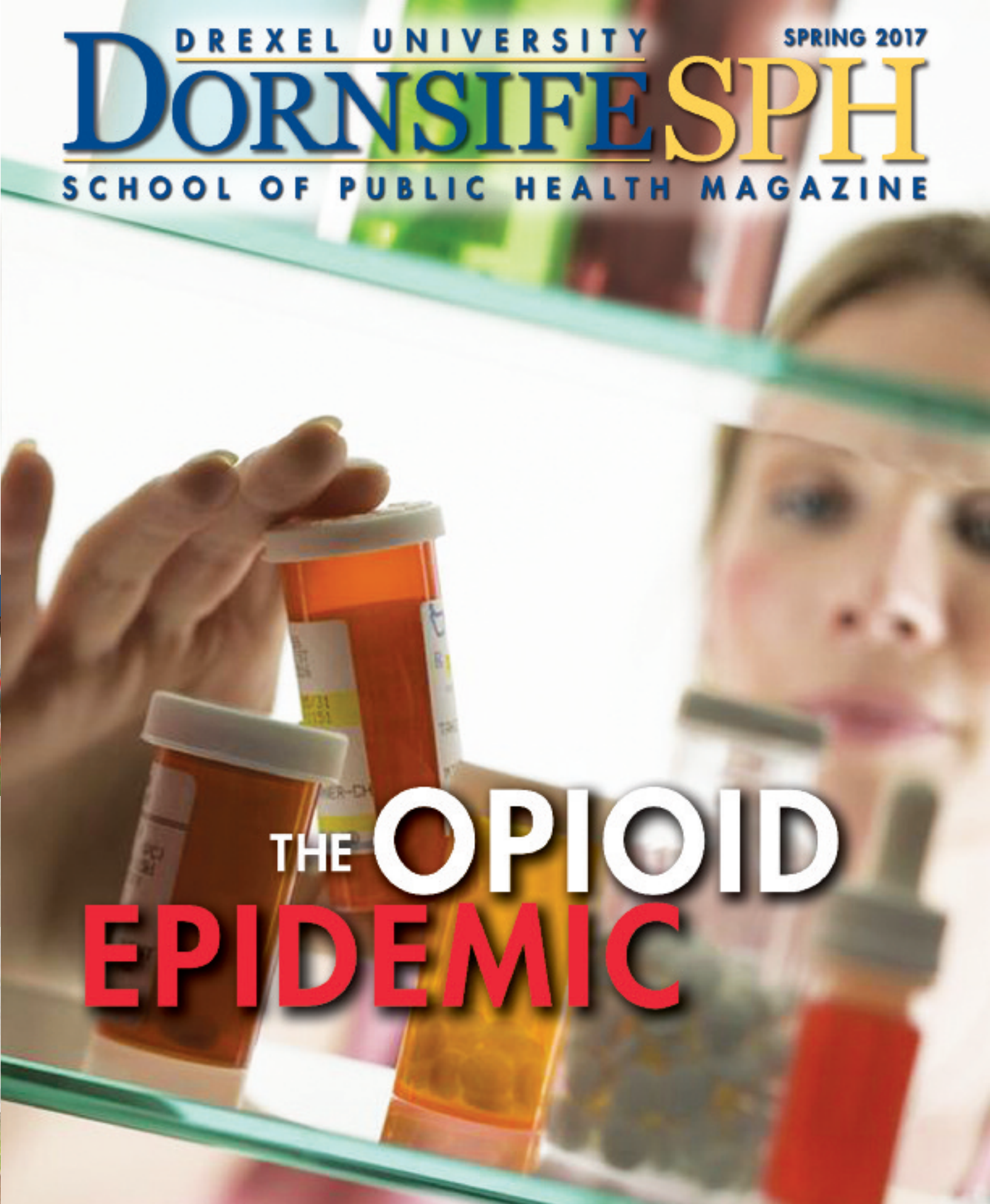


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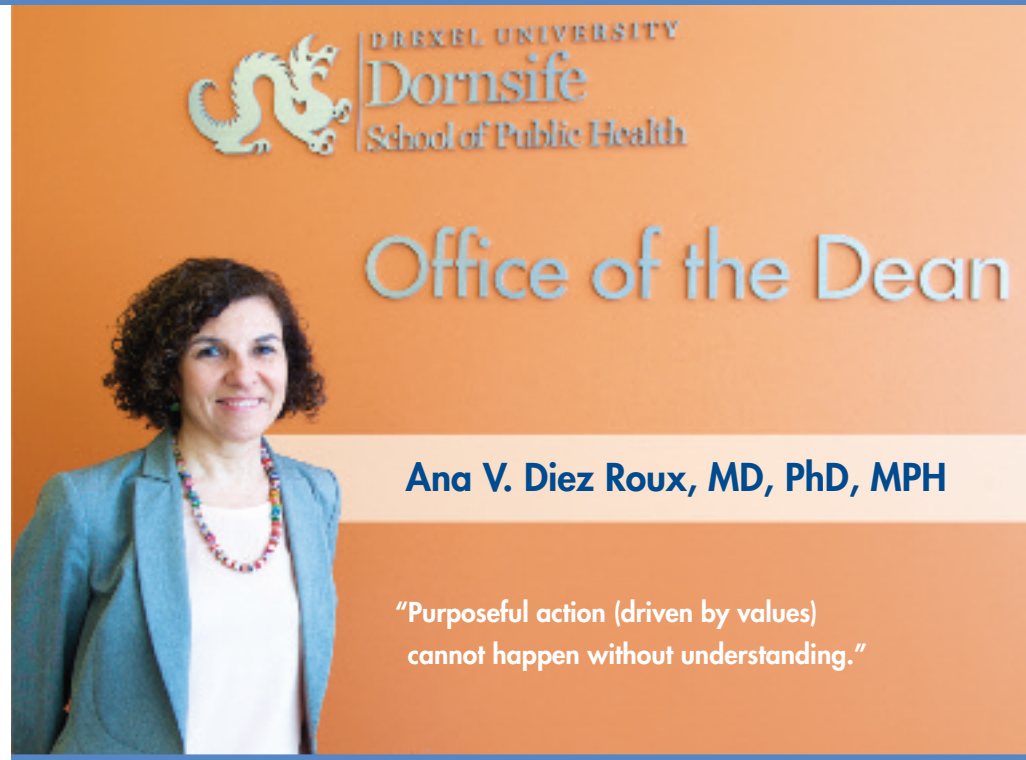


THE OPIOID
EPIDEMIC

A lot has happened in the United States and in the world since the last issue of our magazine just a few months ago. Not surprisingly, much of what has happened is highly relevant to the health of the public. Health has been in the news, perhaps more than ever.

Aside from the specific details and vagaries of how access to health care is organized in the U.S. system, the ongoing health care debate has prompted broader conversations about some key principles that are highly relevant to public health. Who is responsible for ensuring that everyone has access to health care? Is there a moral principle that those who are healthy support those who are sick? That the young support the old? That the rich support the poor? Or should each person be responsible for his or her own health care access, plan accordingly, and suffer the consequences if they do not? What is the role of the market in health care? Can it work to allocate resources fairly and efficiently?

Although these issues are framed around access to health care services, we have known for a long, long time that although important (and very important in some circumstances) health care is not a big driver of differences in health status across populations. Yet many of the moral questions that are being debated around health care do apply to health more broadly. Whose responsibility is it to ensure that individuals have the resources and opportunities to be healthy? Whose responsibility is it to ensure healthy environments? Can the



Ana V. Diez Roux, MD, PhD, MPH

"Purposeful action (driven by values) cannot happen without understanding."

market do this? Is each individual ultimately responsible for his or her own health? Is there a social responsibility to protect health? If so, how should social resources be allocated fairly and efficiently? What if economic interests conflict with health interests?

These are fundamental questions that ultimately have to do with values. I would argue, however, that they also have to do with knowledge, with understanding, with science. Knowledge provides the foundation that allows us to make the best possible decisions in order to achieve goals based on our values.

A second major way health has made headlines occurred a few weeks ago when thousands marched all over the world in support of science. Science for health

was a major theme of these marches and was reflected in the doctors, biologists, and environmental scientists who participated, speaking and writing about the importance of science to our society. If we want to manage and change our world so that it is better for all of us we need to understand it – and this understanding is what science is about.

Purposeful action (driven by values) cannot happen without understanding. Public health is a perfect example of this. Science and values, values and science: the two are inextricable parts of public health.

You will see the values and science of public health reflected in many of the articles in this new issue of our magazine. We hope they will encourage you to think, question, and act for public health.

In This Issue

Cover Story

4 The Opioid Epidemic
Crisis with no boundaries

Features

12 Paying It Forward at the EAT Café

16 Public Health in a Divided America
Challenges to the field in the new Administration's first 100 days

27 Impact Update: Philadelphia Soda Tax

@Dornsife

10 Redesign: The New MPH

36 In Brief

38 Urban Health Collaborative
Research & reimagining cities in the 21st century

Faculty

22 Faculty Focus

28 Professor Profile

Students

42 Experiential Learning: Practicums & CBMPs

44 Shout Outs: Honors, Awards, Kudos

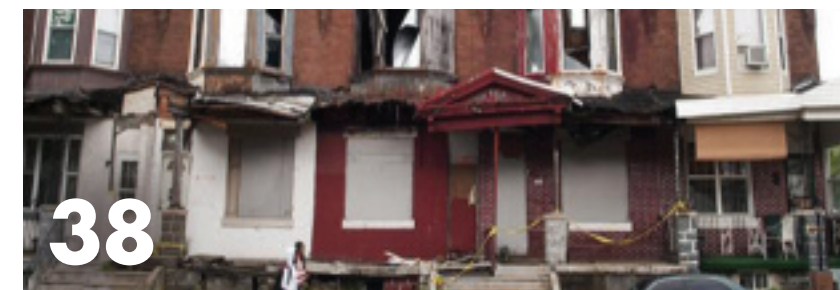
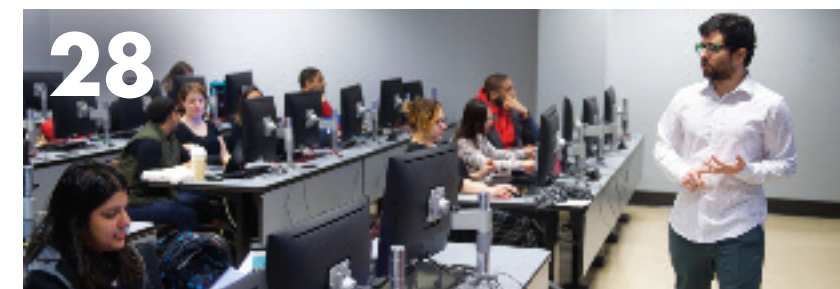
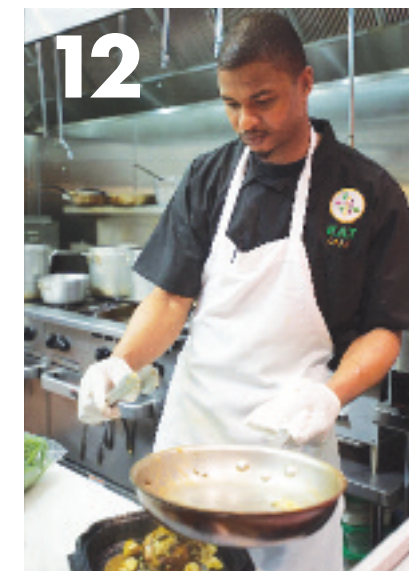
Alumni

30 News & Updates

Staff Spotlight

15 Jocelyn Craighead

46 Talk Back/Subscribe!



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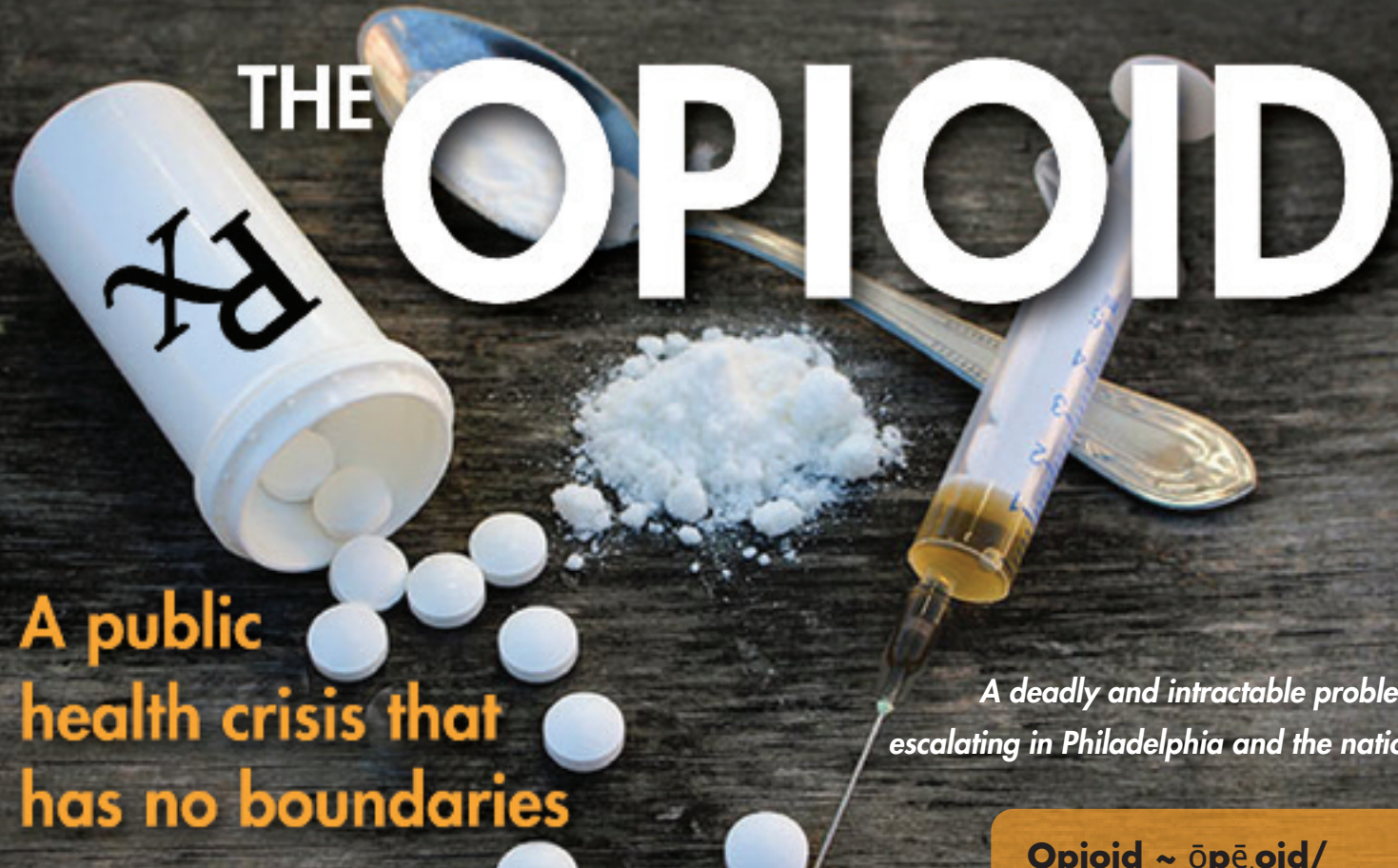
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THE OPIOID

A public health crisis that has no boundaries

A deadly and intractable problem escalating in Philadelphia and the nation

By Courtenay Harris Bond

Tammy spent nearly two decades despairing about her son Michael, who abused opioids for 16 years before recently landing in a Philadelphia jail. Now 30, Michael started on Percocet after a high school sports injury, and his habit escalated, propelling him to heroin when he could no longer get pills.

