrators, health providers, and patients in relation to hypertension care and discovered a harsh reality: primary health services lack enough funds, do not prioritize hypertension care, and do not have enough staff and appropriate infrastructure.

He is interested in mixed methods research focusing on cardiovascular diseases and social determinants of health. In the future he expects to conduct research that balances in-depth knowledge of local realities with a population interpretive focus.



HOMETOWN:
Guatemala City,
Guatemala

PREVIOUS INSTITUTION:
Tulane University

PREVIOUS MAJOR:
Master of Science in Clinical Epidemiology

DORNSIFE DEGREE AND MAJOR: PhD in Epidemiology

FACULTY MENTORS:
Usama Bilal, PhD, MPH, MD, and Mariana Lazo, PhD, ScM, MD

ANA LUCÍA PERALTA, MD, MSCI

Ana Lucía worked as a research assistant at Tulane University School of Public Health for the CATCH Study, where she supported the development of a team-based care strategy to improve hypertension control in Colombia and Jamaica. She had previously worked at the Research Center for the Prevention of Chronic Diseases where she coordinated the field implementation of an effectiveness-implementation trial for hypertension control in Guatemala.

In the future she looks forward to contributing further to the understanding of the influence of context and social determinants in cardiovascular disease health outcomes to inform the development and implementation of community-based health interventions.

Call for Policy Shifts

Removing Barriers to Opioid Use Disorder Treatment Shows Success During Pandemic

PANDEMIC-ERA CHANGES to prescribing guidelines for the lifesaving drug buprenorphine led to improved treatment outcomes for patients with opioid use disorder in Philadelphia, according to a recently published study in the journal *Drug and Alcohol Dependence Reports* from researchers at the Dornsife School of Public Health (DSPH).

The authors analyzed data from medical records and the Pennsylvania Prescription Drug Monitoring Program for 506 patients who received buprenorphine for the treatment of opioid use disorder at the multi-service harm reduction organization Prevention Point Philadelphia between September 2018 and June 2020. Once the Drug Enforcement Agency (DEA) authorized less-restrictive prescribing regulations, in response to the pandemic, which included telemedicine visits to clients, longer prescriptions and fewer drug screening requirements during the course of treatment, patient retention in treatment improved.

Patients accessing providers using telemedicine resources at Prevention Point stayed enrolled an average of 78 days and those accessing providers via telemedicine offsite stayed in care an average of 180 days. This translates to 3-8 times greater duration in treatment compared to those treated before the pandemic.

The findings are a useful case study for policymakers tasked with improving treatment options for the 1.7 million people in the United States experiencing opioid use disorder. Buprenorphine stops or limits the euphoric effects of opioids while making the body experience craving and withdrawal symptoms less often.

“We treated the policy changes as a natural experiment and compared treatment outcomes before and after they took effect,” said lead author Kathleen Ward, MSPH, CHES, doctoral research fellow at DSPH. “We found the lessened restrictions were associated with people remaining in care for a longer period time. This is a really important finding in support of these policy changes.”

“Prevention Point Philadelphia adapted quickly during the pandemic to care for clients by shifting from only offering onsite treatment

at one of their locations to offering telemedicine visits with a provider,” Ward said. “This included allowing clients to come onsite to access telemedicine appointments if they did not have access to a smartphone or computer.”

“During the course of the pandemic, people are still having massive problems accessing care for substance use disorders,” said study co-author Benjamin Cocchiario, MD, a family medicine provider at Prevention Point. “We’re now allowed to do telemedicine visits, space out urine drug screens — bringing down these barriers brought our internal follow-up rates from one out of five people staying for 180 days up to about three out of five people.”

Buprenorphine helps people recovering from opioid use disorder by reducing cravings and withdrawal symptoms, cutting risk of fatal overdose in half during the first six months of treatment. The medication is prescribed and monitored under the direction of a medical professional to help strengthen recovery from substance use disorder.

The team followed clients for six months —the National Quality Forum benchmark of 180 days that is the minimum amount of time recommended for someone to remain on the medication to maximize drug effectiveness.

Before the pandemic-era changes, close to one in seven people with opioid use disorder in the U.S. remained on medication for at least this period of time, according to Cocchiario.

According to Cocchiario, success for patients comes down to trust.

“Trust builds recovery,” said Cocchiario. “The moment you decide for the patient what their recovery needs to look like, that’s when you start losing people. The decreased restrictions that came with the pandemic gave us just a taste of what low-barrier access to treatment looks like—we’re not even scratching the surface. The shift we need to see is a vast liberalization of access to medications for opioid use disorder, as well as a policy focus on the antecedent causes of this disorder—trauma, poverty, abuse, neglect, racism, oppression.”

In May 2022, the U.S. Department of Health and Human Services went a step in that direction by announcing the State Opioid Response grant funding of just under \$1.5 billion to states and territories to expand access to medications for treatment of opioid use disorder, as well as prevention, harm reduction, treatment and recovery support services.

“For most patients struggling with opioid use disorder, there are many barriers to accessing and staying engaged in treatment,” said senior author of the Drexel study, Alexis M. Roth, PhD, associate professor at DSPH.

“The FDA regulation changes are critically important to reducing some of the known barriers such as short-duration prescriptions and requiring in-person appointments. There were more than 100,000 opioid-related overdoses in 2021—more than there has ever been in a single year before. These policy shifts are lifesaving and should remain in place. But there is still so much more that needs to be done to combat this public health crisis.”

Elimination of the Affordable Care Act’s Individual Mandate Increased Disparities

Research led by Alex Ortega, PhD, professor of health management and policy at the Dornsife School of Public Health (DSPH), compared health care access and utilization data of a nationally representative sample of U.S. adults from before the Patient Protection and Affordable Care Act (ACA) went into effect (2011-2013), the start of ACA implementation (2014-2015), when the individual mandate was enforced (2016-2018), and then when the individual mandate was eliminated (2019).

Looking at indicators of health care access, including insurance coverage and delaying health care because of costs, they estimated the impact of the elimination of

5%
increase in probability of Latinos being uninsured.

ADDRESSING HUNGER IN THE U.S. Check out the latest policy briefs by the Center for Hunger-Free Communities at Dornsife on addressing hunger in the United States:

+ Changing the Narrative to Change the Policy
+ Policy Solutions to End Hunger in America

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the ACA’s individual mandate on Black, Latino, and white populations.

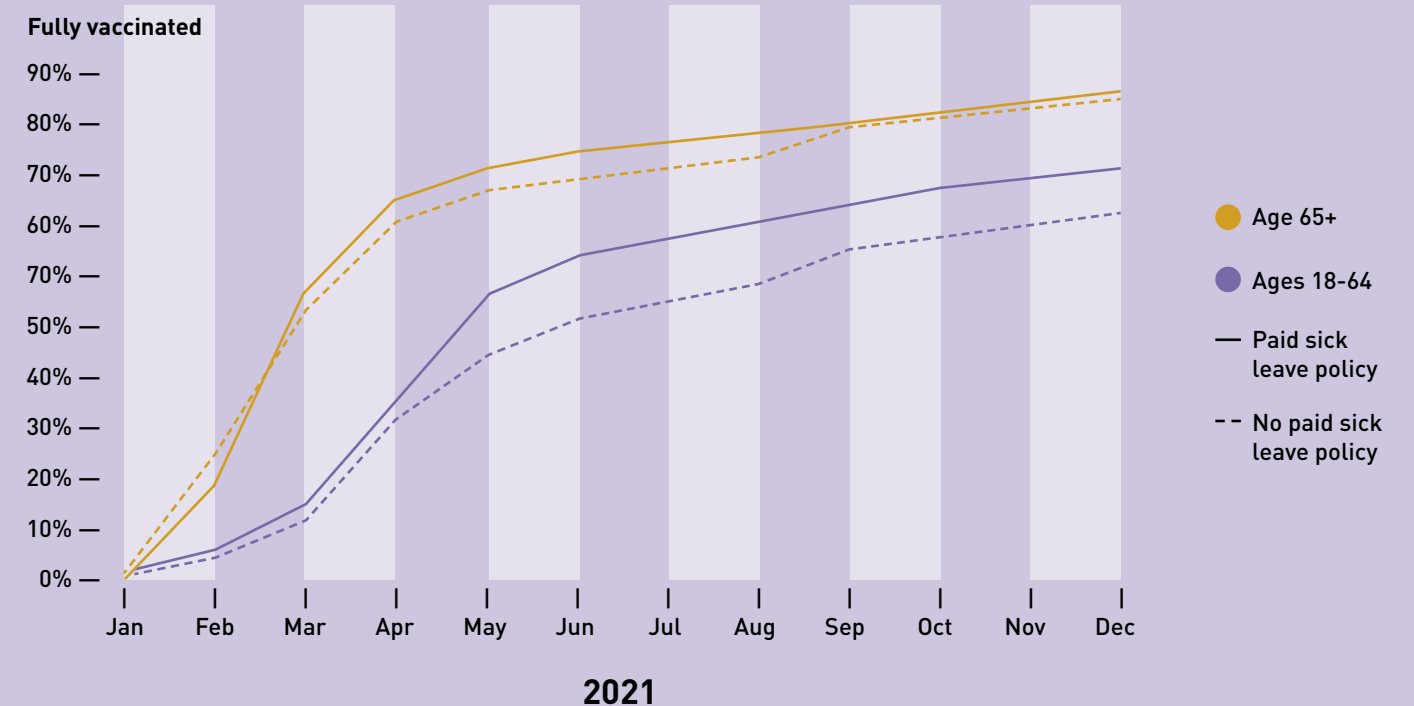
In the study published in *JAMA Network Open* in March 2022, Ortega and researchers from other institutions found that in 2019, which is the period when the mandate was eliminated, there was a 3-percentage point increase from the prior period in the probability of being uninsured for everyone.

There was also a striking ethnic disparity in the increase of the percentage of those who were uninsured and delayed seeking health care due to costs after the mandate was eliminated, with a 5-percentage point increase in the probability of being uninsured for Latinos. The probability of being uninsured for Latinos (30.1 percent) was more than double the probability for Black individuals (14.0 percent) and white individuals (9.9 percent). Latinos also had a significant increase in the probability of delaying care due to costs.

Authors suggest that policies restricting public benefits for immigrants may have contributed to the increase in being uninsured among Latinos. The authors also note that efforts to expand Medicaid and support community-based health services may also help reverse health inequities for Latino populations.

Alexandra “Ali” Rivera-González, a PhD Candidate in the Department of Health Management and Policy at DSPH, contributed to this publication as well.

‘Tripledemic’ Highlights Need for Paid Sick Leave



A STUDY PUBLISHED in the November 2022 issue of the journal *Health Affairs* and led by researchers at the Dornsife School of Public Health (DSPH) found that cities with paid sick leave policies have a 17 percent higher rate of COVID vaccination among working-age populations compared to cities without such policies. Researchers also found stronger links between paid sick leave and vaccine coverage among the most socially vulnerable communities compared with the least socially vulnerable ones.

Researchers reviewed county-level data on vaccination rates and paid sick leave data from 37 major cities in the United States in 2021. They also examined associations with neighborhood social vulnerabilities using the CDC Social Vulnerability Index (SVI).

The 2022 holiday season was met with a “tripledeemic” of COVID, flu, and Respiratory Syncytial Virus (RSV) which underscored the importance of staying home while sick and having policies in place to enable people to do so without losing wages.

Despite the U.S. being among the wealthiest countries, it lacks a national paid leave program. The paper notes that “the U.S. has a patchwork of city, county, and state laws that leave 21 percent of the civilian workforce without paid sick leave.” These inconsistencies can contribute to widening disparities in vaccine rates across communities.

“The populations who have been worst impacted by COVID-19 are the least able to take time off without pay to be vaccinated, and least likely to have access to paid sick leave from employers, making state and city paid sick leave policies especially important for them,” said lead

author, Alina Schnake-Mahl, ScD, MPH, assistant professor in the Department of Health Management and Policy and the Urban Health Collaborative at DSPH.

To prevent further COVID morbidity, the study suggests that federal legislators should approve paid sick leave to increase rates of vaccination and reduce health inequities. These policies allow workers time for receiving vaccines and recovering from potential adverse effects of vaccination.

“The United States is increasingly relying on vaccination to prevent COVID-19 deaths and hospitalizations. Our research suggests that paid sick leave is a key policy to help increase COVID-19 vaccination rates and reduce vaccination disparities, and we hope our findings provide further evidence to states and cities

about the importance of enacting these policies,” said Schnake-Mahl.

Additional authors include Gabriella O’Leary, former MPH student in the Department of HMP and Urban Health Collaborative; Pricila H. Mullachery, Assistant Professor of Health Services Administration and Policy at Temple University; Alexandra Skinner, MPH, PhD student at Brown University School of Public Health; Jennifer Kolker, MPH, Clinical Professor in the Department of HMP and the Urban Health Collaborative, Associate Dean for Public Health Practice and External Relations, and Director of the Center for Public Health Practice; Ana V. Diez Roux, MD, PhD, MPH, Dana and David Dornsife Dean and Distinguished University Professor of Epidemiology; Julia R. Raifman, ScD, Assistant Professor at Boston University; and Usama Bilal, PhD, MPH, MD, Assistant Professor in the Department of Epidemiology and Biostatistics and the Urban Health Collaborative.

Community



Primary Care Finder

New web-based tool aims to connect Philadelphians with medical care

IN AUGUST 2022, the Philadelphia Department of Public Health (PDPH) launched a new “primary care finder” tool available on phila.gov. The web-based tool aims to connect Philadelphians with free or low-cost medical care. According to a report from 2018 released by PDPH, about one in six residents of Philadelphia does not have a primary care physician they see regularly.

The tool is free to the public and accessible via a desktop web browser or a mobile browser. It includes providers that serve individuals regardless of their insurance or financial status, condition, age, or legal documentation status.

Users of the tool can also see the nearest public transit options, insurance and cost estimates, operation hours, and contact information for each provider.

Before the tool was launched, Ana Martinez-Donate, PhD,

professor of community health and prevention at the Dornsife School of Public Health (DSPH), and Mariana Lazo, MD, PhD, ScM, associate research professor at DSPH, served as consultants and liaisons between the tool development team and the Philadelphia Latino Health Collective, which they lead.

The Philadelphia Latino Health Collective was founded by Martinez-Donate in 2020 in response to the COVID-19 pandemic that has disproportionately impacted Hispanic communities. Since then, the coalition has been meeting monthly, maintaining an active listserv and weekly newsletter, and adding simultaneous interpretation to make it inclusive and equitable. The topics addressed by the collective have expanded to include maternal and child health, monkeypox, cancer, obesity, and social determinants of health, such as migration, housing, food access, and education.

The Collective gathers policymakers, public health professionals, city officials, and representatives from 40+ different Latino-serving

organizations monthly to advocate for resources, identify important community needs, create solutions, and share resources to help alleviate them. It has become a meeting point and resource exchange platform for those invested in promoting Latino health in Philadelphia.

To ensure the needs of Latino and other diverse communities in Philadelphia were met with this tool, the PDPH team met with Drs. Lazo and Martinez-Donate to review the tool prototype and give initial feedback. Afterwards, the Collective invited PDPH to present their prototype during a monthly meeting in order to gather useful feedback and recommendations to improve the user experience.

“We really appreciated the effort by the PDPH to consult with the Latino Health Collective to ensure this tool would be helpful to Latino communities in Philadelphia. This type of dialogue between health departments and community stakeholders is critical to reduce health disparities,” said Martinez-Donate.

After providing recommendations for the tool, the Collective helped PDPH identify Latino community members who could partake in a focus group to provide additional feedback and suggestions for further improvement.

The Latino Health Collective has been instrumental in helping to advertise this tool and promote its use among the Latino community.

In August 2022, Martinez-Donate joined Health Commissioner Dr. Cheryl Bettigole and other representatives from the Philadelphia Department of Public Health and the Health Federation of Philadelphia to announce the tool at Philadelphia City Hall. She was also quoted in local media discussing the tool.

► **The Collective's suggestions included:**

+ **Using simpler language**

+ **Updating the tool frequently**

+ **Having an ambassador or community member to explain why**

having a primary health doctor is important and spread the word about why the tool is useful

+ **Having a plan in place so that communities know how to access the tool**



West Philadelphia Promise Neighborhoods

THE WEST PHILLY PROMISE NEIGHBORHOOD (WPPN) program, funded by the U.S. Department of Education, supports “cradle-to-career” opportunities for children living or going to school in the Belmont, East Parkside, Mantua, Mill Creek, Powelton Village, and West Powelton/Saunders Park neighborhoods that surround Drexel University’s main campus. This place-based initiative aims to improve education, health, and economic success for children, their families, and communities. Initially securing funding in 2016, Drexel University is the lead applicant of the grant in partnership with the City of Philadelphia, The School District of Philadelphia, and more than 20 community-serving groups.

Researchers from the Urban Health Collaborative (UHC) in the Dornsife School of Public Health (DSPH), led by

Amy Carroll-Scott, PhD, MPH, associate professor and chair of the Community Health and Prevention Department, and Félice Lê-Scherban, PhD, MPH, UHC training core co-lead and associate professor in the Epidemiology and Biostatistics Department, make up the WPPN Data and Research Core. They collaborate with community members, city and school leadership, and nonprofit partners weekly to focus on systems building to link and leverage evidence-based programs.

Now well beyond the first couple years of the program, the team has built an infrastructure for research, data access, and dissemination. Throughout, they are committed to honoring the experiences and concerns of the communities they work with and acknowledging that data collected from the community belongs to the community. They produced a set of interactive online dashboards as well as a series of neighborhood indicator briefs on demographics, education, housing, public safety, and health that are easily accessible to the public at westphillypn.org. Since their release in 2021-2022, these highly visual briefs have been leveraged by schools, community leaders, and nonprofits to secure grants, share their stories (internally and externally), and advocate for new programming or resource allocation. The team is planning to release updated briefs in 2023.

“Making data collected from and about communities accessible to those communities is not only an ethical obligation, but also critical to make the data truly impactful,” said Lê-Scherban.

The impetus of the WPPN program is community collaboration and ensuring they meet the needs of those they aim to serve. In response to a growing demand for data by community members, the WPPN Data and Research Core developed an efficient data request protocol to provide specific facts and figures as needed.

One example of democratizing data to community partners was with Mount Vernon Manor Community Development Corporation (CDC). This CDC was recently awarded a Byrne Criminal Justice Innovation program grant from the U.S. Department of Justice for community-based violence prevention and intervention efforts in the same geographic footprint as the WPPN, entitled Building Opportunities for Lasting Dreams (BOLD).

The WPPN briefs and dashboard provided context for not only crime incidence in the project’s target areas, but also social determinants of violence such as poverty and unemployment. The WPPN team also shared neighborhood survey data on caregiver perceptions of safety, exposure to violence, and interactions with police to assist in the BOLD planning period. The WPPN team was even able to provide data specifically about caregivers of youth aged 14-18, a specific population some of the BOLD interventions are working with. All this information allowed the BCJI grant team to better understand the landscape of community violence in West Philadelphia to effectively plan targeted interventions.

“It’s important to remember that data and research results that describe a community can be of great value to that community’s program planning and advocacy and can even provide baseline measures for evaluating other interventions. As researchers, we should consider these longer-term benefits and work with community leaders to ensure that with some creative dissemination our studies can support other community health equity agendas. This has the further benefit of addressing mistrust between communities and research institutions,” said Carroll-Scott, who leads research and evaluation for BOLD.

Student Recognized for Success in Cooperative Education Experience

Each year, the Steinbright Cooperative Education Awards at Drexel University celebrate the continued success of Drexel Dragons’ co-op experiences. These awards are given to students, employers, and faculty/professional staff for outstanding work in the cooperative education program.

As the professional world continues to evolve, the Drexel community is filled with pride by the excellence and resilience of the program and applauds the success of all the participants who make Drexel Co-op a leader in experiential education.

In 2022, eleven exceptional Drexel students were recognized for their outstanding efforts in fulfilling the goals and ideals of cooperative education.

Dornsife student Fatou Diabira, a public health major, was a recipient who completed her co-op at the School District of Philadelphia’s Kenderton School. During her co-op experience at Kenderton School, she quickly made herself indispensable and worked closely with the school’s 8th graders as they embarked on their high school selection.

Diabira was a key staff member and was always eager to research ways to improve lesson development. Employees at the school shared they appreciated her expertise, judgement, and welcoming personality, which led to students and staff trusting her insights. Her flexibility and enthusiasm made her an integral part of the school, and her professionalism demonstrated just how dedicated she is to the future of education.

“The co-op experience puts what you’re studying into action. This experience taught me organizational skills and how to become more assertive,” said Diabira.

A special video featuring the 2022 Co-Op Education student award winners was created as well, and gave Diabira and fellow winners an opportunity to share thoughts on the value of co-op.

SCAN TO WATCH THE VIDEO



► **The Promise Neighborhood is an area of West Philadelphia that has been selected as a federally designated Promise Zone since 2014.**



FATOU DIABIRA
BS in Public Health '22

:

Can Addressing Childhood Trauma Help Prevent PTSD Among Violence Victims?

AS MANY COMMUNITIES across the country struggle with rising violence, a team of researchers from the Dornsife School of Public Health (DSPH) took a unique approach to better understand the experiences of victims of urban violence in Philadelphia. In their study, published in June 2022 in the *Journal of Urban Health*, they talked to 147 adults who were victims of violence in the city to understand how prior childhood trauma could put someone more at risk for PTSD symptoms after experiencing violence.

The researchers connected with subjects within three months of their treatment in an emergency room after an attack and asked a series of questions to assess whether they had any adverse childhood experiences growing up and if they were suffering from any PTSD symptoms following the recent attack.

The adverse childhood experiences were widespread—nine out of 10 respondents experienced at least one adverse childhood experience and nearly four out of 10 experienced more than six.

The team found a strong link between adverse childhood experiences and odds of experiencing PTSD symptoms following an attack. Specific adverse childhood experiences—particularly emotional neglect—were associated with a greater number of PTSD symptoms. Patients who had more adverse childhood experiences also experienced worse PTSD symptoms; and patients with higher numbers of adverse childhood experiences showed higher odds of PTSD after being the victim of violence than

Writing **Greg Richter**

those who reported few or no adverse childhood experiences.

The team's data suggests that healing the trauma from adverse childhood experiences early in life that lingers well into adulthood may help prevent the PTSD symptoms that violence victims often experience.

The paper supports the benefits of the work of Healing Hurt People, a program at DSPH's Center for Nonviolence and Social Justice that delivers trauma-focused healing through evidence-based therapy, supportive case management, and peer services to survivors of violent attacks, and to those who are exposed to violence.

Lead author Loni P. Tabb, PhD, an associate professor at DSPH, discussed why addressing poor environmental factors associated with violence, as well as the trauma experienced from adverse childhood experiences—such as abuse, neglect, or violence—may help treat victims of violence and convince them not to retaliate.