Michael suffered 10 overdoses that Tammy knows about and was revived each time by the opioid-reversal medication Naloxone. So while news of his recent arrest “brought her to her knees,” Tammy was also relieved.

“I told Michael, ‘The prison won’t be inside your body anymore,’” she explained.

Most important to her, Michael was alive.

AN OUT-OF-CONTROL EPIDEMIC

Across the United States, the scourge of drug addiction has exploded: Once a plague affecting primarily the poor and destitute, heroin – often enhanced with ever more deadly synthetic substances such as Fentanyl – is claiming an unexpected new set of victims across race, class and income, who are typically drawn into substance abuse by prescription painkillers.

More than 50,000 people died of drug overdoses in 2015, more than any year on record, up 11 percent from

the previous year, according to the Centers for Disease Control and Prevention (CDC). The majority of those deaths involved some kind of opioid, which include prescription pain relievers and heroin. And the numbers show that this is an epidemic that knows no boundaries. Those dying from opioid overdoses are affluent as well as working class and poor; rural and suburban as well as urban; mostly white as well as black and brown.

In Pennsylvania, a recent report by researchers at Drexel University’s Dornsife School of Public Health showed that

Opioid ~ ōpē,oid/

An opium-like compound that binds to one or more of the three opioid receptors of the body and acts on the nervous system to relieve pain. Continued use and abuse of prescription opioid painkillers can lead to physical dependence and withdrawal symptoms. Opioids come in tablets, capsules or liquid.

EPIDEMIC



Heroin ~ herōan/

A highly addictive analgesic drug derived from the opiate morphine, which is used medicinally to relieve pain. Heroin is often used illicitly as a narcotic to produce euphoria. It was formerly used as an analgesic and sedative. Manufacture and importation of heroin are now controlled by federal law in the United States because of the danger of addiction.

opioid overdoses were pummeling not just cities, but also rural and suburban areas, according to assistant professors Amy Carroll-Scott and Philip Massey, who chaired a statewide workgroup studying prescription drug abuse and prevention efforts. The state had the eighth highest overall rate of drug-overdose deaths in the nation, according to the report.

Pennsylvania is located in the path of two drug-trafficking lines, one from New York

FACTS on Opioid Addiction in the United States

Americans consume more opioids than any other country
(United Nations International Narcotics Control Board)

Drug overdoses killed more people in 2015 than HIV/AIDS at its 1995 peak
(Centers for Disease Control and Prevention)

Drug overdoses now kill more people than gun homicides and car crashes combined
(Centers for Disease Control and Prevention)

Opioid overdoses are one reason U.S. life expectancy declined in 2015 for the first time in decades
(National Vital Statistics System)

Deaths from opioid-related overdoses have quadrupled nationwide since 1999
(Centers for Disease Control and Prevention)

to Miami and another from Detroit to Pittsburgh. And Philadelphia is host to the largest open-air heroin market along the East Coast, the “Badlands” in the Kensington and Fairhill neighborhoods of North Philadelphia.

The city had the highest number of people dying in the state from drug poisonings, with 910 deaths in 2016—many of them opioid related—up 26 percent from 2015. That number included 35 that occurred in just five days in December 2016.

“The numbers are just staggering,” said special agent Patrick J. Trainor, who works out of the Drug Enforcement Administration’s Philadelphia Field Division. “We in law enforcement have not seen anything like this at all. It is just horrific the amount of people who have died.”

“We’re seeing affluent people, people of lower economic status, people of all races,” said Jose Benitez, executive director of Prevention Point Philadelphia, one of the

biggest needle exchanges in the country, where the number of people served has more than doubled over the past two years.

The report also showed that Pennsylvania leads the nation in opioid overdose deaths among young men aged 18 to 24.

“It’s really moved into the white male community,” said Deb Beck, president of the Drug and Alcohol Service Providers Organization of Pennsylvania. She and others in the treatment community say a lot of young men who suffer injuries from sports or car accidents get hooked on prescription painkillers before turning to heroin.

“It’s a shame that we’re paying attention now,” she said. “We should’ve been paying attention a long time ago.”

Law enforcement, government officials, drug-treatment providers and advocates here and nationally are trying to stem a rising tide of addiction that threatens to overwhelm their capacity to combat the problem.

ADDICTION STRIKES FAST AND FURIOUS

Because of the aggressive marketing of OxyContin and the liberal prescribing of opioids to treat chronic pain since the mid-1990s, people from all walks of life have become hooked on prescription painkillers.

“The United States just produces far and above the amount of opioids of any other industrial country,” said Stephen

Lankenau, a professor at Dornsife. “There’s just a tremendous amount of these drugs circulating in communities and homes, and as a result it’s an option for people to medicate and self-medicate.”

For many people, the transition from prescribed drugs to heroin is happening more quickly than ever before. In fact, the risk for opioid dependence dramatically increases after just five days of use, according to statistics from the CDC.

“It used to be that if somebody entered treatment for a heroin problem, they had a 10-to-12-year drug use history,” said Deni Carise, chief clinical officer at Recovery Centers of America based in King of Prussia. “What we’re seeing now is going from being drug naïve—they

haven’t done any illegal drugs and don’t know anything about the lifestyle—to heroin use in six to eight months.”

New prescription-monitoring regulations that went into effect last year in Pennsylvania are limiting access to pills and worsening the heroin problem. As prescription opioids become less available and more expensive, heroin becomes an increasingly attractive alternative, especially the inexpensive, pure varieties coming from Mexico.

“Unfortunately, the transition to heroin kind of makes perfect sense,” Trainor said. “It’s a lot cheaper and it essentially has the same effect on the body” as prescription opioids.



Providing safe places for addicts to inject drugs is a controversial approach to preventing overdose deaths.

Synthetic opioids, which dealers add to heroin to increase purity and potency, are exacerbating the epidemic of overdose deaths. Fentanyl is 80 to 100 times stronger than morphine and Carfentanil is 10,000 times stronger. The purer the product, the more deadly it is, the better it sells.

“There is no greater endorsement for a heroin trafficker than when his or her product kills someone,” Trainor said.

TREATMENT ISN'T READILY AVAILABLE

Further aggravating the crisis is a shortage of available services to help those who are ready for treatment, which can range from abstinence-only 12-step programs to opioid-replacement therapy. The common thread is a lack of funding and access for those most in need. For instance, only 11.8 percent of the 21.2 million Americans who needed drug and alcohol treatment received it in 2014, according to the Substance Abuse and Mental Health Services Administration.

“There’s probably a window of time for people in a given week or month when they would be really open to getting into treatment,” Lankenau said. “If you can reach out to them at that moment then you can get them into treatment. But if the treatment beds aren’t available, or

the whole process is too confusing, then the person may say, ‘I’m better off just doing what I’m doing.’”

Some harm-reduction advocates in Philadelphia are urging the city to open “safe injection facilities,” a controversial step. Such sites would allow individuals to inject themselves in sheltered spaces with medical services and links to treatment, staffed by people who could administer Naloxone - also known by the brand name Narcan - an opioid-overdose-reversal drug. The only such facility in North America is in Vancouver, British Columbia, although Seattle and Vermont are considering opening sites.

“You take some of that off the street - the public injection, the public intoxication, the needle discard - and you put it in a structured environment where people can get a lot of support and love,” said Paul Cherashore, who heads the Philadelphia Overdose Prevention Initiative along with Paul Yabor (*see sidebar*) and Dan Martino, another activist. So far they have more than 1,381 signatures supporting the idea of supervised injection facilities.

“Safe injection sites could help to normalize someone’s life,” Lankenau said. “You’re coming to a clean, safe space where there are people there to help. It may not happen the first day, the first week,

EFFORTS TO REVERSE THE OPIOID CRISIS AT THE NATIONAL, STATE AND LOCAL LEVELS:

In March, President Trump signed an executive order to create a new addiction commission, to be chaired by New Jersey Gov. Chris Christie. The president said the commission’s aim is to improve treatment options, stop the flow of drugs into the country and prevent people from getting hooked in the first place.

More than 5,000 people have overdosed nationwide since 2013 on Fentanyl or other synthetic opioids. This wave of deaths spurred drug policy experts and medical professionals recently to brief Homeland Security officials and the House Energy and Commerce Committee about the synthetic opioid problem. Four senators have introduced legislation that would appropriate \$15 million to fund efforts to block Fentanyl - exported primarily from Mexico and China - from entering the United States.

To try to improve access to treatment, a national help line went into effect in November (1-800-662-HELP). This spring, Pennsylvania has responded to more than 9,873 calls, 35 percent of which ended in transfers to treatment, said Jennifer Smith, acting secretary of the Department of Drug and Alcohol Programs. Pennsylvania officials are also trying to create “warm handoffs” where substance-abuse specialists help people who enter hospitals for drug emergencies move directly into treatment programs.

State officials have been striving to curb the epidemic through a Prescription Drug Monitoring Program that requires doctors to check a database when dispensing opioids. New prescribing guidelines for opioids have also been developed for physicians and dentists.

About 570 drug take-back boxes are distributed throughout the state, mostly in police stations but also in some pharmacies, where people can dispose of unused medications. The goal is to keep these pills from making their way into the illegal market or falling into the hands of those they were not prescribed for.

State officials are working to disseminate the opioid-reversal drug Naloxone. All state police and 600 municipal police departments now carry it, and a standing order allows anyone in Pennsylvania to buy Naloxone at pharmacies without a prescription.

Philadelphia Mayor Jim Kenney convened a special opioid task force in the fall, chaired by Philadelphia Health Commissioner Dr. Tom Farley, to design a plan to reduce opioid abuse, dependence and overdose.
(Read the task force report at phila.gov/opioids)

If you need referral to treatment, call the help line at 1-800-662-HELP



The “Badlands” in the Kensington and Fairhill neighborhoods of North Philadelphia.



the first months, but the whole idea of harm reduction is meeting people where they are.”

STIGMA: THE ULTIMATE HURDLE

An unspoken barrier to support for those in the grip of addiction is the stigma attached to drug use. Dr. Neil Capretto, medical director for Gateway Rehab, with more than 20 facilities in western Pennsylvania and Ohio, says that, ultimately, the public needs to shift its thinking about substance-use disorders. “People may choose to initiate drug use but no one chooses to develop the disease of addiction,” he said.

Benitez of Prevention Point agrees that stigmatization gets in the way of addressing this crisis, but he also wonders whether some of the public outcry about the opioid problem has to do with so many white people dying.

“When the crack epidemic hit in the ‘80s, it was arrest, arrest, arrest,” he said. “Right now we have Caucasian kids, suburban kids passing away. Now we’re talking about getting people into treatment, not prison. That is a stark change.”

President Obama called last year for more prison-diversion programs, such as drug courts, offering violators treatment instead of incarceration. This approach is growing in popularity as the nearly four-decades-



Jose Benitez, executive director of Prevention Point Philadelphia

long War on Drugs has failed and states grapple with overflowing prison populations. As of 2015, there were drug courts in 35 of Pennsylvania’s 67 counties.

Tammy, however, sees jail as a blessing for her son Michael, who was arrested for a crime that his drug habit drove him to commit but that his family did not want specified because his case is in court.

“Like I told him last night on the phone when he started crying about maybe

getting 15 to 30 years, I said the last 15 years have not been any different,” she said. “While I’m devastated that it ended up like this, I get to visit him in a prison.”

There are no easy answers, and the epidemic continues to surge. City Health Department

officials project that overdose deaths could reach 1,200 in Philadelphia this year, an increase of 30 percent over 2016, when the tally was 30 percent higher than 2015. Opioids are plentiful, potent and cheap on the street. Addiction is a chronic problem that has no lasting “cure.” Repeat relapses are common, and staying clean requires a commitment to recovery that few can muster. But the bottom line, many in the treatment field agree, is shifting how society views those with substance-use disorders.