Why is it valuable to look retrospectively at the past adverse childhood experiences among victims of violence?

TABB: While much of the work that involves looking at current day health and social outcomes, like violence, is necessary, it's important to consider the lifetime exposures to unfortunate realities, like trauma. Taking a holistic view of how victims of violence are exposed to trauma is key in addressing and intervening so that future violence is curtailed. Looking at adverse childhood experiences is a great way to take this holistic view, because ignoring such trauma will likely undermine not only the true reasons behind said violence, but allow for a more informed approach at helping victims of violence.

The study mentions that the disproportionate impact of exposure to violence is experienced by Black males and youth. Can you mention some of the systemic factors that may contribute to this?

TABB: One of the major factors that contribute to this disproportionate impact of exposure to violence—experienced at alarming rates by Black males and especially young Black males—lies in one's neighborhood. Neighborhoods matter, at a micro and macro level. For instance, our research noted that in Philadelphia's safest police district, which is predominantly white, there are little to no reported firearm homicides; however, in the most violent district in the city, which is mostly made up of Black residents, there are stark numbers of shooting victims. We know this is not by chance.

Contributing factors lie at the intersection of historical and present day, persistent structural racism, health and social inequities, as well as poverty. So when we think about this disproportionate impact being experienced by Black males, especially the younger ones, we need to make sure we are acknowledging that the environments they live in are not setting them up for success. When thinking about the social determinants of health, this is what we mean: The conditions in the places in which people live, learn, work, play and worship all have implications on health and social outcomes—violence is no exception.

We know adverse childhood experiences (ACEs) increase the odds of developing lifetime post-traumatic stress disorder. What made you and your colleagues decide to look at this population of youth in Philadelphia?

TABB: Unfortunately, Philadelphia's homicide rate surpasses the national rate (similar to other large cities across the U.S.). And, even though the city is racially and ethnically diverse, the homicide rate among Black residents is nearly ten-fold that among white residents. Additionally, two of the three trauma centers in our study are located in North Philadelphia (Temple University Hospital and Einstein Medical Center)—which are both areas in the city with the highest emergency department encounter rates. The third hospital, Hahnemann University Hospital (which closed post-2019 data collection) was located in Center City, and although the demographics differed from the other two sites, this site was considered one of Philadelphia's safety-net hospitals, providing care to individuals from underserved communities.

In looking at those Philadelphia residents that participated in our study, nearly all of them (90%) experienced at least one adverse childhood experience.

PHOTO BY ANDREW HUTH

What can be done based on these findings?

TABB: The implications of this research land on the desperate need to provide support and resources to survivors of violence given what we know about how trauma can exert detrimental effects on physical and psychological health.

Hospital-based violence intervention programs, like Healing Hurt People, have been shown to decrease symptoms of trauma, and we need to invest in these types of programs and in furthering our understanding of how intervening early on among survivors of violence can decrease PTSD for those who carry this burden of trauma.

Additionally, while these types of intervention programs are necessary at the individual level, it's critical to simultaneously focus on investing in neighborhoods, just like Philadelphia, where our Black youth are set up for success. What does that mean? It means they are growing up in neighborhoods that are clean, safe, filled with access to quality health care, education and housing.

What are the most important insights from this study for local officials and organizations responsible for preventing violence and the health professionals supporting victims of attacks?

TABB: One of the most important insights to consider—especially for local officials and organizations responsible for addressing this public health crisis—is to understand that ACEs, along with a myriad of other individual- and neighborhood-level contextual factors matter. While the focus of our research leaned heavily on the importance of ACEs, and how experiencing such trauma at a young age can lead to unfortunate negative health and social outcomes, including violence, we must pay very close attention to the impact that neighborhoods have on our overall health.



Health Equity

Racism, segregation
and inequality affect
our health. Dornsife
aims to make visible
and address these
fundamental causes
of health inequities.

RESEARCHERS AT THE Dornsife School of Public Health are committed to uncovering and addressing social inequities in health that permeate our communities, cities, countries, and world. These inequities remain a major challenge for societies across the globe. Through a lens of social justice and health and human rights, Dornsife is committed to understanding the drivers of health disparities, investigating possible interventions to reduce them, and working with partners to eliminate them.

ILLUSTRATION BY IBRAHIM RAYINTAKATH



Neighborhoods Matter

How the Legacy of Redlining Influences Climate Justice Today

CLIMATE CHANGE DISTRIBUTES its harms unevenly. “The impact is not borne equally across society,” warns Leah Schinasi, PhD, assistant professor in the department of Environmental & Occupational Health at the Dornsife School of Public Health (DSPH). “In particular, we see that marginalized community members are more likely to experience hot temperatures and the health harms associated with them.”

Philadelphia, one of the most segregated cities in the country, faced triple-digit heat as recently as last summer, with the harshest consequences reserved for impoverished racial groups and the elderly population. Understanding the characteristics of the built environment that drive risk, and the legacy that has contributed to it, can inform policy changes aimed at remediation. A commitment to environmental justice was the inspiration for work recently published in the *Journal of Urban Health* by Schinasi, the lead author, coauthors Sharrelle Barber, ScD, MPH, Loni Philip Tabb, PhD, and Irene Headen, PhD, MS, all faculty members affiliated with Dornsife’s Ubuntu Center on Racism, Global Movements & Population Health Equity, and Chahita Kanungo, a recent MPH

graduate. (A sixth coauthor, Zachary Christman, PhD, holds a faculty position at Rowan University.)

Tracing Past Racist Practices to Contemporary Harms

The research team used a historical lens to trace the disparities that contribute to heat-related illnesses and excess mortality. Their touchstone was the racist practice of redlining. In the throes of the Depression in the early 1930s, the federal government issued loans designed to prevent foreclosure and keep people in their homes. To assess risk, the federally sponsored Home Owners’ Loan Corporation (HOLC) graded neighborhoods based on their “desirability” (A, B, C, or D). The lowest grades were invariably assigned to communities with a high proportion of low-income immigrant and Black residents, cutting them off from financing and spawning a spiral of decay.

Today, HOLC’s stark maps have been digitized, providing a game-changing body of data that has allowed scholars and advocates to probe the enduring damage inflicted by redlining. Schinasi and her colleagues randomly selected 100 residential properties in Philadelphia from each of the four grades (400 total) and identified a set of property characteristics that may contribute to particularly dangerous heat exposures. Using the aerial and panoramic photographs available on Google, the researchers inventoried each property to determine roof color, roof shape, presence of mature tree canopy, and presence of recently planted, immature street trees.

By measuring the association between historic redlining and contemporary indicators of heat vulnerability, the researchers sought “to connect structures and systems of marginalization to present-day outcomes,” says Schinasi. Among other analyses designed to provide a more granular understanding, they adjusted for the racial and socioeconomic

composition of the neighborhoods at the time the HOLC grades were assigned, drawing on data from the 1940 Census. “We were asking, ‘was it the underlying composition of the neighborhood that created vulnerability even before the redlining maps were created or was it the disinvestment in urban neighborhoods that happened after the creation of the maps?’”

Ultimately, the answer proved to be both. The core finding from the published study: Compared to properties in grade A neighborhoods (those deemed most desirable), more B, C, and D neighborhoods exhibited characteristics that left residents vulnerable to heat. The most substantial association between HOLC grades and heat vulnerability was the presence of mature tree canopy. Because mature trees take years to grow, the authors suggest this may be a more stable measure than housing characteristics, which can change as neighborhoods evolve.

“The biggest takeaway is that neighborhoods matter,” says Tabb, associate professor of biostatistics. “Policies have been implemented in the past that change neighborhood characteristics—how

they are designed, who lives there, who owns the properties.”

Advancing Environmental Justice

This research—with its unique use of mapping services to create community portraits and findings that show how past policies undermine environmental justice—adds to a growing body of literature on the persistent consequences of disinvestment. As spatial representations of inequity, redlining maps remind us that “we can’t just document what a neighborhood looks like today,” says Tabb. “We need to understand the historical perspective as well.”

The immediate value of the data is to underscore the urgency of targeting heat adaptation resources and broader community-building investments where they are most needed. More broadly, the findings speak to the value of assembling a fuller picture of HOLC’s impact. “The implications of HOLC don’t stop at heat vulnerability, they expand to a lot of other health and social outcomes,” says Tabb, singling out elevated cardiovascular disease as a particular concern.

As the crisis of climate change becomes increasingly visible, more research can also inform strategies for redress there. The *Journal of Urban Health* paper calls for analyzing patterns of urban redevelopment, reinvestment, and neighborhood change over time to tease out the complex interrelationships among residential segregation, racism, and heat vulnerability. To further knowledge about inequity, more also needs to be known about patterns of disinvestment and their relationship with indoor temperature, including who has access to cooling devices, proper ventilation, and windows that can be opened safely.

Meanwhile, we cannot ignore the ways in which structural and systemic inequities haunt us to this day. “The past is never dead,” wrote William Faulkner. “It’s not even past.” The enduring impact of urban disinvestment is testimonial to this truth. ■

1937 Philadelphia "Redlining" Map

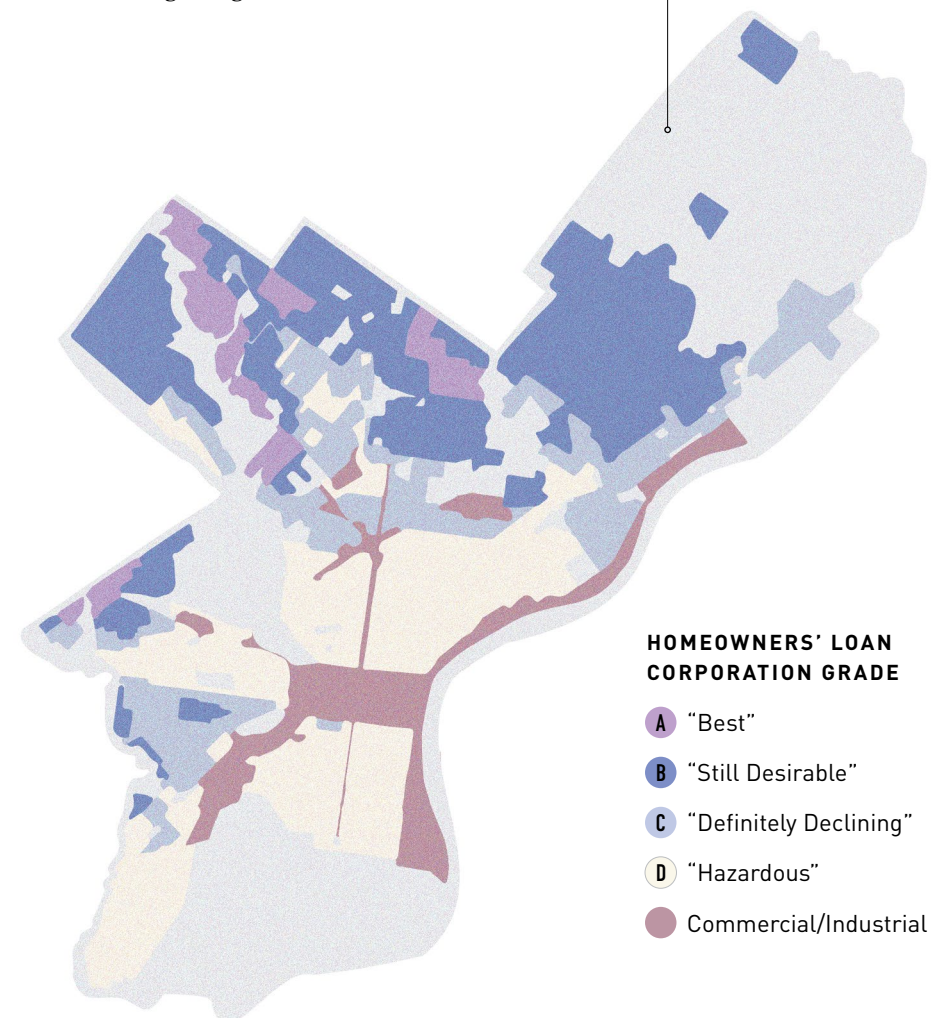




ILLUSTRATION BY IBRAHIM RAYINTAKATH

Police Encounters

Sifting through data on police encounters and police violence uncovers who is most affected.