“I think it comes down to how we ethically view the value of life,” said Jeanette Bowles, a social worker who has done outreach in Kensington and who is also a doctoral candidate at Dornsife. “We can say, ‘Somebody who uses heroin has a problem,’ but the question is, is death an acceptable consequence for that problem? I would argue that it’s not.”

PAUL YABOR SAFE INJECTION SITE ADVOCATE 1962 - 2017

Editor’s note: DSPH Magazine interviewed Paul Yabor, 55, a recovering addict for this story. He volunteered at Prevention Point for a dozen years and was a well-respected advocate for HIV-AIDS and injection drug-users.



Yabor said that he had used OxyContin to relieve pain associated with peripheral neuropathy (an ailment of the nervous system). Once he started, he said, he was “off to the races.” But because he couldn’t afford to maintain his Oxy habit, he quickly turned to heroin.

He was – as far as anyone knew – in recovery when he was found dead of an overdose just before sunset on Tuesday evening May 16, in the very Badlands where he toiled to help others escape the grip of addiction.

“I know for a fact that people die from stigma,” Yabor told writer Courtenay Harris Bond in an interview. “They don’t die from heroin. In the right circumstances in the right scenario, somebody uses something that causes them to overdose, they can be taken care of. They can be brought back. They can have another chance. You can’t treat a dead person.”

Yabor’s life might have been saved if he’d had access to the very intervention he and others are advocating for: safe, supervised injection facilities.

Drexel Dornsife School of Public Health

PRESENTS:

THE NEW MPH

EXCLUSIVE ENGAGEMENT ~ OPENING FALL QUARTER, 2017

WHY A NEW MPH?

Drexel Dornsife faculty have redesigned the school's Master of Public Health degree to better prepare graduates to take on the public health challenges of the 21st century. Over the past two years, they considered feedback from students and alumni and developed the new degree with an eye to real issues and challenges in the field of public health. The aim is to serve the best interests of incoming students with a rich and relevant learning experience that will enable them to master an array of MPH capabilities – including understanding the systems that drive population health; gathering, analyzing and interpreting both quantitative and qualitative data; translating knowledge into action to improve the health of populations, and more.

The new curriculum was built working back from actual public health challenges – asking what it will take to address the toughest problems.

The result is a program designed across disciplines to promote cross-sector teamwork – exactly what is needed to tackle the challenges ahead.

WHAT'S IN IT FOR ME?

A new and improved curriculum:

Breaking down silos that can separate majors in an academic setting, the Dornsife New MPH takes an interdisciplinary approach to public health basics, to facilitate learning in an integrated and practice-based manner that will be relevant long after graduation.

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Beat the graduation season stampede, and begin your career armed with both deep knowledge of public health as a field and practical experience to enhance your employability and value once on the job.

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These required courses are the centerpiece of the degree. Team-taught by faculty from each discipline, the core courses are structured in a connected, cohesive way that will be valuable as you tackle real public health problems in community, research or other professional settings.

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These classes will add depth in your chosen major, and support the development of discipline-specific knowledge and skills.

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All students will engage in field work, ideally coordinated with their major field of study and master's project.

Integrative learning experience:

This 4 to 6 credit course is the capstone to the MPH degree, and is intended as a vehicle for students – working individually or in groups – to demonstrate mastery of competencies within their major field of study. Deliverables will vary across majors, but must include a high quality written product, appropriate to the educational objectives of each student.

PLUS: Opportunity to complete a variety of minors within and across disciplines, to build marketable skills in public health.

The Minors are open to all Drexel graduate students in all schools and colleges, and are designed to complement students' training by providing basic knowledge in topics outside their primary discipline. Minors will be offered in the following areas:

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- Global Health
- Infectious Disease Prevention and Control
- Latino/Immigrant Health
- LGBT Health
- Maternal and Child Health
- Program Monitoring and Evaluation
- Public Health Ethics and History
- Substance Use and Abuse

More minors are under development and coming soon.

WHERE CAN I LEARN MORE?

Visit our website at <http://drexel.edu/dornsife/academics/degrees/mph-degree/>

On an unseasonably warm February afternoon, Myron Hyman II was nervous as he stood in a crowd of familiar folks, whose boisterous voices crashed like waves around him.

The friendly, noisy chatter at EAT Café in West Philadelphia was of Hyman's own doing. The very large crowd had been invited to this small 35-seat restaurant for a big surprise: "I'm about to propose to my girlfriend," he said softly.

Zahra Diallo, his girlfriend of six months, was just a short distance away near a table where some of her family members were waiting to order. She had arrived expecting to celebrate her acceptance into the doctoral program in counseling and psychology at Howard University in Washington, DC.

She was stunned when Hyman went down on one knee.

The two met last year at a "pro-black" event in Malcolm X Park in West Philadelphia, Hyman says, and came to EAT Café on one of their first dates, dining at a corner table in the front room of the restaurant.

Hyman, co-founder of an organization aimed at black self-help and empowerment, had returned because of the idea behind the restaurant:

"The concept 'pay what you can,' I thought that was noble," he said.

PAYING IT FORWARD

AT THE



EAT CAFÉ



A mix of people enjoy a meal, pay what they can – or not at all

Everyone Is Welcome

EAT Café's name is an acronym for "Everyone at the Table," and it offers a healthy star-rated meal to anyone regardless of their ability to pay.

"We don't know if you're going to pay or not, so you're treated like somebody (who's) gonna give us \$500 versus if you're going to give us nothing," says cook Derek Wilks. "You can sit down and dine with dignity – and you get a delicious meal."

Diners can come in without a cent in their pocket and eat for free; those with extra cash are encouraged to pay the suggested

price of \$15 for a three-course meal, and leave a little extra money to cover the meals of those who have little or no money, helping to keep the restaurant afloat.

The café is the result of a partnership among several organizations led by the Center for Hunger-Free Communities at the Dornsife School of Public Health. Seed funding came from the Leo and Peggy Pierce Family Foundation. Additional partners helped develop and launch the concept, including Greensgrow Farms, the People's Emergency Center, the Vetri Community Partnership, and

Drexel's Center for Hospitality and Sports Management, along with anti-hunger groups in the city. A community advisory board of local residents, teachers and leadership was also convened.

It is modeled on an idea that's caught on around the nation – to create a community-based, nonprofit, pay-what-you-can eating spot. The community café movement got started in 2003, launched by a woman who wanted to make meals affordable for the struggling patrons of her small restaurant in Salt Lake City, UT. From that, the One World Everybody Eats organization was formed, and now has more than 60 cafes in its network.

"I didn't like how people who are very wealthy when they think about hunger they don't want



to engage with regular people who are experiencing that," says **Professor Mariana Chilton, PhD, MPH**, director of the Center for Hunger-Free Communities, who got

the café started. "And God forbid they eat the same food. ... I wanted to break down that false barrier, and I thought that the best place to do that would be in the community café."

Great Concept – Great Food

EAT Café attracts a multiracial mix of people from varied backgrounds – Drexel students, parents and children, couples, retirees, workers. They come from all over, as close as the Mantua and Powelton neighborhood near where the café is located at 3820 Lancaster Ave., and as far away as Delaware County and other suburban towns.

Some diners say they first came to support a restaurant and a concept they believed in. They keep coming, they say, because of the quality of the food and the warmth of the people who work there.

"I am a food connoisseur and I think the food is just delicious," says Julie Rainbow of Germantown. "They seem to have a range from vegetarian to meat dishes so they can accommodate different preferences."

Dorothea Cole, who comes once or twice a week, says she likes the feel of the place: "It's like



home, like family when you come in here. And the food is great."

"It's good to be able to pay it forward," says Katherine Clayton, a teacher who volunteers as a Big Sister, who stopped by for the first time recently after work. "It's nice, any chance you can get to pay it forward."

The first few months after EAT opened in October were slow going, but the number of patrons has picked up. Chilton notes that once people understand the concept, they keep coming back. She says about a third of diners pay below the suggested price or nothing at all, while the remaining two-thirds pay the \$15 suggested price, or more to support the café.



Recently, a couple from Northeast Philadelphia sat in their SUV with their dog Ivy for about 15 minutes waiting for EAT to open. This was their first visit, and they had come for a specific reason: They wanted to support what they considered an African-American-owned restaurant.

Along with the chef, the restaurant's waiters are African American, as well as the cooks in the kitchen who work behind a low wall that gives diners a view of the food being prepared. All are paid employees, but only the chef is full time. Tipping is not allowed.

"I am a food connoisseur and I think the food is just delicious."

– Julie Rainbow

Dorothea Cole, who comes once or twice a week, says she likes the feel of the place.

"It's good to be able to pay it forward."

– Katherine Clayton



The Community Lends a Hand

Ashley Sonson was there recently for a meeting with others from the violence-intervention program Healing Hurt People.

Diners have done more than just support the restaurant by ordering meals. A tabletop water fountain on the hostess desk was donated by a community member, and another diner was setting up a new phone system. The food and produce are donated by a local bakery, grocery store, church, urban gardens, as well as purchased from vendors.

The restaurant has received funding and other financial assistance from the Pierce Family Foundation, the Francis Fund (set up by Project HOME in honor of Pope Francis' 2015 visit to Philadelphia), an anonymous donor, along with online donations.

Chilton says supporters are tweaking the restaurant model to attract more patrons. Lunch and Sunday brunch will be added this summer. More cultural events, group meetings and advertising, along with better clarity about the concept, are also planned. They also want to get a handle on fiscal management: "It's quite a challenge to run a nonprofit restaurant and have a full-throttle staff that makes a living wage," she says.

Some small groups have chosen EAT as a meeting place. Ashley Sonson was there recently for a meeting with others from the violence-intervention program Healing Hurt People (an initiative of the Drexel College of Medicine, led by John Rich and Ted Corbin, both physicians and faculty members at the Dornsife school). Seeking community input was a plus for EAT and its concept, says Sonson, who works with an arm of the program out of nearby Penn Presbyterian Medical Center.

"Instead of going to Wawa and grabbing a hoagie, you can come and sit down with people and know that you're supporting this concept."

– Ashley Sonson

"In the area there is a lot of food insecurity and food deserts," she says. "To have the community say this is what they really want and to have it become a reality is a pretty cool idea. Instead of going to Wawa and grabbing a hoagie, you can come and sit down with people and know that you're supporting this concept."

No one except the waiters knows who pays and who does not. Even for those people who cannot pay, the waiters try to make them feel comfortable and not embarrassed, says waiter Racquel Williams, a recent high school graduate who's attending the Community College of Philadelphia.

"We had this one young lady, she was afraid to get up 'cause she was so new to the concept," says Williams. "She didn't have any money. She was going through a rough time in her life and she explained it all to me. ... I'm like 'That's perfectly fine. You don't have to explain why.' We understand everybody's situation."

Riana Anderson loves the idea behind the café so much that she volunteers as a waiter, something she also did at a similar café when she lived in Atlanta more than 10 years ago. "I'm a clinical psychologist and I do work on poverty and racism, so I think that dealing with very basic needs like 'Can you eat a meal' is like dismantling the system of poverty and racism at its core," she says. "So I'm here for it."

Learn more about the EAT Café at www.eatcafe.org. To make a donation, visit bit.ly/EATCafeDonate.



STAFF SPOTLIGHT



Office of the Dean

Jocelyn Craighead

Administrative Coordinator
Office of the Dean



As administrative coordinator in the Dean's Office at the Dornsife School of Public Health, Jocelyn Craighead performs an array of hold-it-together, essential tasks that many take for granted – until they don't get done. She dwells in details – coordinating schedules, supply orders and event arrangements. "Jocelyn helps me in my work and makes the school better because she understands how systems work, and makes them better with a human touch," says Kim Menard, Dornsife's director of marketing and communications. "When I first arrived here, she was a kind of lighthouse – you could always look to her for guidance. I think she does that both at work and outside of work as well."

Craighead came to DSPH three years ago, after working with a nonprofit organization and bartending on the side. She's currently studying for a bachelor's degree in business, with minors in project management and professional studies – and still finds time for more.

On virtually every Sunday afternoon at 2pm, you'll find Craighead working for Sunday Love, delivering hot food to the homeless at the Last Stop Recovery House in Kensington.

She got involved when a friend of Sunday Love's founder suggested she regularly cook food for the group – but had to be nudged to go out to distribute it. Now she looks forward to the task. "We went out and I was hooked from there – I go out every Sunday, unless I'm out of town or sick," says Craighead. She adds that the experience has "opened my eyes to a lot of assumptions we have: not everyone is smelly and disheveled – some are like us, nicely dressed, employed but out of

money at the end of the month – or put out of a shelter during the day. The work just makes you look outside of yourself and put misconceptions aside."

Because of her work schedule, classes and Sunday Love commitment, Jocelyn refrained from getting a dog, until her dad's work overseeing the canine division of the Philadelphia Police Department introduced her to the Penn Vet Working Dog Center at the University of Pennsylvania. After completing a



rigorous, 4-month interview process, she's the official "foster mom" to Déjà Vu, an energetic, German Shepherd puppy. "Dej" and Jocelyn spend evenings and weekends together, but the puppy is learning and developing so quickly, she may graduate to be a working police dog in far less time than the 18 months of training usually required.

"Dej is such a rock star – she's going to save a lot of lives," Craighead predicts proudly. "She's special."



Five years from now, Craighead aims to be enrolled in a PhD program, and running some sort of program in the non-profit field. "I want to learn something new every day," she says. "I want to keep growing. If I go to bed knowing one more thing than the night before, then I've had a good day."

PUBLIC HEALTH

in the *Era of President Trump:*

PERILS *and*

★☆☆ OPPORTUNITIES

in a *Divided America*

By Karyn L. Feiden

“The political winds are always blowing, but right now they are at hurricane force,” says Robert Field, PhD, MPH, JD, professor of health management and policy at the Dornsife School of Public Health at Drexel. “We are seeing a 180-degree pivot on almost every major issue.”

Protecting the public health rests in good part on a foundation of rigorous science, articulate support from effective champions and adequate funding. Some in the public health community are wondering how long those resources will remain available, given the action and rhetoric from the Trump administration.

“The political winds are always blowing, but right now they are at hurricane force,” says Robert Field, PhD, MPH, JD, professor of health management and policy at the Dornsife School of Public Health at Drexel. “We are seeing a 180-degree pivot on almost every major issue.”

Examples are many: Even as the health impact of climate change becomes more apparent, Mick Mulvaney, the new director of the Office of Management and Budget, has called programs related to that issue “a waste of your money.” Despite study after study discrediting any link between vaccines and autism, President Trump asserted during his campaign that such a risk exists. While the fate of the Affordable Care Act remains uncertain, the House of Representatives has passed a bill to overhaul health insurance that would swell the ranks of the uninsured population (although the Senate will likely revise the House bill before voting on it).

Clean Power Plan

“Science is there to inform policy. To shut science out of decision-making is a very dangerous development.”

— Jonathan Patz, MD, MPH, professor of environmental studies and population health sciences at the University of Wisconsin-Madison

All of this is occurring while Congress remains gridlocked by partisanship, fueling further doubt that public health will be high on the federal agenda. An ideological schism is evident in a recent study by Jonathan Purtle, DrPH, MPH, MSC, assistant professor of health management and policy at Dornsife. Purtle found that Democrats in the U.S. Senate are four times as likely as Republicans to vote for legislation that has been endorsed by the American Public Health Association.

(See map on page 24.)

But some resilient professionals in public health take a long view, and warn against despair. “There have been previous administrations that have taken very deliberate actions to do away with protective regulations and we have survived,” says Jennifer Kolker, MPH, associate dean for public health practice at Dornsife. “We have to remain vigilant about what is going on at the national level, but meanwhile there are a lot of opportunities for public health, especially at the local and state levels.”

★ Taking Stock of the Threat ★

The president’s FY2018 draft budget, and the executive orders he has already signed, are windows into the new administration’s priorities. Congress is certain to alter his proposed budget in the coming months, and the courts will likely weigh in on some aspects of his agenda, but a significant impact on public health seems likely.

That thrust is especially apparent in the swift rollback of climate-change initiatives, with their deeply intertwined impact on human and planetary health. Trump initially proposed to cut the Environmental Protection Agency (EPA) budget by 31 percent next year, a draconian reduction that reflects his much

“There have been previous administrations that have taken very deliberate actions to do away with protective regulations and we have survived.”

— Jennifer Kolker, MPH, associate dean for public health practice at Dornsife

Medicaid Coverage

greater interest in “investing in defense, and less on the environment, on health and on social services,” says John Rich, MD, MPH, professor of health management and policy at Dornsife. He also has directed the EPA to rescind the Clean Power Plan, intended to reduce carbon emissions from power plants; signed legislation repealing limits on the mining waste that can be dumped into streams; and ordered a review of the Corporate Average Fuel Economy standards, which dictate fuel efficiency for cars and light trucks.

There are also clear signals that Medicaid coverage is at risk. Reducing any access to health care has a measurable impact on many populations, but does its greatest damage to vulnerable people of color. “When you cut people off from insurance you undermine the fundamental public health ideas of preventing chronic diseases and eliminating health disparities,” says Rich.

Global public health activities are another target. In January, Trump signed a memorandum barring federal funds to any overseas health organization that provides abortions, or even discusses

them. As well, his proposed budget eliminates the Fogarty International Center, a tiny line item within the National Institutes of Health that belies its critical role in building global health leadership.

Other political decisions will also weigh on public health. Enforcement action in immigrant communities could discourage undocumented residents from seeking timely medical care. The Trump administration has signaled greater interest in “law and order” than in taking aim at mass incarceration or monitoring troubled police departments, despite the well-documented health benefits of criminal justice reform. Proposed budget cuts at the Department of Transportation would reduce funding for mass-transit projects that help foster vibrant, mixed-use communities.

Skepticism about science itself is another looming threat. “The current disregard for scientific evidence and the scientific process is unprecedented and very concerning,” says Jonathan Patz, MD, MPH, professor of environmental studies and population health sciences at the University of Wisconsin-Madison. “Science is there to inform policy. To shut science out of decision-making is a very dangerous development.”

At the same time, there are glimmers of hope. The FY2018 budget preserves funding for the President’s Emergency Plan for AIDS Relief, the global HIV initiative launched under President George W. Bush, and for Gavi, the global vaccine alliance. The budget also creates a Federal Emergency Response Fund, a dedicated pool of resources designed to be immediately available in the wake of a crisis, such as an infectious disease epidemic.

Reassuringly, turning the ship of state is a slow process. “Much of the nuts and bolts of public health work will continue,” says

“The scientific community has to be better at talking to decision-makers and aligning our research with imminent, critical policy decisions.”

– Franco Montalto, PhD, associate professor in the Department of Civil, Architectural and Environmental Engineering at Drexel

Environmental Protection Agency

Kolker. “A lot of people are just going about their jobs, keeping their heads down and continuing to maintain the public health status quo.”

★ Reframing Public Health for Today’s Environment ★

But in today’s political climate, more upheaval is likely. Researchers and practitioners should respond by becoming advocates, says Franco Montalto, PhD, an associate professor in the Department of Civil, Architectural and Environmental Engineering at Drexel. “The scientific community has to be better at talking to decision-makers and aligning our research with imminent, critical policy decisions.”

Field agrees on the importance of a broader reach. “The academic community needs to be out in front, expressing its opinions in public forums, blogs, white papers, websites and op-eds. The advocacy community needs to be aggressive in terms

Department of Transportation

of outreach to policymakers, legislators, and regulators,” he says. “The two communities need to work together to show the public what it has, and what it stands to lose.”

They can best do that by mastering the art of storytelling, says Alex Ortega, PhD, who chairs Drexel’s Department of Health Management and Policy. “The way we describe our research tends to be so bland. We need a totally different paradigm if we are to be researchers and activists.”

Recasting public health messages to mesh with current federal priorities is one vital approach. For example, job creation is at the top of the Trump agenda. So, the International Monetary Fund’s estimate of a net gain of 2.7 million American jobs from clean-energy investments could resonate.

The administration’s interest in rebuilding the nation’s infrastructure suggests another avenue. “We have been neglecting our public health infrastructure just as we have allowed our roads and bridges to deteriorate,” says Ruth J. Katz, JD, MPH, who heads the Aspen Institute’s Health, Medicine and Society Program. “Let’s remind our leaders that investing in disease surveillance, walkable cities, and community health systems is as important to our economy, and to the health of all Americans, as many other pieces of core infrastructure.”

Countering misleading memes is also important. “We need to be mindful of the language we use. When the Trump administration talks about ‘job-killing regulation,’ what’s forgotten is that regulations are protections,” says Patz. “The Clean Air Act and the Clean Water Act are not there to hold back industry. They were established to mitigate the

effects of pollution and protect human health and well-being.”

Linking public health and strong national security may be another way to shift gears. From climate change to infectious diseases, policy decisions related to global issues have significant implications for the safety and well-being of all Americans. “Global health security is a public good,” wrote members of the Commission on a Global Health Risk Framework in the *New England Journal of Medicine* (January 13, 2016). “Making each of us safer depends on making us all safer; gaps in one community’s defenses are gaps in all our defenses.”

★ The Work Goes On ★

Whether or not the current administration ultimately recognizes how public health dovetails with its agenda, research and practice in the field are expected to remain vigorous.

On some issues, there is simply no going back. Shortly after the November 2016 election, Montalto was attending an international meeting on climate change in Marrakesh, Morocco. Participants were anxious to know whether the Obama

AIDS Relief

“If there is a bright spot, it is the ongoing mobilization of people who realize that without organized voices continually holding their leaders and elected officials accountable, a lot of damage can be done.”

– John Rich, MD, MPH, professor of health management and policy at Dornsife

administration’s commitment to the Paris climate accord, formalized a year earlier, would still be honored. Trump’s tweets, such as the one claiming that the concept of global warming “was created by and for the Chinese in order to make U.S. manufacturing non-competitive” gave them cause for concern.

U.S. corporate representatives at the meeting offered a reassuring perspective: They had already altered their business models to accommodate carbon-emission reductions and would stay the course. “There is only so much that the political shifts in one country are going to be able to push us towards a different model,” Montalto says. “We are moving forward.”

The field’s vitality is also evident in a growing commitment to systems-thinking and cross-disciplinary initiatives. One illustration is the growing recognition that multiple benefits accrue from creative design in the built environment. Whether it is how park land can promote recreation and capture stormwater to prevent sewer overflows; or how green rooftops can provide better building insulation, reduce local air temperatures, provide new habitat for bees, and engage local residents in gardening, “the sky is the limit in terms of innovative thinking,” says Montalto. “The federal government doesn’t get on the drafting board of these projects. The onus is on us as designers to think across domains in everything we build.”

The bulwark of public health has long held back threats, both natural and manmade, and this political season is no exception. “If there is a bright spot, it is the ongoing mobilization of people who realize that without organized voices continually holding their leaders and elected officials accountable, a lot of damage can be done,” says Rich.

Their vigilance is especially important when the evidence base that informs policymaking is challenged, says Patz.

“We can’t keep our own supply of air, we can’t avoid contact with people who may have infectious diseases, we can’t live in bubbles. Only communal activities can keep us healthy.”

– Robert Field, PhD, MPH, JD professor of health management and policy at the Dornsife School of Public Health at Drexel

“Where science is misrepresented, there needs to be a very quick and clear response about what the science actually says, and what we know and don’t know. Scientists need to make sure that science is not co-opted and interpreted by non-scientists,” he says.

Perhaps the most compelling argument for maintaining the nation’s commitment to public health is at once practical and moral. “It is not every man for himself,” says Field. “We can’t keep our own supply of air, we can’t avoid contact with people who may have infectious diseases, we can’t live in bubbles. Only communal activities can keep us healthy.”

Whither Public Health? We Talked About It

After the November presidential election, the Dornsife School of Public Health hosted three public gatherings to discuss the challenges facing public health under the new administration. The sessions offered a starting point for renewal of our commitment to protect and promote the health of the public.

December 1, 2016: *The 2016 U.S. Presidential Election: Implications for Public Health* moderated by Ana V. Diez Roux, MD, PhD, MPH, Dean

March 2, 2017: *Public Health Implications of Changes in Environmental and Climate Policies* moderated by Jerry Fagliano, PhD, MPH, Associate Clinical Professor and Chair, Environmental and Occupational Health

May 3, 2017: *The Future of Health Care Policy* moderated by Alex Ortega, PhD, Professor of Health Policy and Chair, Health Management and Policy

Shiriki Kumanyika

Mission: AACORN (African American Collaborative Obesity Research Network)

Shiriki Kumanyika, PhD, MPH, joined the Dornsife School faculty as a research professor in the fall of 2015, following her retirement from the University of Pennsylvania where she retains an appointment as an Emeritus professor of Epidemiology. Kumanyika “retired” into a new position determined to lead and nurture the African American Collaborative Obesity Research Network (AACORN), which she founded in 2002. AACORN has its national office at the Dornsife School. The network seeks to advance the health of US black communities through research and research translation on nutrition, physical activity, and body weight. Kumanyika says she created AACORN by accident, when she found herself mentoring African American scholars who felt like they were the only ones concerned about certain issues, and didn’t have a lot of support in their institutions. “I gathered together 10 people – all who happened to be African American and all women – and said, ‘You could benefit from talking to each other as much as talking to me individually,’” she recalls. “The next thing I knew we had a network.”



Q. Why are obesity issues in the African American community different from obesity generally?

SK: Obesity issues have been relatively more important for black communities since before we had an epidemic, before [obesity] got to be a subject everybody was thinking about. And that’s when I became interested in the issue. When someone made the observation that obesity was more prevalent [among African Americans] but that it was difficult to talk about because it was politically sensitive – I thought, ‘This must be what I’m supposed to be doing with my life because as a black woman, I can address the issue without being accused of stereotyping or having the wrong view’ – so I was an ‘insider’ for the issue.

I discovered that black women were not the only ethnic minority population that had an obesity problem ... it was every other minority group. So it really became interesting from an epidemiologic point of view: what is it that these population groups have in common, given how different they are? Obviously what comes to mind is that they’re all minorities, so it’s more of a socio-political issue. It’s not that they are all from the same gene pool, it’s that they are all living in circumstances of social disadvantage based on their ethnicity.

I had been in the cardiovascular epidemiology area, but here was a problem that I – with a background in nutrition – could really focus on. So AACORN grew out of something I had already taken on as my life’s work.

Q. Calling someone “fat” is a negative, but in the African American community being “thick” is okay and in Hispanic culture, the fat baby is the healthy baby.

SK: Attitudes associated with body attractiveness, or a certain weight level, have cultural roots in all countries and cultures – in relation to fertility, and also as evidence that you have enough food and you’re well taken care of ... You can find it in all cultures. The ‘You can never be too rich or too thin’ type of philosophy kicks in as societies become more affluent. ... While poor people can get food, it may not be the healthiest food – but lots of calories available, cheap.

Q. Why were you inspired – and driven – to keep the network going after you retired?

SK: AACORN was created to bring scholars together and to make a difference on the obesity problem. I had no choice but to continue, because the work is just not finished – in fact it probably has become harder. That’s how I came [to Drexel]. It changed my idea of what retirement meant because I realized that you cannot retire from a mission that you’ve set – especially when ... people are still depending on you to keep it going.

Q. What has AACORN accomplished?

SK: We set a research agenda based on where we wanted to look at the issues that were most important for addressing the higher rates of obesity in black Americans. Next, we brought together a diverse group of people to decide what had to be done differently, to be true to our sense that as insiders we could bring a special lens to the problem. ... We eventually invited other members, who

have a special commitment to working on African American weight issues but are not African Americans. And we have community research partners committed to working with researchers on these issues. We’re not just academics talking about people and communities; we regularly hear from people outside of academic institutions.