WHEN GENDER, RACE, ETHNICITY, AND SEXUAL ORIENTATION are incorporated into research design, truths essential to the pursuit of equity are able to emerge.

That's why Gabriel Schwartz, PhD, who joins the Dornsife School of Public Health's (DSPH) Department of Health Management and Policy as an assistant professor in the fall of 2023, and Jaquelyn Jahn, PhD, MPH, assistant professor of epidemiology at the Ubuntu Center on Racism, Global Movements, and Population Health Equity at DSPH, conducted two first-of-their-kind analyses of police encounters and their often traumatic and sometimes deadly impact. By using disaggregated data, they were able to examine populations whose unique story might otherwise be lost. "Often our research and public understanding is shaped by what is happening 'on average,'" explains Jahn. "What our articles try to do

is say that is not the entire story, let's look at additional variation.”

Their work builds on the concept of intersectionality, which recognizes that multiple facets of identity and power shape people's lives. “How can we consider these different dimensions of identity and also these different dimensions of inequity?” Jahn asks. The search for answers is threaded through their recent research.

Policing Sexuality: Who is At Risk?

Police encounters are a well-recognized health risk, especially for Black and Hispanic youth who are disproportionately stopped by law enforcement. Less fully studied is the influence of sexual orientation on the likelihood of those contacts.

Schwartz, Jahn, and their colleague Amanda Geller, PhD, at the University of California, Irvine, examined the association between youth who identified as a sexual minority and police contact. Their analysis, published in *Social Science & Medicine—Population Health*, drew on the National Longitudinal Study of Adolescent to Adult Health, the largest available dataset to include both sexual orientation and engagement with the criminal legal system over time. To uncover nuances, the researchers defined four sexual minority categories, reflecting a continuum of self-reported identities, and three measures of police encounters—ever having been stopped by the police, number of times stopped, and age at first stop. The data, collected from respondents between ages 18 and 26, were striking:

Sexual minority youth were 1.86 times more likely to have been stopped, were stopped 1.6 times more often, and were stopped at younger ages, compared to heterosexual youth.

There were significant disparities between sexual minority and heterosexual women in every indicator—the former group was 2.18 times more likely to have been

Sexual minority youth were

1.86

times more likely to have been stopped [by police], were stopped

1.6

times more often, and were stopped at younger ages compared to heterosexual youth.

stopped, were stopped 2.44 times more, and again were stopped at younger ages.

Although sexual minority men were more likely to be stopped than any other group, disparities compared to heterosexual men could be detected only when a broad definition of sexual minority was used (for example, someone who identified as “mostly heterosexual” but reported being somewhat attracted to people of their own sex). This suggests that sexual minority men who do not identify as gay or bisexual face particular risk.

These findings, strengthened by evidence of the lifelong health consequences associated with experiencing homophobia as a sexual minority, demonstrate the value of research to inform action. Understanding the extent and impact of policing inequities, especially the mental health burden associated with police contact, can inform public policies designed to reduce the harm.

“Adolescence is such an important period in life course development with important implications for education, interactions with the criminal legal system, and the formation of sexual identity,” Jahn says. “Researchers and public health practitioners and the supportive adults in the lives of adolescents need to be aware of the risks they may face.”

Fatal Police Encounters

In another innovative study, published in *PLOS ONE*, Schwartz and Jahn examined fatal police encounters involving Asian Americans and Pacific Islanders, disaggregating those populations by their family's regional background (e.g., East Asian, Southeast Asian, etc.) and, where possible, by country. The findings undermine the myth of the “model minority,” a false narrative that suggests all Asian Americans are prosperous, well integrated into the civic structure of the nation, and always treated fairly by the legal system.

Among Pacific Islanders, the death rate at the hands of police was 0.88 per 100,000, on par with death rates

“We have to reveal publicly what people are going through.”



in Black and Indigenous communities. Although a source of anguish within the Pacific Islander community, that shockingly high number has received almost no public attention. By contrast, Americans with East Asian and South Asian roots died at a rate of 0.05 and 0.04, respectively, while the rate for Southeast Asian Americans was 0.16 per 100,000. The differences highlight the often-overlooked diversity within Asian populations—some are well-educated, arriving under immigration policies that prioritize “high skills,” while others carry the burdens of war, colonialism, and intergenerational trauma that produce so many health and economic inequities.

To gather their data, the researchers undertook a wrenching process of sifting through obituaries and memorials to identify national and ethnic origin. “It was a labor of sorrow,” acknowledges Schwartz. “We often read about people undergoing some kind of mental health crisis or who were involved in some extra-legal survival activity that put them in the path of the criminal justice system. To see families and communities torn apart, instead of receiving the support they need, is heartbreaking.”

The Power of Disaggregated Data

Beyond providing the evidence to influence policing policy and practice, both studies reveal the importance of subset analyses. Gaps in official databases have prompted community activists and local journalists to gather granular data themselves, a painstaking effort that arguably should fall to the more highly resourced public sector. Still, standard data collections practices are beginning to change as conversations about intersectionality grow more robust and scholars increasingly recognize the need to tease out differential experiences.

“Accountability dies in darkness,” warns Schwartz. “We have to reveal publicly what people are going through in their interactions with the legal system and see what that does to their health and how it generates fear in their communities. And then we have to say to politicians, you have a role in changing this.” ■

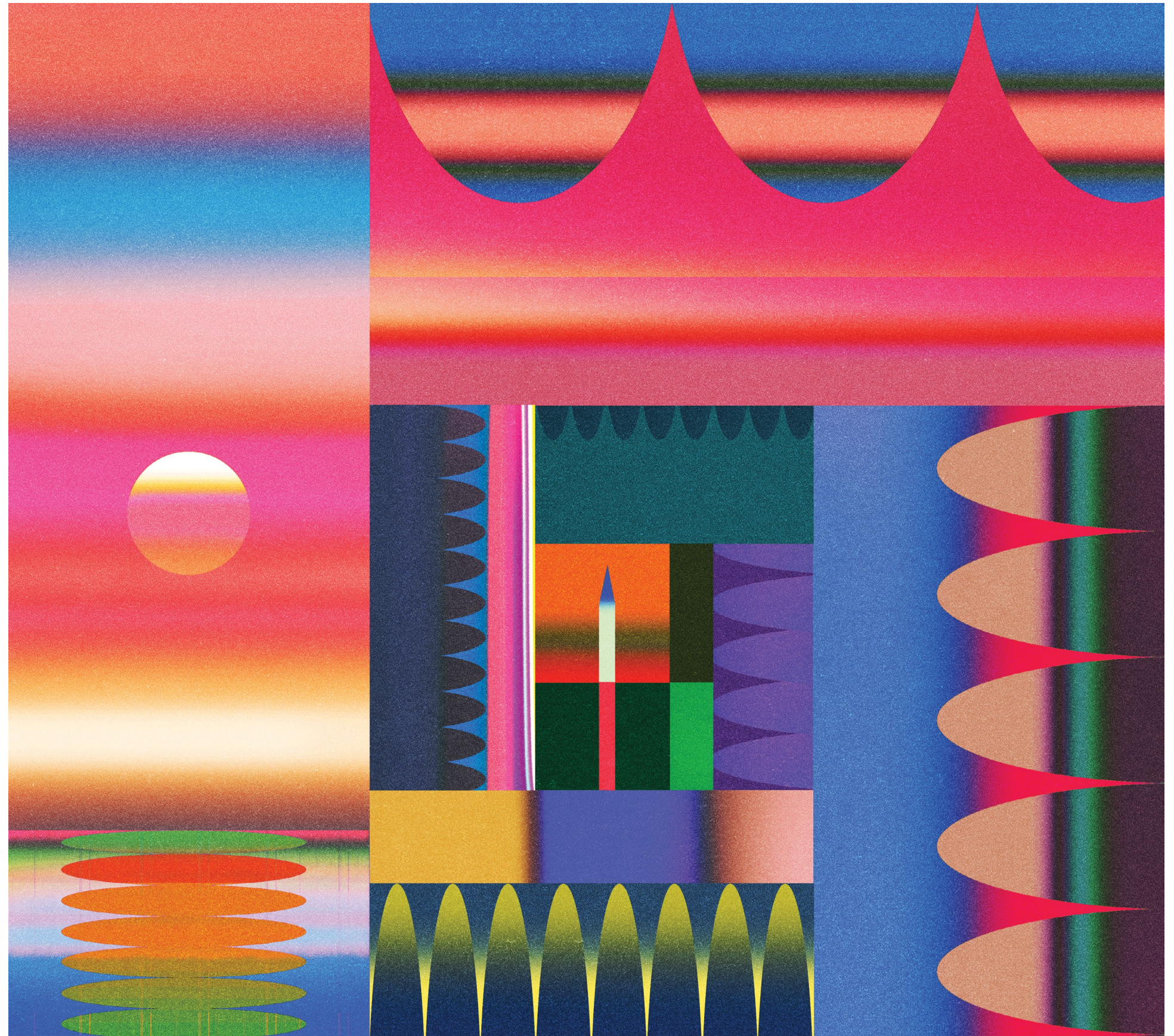
Extreme Conditions

Uncovering
Climate-Health
Impacts in Latin
American Cities

RESEARCHERS FROM THE Salud Urbana en América Latina (SALURBAL) project, which is convened and coordinated at the Dornsife School of Public Health's Urban Health Collaborative, are studying the effects of climate change on health in urban areas throughout Latin America. This research is also shedding light on the disproportionate toll of climate change on certain populations.

In Latin America, more than 80 percent of people live in cities, which aligns with increasing urbanization trends worldwide. These cities are often located in low-lying coastal regions which can increase susceptibility to extreme weather events such as flooding, landslides, and fires which cause injury, an increased rate of disease, and premature death.

The built environment of these cities also plays a role in climate vulnerability. Cities concentrate



pavement, buildings, and other infrastructure that absorb and retain heat and can increase the severity of heat waves. This phenomenon is known as the “urban heat island effect.”

City-level impact of extreme temperatures and mortality in Latin America

In June 2022 a study published in *Nature Medicine* and led by Josiah L. Kephart, PhD, MPH, CPH, assistant professor in the department of Environmental and Occupational Health and the Urban Health Collaborative, observed extreme temperature patterns and deaths in 326 cities and 9 countries throughout Latin America. Nearly 6 percent of all deaths in the population studied were associated with extreme temperatures.

Older adults in cities showed the most adverse health events linked to extreme heat or cold, with a particularly notable increase in cardiovascular and respiratory caused deaths. Even

“Cities need to prepare now for the increasingly frequent and severe extreme temperatures.”

seemingly small increases in extreme heat can rapidly increase mortality risk. During a prolonged heat wave, a one-degree Celsius (or 1.8-degree Fahrenheit) increase in temperature correlated to a 5.7 percent increase in deaths. Extreme cold was associated with 10 percent of deaths from respiratory infections.

These findings emphasize that an increase in significantly hot and cold days comes with serious health consequences and support the need for drastic mitigation of greenhouse gas emissions to safeguard human health.

“Cities need to prepare now for the increasingly frequent and severe extreme temperatures we expect to see over the coming decades,” said Kephart. “We must act to identify vulnerable populations, adapt critical infrastructure, and improve

emergency response measures that will save lives as the climate changes.”

Despite growing calls to action to address the health consequences of a changing climate, research is lacking, especially in cities.

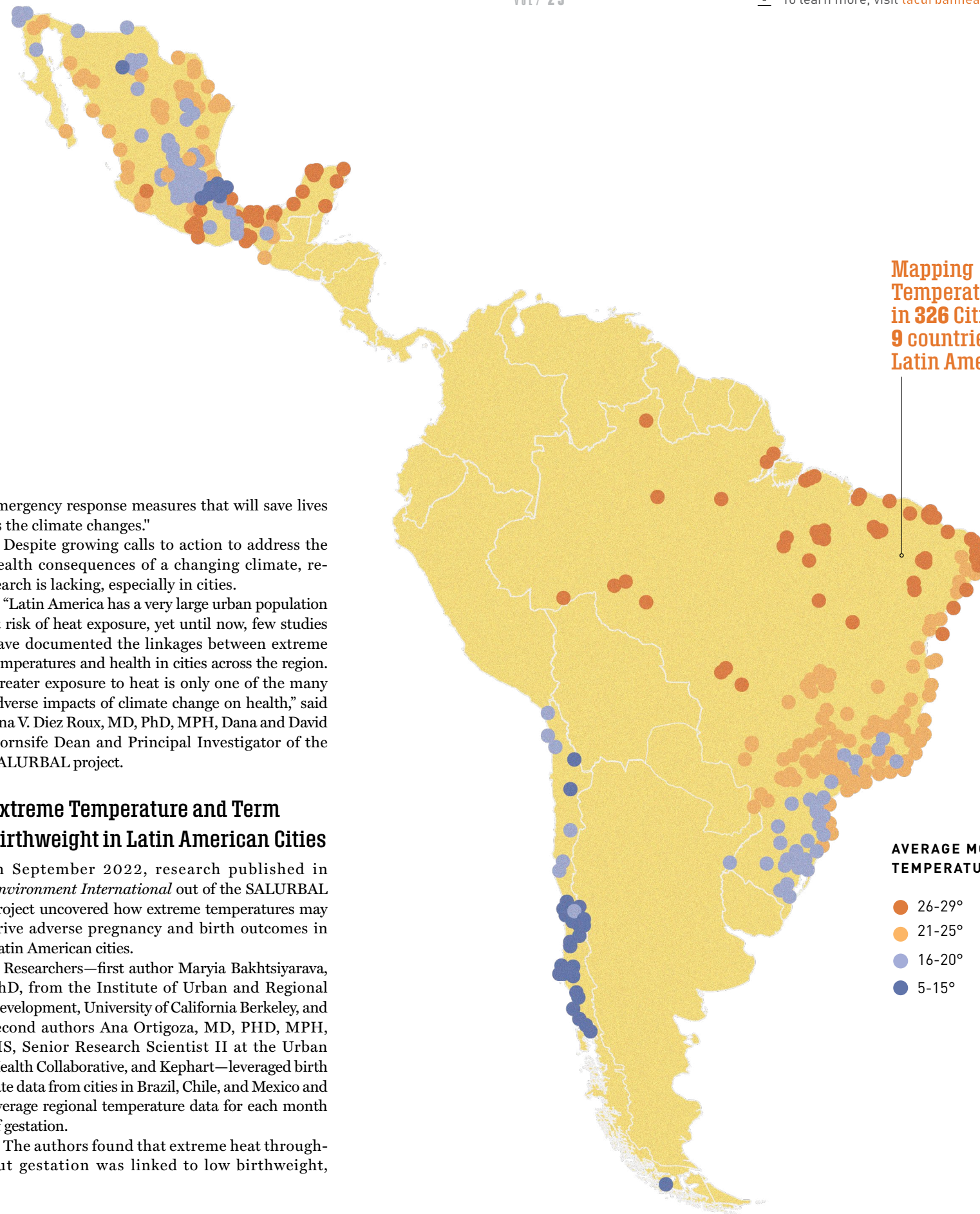
“Latin America has a very large urban population at risk of heat exposure, yet until now, few studies have documented the linkages between extreme temperatures and health in cities across the region. Greater exposure to heat is only one of the many adverse impacts of climate change on health,” said Ana V. Diez Roux, MD, PhD, MPH, Dana and David Dornisfe Dean and Principal Investigator of the SALURBAL project.

Extreme Temperature and Term Birthweight in Latin American Cities

In September 2022, research published in *Environment International* out of the SALURBAL project uncovered how extreme temperatures may drive adverse pregnancy and birth outcomes in Latin American cities.

Researchers—first author Maryia Bakhtsiyarava, PhD, from the Institute of Urban and Regional Development, University of California Berkeley, and second authors Ana Ortigoza, MD, PHD, MPH, MS, Senior Research Scientist II at the Urban Health Collaborative, and Kephart—leveraged birth rate data from cities in Brazil, Chile, and Mexico and average regional temperature data for each month of gestation.

The authors found that extreme heat throughout gestation was linked to low birthweight,



Mapping Temperatures in 326 Cities and 9 countries across Latin America

AVERAGE MONTHLY TEMPERATURE (°C)

- 26-29°
- 21-25°
- 16-20°
- 5-15°

particularly in Mexico and Brazil. The study also notes that the effect of temperature on birthweight appears to be strongest during months 7 to 9 of pregnancy. Infants who are underweight at birth typically require intensive care and may face worse health outcomes later in life like diabetes, heart disease, or developmental disabilities.

To address these consequences of extreme heat exposure, authors suggest more maternal and child health education is critical and stress the importance of investing in improvements in maternal and child health education and prenatal care, especially in historically underserved areas, to create more equitable conditions.

In addition to these more recent findings on climate and health, researchers from SALURBAL have also investigated interconnections between food systems, built environment, transport systems, and greenhouse gas emissions in Latin American cities. These results have been presented at conferences including the International Conference on Urban Health and at the 2021 United Nations Climate Change Conference (COP), and picked up by government officials to guide public health policy, as well as media outlets throughout the region and internationally.

“Improved understanding of the connections between climate change and health impacts can drive difficult conversations and commitments to climate action that safeguard health and wellbeing for all,” said Katy Indvik, MSc, Senior Climate and Policy Specialist at SALURBAL. “At the same time, research documenting the -often inequitable- distribution of climate impacts across our cities, countries, and the planet is key to ensuring that local, regional, and international negotiations consider critical questions of equity and justice.”

The SALURBAL team is committed to advancing climate change and health research and to disseminating project findings to policymakers and the public. ■



Highlights

IN THE BEGINNING of the 2022-23 academic year, the Dornsife School of Public Health (DSPH) welcomed **15 new faculty members** who brought a wide range of public health expertise spanning behavioral change, stress, housing, neighborhoods, climate, environmental justice, spatial methods, policy evaluation, and community-based participatory research, among others. A focus on understanding and intervening on systemic racism and inequality as drivers of health permeates their work. The new faculty members are housed throughout various departments, centers, and programs within the School.

◀
A busy afternoon on Market Street outside of Nesbitt Hall

(continued)

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The Ubuntu Center on Racism, Global Movements, and Population Health Equity appointed two new faculty members who contribute to the mission of the Center and the School more broadly.

After a search that brought together DSPH and the College of Nursing and Health Professions (CNHP), nine new faculty were appointed as part of the Drexel FIRST (Faculty Institutional Transformation) program cohort. Seven are primary in DSPH and two are primary in CNHP but have a secondary or joint appointment with DSPH. The NIH-funded Drexel FIRST program supports early career faculty focused on health disparities research and aims to support the institutional transformations necessary to create and sustain a culture of inclusive excellence.

“We are absolutely thrilled to have such an outstanding group of new faculty members join our school,” said Ana Diez Roux, MD, PhD, Dana and David Dornsife dean and distinguished university professor of epidemiology at DSPH. “Their energy, creativity, interdisciplinarity, and experiences will continue to strengthen our School’s commitment to the most rigorous science in the service of meaningful action and social justice,” added Diez Roux.

▶ Learn more about each new faculty member here

Health Management and Policy



Jan M. Eberth

PhD (she/her)
Professor and Chair

Eberth joined Dornsife from the Department of Epidemiology and Biostatistics at the University of South Carolina where she was Associate Professor and the Director of the Rural and Minority Health Research Center. Her research focuses on identifying social and structural barriers to accessing high-quality healthcare in the U.S., particularly among marginalized populations. Most of her work focuses on disparities in early detection and treatment for commonly diagnosed cancers including lung and colorectal cancer. She is a Fellow and current President of the American College of Epidemiology, Vice-Chair of the National Lung Cancer Roundtable Provider Engagement and Outreach Task Group, and member of the Cancer Prevention and Control Research Network’s Rural Cancer Workgroup.

In addition, Eberth has a long history of policy and community engagement, providing scientific advisement and advocacy for the National Rural Health Association, American Cancer Society Cancer Action Network, and G02 Foundation for Lung Cancer.



Safiyyah Okoye

PhD, MSN (she/her)
Assistant Professor of Nursing (CNHP, 75%) &
Health Management & Policy (DSPH, 25%)
Drexel FIRST Program

Okoye’s goal as a public health researcher and nurse practitioner is to increase equity in health and function for older adults. After working as a primary care nurse practitioner, she pursued a doctoral degree at the Johns Hopkins School of Nursing. In her dissertation she investigated associations between sleep health and physical function in low-income, mostly Black older adults with disabilities. She found that objective measures of poor sleep were associated with lower objectively measured physical performance and greater instrumental activity of daily living disability. Another paper from her dissertation examined associations between housing conditions and sleep health in this population and found that exterior housing disrepair was associated with poorer sleep health. Her postdoctoral fellowship at the Johns Hopkins School of Public Health in the Epidemiology and Biostatistics of Aging Training Program provided training in conducting epidemiological research on older adult health using large, population-based datasets.

Okoye’s second fellowship at the Johns Hopkins School of Nursing was supported by the Training Program in Health Services and Outcomes Research for Aging Populations. Her current studies are about the relevance of housing conditions and other environmental characteristics to the delivery and receipt of long-term services and supports.

Environmental and Occupational Health



Kasim Ortiz

MS (he/him)
Assistant Professor
Drexel FIRST Program. Secondary
appointment in CHP

Ortiz attended the University of New Mexico and studied in the Department of Sociology and Criminology, where he was a National Institute of Aging (NIA) Dissertation Fellow. He specializes in sexual and gender minority health disparities, with a focus on the role of racial stratification in shaping substance use behaviors and deploys primarily quantitative research methods.

Ortiz has authored 30 peer-reviewed journal articles. His NIA-supported (R36) dissertation, “The Gayborhood Was Never Here For Some of Us! Health Consequences of Racialized Exclusion among Sexual Minorities across the Lifecourse” uses rigorous quantitative analytic strategies to understand how racial stratification, manifested in gayborhoods across the life course, shapes racial/ethnic variations in cigarette smoking among sexual minorities. His active and prospective research program employs critical race theory, intersectionality, racial capitalism, and life course frameworks (i.e., Health Equity Promotion Model) grounding unique examinations of how structural racism shapes the health of vulnerable populations.