We then developed what we called the AACORN Expanded Research Paradigm. The principle of that paradigm is to turn the issue inside out, to stop looking at people through the lens of the problem – as people who failed to achieve calorie balance – and look at calorie balance as something that people were needing to achieve in a much broader life and social context. We created this paradigm in which social, historical context, psychosocial, collective identity, collective trauma and then the physical and economic environments are considered ... and asked, ‘Given the environments people are trying to navigate, where do food, weight, physical activity and nutrition issues fit into people’s lives?’ That paradigm has guided my own work and the work of a lot of members who’ve used it to design studies, or explain why issues should be approached in a different way. ... It’s becoming more mainstream now, with the recognition that obesity is not something you can solve by just telling people they should eat less and be more active.

Q. How does AACORN’s work fit into the broad, national concern about obesity?

SK: When the obesity epidemic was recognized in other countries and the U.S. it changed the whole conversation about what the causes were.

When the whole population including children began to gain weight it forced people to say, well this can’t be a treatment failure – and I think that’s a big part of the paradigm shift toward the environmental approach to the problem. Because when you have minorities and lower income people who are heavier, people can assume that it is deviant behavior ... but it’s very different when the deviant behavior becomes dominant behavior.

The paradigm put the focus back on the people and their environments – intra-personal and community. The widening obesity epidemic made that a more plausible argument for the mainstream. And then the problem became for AACORN – are we going to get left behind?

Because now, people in the majority community are fighting for their children not to be obese, affected by diabetes and other problems. ... So AACORN’s focus has changed somewhat, to making sure that the solutions being applied for the general population reach populations of color, reach black America ... and have the desired effect – or even a greater effect, because we’re already behind, so just doing it equally doesn’t cut it. You have to do it better.

When I say the job has gotten harder – it’s partly gotten harder because you could have black communities being the receivers of

the things that are pushed out of other communities. We could become the customer base for soft drink companies, when they are rejected by those who have more means and are more enlightened about health issues and have more choices and less dependency. ... I don’t know the extent to which black communities are less enlightened about the issues – or if it’s just they have fewer choices, or if the companies are so much better at convincing them ‘We are really your best friends.’

Q. So what’s your take on the Philadelphia soda tax?

SK: I’m for it. I think that it works, and is consistent with ethical principles on how you approach these sorts of widespread problems. [Soda] is a product that is nutritionally expendable, that affects weight, and – very important in terms of policy design – the tax can be used to bring revenue into communities that need it.

That’s critical, because we are competing with companies that create deep loyalty with money ... so the government has to show it has some interest in the resources available in the community [like funding pre-kindergarten]. It’s a tricky argument, but you are telling us to give up something – when we like these products, and we can also get scholarships for our children – and (health advocates) are not offering anything of that type.



Q. So food and beverage marketing is part of the challenge?

SK: The marketing environment is a big issue that hasn’t yet gotten into public health science. AACORN has created a body of evidence that helps with the understanding of consumer issues around food and black Americans – including a brief on sugar sweetened beverages.

We’ve done a campaign to look at how youth consumers view messaging and the relationship between their own behavior and

how companies market products. There really was almost no information in the marketing literature about black Americans as consumers – the literature is about black Americans as patients.

And we’ve done a peer reviewed supplement, a special issue in the 2014 Obesity Reviews on what works in weight control in black communities.

Q. What’s your long range goal – and how do you envision achieving it?

SK: My long range goal is to see a sustainable effort that will ensure that there is a focus on research on health issues in black communities. ... We have a traveling exhibit, and on the last panel we say that we have a vision that black people could be exemplars of good health. ... Why not dream? Not just to catch up, not just to even things out – but to become exemplars? That’s the vision that I have. I hope when I step away another group of people committed to that vision will carry on.

GRANTS & RESEARCH FUNDING

Wellcome Trust Awards \$12 Million Grant to Urban Health Collaborative at Dornsife SPH
What makes cities healthy, equitable and environmentally sustainable?

A Dornsife-led team of international researchers will study Latin American cities to find answers

When the announcement came in January that Drexel’s Urban Health Collaborative had clinched an *Our Plant, Our Health* initiative grant from the Wellcome Trust, there was cause for transcontinental celebration: Wellcome Trust is London-based; Drexel and two partners are in the U.S., and the other members of the interdisciplinary research team hail from 11 institutions across Latin



Meeting of the Urban Health Collaborative Latin American Network in Santiago, Chile, in 2016.

America from Mexico to Brazil, from Colombia to Peru to Argentina. All are members of the Network for Urban Health in Latin America and the Caribbean, which was founded in 2015 by the Drexel Urban Health Collaborative to improve urban health around the world. Co-founders of the group are the Economic Commission for Latin America and the Caribbean (ECLAC) and the United Nations University (UNU).

Together, the team will study how the governance, design, organization and environment of Latin American cities affect population health and health inequities within cities. An important focus will be to explore the interplay between health and environment in urban areas.

“This is critical because health and environmental sustainability are closely entwined,” says Dean Ana V. Diez Roux, MD, PhD, MPH. “This is because the environment affects health — for example, levels of air pollution and heat have especially strong health impacts in cities — but many of the things we can do to make people healthier, like promoting active travel and consumption of fruits and vegetables, also have favorable implications for the environment. We need to think of these things as synergistic, and that is a key goal of the project.”

Dornsife School faculty who will work on the project include: Associate Professor Amy Auchincloss, PhD, MPH; Dornsife Associate Professor of Urban Health Gina Lovasi, PhD, MPH;

Professor Leslie McClure, PhD, MS; Associate Professor Yvonne Michael, SCD, SM; Assistant Professor Harrison Quick, PhD, all from the Epidemiology and Biostatistics Department; Assistant Professor Brent Langellier, PhD, MA, Health Management and Policy; and from the Drexel Department of Political Science, Associate Professor Jose Tapia, PhD.

The key to this study will be its applicability, not just to the United States, but across the globe, Diez Roux believes. “There will be ways in which Latin American cities and U.S. cities are similar and ways in which they are different,” she says. “But what is clear is that many of the lessons we draw from this study will be relevant not only to U.S. cities but also to cities all over the world.”

URBAN FACTS about LATIN AMERICA

- 80 percent of the population lives in cities
- By 2050, it will be the world’s most urbanized region
- It is home to 19 of the world’s 30 most unequal cities in health and social measures

Drexel University’s Center for Public Health Readiness and Communication (CPHRC) received a \$1.15 million award from the Centers for Disease Control and Prevention to study the disaster communication needs of children and youth with special health care needs and individuals with Autism Spectrum Disorders. Esther Chernak, MD, MPH, FACP, associate professor of environmental and occupational health, will lead the project, in collaboration with Philip Massey, PhD, MPH, at the Dornsife School of Public Health (DSPH), Renee Turchi, MD, MPH, with the Drexel College of Medicine and DSPH, Jennifer Plumb, DSW, LSW, at the AJ Drexel Autism Institute, as well as the Pennsylvania Chapter of the American Academy of Pediatrics.

FRESH FACULTY FACES IN THE DEPARTMENT OF ENVIRONMENTAL AND OCCUPATIONAL HEALTH

Jane E. Clougherty, MSc, ScD, joins the Department of Environmental and Occupational Health from the University of Pittsburgh Graduate School of Public Health. An interdisciplinary environmental health scientist, Dr. Clougherty’s research focuses on the combined health effects of chronic social stressors and air pollution exposures, particularly in urban community settings. She is principal investigator on several epidemiological studies funded by the U.S. Environmental Protection Agency (EPA), National Institutes of Health (NIH), and the Health Effects Institute (HEI), including a current NIH-funded study using geographic information systems (GIS)-based methods to examine how social and environmental exposures may alter the efficacy of pharmaceutical interventions for asthma in clinical trials.



Alex Quistberg, PhD, MPH, joins the Department of Environmental and Occupational Health and the Urban Health Collaborative, where he’ll be researching urban health issues in Latin America. Quistberg is an injury epidemiologist focused primarily on road safety, the built environment and global health. He uses objective measurement tools (e.g., GIS, GPS and accelerometers) to examine how active transportation modes (e.g., walking and biking) are related to injury risks in the built environment and safety perceptions, both in the United States and Latin America.



HONORS & APPOINTMENTS

Drexel’s Healing Hurt People program received a national award from the Office for Victims of Crime for its work toward making victims of violent crime less likely to be injured again. Ted Corbin, MD, MPP, associate professor in Drexel’s College of Medicine and Dornsife School of Public Health, and John Rich, MD, MPH, professor of health management and policy, received the Award for Professional Innovation in Victim Services in an April ceremony held in Washington, D.C. Corbin serves as the medical director of Healing Hurt People and Rich is the director of Drexel’s Center for Nonviolence and Social Justice, which houses the program. Healing Hurt People initially began at Hahnemann University Hospital in 2007, and has since expanded to five of seven trauma centers in Philadelphia as well as

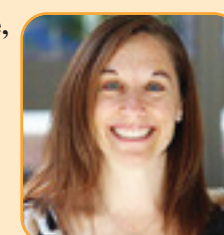
to programs in Chicago and Portland, OR. In that time, more than 1,800 young people have been served through the program. The Office for Victims of Crime is part of the U.S. Department of Justice.

Alison Evans, ScD, associate professor of epidemiology and biostatistics, is serving on a National Academy of Medicine committee developing a strategy for the elimination of viral hepatitis B and C in the United States by 2030. The group recently released its second report, *A National Strategy for the Elimination of Hepatitis B and C: Phase Two Report*, which recommends specific actions to hasten the end of these diseases



and lays out five areas—information, interventions, service delivery, financing, and research—to consider in a national plan.

Leslie Ain McClure, PhD, MS, professor and chair of the Department of Epidemiology and Biostatistics, has been named to a newly created position as the associate director of diversity for the Statistical and Applied Mathematical Sciences Institute (SAMSI). SAMSI is part of the Mathematical Sciences Institutes program of the Division of Mathematical Sciences at the National Science Foundation. By adding McClure in this role, the organization aims to help increase the diversity of students and faculty who are exposed to math and statistics.



PUBLICATIONS

▶ A Dornsife study found that black males are nearly three times as likely to be killed by police action as white males, while Hispanic males are more than one-and-a-half times as likely to fall victim. **James Buehler, MD**, professor of health management and policy, reported findings of his study, which took a population-level perspective, in the *American Journal of Public Health*, in response to interpretations of a study released last summer by Roland G. Fryer, which found no racial difference in “legal intervention deaths” resulting from police encounters.

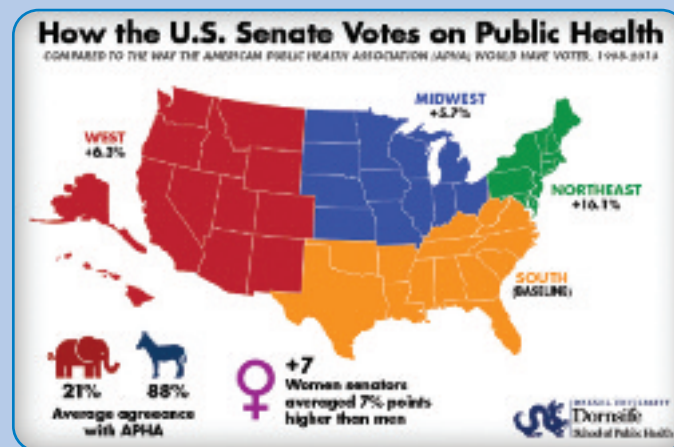
▶ With the potential to save almost 30,000 lives a year in the United States through elimination of driver error, automated cars could become one of the most important public health advances of this century. In an analytic essay in the *American Journal of Public Health*, **Janet Fleetwood, PhD, MPH '16**, professor of community health and prevention, asserts that public health concerns should be addressed from the outset of designing autonomous vehicles rather than shoe-horned in later. She writes, “It is simplistic to assume that self-driving cars need only follow the rules of the road,” noting that there is more at stake when a vehicle hits the highway, whether it’s piloted by a human or artificial intelligence.

The challenge is captured in a theoretical puzzle known as “the trolley problem,” which positions a person near a runaway trolley and asks whether they should allow the trolley to continue on its tracks and run over five people or pull a lever, switching the trolley to a branch of track where only one person is standing. “You can either do nothing, allowing the speeding trolley to kill the five people on the main track, or divert the trolley by pulling the lever, resulting in the death of just one person,” Dr. Fleetwood explained. “The thought experiment asks which choice is most ethically justifiable.”

▶ **Neal Goldstein, PhD '15, MBI**, assistant professor of epidemiology and biostatistics, published a how-to guide of performing research from large-scale data sources, entitled *Improving Population Health Using Electronic Health Records: Methods for Data Management and Epidemiological Analysis* (CRC Press, March 2017).

▶ The parents of a Latino child who only speak Spanish or are not U.S. citizens are about half as likely to feel their doctor listens to them in comparison to English-speaking and U.S. citizen parents, according to a new Drexel University-led study. **Alex Ortega, PhD**, professor and chair of the Department of Health Management and Policy, was the lead author of a study published in *Academic Pediatrics* that analyzed the California Health Interview Survey to determine whether the experiences of Latino children’s parents differed depending on their U.S. citizenship status and language use.

▶ Democrat senators are roughly four times more likely to use their vote to positively affect public health policies than their Republican colleagues, according to a study published in *SSM-Population Health*. Looking at numbers dating from 1998 through 2013, **Jonathan Purtle, DrPH '14, MPH '10, MSc**, assistant professor of health management and policy, found that the average party-line split is a whopping 67 percentage points when measuring partisan support for legislation endorsed by the American Public Health Association (APHA). Democrats voted in line with APHA’s recommendations 88.3 percent of the time on average, while Republicans’ average was just 21.3 percent.