Alina Schnake-Mahl

ScD, PhD (she/her)
Assistant Professor
Urban Health Collaborative

Schnake-Mahl is a social epidemiologist and health services researcher, and her primary research interest is in the social and political determinants of health inequities. Her current work aims to identify the compositional and contextual features of places — including neighborhood factors, social policies, and governance structures — that are associated with health disparities. Her policy work focuses on occupational- and housing-related social policies. She uses a combination of descriptive and causal methods to identify and inform policies and interventions that can mitigate health inequity. She received an NIH K01 career development award to examine neighborhood and policy determinants of disparities in influenza and COVID-19 acute care utilization.

Schnake-Mahl earned a ScD and MPH in social epidemiology from the Harvard T.H. Chan School of Public Health. Before joining the faculty, she was a postdoctoral fellow at the Drexel Urban Health Collaborative and previously worked in applied population health research and evaluation.



Josiah Kephart

PhD, MPH, CPH (he/him)
Assistant Professor
Drexel FIRST Program and the Urban Health Collaborative

Kephart is an environmental epidemiologist who seeks to understand and mitigate the environmental determinants of health disparities. After working in community health in Philadelphia and Honduras, he received an MPH and PhD in exposure science and environmental epidemiology from the Johns Hopkins Bloomberg School of Public Health. His early research focused on designing and implementing randomized controlled trials of interventions to reduce household air pollution and improve cardiopulmonary health among women in indigenous Aymara communities in Peru. With the support of a Fogarty Global Health Fellowship, his research has provided novel evidence of hazardous emissions from gas stoves, which are widely promoted and distributed to low-resource households in the Global South as a “clean” alternative fuel.

Kephart’s recent research focuses on understanding the contribution of climate change, air pollution, and the urban environment to health disparities in Latin America and the U.S. By leveraging the tools of environmental and social epidemiology, his research aims to understand the impacts of large-scale environmental exposures, including extreme heat, air pollution, and climate-related disasters, on health and health inequities at the population level.

Community Health and Prevention



Ashley B. Gripper

PhD, MPH (she/her)
Assistant Professor
The Ubuntu Center on Racism, Global Movements, and Population Health Equity. Secondary appointment in DSPH Department of Environmental and Occupational Health

Gripper brings a wealth of knowledge and experience as a scholar, community organizer, and activist. Her transdisciplinary research uses mixed methods to investigate the associations between urban agriculture, mental health, spirituality, and collective agency in Black communities.

Gripper demonstrates her commitment to racial equity, justice, and liberation by being deeply embedded in social movements and has been part of the urban agriculture movement in Philadelphia since 2012 when she started as a food educator. She currently serves as a project team member, data analyst, and a community engagement specialist for the Philadelphia Urban Agriculture Comprehensive Plan and on the policy subcommittee for Soil Generation, a Black & Brown agroecology coalition of women and non-binary farmers and organizers working to ensure people of color regain community control of land and food, share resources and prioritize community healing, grow food, and protect and commune with the land. She also serves on the policy working group for the National Black Food and Justice Alliance and the Philadelphia Food Policy Advisory Council for the Mayor's Office. She completed her PhD in the Department of Environmental Health at the Harvard T.H. Chan School of Public Health where she was a Robert Wood Johnson Health Policy Scholar.



Bertranna Muruthi

PhD (she/her)
Assistant Professor of Counseling & Family Therapy at Drexel's College of Nursing and Health Professions (CNHP)
Drexel FIRST Program. Secondary appointment in DSPH Department of Community Health and Prevention

As a family scientist, Muruthi's primary aim is to conduct research that will lead to culturally responsive community-based interventions and prevention programs for immigrant families in the United States. An important aspect of her work focuses on transitional issues that immigrant families must negotiate as well as predicting factors associated

with their risk and resilience behaviors. Specifically, she uses an intersectionality lens within a transnational framework to explore how immigrant experiences evolve and change as immigrants stay connected to their native countries while in their host countries. Intersectionality considers the social identities and statuses that may differ between countries and are often considered as existing independently, yet in practice immigrants experience these statuses simultaneously. Transnationality refers to immigrant families who live across borders and spend some or all of the time separated from each other yet maintain a collective welfare. These perspectives provide her with vital tools to highlight the lives of marginalized families while empowering their cultural practices. They allow for a closer examination of connections that immigrants have to their native countries and how these connections may affect immigrants' resettlement experiences in host nations.

Muruthi's current research looks at the family as the unit of analysis within the context of communities and the community-based organizations that serve them. As such, family needs and resilient behaviors are understood at a systemic level. There are three areas she addresses to develop her program of research: (a) migration, resettlement, and transnationalism of documented and undocumented immigrants; (b) predictors of risk and resilient behavior in immigrant families; and (c) development of intervention and prevention programming for immigrant families. Her research uses culturally responsive community-based collaborative methods. She uses this strength-based model to look at individuals and families within the context of communities and the community-based organizations that serve them. She incorporates community culture and knowledge and practices throughout research with the aim of producing culturally effective actions that lead to community transformation and social change.



Elizabeth (Libby) Salerno Valdez

PhD, MPH (she/her)
Assistant Professor

Valdez is a community-engaged scholar focusing on using participatory methods to investigate and address health inequities. Her research program fosters ethical and mutually beneficial academic-community partnerships using participatory, social justice-oriented approaches to examine the structural and environmental characteristics of particular "risk environments" that influence adolescent health among historically marginalized communities, including Latinx/o/a, Black or African American, and LGBTQ+ youth. Prior to joining Dornsife, she was a Postdoctoral Pathway Fellow at the University of Massachusetts Amherst and served as a core faculty member within the Center for Community Health Equity Research.

Valdez also worked as an assistant research social scientist with the Southwest Institute for Research on Women at the University of Arizona on research related to adolescent substance use and reproductive health. She received her PhD in Health Behavior Health Promotion with a minor in Maternal and Child Health from the University of Arizona.



Luis Arturo Valdez

PhD, MPH (he/el/they/them)
Assistant Professor
Drexel FIRST Program

Valdez is a first-generation Mexican immigrant of Yaqui and Opata lineage raised and trained in the US-Mexico borderlands. They earned their PhD in Health Behavior & Health Promotion with a minor in Epidemiology at the University of Arizona in 2017. Luis's dissertation focused on the intersected influences of sociocultural norms and social contexts on alcohol and substance abuse and treatment-seeking in Mexican-origin Latino men. Immediately after receiving his PhD, he started a one-year postdoctoral fellowship with the Center for Border Health Disparities Research at the University of Arizona Health Sciences. Their postdoctoral work explored the improvement of community-academic partnerships with communities along the U.S.-Mexico border, and the evaluation of community engagement and health risk communication strategies focused on chronic disease prevention with Latinx communities at the U.S.-Mexico border.

Valdez uses community-led mixed-methods approaches to understand and address the impact of systemic processes (i.e., racism & patriarchy) that perpetuate health inequities in historically marginalized populations. The large majority of the work that they facilitate is community-centered and works from a foundational aim to build mutually-beneficial and ethical research collaborations with communities. Currently, Valdez is interested in understanding how individual-level characteristics interact with macro-level factors to influence the health-related behaviors of Latino men. Broadly, his research examines a range of behaviors related to alcohol and substance misuse, chronic stress, healthy food choice, and physical activity, with an emphasis on developing and testing scalable, multilevel, culturally-, regionally-, and gender-responsive interventions that intentionally consider the heterogeneity that exists in distinct Latinx communities in the U.S. An emerging area of his work also incorporates the improvement of health communication and community engagement strategies in research and public health practice with historically underserved communities.



Kofoworola D.A Williams

PhD, MPH (she/her)
Assistant Professor
Drexel FIRST Program

Williams is a social and behavioral scientist and digital mental health researcher. She joined DSPH from Northwestern University's Center for Behavioral Intervention Technologies where she was a T32 postdoctoral fellow. Her early work leveraged mixed methods grounded in health behavior theory to examine and understand social-ecological and behavioral determinants of anxiety and depressive symptom risk and formal and informal mental health-related help-seeking among emerging adult, Black men. Her early work also included various independent and collaborative research efforts focused on exploring how visual and text-based user generated content and hashtags are being used on social media by Black men and individuals from diverse communities. This social media work began to highlight unique ways social media platforms can be leveraged within the space of mental health prevention and promotion.

Williams's more recent work employed multi-methods grounded in human-centered design principles to identify current mental health needs and risk among college-attending, Black men and investigate their preferences and acceptability for using social media and mobile technologies for mental health symptom management, stress, self-care, and help-seeking. Her future work will center on reducing mental health disparities and advancing digital mental health equity for Black men and traditionally excluded populations.

Epidemiology and Biostatistics



Stephanie Hernandez

PhD, MS (she/her)
Assistant Professor, Drexel FIRST Program

Hernandez's research agenda centers on the experiences of minoritized populations to detect and understand health disparities and barriers to health care in the U.S. Her doctoral research assessed the relationship between multiple or intersecting minoritized racial, ethnic, and sexual identities and physical and mental health outcomes, utilizing data from a large nationally representative health survey. While her dissertation focused on identifying and documenting patterns of health disparities, her current research shifts the discussion towards identifying mechanisms that help explain why disparities exist. As a postdoctoral researcher fellow, Hernandez examined perceived stress among lesbian, gay, and bisexual (LGB) Black and Hispanic adults, socioeconomic status differences across sexual orientation and gender expression, and allostatic load among androgynous and gender nonconforming adults.

Hernandez is thrilled to continue her work on sexual and gender minority health disparities at Drexel University. Her future research agenda is organized into three broad areas: documenting and understanding health disparities, operationalizing intersectionality in health disparities research, and incorporating biosocial approaches to understanding health disparities. In the first area, she will be using data from the Add Health SOGI-SES study to understand the relationship between sexual orientation, gender identity, socioeconomic status, and health. In the second area focused on intersectionality, Hernandez will assess how systems of power, privilege, and oppression manifest within the health care system, and influence the health of adults with minoritized identities. In the third area, she will incorporate biosocial approaches to identify, understand, and produce new knowledge on the social and biological pathways that are important to population health and the understanding of health disparities across the life course.



Aritra Halder

PhD, MS (he/him)
Assistant Professor

Halder is an assistant professor of Biostatistics in the Department of Epidemiology and Biostatistics. He completed his PhD in Statistics from the University of Connecticut in July 2020.

His research interests are Bayesian modeling, Spatial and Spatiotemporal analysis, and Optimization.

His areas of applications include public health and policy, hydrology, climatology, computer vision and transcriptomics.

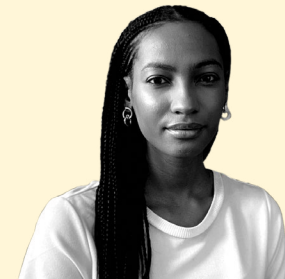


Jaquelyn (Jackie) Jahn

PhD, MPH (she/her)
Assistant Professor
The Ubuntu Center on Racism, Global Movements, and Population Health Equity

Jahn is a social epidemiologist whose research investigates how structural racism in social policies shapes population health and racial health equity. Much of her work focuses on the health of individuals, families, and communities that are affected by the U.S. criminal legal system, as well as social policy solutions to address racial health inequities. Since 2017, she has worked alongside Deeper Than Water, a coalition of organizations led by incarcerated and formerly incarcerated organizers dedicated to exposing the rampant human rights abuses that prisoners in the United States are subjected to, using the lens of water justice as an entry point.

In addition, Jahn was a co-author of the American Public Health Association policy statement Advancing Public Health Interventions to Address the Harms of the Carceral System. Prior to joining the Ubuntu Center as a postdoctoral fellow, she was a postdoctoral scholar at the City University of New York. She received her PhD in Population Health Sciences from the Harvard T.H. Chan School of Public Health, where she also received her MPH.



Jourdyn A. Lawrence

PhD, MSPH (she/her)
Assistant Professor
Drexel FIRST Program

Lawrence is a social epidemiologist whose research goals include addressing racism as a cause of racial health inequities and identifying interventions to mitigate these impacts. During her doctoral training, she collaborated on highly impactful narrative and systematic reviews that summarized the pathways and associations between racism, social oppression, and health while also providing suggestions for steps to evaluate and mitigate racial health inequities. Her doctoral research examined how experiences of discrimination become embodied—or “get under the skin”—to affect the health of marginalized racial groups using instrumental variable estimation, meta-analysis, and multiple discrimination measures.

Upon receiving her PhD in Population Health Sciences at Harvard University, Lawrence began her role as a Health and Human Rights fellow at the FXB Center for Health and Human Rights at Harvard. There, she examined the implications of interpersonal and structural racism on aging and cognitive-related outcomes. She also examined how monetary reparations would alter premature and overall mortality outcomes as part of the FXB Center's Making the Public Health Case for Reparations project, which is supported by a grant from the Robert Wood Johnson Foundation. With actionable research centered, the analysis examined how reparations – both necessary and due – may also act as a structural intervention to mitigate the impacts of racism on the health of Black adults in the U.S.



At the start of the 2022-23 academic year, new faculty received the school of public health pin to signify their commitment to health as a human right.



Agus Surachman

PhD, MS (he/him)
Assistant Professor
Drexel FIRST Program. Secondary Appointment in Nursing (CNHP)

Surachman is a developmental and health disparities scholar trained at Penn State's Department of Human Development and Family Studies. He was a predoctoral fellow in the T32 Pathways training program, focusing on identifying

psychosocial determinants and biological pathways that underlie healthy and unhealthy aging. He completed postdoctoral training at the UCSF's Aging, Metabolism, and Emotion (AME) Center to further his research on the biopsychosocial aspect of aging. His research program examines how social factors create disparities in health through complex biopsychosocial mechanisms.

Surachman is mainly interested in understanding the intersectionality between life course socioeconomic status (SES) and race as critical social factors that differentiate access to gain and accumulate resources that promote health and avoid diseases. In addition, his research examines the impact of social stratifications on psychological factors implicated in health disparities through the lens of the daily stress process or minor day-to-day challenges. One major pathway that links the daily stress process to disease is accelerated aging, an important biological marker for multiple chronic diseases for which there are known SES and racial disparities. He examines accelerated aging through multiple physiological pathways, including gene expression and epigenetic modification, inflammation, metabolic syndrome, and accelerated renal aging.

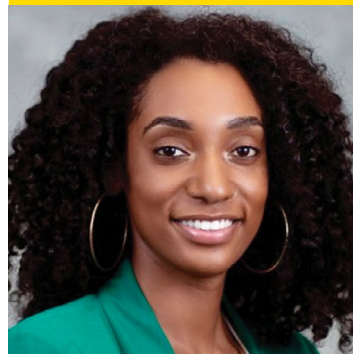
Meet the 2022–23 Inclusion, Diversity, Equity & Antiracism (IDEA) Fellows

IN NOVEMBER 2022, the Dornsife School of Public Health introduced the third—and largest—cohort of Inclusion, Diversity, Equity and Anti-Racism (IDEA) Fellows. The 2022-23 IDEA Fellows are engaged in a range of activities aimed at supporting diversity, inclusion, equity, and anti-racism efforts at the School.

IDEA Fellows are current students who share an interest in diversity and social justice programming and education, as well as a desire to encourage dialogue among Dornsife and Drexel University community members.

Fellows work closely with the School's leadership to develop, implement, or evaluate Dornsife initiatives based on their chosen area of emphasis.

Asha-Leigh Ashton



Pronoun(s): she/her
Hometown: Kingston, Jamaica
Program: MPH, Environmental and Occupational Health

GOALS AS AN IDEA FELLOW: My fellowship focuses on the advancement and support of the Research theme of the Antiracism Action Plan (AAP). I will be working closely with the Associate Dean for Research, on the idea of 'Conducting research through an anti-racism lens.' My goal as an IDEA Fellow is to help equip Dornsife students, staff, and faculty with essential anti-racism research tools.

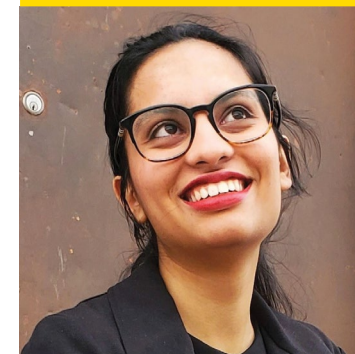
Lisa Frueh, MPH



Pronoun(s): they/them/theirs
Hometown: Portland, OR
Program: PhD, Environmental and Occupational Health

GOALS AS AN IDEA FELLOW: Beyond my own research interests, I'm motivated by efforts to democratize the population health sciences. One way to do that is to share, in plain language, our analytic tools, methods, and findings. During summer 2023, I will be working with project lead Dr. Gina Lovasi to develop an online resource of racial segregation and spatial polarization measures for research and practice. We know that segregation is detrimental to physical and mental health, but methods to operationalize segregation can be complex. The goal of this project is to generate a living repository with available measures of segregation along with instructions, code, and examples.

Rashmeet Kaur



Pronoun(s): she/her/hers
Hometown: Breslau, ON
Program: 12-month MPH with a concentration in Community Health and Prevention

GOALS AS AN IDEA FELLOW: As a child of immigrants and a woman of color with experiences living in both rural and urban communities, I am motivated to create accessible experiences for others. Therefore, I look forward to working with staff, faculty, and my peers at Dornsife as an IDEA Fellow to implement the Action Plan to Enhance Diversity, Inclusion, Equity, and Anti-Racism. I am especially looking forward to working as an IDEA Fellow at The Ubuntu Center.

As a child of immigrants and a woman of color with experiences living in both rural and urban communities, I am motivated to create accessible experiences for others.

I'm interested in finding out how tenure and promotion procedures take into account diversity and inclusion initiatives.

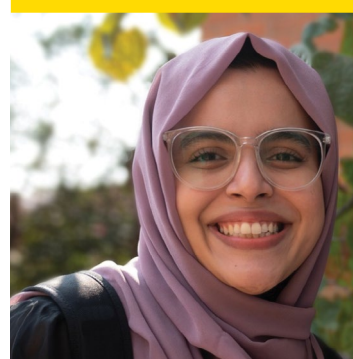
Anil Kumar



Pronoun(s): he/him/his
 Hometown: Haryana, India
 Program: MPH, Epidemiology

GOALS AS AN IDEA FELLOW: Understanding academic governance and the associated tenure and promotion processes for faculty is my main objective as an IDEA fellow. I'm interested in finding out how tenure and promotion procedures take into account diversity and inclusion initiatives. The goal of our project is to discover how the "invisible labor" of faculty, which frequently goes unrecognized might be utilized to make the tenure and promotion assessment holistic.

Sumbul Murtaza



Pronoun(s): she/her/hers
 Home country: Pakistan and United Arab Emirates
 Program: MPH, Epidemiology

GOALS AS AN IDEA FELLOW: Very few programs can boldly claim to both acknowledge and tackle racism in academia. I aim to play an active role in promoting academic success of diverse scholars and dismantling racism in the world of health and education. I hope that this fellowship works toward eliminating health inequities in our society and set the framework for future projects looking to transform academia for all.

(continued)

Throughout 2022, Dornsife faculty received impactful research grants, noteworthy accolades, and acted locally and globally to improve population health.

12.1 Dornsife's Epidemiology and Biostatistics department was recognized by *AmStat News* for its efforts to "embed justice, equity, diversity, and inclusion (JEDI) into [the department's] development and growth." The article includes a Q&A with Reneé H. Moore, PhD, Research Professor, Director of the Biostatistics Scientific Collaboration Center, and Director of Diversity, Equity & Inclusion for the Department of Epidemiology and Biostatistics, and Leslie McClure, PhD, Dornsife Professor and Chair of Epidemiology and Biostatistics.

12.5 Launched new academic programs offerings at Dornsife: 1) the Bachelor of Science in Health Data Analytics and 2) Online MS in Infection Prevention and Control.

11.15 The Center for Firefighter Injury Research and Safety Trends at Dornsife was awarded an Innovative Public Health Curriculum honorable mention for their FIRE Fellowship from the Delta Omega Honorary Society in Public Health. The center also received a new grant from FEMA's Assistance to Fire Grants Fire Prevention and Safety Program to develop a diversity, equity, and inclusion toolkit in partnership with the Metropolitan "Metro" Fire Chiefs Association.

11.1 Shiriki Kumanyika, PhD, Research Professor in the Department of Community Health and Prevention, was the recipient of the Philip T. James Award by the World Obesity Federation. This award acknowledges outstanding achievement in the fields of obesity surveillance, prevention, and management.

10.22 Leah Schinasi, PhD, Assistant Professor in the Department of Environmental and Occupational Health, was awarded a Harvard JPB Environmental Health Fellowship. The program supports junior faculty with demonstrated expertise and commitment towards addressing complex environmental health problems in under-resourced communities.

9.23 Nora Lee, PhD, Assistant Research Professor in the Department of Epidemiology and Biostatistics, was selected as the first Title V Academic Fellow with the National MCH Workforce Development Center. The fellowship will allow Lee to work with the Pennsylvania Department of Health and the Title V team to develop a collaborative project focused on infant safe sleep.

9.21 The inaugural Barry P. Katz Lectureship in Biostatistics and Health Data Science was awarded to Leslie McClure, PhD, Professor and Chair of the Epidemiology and Biostatistics Department and Associate Dean for Faculty Affairs.

9.1 Brisa Sánchez, PhD, Dornsife Endowed Professor of Biostatistics in the Department of Epidemiology and Biostatistics, stepped into the role of Associate Dean of Research at Dornsife. Since joining the school in 2019, Sanchez has been leading a large interdisciplinary research and training program, serving as a major collaborator in interdisciplinary research across the school, and mentoring students and junior faculty.

7.28 Amy Carroll-Scott, PhD, MPH, Associate Professor and Chair of the Department of Community Health and Prevention, was awarded the Byrne Criminal Justice Innovation Program award, which is funded by the U.S. Department of Justice. The award's goal is to reduce gun violence and promote the health of residents through collaborative strategies.

7.20 The Healing Hurt People program within the Center for Nonviolence and Social Justice was awarded a two-year Pew Fund venture grant from The Pew Charitable Trusts to address the growing impacts of community violence.

7.18 Arthur Frank, MD, PhD, Professor in the Department of Environmental and Occupational Health at Dornsife, was named a Distinguished Fellow at the India International Centre. This is the beginning of an ongoing commitment to engaging in important occupational and environmental issues in India, including issues about asbestos exposures and air pollution issues as they affect school children.

6.30 Dornsife Dean Ana Diez Roux, MD, PhD, was appointed Co-Chair of the National Academies of Sciences, Engineering, and Medicine's Roundtable on Population Health Improvement.

6.29 Félicie Lê-Scherban, PhD, MPH, Training Core Lead at the Drexel Urban Health Collaborative and Associate Professor in the Department of Epidemiology and Biostatistics, was awarded an R01 grant to lead the project, "Food Insecurity, Neighborhood Environment, and Weight Trajectories in Young Children: Implications for Food Assistance Policy," funded by the National Institute of Diabetes and Digestive and Kidney Diseases.