A PROMISE TO PROSPER
DSPH faculty and students begin “Cradle to Careers” community engagement

▶ Dornsife School of Public Health faculty and students will play an instrumental role in implementing a large new grant aimed at improving the education and developmental outcomes of children and youth living and attending school in the West Philadelphia Promise Zone.

In late December, Drexel, the City of Philadelphia, the School District of Philadelphia and several other area groups and non-profit partners were awarded a U.S. Department of Education Promise Neighborhoods grant providing up to \$30 million over five years. Seventy-six million dollars in matching funds have also been secured from the City and area non-profits to support the Promise Neighborhood grant, named PROSPER (Promise of Strong Partnership for Education Reform). The group will target lifelong literacy, behavioral health, and trauma-informed family and community supports to improve the “cradles to careers” trajectory of all children in the HUD-designated Promise Zone that surrounds Drexel’s University City campus.

A U.S. Department of Education Promise Neighborhoods grant providing up to \$30 million over five years.

Much of Drexel’s current commitment of resources in the Promise Zone is focused on children, families and schools to address the pervasive social, economic, and health inequities experienced by these predominantly African American communities. This new grant will support students in an educational environment that enhances physical, mental and behavioral health by providing training to existing school staff and hiring in-building clinicians and additional support staff. It will also coordinate with Philadelphia Mayor Kenney’s new Community Schools model, funded by the beverage tax passed in 2016. (See “Soda Tax” on page 27.)

Leveraging the school’s strong community-based partnerships and proven research capacity, experts within the Dornsife Urban Health Collaborative will manage research and data

systems to inform the Promise Neighborhood grant project and evaluate its impact over time. (Read more about the Urban Health Collaborative on page 38.)



Amy Carroll-Scott



Félice Lê-Scherban

Led by **Amy Carroll-Scott, PhD, MPH**, assistant professor of community health and prevention and **Félice Lê-Scherban, PhD, MPH**, assistant professor of epidemiology and biostatistics, the PROSPER Data and Research Core will create a comprehensive, secure system that integrates child, school and neighborhood-level information into a robust longitudinal data system. This will synthesize information from city, clinical, and school district systems, monitoring student progress, documenting when students or their

family members “touch” various social service, health care and educational supports in West Philadelphia or elsewhere in the city. Integrated data will be incorporated back into a student-level case management system for behavioral health and educational service providers.

Researchers will hire and train West Philadelphia community residents as surveyors – to further assess PROSPER’s impact. For the past few years, Drexel has used this method to conduct neighborhood surveys to evaluate the Dornsife Center for Neighborhood Partnerships, also located in the West Philadelphia Promise Zone.

Community residents who become surveyors will be co-trained with Dornsife graduate students on research and surveying skills, certified in human subjects research protections, and supported to conduct neighborhood surveys and increase response rates to the existing School District of Philadelphia District-Wide survey. Community surveyors will also contribute to pre-survey outreach, survey recruitment and results dissemination.

ARCHITECTURAL DESIGN MEETS PUBLIC HEALTH: A Cross-Sector Learning Opportunity

With a new three-year grant from the Scattergood Foundation, the Drexel Urban Design & Health team of **Yvonne Michael, ScD, SM**, associate dean of academic and faculty affairs and professor of epidemiology, and **Dee Nicholas**, assistant professor of architecture, design & urbanism in the Westphal College of Media Arts & Design, will train students inter-professionally on skills for human centered design, trauma-informed design, and understanding the social determinants of health. An annual Design and Health course will become the linchpin of a yearlong health and design research process in which students and faculty will work to create, prototype and present similar

solutions that can be brought forward and developed in the real world. After the spring quarter class concludes, some students will receive funding to continue to develop projects further over the summer. In the fall, the program will host a public event to present some of the work as well as information on the importance of human centered design and behavioral health. Drexel University is one of 11 inaugural members of the American Institute of Architects (AIA)'s Design and Health Research Consortium, which helps translate research on design's influence on public health into architectural practice for policymakers, design and public health professionals and the general public.



RESEARCH UPDATES

The Drexel Urban Health Collaborative is leveraging its robust environmental data capabilities in a joint project with the Children's Hospital of Philadelphia. The UHC-CHOP team will use big data, machine learning and traditional epidemiologic methods to investigate environmental, family and child-level predictors of pediatric health concerns, including asthma, obesity and avoidable hospitalizations, as well as causes of disparities in these outcomes. The project team at the Urban Health Collaborative includes **Ana V. Diez Roux, MD, PhD, MPH**; **Kari Moore, MS**; **Steve Melly, MS, MA**; **Yvonne Michael, ScD, SM**; **Félice Lê-Scherban, PhD, MPH**; **Anneclaire De Roos, PhD, MPH**; **Leah Schinasi, PhD**, and **Amy Auchincloss, PhD, MPH**.

PRESENTATIONS

At a March meeting of the American Statistics Association's Philadelphia Chapter, **Ed Gracely, PhD**, associate professor in epidemiology and biostatistics and in Drexel's College of Medicine, described projects and opportunities to get involved with Statistics Without Borders, which provides pro-bono

statistical consulting internationally to organizations and government agencies that do not have the resources for statistical services. Volunteers — from graduate students through experienced statisticians — help with projects ranging from survey design and analysis to analyzing social media data.

IMPACT UPDATE:

FIRST FOUR MONTHS OF PHILADELPHIA SODA TAX

PROVISIONS OF THE TAX:

The sweetened-beverage tax adds 1.5 cents per ounce to the cost of most sugary and diet beverages. It was approved by City Council in June. Money from the tax will be used to finance expansion of pre-K programs, and upgrade recreation centers, parks and libraries, and other services. It is expected to bring in about \$91 million a year. A lawsuit opposing the tax is under appeal.

The Dornsife School provided seed funds to evaluate the population health impact of the tax on beverage consumption. A phone survey of city residents was conducted before the tax took effect in January using neighboring cities as control areas. Another survey is envisioned after 12 months.



BUBBLING OVER: SODA TAX SUCCESS

In November, four other U.S. cities joined Philadelphia and Berkeley by passing soda tax measures:

- San Francisco
- Oakland and Albany, CA
- Boulder, CO

- Soda tax goes into effect on Jan. 1.
- Tax brings in \$5.9 million in revenues (projected at \$2.3 million), according to city officials.

JANUARY

- 36 state legislators sign a brief supporting lawsuit filed last year by beverage industry, and restaurants and consumers. Lawsuit was dismissed and appealed.
- Grocers and drink distributors report a 30 percent to 50 percent drop in sales of sugary drinks.
- Soda consumption drops by about 40 percent in city, according to calculations by the website billypenn.com.
- ShopRite announces plans to layoff 300 workers this spring at six stores.
- Canada Dry Delaware Valley projects layoffs of 35 people after experiencing a 45 percent drop in sales.
- Soda tax brings in \$6.4 million (projected at \$6.3 million), according to city officials.

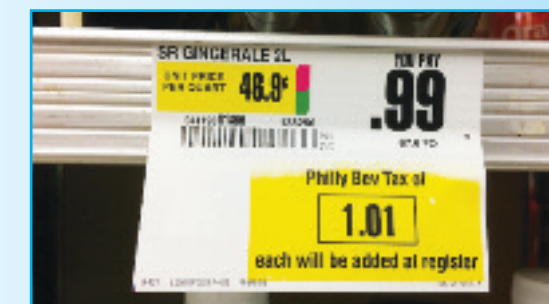
FEBRUARY

- Pepsi announces 80 to 100 layoffs at three distribution plants, blames soda tax, which it says cut sales by 40 percent.
- City counters by pointing to Pepsi's rising profits, and the creation of 251 jobs mostly in full-time pre-K teaching positions as a result of the tax revenues.
- Temple University announces an increase in meal-plan costs for meal plans, citing the soda tax. Backs off after Mayor Kenney fires back.
- Coca-Cola and Pepsi say they will replace 2-liter bottles of soft drinks with smaller containers. Expect more 7.5 ounce cans and 1-liter bottles on the shelves. A nod to consumers seeking healthier products and drinking fewer sweetened beverages.
- ShopRite says it has 300 fewer workers — derived from employees who quit after their hours were cut since tax was enacted.

MARCH

- Commonwealth Court panel hears arguments on legality of the soda tax. A decision is pending.
- Source: *philly.com*, *billypenn.com*, *bloomberg.com*

APRIL 5



Brent Languellier

Assistant Professor
Health Management and Policy
DORNSIFE SCHOOL OF PUBLIC HEALTH

► CHILDHOOD AMBITION

One week I wanted to be an astronaut. Then I wanted to be a lawyer and then a professor. I didn't get into astronaut school so here I am.

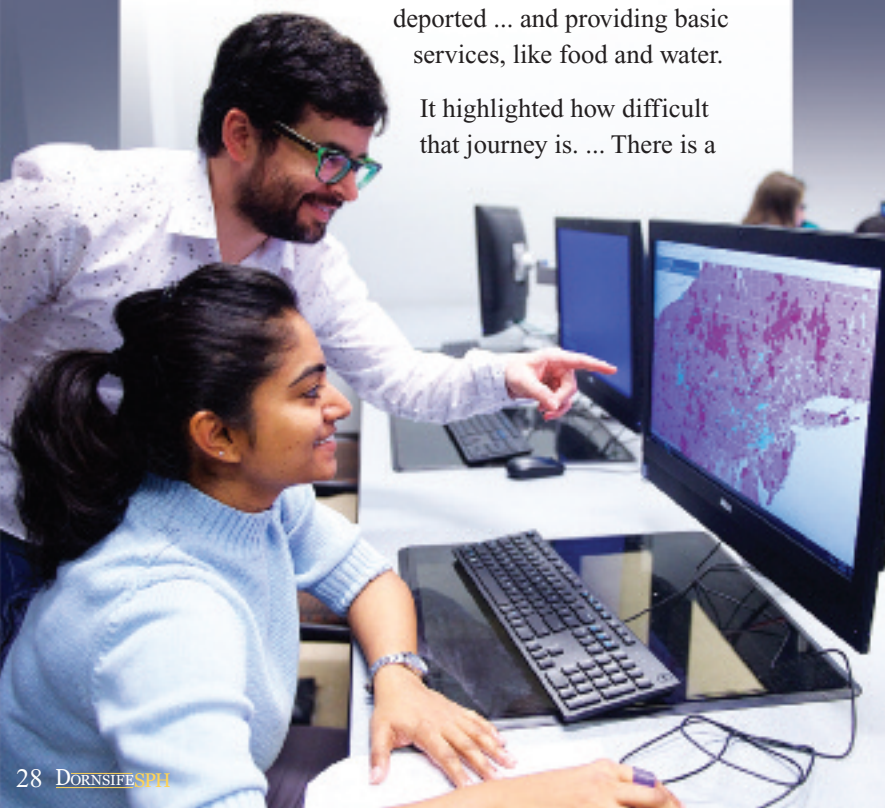
► FIRST JOB

My first sort of real job was as a lifeguard in Phoenix at a public pool watching people and teaching kids how to swim when I was 15. I went straight through – undergrad, masters, doctorate – and got my first real job as an assistant professor at the University of Arizona.

► INSPIRATION

After college, I worked with *No More Deaths*, a nongovernmental organization dedicated to shining a light and reducing deaths of undocumented immigrants traveling from Mexico to the U.S. I worked in northern Mexico just south of the border, doing documentation of abuse that migrants had faced as they were deported ... and providing basic services, like food and water.

It highlighted how difficult that journey is. ... There is a



certain level of humanity that's easy to lose in the digital age. Seeing that experience and the impact that you can have by offering minimal services to people at a difficult time in their lives has informed and fueled my interest in health disparities, social determinants of health, and immigrant and Latino health in general. It's easy to read the news and twitter and see differences between people, but my experience has shown me that we have a lot more in common than separates us.

► PROUDEST MOMENT

Getting my PhD. I did my master's degree in Latin American Studies at UCLA. I ended up studying the health effects of U.S.-backed conflict in Central America in the 1980s and started to take classes in global health and learn a lot about the wide-ranging impacts on health that conflict can have, and cycles of power and power asymmetries conflict can create. I found public health very attractive because it's so interdisciplinary, and the focus is more on prevention and understanding the fundamental causes of disease, not treating illness.

► WHY PUBLIC HEALTH?

I've always found diverse things interesting. Even now – as a PhD when everyone is saying you have to develop a super-specific knowledge base – I am still interested in an incredibly broad range of things because there is so much that influences health. Public health is a good field for that – because we are such a diverse mishmash of researchers and areas of interest, and that reflects all the multilevel complex factors that determine the health of people and populations.

For someone who's inherently curious, the challenge of research and disentangling the many causes of good and bad health is very compelling. I never have the possibility of getting bored with that.

► PROFESSIONAL FOCUS

I've been spending most of my time lately on complex systems research. ... it's this idea that there are many factors that impact our health – and they're not all factors that you can use a randomized control trial to study. It's hard in this complex world in which we live to isolate the effects of x on y – when there are 100 things that

impact my health but they're all related to each other. People's health is affected by the environment, but people also change their environments. So how do you look at that feedback between people and the environment? Or there can be complex processes: maybe what I eat is determined by what my friends and family eat, so there's this social influence.

What if the effects of certain exposure change over time? Or the effect of my neighborhood varies according to my age, how much money I have, my level of education? There are all these processes that are interdependent that operate on multiple levels and that evolve over time. Complex systems methods are one way we can investigate some of the impacts and consequences of this complexity.

► LATEST/CURRENT RESEARCH

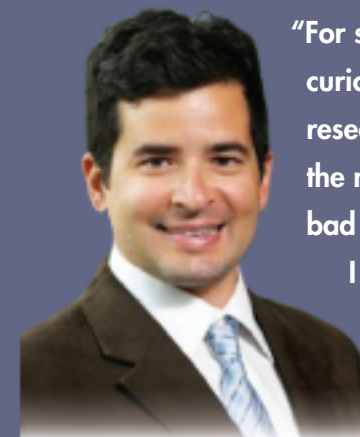
I specifically have done research on individual, environmental and interpersonal factors that impact diet-related chronic diseases, such as diabetes, obesity, cardiovascular disease.

I was using simulation models to understand disparities in what people eat, with an interest in residential segregation. If you look at a map of where blacks, whites, Latinos, and Asians live in Philadelphia it's a fairly segregated city, right? This residential segregation tracks with the food environment. ... If you layer a map of residential segregation over a map of food access, they sort of overlap. Then, because of residential segregation, you also have fairly segregated schools. And then because of residential segregation, and occupational segregation and school segregation, people tend to hang out with people who look like them. ... One of the things I looked at were models trying to disentangle the effects of residential segregation, school segregation and social networks.

One of the things that became apparent is that residential segregation is a key driver of health disparities. If you just got rid of residential segregation, I think that health disparities would disappear. Because segregation is so upstream, it is a fundamental cause of a bunch of different health outcomes.

► ANY SURPRISES?

At UCLA as a student I was part of this big food environment intervention, led by **Alex Ortega, PhD** [chair of Health Management and Policy]. The idea was that people in low-income communities have



"For someone who's inherently curious, the challenge of research and disentangling the many causes of good and bad health is very compelling. I never have the possibility of getting bored with that."

poor access to healthy food, so if we change that they'll have better access and eat better. We did an intervention and improved healthy food availability in three corner stores. It was a scientific design, with comparison stores, patron interviews, etc. ... But at the end of this there wasn't much change in what people ate. That was surprising ... but goes back to these fundamental social causes of disease, such as education, poverty, people's jobs and time use. If you have to work two jobs and have kids and don't have time to make food, then fast food is cheaper and faster than going to the store, buying ingredients and making a healthy meal. ... We're fighting a good battle here but it's somewhat uphill.

► WHAT'S AHEAD FOR PUBLIC HEALTH?

The budget priorities of the new administration suggest that public health is not going to be a federal priority at the level we think that it should be. It's now going to be important that the public health community work with local policy-makers, and that cities prioritize public health and make investments in the health of their populations.

► MY PASSION

I'm very passionate about food and, particularly, cooking. I find that preparing meals can be almost therapeutic, and I love trying new recipes that push my knowledge of food. One of the reasons I like cooking might be that it is different in so many ways from being an academic. I spend a couple of hours cooking, then have a meal. As an academic, so much of what I work on has delayed benefits. I can submit a paper to a journal that might not get accepted right away, or could take several months to get a rejection. Grants are similar – even if they get funded, you might not start the work for a year. Cooking is great because it's a quicker payoff, but is still so stimulating in that you can constantly innovate, learn new things, and challenge yourself.

Dornsife ALUMNI NOTES

School of Public Health

1999

Huong Nghiem-Eilbeck, MD, MPH '99 is currently an OB-GYN at UCLA in obstetrical emergencies. She hopes to be conducting research in the next few years. Nghiem-Eilbeck and her husband are small business owners and proud parents of two: Lana is 2½ and Theo is seven months old.

2003

Jarone Lee, MD, MPH '03 will be the new medical director for the multi-disciplinary ICU at Massachusetts General Hospital/Harvard Medical School. Additionally, his research group has been very active with studying the impact of injury-prevention programs and legislation. The group is also studying ways to decrease ED utilization by patients followed by their specialty practices.

2006

Saiyed Tariq Ali, MD, MPH '06 is serving as the medical and clinical epidemiologist for the chronic diseases section at the Department of Health in Arkansas. He is also an adjunct associate professor for the audiology and speech pathology department for the University of Arkansas Medical Sciences and University of Arkansas at Little Rock. He previously served as the director for the newborn hearing screening department and prior to that was the trauma manager/epidemiologist for the State of Alaska. He designed and implemented the new trauma and EMS surveillance system for Alaska and did the same for the newborn hearing department for Arkansas.

2007

Jill Dinitz-Sklar, MPH '07 is the perinatal Hepatitis B coordinator for the New Jersey State Department of Health, coordinating the program where children born to hepatitis B (HBV) positive mothers are followed from birth through completion of HBV vaccine and subsequently tested for their HBV status. She provides education to investigators and vested partners regarding perinatal transmission of HBV and supports HBV surveillance for the state of New Jersey. In addition, she is currently teaching public health at Mercer County Community College.

Jamilia Sherls, BSN, RN, MPH '07 was promoted to director of health equity at MultiCare Health System, located in Tacoma, WA, in 2016. In this role, she co-directs the system's Center for Healthy Living & Health Equity. She oversees cultural competency staff education and initiatives that address health disparities. She also oversees community programs and services, such as outreach screenings, Nurse Camp and community health needs assessments. She is a Doctor of Nursing Practice student at Thomas Jefferson University concentrating in community systems administration. Last year, her career journey and accomplishments were featured in the Robert Wood Johnson Foundation's New Careers in Nursing Winter 2016 Newsletter. She also received the MultiCare President's Award for a cultural competence organizational assessment that she performed at MultiCare in 2015.

2008

Ruth Morgan, MPH '08 started working for the USDA Food and Nutrition Service Office of Policy Support in June 2016 as a social science research analyst. She is excited to be employing her knowledge of WIC program policy and operations to manage research projects that contribute to improvements in the WIC program. Her office is housed in the same government agency that administers federal food assistance programs and is primarily responsible for evaluating these programs. The agency conducts internal analyses and manage contractors hired to conduct these evaluations.

2009

Heidi Bortner, MPH '09 is manager for medicare policy and research at Health Partners Plans. Health Partners Plans is an innovative health insurance company focusing on Medicaid and Medicare. She is involved with policies and procedures across the company, making sure that each unit is up to date with complete policies and procedures. She also tracks federal regulations and directives as they impact Medicare business operations.

Jillian Baker (Lucas), MPH '09 is an assistant professor in the MPH program at the Thomas Jefferson University College of Population Health. She is continuing her community-based research with African American men and families.

Renee C. Armstead (Hart), MPH '09 works at Sentara Healthcare as a registered dietitian conducting nutrition assessments and providing nutrition education to transplant patients (kidney/pancreas) within all phases of care.

Larissa Rutter (Yeager), PA-C, MPH '09 works for Geisinger Health System as a physician assistant in dermatology.

2010

Christian H. Bijoux, MPH '10 is founder and CEO of The State of Public Health, LLC (<https://thestateofpublichealth.com>). He is leading efforts in centralizing what is known and what works in public health to eliminate the tedium of vast internet searches for credible information. Recently he released *"From Viruses to Violence: Rethinking Public Health Strategies in Response to Political Culture"*—a white paper co-written with fellow Dornsife School of Public Health alumnus **Andrea Nguyen, MPH '10**. The paper argues that structural causes of poor education, poverty, morbidity and mortality need to be addressed or else they will spread like a collective epidemic, jumping from community to community like a virus gaining hold in a susceptible host. They do their best to maintain a positive outlook and enjoy not only the work they are doing but also the process that leads to the final products.

Rebecca Jaffe, MD, MPH, '10 is a medical director at Aledade (<https://www.aledade.com/>). She helps small practices navigate the new value-based transformations happening in health care. She went on a medical service mission in Haiti at the end of February.

2011

Asra Salim (Azam), MPH '11 uses the principles of epidemiology, biostatistics, health education and program evaluation

As the owner/developer of the Allergy Friendly Philadelphia website (allergyphilly.com) **Anna Fry Bechtel, BSN, MPH '12** has created a local guide to allergy-friendly food and fun in Philadelphia, a resource for local families as well as visitors and tourists.

"I have two children with severe allergies and a spouse with allergies, so I wanted to expand my knowledge base, to find businesses that support people with food allergies," says Bechtel, noting that existing resources frequently lacked local information and relied heavily on personal opinions. "I set out to create community and provide a vehicle for communication between businesses and people who need information." The allergyphilly.com website has a map-based search feature, enabling families to find food-allergy friendly activities and places to eat around the city. Bechtel says the newly launched resource has gotten a "great response" and addresses an unmet need: Research has found that one in 13 children under 18 have food allergies, and between 1997-2011, childhood food allergies increased 50 percent, according to the CDC.



Anna Fry Bechtel, BSN, MPH 2012

Allergyphilly.com now features 18 eateries and six allergy-friendly attractions: Next Bechtel will add food trucks with allergy-friendly offerings.

A registered nurse, Bechtel plans to apply her public health knowledge through the website and by offering workshops, and community outreach to low-income families with food allergies. For them, she says, "Food insecurity and the expense of a specialized food diet mean an extra layer of stress."

in her work as an infection preventionist with a team implementing best practices to prevent patients from acquiring infections, especially those related to multi-drug resistant organisms, at Northwestern Memorial Hospital (Chicago, IL). So much of the field of infection control and prevention is driven by health policy. There are few places within a health care setting that do not benefit from infection prevention principles. Consequently, she works with partners in disciplines across the spectrum, impacting areas beyond traditional patient care, such as facilities, construction, food safety and occupational health.

Angus Shieh, MPH '11 recently accepted a position as manager at Instamed, a computer software company focused on health care payments. He is leading strategy growth and execution within product management.

Adrienne Jiles (Bailey), MPH '11 has been working for Holyoke Health Center as a clinical data analyst since September 2014. Her job entails generating reports for the Ryan White HIV/AIDS Program, which provides a comprehensive system of care that includes primary medical care and essential support services for people living with HIV who are uninsured or

Dornsife ALUMNI NOTES

School of Public Health

underinsured. This position has enabled her to improve the Ryan White program by supplying clinical data that drives clinical decisions for patients, thus feeding her secret passion for statistics. She believes that this position is a perfect fit for her due to the passion she has for the health of her community and the education she received at Dornsife School of Public Health.

Heather Stoddard, MD, MPH '11 is working as a resident physician in general

surgery at MedStar Washington Hospital Center. This is a preliminary, one year position and she will be continuing her residency training in anesthesiology at Rutgers-Robert Wood Johnson Medical Center.

Brian D. McCauley, MD, MPH '11 is an internal medicine resident at Alpert Medical School at Brown University working between three major hospitals seeing underserved and uninsured refugee patients in their outpatient clinic. After

completing his MPH at Drexel, he attended medical school as a member of the inaugural class at Cooper Medical School of Rowan University (CMSRU). Upon graduation, he received the Leonard Tow Humanism in Medicine Award and was inducted into the Gold Humanism Honor Society. He received additional awards, such as the Dean's Award for Distinction in Service Learning, the Dean's Award for Excellence in Critical Appraisal, CMSRU Century Award (100+ service hours in one year), CMSRU Surgical Critical Care Award for excellence in surgical critical care and the CMSRU Cooper Heart Institute Award for excellence in cardiology.

Rebecca Haden, MPH 2014

Great timing helped **Rebecca Haden, MPH '14** land at Jumo, an organization that helps children and families learn about health by producing kid-friendly content – graphic novels, videos, games, apps, and more – that explore specific conditions from a youthful point-of-view. Eager for something more patient-focused after an agency position, she stumbled on the Jumo opening while searching LinkedIn.

“As a senior manager on the client services team, I work one-on-one with our clients and manage projects from start to finish, working across a variety of internal and external teams to achieve project goals,” Haden says. “Each day I learn something new about the evolving needs of different patient groups, and get to work in bustling Manhattan with an amazing, tight-knit team of doctors, medical writers, artists, sales leads and digital product managers.”

A recent challenge was to take charge of producing a series of podcasts: “I had very little knowledge of what was involved in creating a podcast, but I contacted the right people, assembled a team and developed a plan,” says Haden. The result: the Jumo Podcast Series is now available on Google Play and iTunes, with two new episodes on managing type 1 diabetes in college, written and narrated by Haden. What's ahead? Haden says she hopes to create episodes for young adults and caregivers on mental health issues and a miniseries focused on autism. Learn more at www.jumohealth.com



2012

Tsz Hin (Stanley) Ng, MPH '12 performs statistical data analysis for various mental health-related research projects for the Henry Jackson Foundation to support the Center for the Study of Traumatic Stress, at the Uniformed Services University of the Health Sciences. One of his projects is an Army Study to Assess Risk and Resilience in Servicemembers, which is a multi-component, multi-million dollar study aiming to understand the risk and resilience factors to mental health and suicidal behaviors in the United States Army.

Shaum Kabadi, MPH '12 is a health economics and outcomes research director for AstraZeneca, a biopharmaceutical company. He is leading health economics and outcomes research studies in chronic kidney disease and lupus in support of the U.S. market.

Monika Michalec (Galecki), MPH '12

She and her husband welcomed a daughter Viktoria on February 22, 2016. She is a research coordinator for Kessler Foundation working in Spinal Cord Injury (SCI) Research and Outcomes and Assessment Research. The goal of her lab is to improve the lives of people with SCI. She is involved in two projects: “Collaboration of Mobility Training (COMIT)” and “Personalized Medicine for Pressure Ulcer Prevention: Clinical Measures of Buttocks Deformation.”

2014

Kate Ogden, MPH '14 is a health policy associate on the Health Care Economics and Advocacy team, a unit within Government Relations/Public Policy at the American Speech-Language-Hearing Association. She serves as a resource to members on billing, coding, reimbursement and practice management issues, and advocates on health care payment policies. She is also team lead for Medicare Advantage (Part C), Tricare and telehealth advocacy.