6.8 A project led by Jane Clougherty, MSc, ScD, Associate Professor in the Department of Environmental and Occupational Health, was awarded one of the Drexel Environmental Collaborative's Inaugural Research Grants, which focus on climate change issues. The project team will monitor air pollutants and trace pollution sources in a vulnerable community in South Philadelphia, partnering with Lewis Clark State College, Harvard's T.H. Chan School of Public Health, and Philly Thrive.

6.07 Alina

Schnake-Mahl, ScD, MPH, Assistant Research Professor in Health Management and Policy and the Urban Health Collaborative, was awarded the Lilienfeld Postdoctoral Prize Paper Award at the Society for Epidemiologic Research. She gave a plenary talk at their conference in Chicago, IL.

6.06 Ana Ortigoza, MD, PhD, MPH, Senior Research Scientist II at the Urban Health Collaborative, is leading a collaboration between Salud Urbana en América Latina (SALURBAL) and the Committee on Data (CODATA) of the International Science Council for a project funded by the European Commission through its Horizon Europe Framework Programme.

5.23 Alex Ortega, PhD, Professor at Dornsife, was awarded an NIH R01 grant to study Puerto Rico's health-care system following three major back-to-back public health disasters among its population. Also, Ortega joined the NIH National Heart, Lung, and Blood Institute's Observational Study Monitoring Board (OSMB) for a Hispanic community health study in 2022.

3.31 The Robert Wood

Johnson Foundation awarded Dornsife a \$300K grant to support its scholars and their research as part of their Transforming Academia for Equity program. The project is led by Scarlett Bellamy, ScD, Professor and Associate Dean for Diversity and Inclusion, and Reneé H. Moore, PhD, Research Professor, Director of the Biostatistics Scientific Collaboration Center (BSC), and Director of Diversity, Equity, and Inclusion for the Department of Epidemiology and Biostatistics.

3.9 Alina Schnake-Mahl, ScD, MPH, Assistant Research Professor in Health Management and Policy and the Urban Health Collaborative, was awarded a 5-year \$637K K01 from the National Institutes of Allergy and Infectious Diseases (NIAID) to study the social and policy determinants of COVID-19 and influenza disparities.

2.14 Jana Hirsch, PhD, Assistant Research Professor in the Drexel Urban Health Collaborative, was recognized by the National Institutes of Health's Collaborative Cohort of Cohorts for COVID Research (C4R) as an Early Career Investigator Awardee. Hirsch and colleagues will be analyzing data from more than 47,000 U.S. adults to better understand COVID-19 risk and resilience.

2.13 Researchers

from Dornsife including Allison Groves, PhD, MHS, Assistant Professor, Alex Ezeh, PhD, MSc, Professor, Luwam T. Gebrekristos, MPH, Doctoral Student, and Patrick D Smith, RN, Doctoral Student, co-led a publication in the *Journal of Adolescent Health* titled, "Adolescent Mothers in Eastern and Southern Africa: An Overlooked and Uniquely Vulnerable Subpopulation in the Fight Against HIV." Their study examined the intersection between adolescent motherhood and HIV infection across 10 Eastern and Southern African countries.

1.4 In Vol. 43 of the *Annual Reviews of Public Health*, Dornsife Dean Ana Diez Roux, MD, PhD, highlighted key substantive areas of focus in social epidemiology over the past 30 years, reflected on major advances and insights, and identified challenges and possible future directions. The piece was titled, "Social Epidemiology: Past, Present, and Future."

To learn more about research projects and progress, visit bit.ly/DSPHfunding.

Deiriai Myers



Pronoun(s): she/her
Home country: St. Vincent and the Grenadines
Program: MPH, Epidemiology

GOALS AS AN IDEA FELLOW: I will be working within a research team, led by Dr. Gina Lovasi, and we will be responding to the need for a shared resource for neighborhood measurements. Specifically, I will be drafting an online tool to guide researchers and other public health professionals on the use of metrics for racial segregation and spatial social polarization. I look forward to learning more about these measurements of social determinants of health as we in public health continue to work on eliminating health disparities across different socioeconomic groups.

Vidya Patil



Pronoun(s): she/her/hers
Hometown: Maharashtra, India
Program: MPH, Epidemiology

GOALS AS AN IDEA FELLOW: The IDEA fellowship has provided me with an opportunity to connect with the entire DSPH faculty and be a part of interdisciplinary research. Being an International student, I truly understand and feel the meaning of Inclusiveness. My goal in this fellowship work is to inculcate various aspects of Inclusiveness and Antiracism policies that would benefit the DSPH community. I feel honoured to be mentored by Dr. Moore and Dr. Bellamy in our research project.

Janel Rodriguez



Pronoun(s): she/her
Hometown: Los Angeles, California
Program: BA, Global Public Health

GOALS AS AN IDEA FELLOW: I plan to work with The Ubuntu Center on Racism, Global Movements, and Population Health Equity to accelerate the center's goals of antiracist solutions and health equity for all. Analyzing systemic racism and health inequity through storytelling is one of my main research interests. To put this theory into practice, I intend to use Dornsife's IDEA Fellowship opportunity to gain health research experience and connect with the diverse and knowledgeable faculty that Dornsife has to offer.

Brett Mitchell



Aspiring pediatrician Brett Mitchell is now in his fourth year of the MD/MPH dual degree program within the Drexel College of Medicine and the Dornsife School of Public Health (DSPH). In addition to his training in the classroom and in the field, he was a Student National Medical Association Corresponding Secretary, Latino Medical Student Association member, and Students Against Racism (StAR) Co-President.

Before coming to Drexel, Mitchell completed his undergraduate degree in biology from the Ohio State University in 2018. He then did a 7-month AmeriCorps program with the Ohio Math Corps in Columbus. This experience working with elementary school children further solidified that he wanted to pursue a career in medicine as a pediatrician with public health training in community health and prevention.

“Serving with AmeriCorps at an inner-city elementary and school in Columbus exposed me to a diverse population of students, some of whom presented with language cultural barriers,” said Mitchell. “Many of the kids I tutored also had challenges in their home lives that impacted their performance in school. I relate what I saw as a tutor to what I’m learning now about language and cultural barriers, and how every aspect of a patient’s life can contribute to the presentation of their illness.”

Drexel was the right fit for Mitchell due to its location in Philadelphia, commitment

to community service, and opportunities for specialization. “I really wanted a chance to serve minoritized and racialized people in medical school. The excellent public health program here led me to pursue the MD/MPH dual degree to fulfill my desire to assess and treat underserved populations of people,” he shared.

Through the Marla J. Gold, MD Endowed Scholarship program, Mitchell was paired with Amy Carroll-Scott, PhD, MPH, associate professor and chair of the department of Community Health and Prevention, as his faculty mentor. This was ideal because her research centers around understanding and addressing urban health inequities and underlying social inequities. She also collaborates with policymakers, community-based organizations, and healthcare providers on research that can inform policy, advocacy, program planning, and clinical care.

When it came time to select an MPH practice experience, Carroll-Scott and MD/MPH program director, Esther Chernak, MD, MPH, FACP, clinical professor in the department of Environmental and Occupational Health at DSPH, connected Mitchell with researchers at the Center for Violence Prevention at the Children’s Hospital of Philadelphia (CHOP) who helped him design a practicum experience that would be valuable for both him and those the hospital serves.

“Brett’s project with CHOP is a perfect example of how DSPH faculty members’ existing partnerships can help to connect

I relate what I saw as a tutor to what I’m learning now about language and cultural barriers, and how every aspect of a patient’s life can contribute to the presentation of their illness.

our students to projects with content and/or methodological approaches aligned with their interests. Our ILE requirements are unique in that they allow for these kinds of partnered projects that mutually benefit the student and the preceptor, while also furthering ongoing collaborations, such as between DSPH and CHOP. And also that it will result in findings that can be of immediate benefit to the gun violence crisis,” said Carroll-Scott.

From January to May 2023, Mitchell is investigating the relationship between ongoing physical conflicts, retaliative attitudes, and access to guns among 14–18-year-olds using data collected from emergency department visits at CHOP. Throughout this study, he has regular check ins with Carroll-Scott to help guide his work as needed. He is hopeful this research will inform preventive or conflict resolution measures.

This work is incredibly vital as Philadelphia communities have been deeply impacted by gun violence and the post-traumatic stress that follows these harrowing experiences. According to the Philadelphia Office of the Controller’s “Mapping Philadelphia’s Gun Violence Crisis” database, there were 516 lives lost to gun violence in 2022.

“This research is important to me because I want to learn more about the risk factors and patterns behind gun access and violence. As a Black male, I am emotionally impacted by the fact that young Black males are disproportionately affected by gun violence in Philadelphia and in the US in general. But I hope to use this emotion to fuel academic and community work with this population with my medical and public health training,” said Mitchell.

Between faculty connections and Drexel’s proximity to world-renowned hospitals like CHOP, unique opportunities for students like Mitchell to gain hands-on experience tailored to his clinical interests are possible.

“My collaborators around Philadelphia tell me that it’s the mix of research skills with lived experience, passion, and mentor support that continually draws them to working with our students,” said Carroll-Scott.

Mitchell is projected to graduate in 2024 and looks forward to caring for kids, teens, and young adults utilizing his interdisciplinary training in clinical medicine and population health sciences. His advice for anyone considering the MD/MPH program, “Drexel gives you the opportunity to customize your medical school experience to match your passions, interests and career goals—do that.”

516

lives lost to
gun violence
in Philadelphia
in 2022

LEADERSHIP

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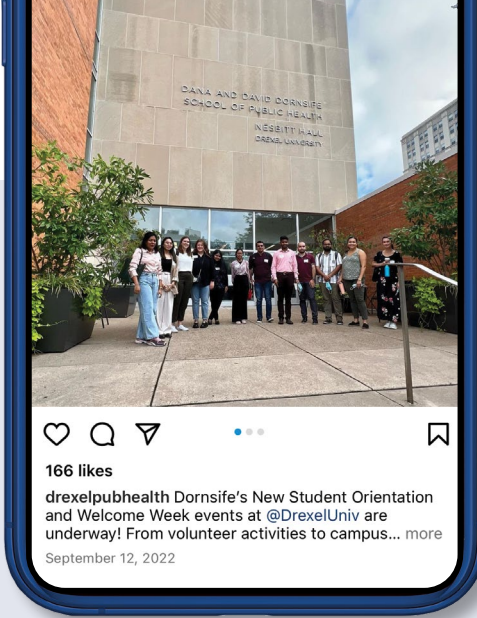
To keep up with more Dornsife news, visit drexel.edu/Dornsife

Follow Along

Over the past year, there have been lots of Instagramable moments to share from new student orientation events to graduation celebrations! Be sure to follow along for updates on students, staff, faculty, alumni, and more.

Wheel of Fortune @wheeloffortune

"We see someone familiar! Alumna Breana, MPH in epidemiology '20, had an amazing night on Wheel of Fortune and no one is more proud of her than her grandmother."



Dornsife School of Public Health @drexelpubhealth

"Dornsife's New Student Orientation and Welcome Week events @DrexelUniv are underway! From volunteer activities to campus tours, there's a lot of excitement on campus. Welcome! 🤗👏🥰"

Dornsife School of Public Health @drexelpubhealth

"8 days until Dornsife's Commencement ceremony! 🎓👏 Leading up to the big day, we'll be sharing all the Class of '22 photos. #ForeverDragons"



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The Drexel Dornsife School of Public Health 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. Our School provides education, conducts research, & partners with communities and organizations to improve the health of populations.

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