Chelsey Johnson, MPH '14 is currently in her third year as a medical student at the University of New England College of Osteopathic Medicine. She is unsure what specific speciality she wants to enter into, but is leaning towards general surgery or ICU. She has a teaching fellowship this year that allows her to co-teach the first and second year medical students in Anatomy/Osteopathic Manipulative Medicine and physical exam skills for a year. She continues to use her education in public health during her rural clinical rotations by helping to promote and educate individuals on proper health management. She is

As a research associate at the Value Institute at Christiana Care Health System in Delaware, **Pete Lodato, MPH '15** works on a variety of projects with the Heart and Vascular Service Line, as well as the Department of Patient Safety. His work is dedicated to the development, delivery and evaluation of innovative practice and policy solutions that improve the experience, efficiency and effectiveness of health care for patients and providers.

“The work is really rewarding; no two days are alike,” Lodato says. “You are helping clinicians, giving them the tools to fix issues inherent within the system, which ultimately improves safety for patients.” At Dornsife, Lodato trained with Prof. Jennifer Taylor, PhD, MPH, CPPS on patient safety. He's now being mentored by a Christiana colleague who is a human factors engineer.

His biggest challenge is convincing staff that patient safety requires abandoning the ‘this-is-how-we’ve-always-done-it’ mindset, while also considering the barriers

to safe behavior. “But people are mostly receptive to addressing systems issues and getting away from blame,” Lodato says. “We all have bias but if we remain mindful, the data can guide us.” Pete Lodato is married to Brittney C. Lodato, MPH '14, who works as an administrative director for JDJ Consulting, a consultant pharmacist company. The couple have a seven month old daughter, Quinn.



Pete Lodato, MPH 2015

gratified to be able to help people in multiple ways because of her education at Drexel University.

Brittany Barnes, MPH '14 is a project manager at the Center to Advance Palliative Care (CAPC), a national member-based organization. CAPC provide health organizations (e.g. hospitals health systems and hospices) with training tools and technical assistance to develop, sustain and expand palliative care programs across the country. She is a member of the planning committee for 2017 CAPC National Conference and serves as the subject matter expert for Health Equity/Social Determinants of Health.

Resham Khiani, MPH '14 is a project manager at Presence Health/Presence

Resurrection Medical Center. Her day-to-day work revolves around improving hospital operations and developing strategies to promote growth across various service lines. She assisted with re-developing the center's staffing plan across its transportation services area that led to an improved workflow and turnaround time for patient transport during peak census times. Outside of work, she is an active member and serves as an ambassador for the Chicago Health Executive Forum, which is the local chapter of the American College of Healthcare Executives. She also serves as a mentor/Big Sister through Big Brothers Big Sisters of Metropolitan Chicago. She recently joined the Dornsife Public Health Alumni Network as a volunteer.

Dornsife ALUMNI NOTES

School of Public Health

Nirali Shah, MPH '14 works for Pharmaceutical Product Development Inc. as an associate biostatistician for a contract research organization in the vaccines department.

Rachael Greenberg, MPH '14 is a DrPH student and Teaching Fellow at Boston University School of Public Health.

Amanda Capaci, MPH '14 is currently working in two areas as senior associate at KPMG. The first is to increase patient access and centralized scheduling for physician practices in order to enhance patient satisfaction by decreasing wait times and canceled appointments, increasing physician utilization and optimizing in place technologies. The second is enterprise asset management, which assists an organization in addressing compliance, risk, data technology and governance to align with business imperatives reducing cost.

2015

Nicholas A. Thompson, MPH '15 started as a communications and change enablement analyst and has progressed to a new role as a program management analyst at Jefferson Health. His main priorities are coordination of testing efforts and operational-focused change management. Current projects include finalizing coordination of testing the Epic (electronic health record) system, managing appointment conversion efforts and acting as project manager for all ancillary applications, including lab, cardiology, oncology, pharmacy and radiology. He continues to support

and organize various communications initiatives on the Epic project team.

Caitlin O'Brien, MPH '15 is at the Thomas Scattergood Behavioral Health Foundation, and the bulk of her work consists of providing consultation and technical assistance to communities in Greater Philadelphia and across the nation about how to use a trauma-informed lens in their work. The Scattergood Foundation is a small non-profit grantmaking organization that focuses on advancing innovative strategies to address behavioral health.

Ankit Sutaria, MPH '15 is working as a child health epidemiologist under the Maternal and Child Health / Epidemiology Unit at the Georgia Department of Public Health. He is working on research projects supporting newborn screenings, including the Children 1st Program, a birth defects surveillance system and Critical Congenital Heart Disease screening. He also supports Georgia Perinatal Quality Collaboration initiatives.

Neha Varma, MPH '15 is a statistician at the University of Massachusetts Medical School, working on data management and analyses of various health care research projects ranging from drug trials, manuscripts, abstracts and survey fabrications. Her duties and responsibilities include design and development of database systems, planning data analyses, collaboration on the design of research studies, conducting standard analytical statistical and computer programming procedures, documenting programs, and writing and presenting results of analyses.

Jamile Tellez Lieberman, MPH '15 started her doctoral program at Dornsife School of Public Health this past fall and is beginning to develop her research interests and aspirations for her dissertation work. She is working hands-on with her faculty advisor in the Department of Community Health and Prevention with grant writing and developing research protocols. In the meantime, she is trying to survive her first year, balancing her course load, department work and preparing for the doctoral candidacy exams in June 2017.

Caroline Voyles, MPH '15 is the director of student placement and partnership development at Dornsife School of Public Health. She acts as the liaison between the school and the community in regards to students' practice-based learning experiences. She engages with various practitioners from all sectors of public health to create meaningful opportunities for student learning. Additionally, she's a first-year doctoral student in the DrPH program in the Department of Community Health and Prevention studying LGBTQ health related to physical activity.

Amanda R. Spear, MPH '15 is a doctoral student at the University of Kentucky College of Medicine researching the utility of circulating plasma exosomes as a biomarker for lung cancer. She works as a research assistant at the Markey Cancer Center in the Center for Environmental and Systems Biochemistry. She prepares experiments in the molecular biology lab and analyzes experimental data. Her work environment is a level 2+ lab.

2016

Viren Doshi, MPH '16, JD works as a corporate health care attorney for the Office of General Counsel for the Thomas Jefferson University Health System. He supports the new Board of Trustees by providing legal consultation on several aspects of their authority. Additionally, he has more traditional legal functions such as contract drafting and negotiation, frequently communicating with both the state of Pennsylvania and the federal government, and their health care agencies. He reviews laws and regulations to ensure compliance. He supports the innovation and technology pillar within Jefferson and uses both his JD and MPH in carving a unique path for health care innovation system level change.

Andrea Collins, MPH '16 recently went to work at the University of Pittsburgh as a data manager. She is getting oriented and initially will work on a study involving vaccine effectiveness in children with influenza and gastroenteritis.

Toni Williams, MPH '16 is working for the public hospital system at NYC Health & Hospitals/Harlem. She takes data generated internally and analyzes it for use in quality management/ change management. She also has started to develop Access databases transferring documents to electronic form. A daily task is making much happen for patients with few resources, something she feels totally equipped to do with her education from Dornsife.

As program manager for the Youth Health Equity Leadership Institute (YHELI), **Tara VanDoren, MPH '16** runs an after-school program for a cohort of fifty ninth grade students in Danville, VA. The four-year grant program was created because Danville has the lowest on-time, four-year high school graduation rate in the state – 75 percent – compared to the state average of nearly 90 percent. “These low graduation rates coupled with nearly double the state average in poor overall health, unemployment, poverty, and teen birth make Danville a highly disadvantaged community,” says VanDoren.

Designed with the social determinants of health in mind, the YHELI program aims to boost on-time graduation, which has been proven to reduce poverty, combat chronic disease and positively impact overall population health. By teaching life skills, such as critical thinking, decision making, leadership, time management, financial management and work place readiness the program is dedicated to improving the lives of students, families and the overall community.

VanDoren says the most gratifying aspect of her job is seeing students smile and work together as they did in April, hosting a schoolwide talent show to raise money

for scholarships. “After school can be a challenging time – they just completed a full day of school and there are plenty of other activities, both good and bad, that they could be engaged in,” says VanDoren. “But they choose to come hang out and learn with me, in an effort to take control of their future. Their smiles go a long way with reassuring me that I am helping impact their lives for the better.”



VanDoren, second from right, with students.

Tara VanDoren, MPH 2016

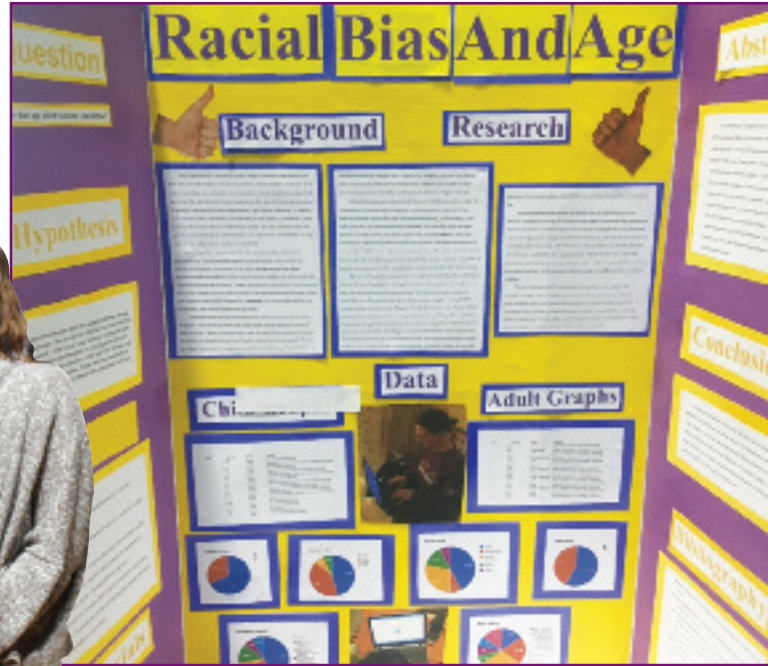
Ellen Ossola, MPH '16 is a clinical quality improvement advisor for Children's Hospital of Philadelphia, working on clinical quality improvement projects.

Diana Thao, MPH '16 is a clinical research coordinator at St. Christopher's Hospital for Children, an academic affiliate of Drexel University College of Medicine. She ensures that studies are in compliance with regulatory standards such as the IRB and FDA. She assists

with clinical trials and national registries at the pediatric hospital. She coordinates several studies in different departments including Neurology, Plastic Surgery, Gastroenterology, Rheumatology and Neonatology. This June, she will be enrolling in the Physician Assistant Program at George Washington University. She's excited to embark on this career path and get back to providing direct care to patients. She hopes to utilize her MPH degree to reduce health disparities in underserved communities.

Dornsife School of Public Health Award presented at Citywide Carver Science Fair

The winner of the first-ever Dornsife School of Public Health Award is **Isabella Ortiz**, an 8th grader at the McCall School. The award, designed to raise awareness of the public health field among high-performing science students in Philadelphia, was presented at the city-wide Carver Science Fair by Associate Dean for Academic and Faculty Affairs Yvonne Michael, ScD, SM. Michael and Jennifer Breaux, DrPh, MPH, selected Ortiz for the award for her poster project, “How Racial Bias Changes with Age.” She received a \$100 Amazon gift certificate and the book *The Spirit Catches You and You Fall Down: A Hmong Child, Her American Doctors, and the Collision of Two Cultures*.



Four MPH Students Receive Inaugural Dana and David Dornsife Scholarships

The first Dana and David Dornsife Scholarships have been awarded to four first-year MPH students who demonstrate exceptional promise in public health. Preference was given to students with strong interest or experience in urban health and health disparities as well as to those from under-represented groups (based on race/ethnicity or economic disadvantage). International students were also eligible.

During the two-year MPH program, each selected student receives a \$17,000 tuition award each year and an \$8,000 annual stipend to work with an DSPH faculty member on a variety of research activities.

The winners are:

Benjamin Borchers North Wales, PA ~ BS, West Chester University
 MPH Concentration: Health Management and Policy
 Faculty Mentor – Jonathan Purtle, DRPH, MPH, MSC

Kathryn Boyle-Steed Minneapolis, MN ~ BA, University of New Hampshire
 MPH Concentration: Epidemiology
 Faculty Mentor – Féllice Lê-Scherban, PhD, MPH

Kelli Kostizak Tuscon, AZ ~ BA, University of Arizona
 MPH Concentration: Community Health and Prevention
 Faculty Mentor – Augusta Villanueva, PhD

Abigail Mudd Baltimore, MD ~ BA, Drexel University
 MPH Concentration: Epidemiology
 Faculty Mentor – Yvonne Michael, SCD, SM

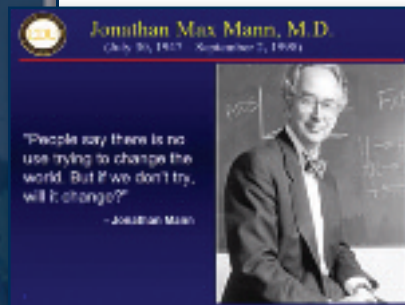
For more information, visit: <http://www.drexel.edu/dornsife/admissions/scholarships-tuition-financial-aid/>
 Prospective students should indicate their interest and fit with this and any other specific endowed scholarship in their personal statement during the application process. They also are encouraged to apply no later than January 15 to be considered for endowed scholarships. Recipients were selected by the Admissions Committee.

DORNSIFE SCHOOL OF PUBLIC HEALTH

AWARDS & SCHOLARSHIPS



Dr. Deborah Prothrow-Stith opened with a favorite quote from Jonathan Mann, founding dean of the Dornsife School of Public Health, whom she’d known when they were colleagues at Harvard’s School of Public Health. Mann’s



words: “People say there is no use trying to change the world. But if we don’t try, will it change?”

“Given the political climate of today, I believe that’s extremely important,” Prothrow-Stith declared. Her writings and career

align with the social justice and equity focus that were central to Mann’s public health philosophy. Interpersonal violence became a concern when she was a resident working the emergency room. “Why are we stitching people up and sending them out?” she asked herself. “Why am I a resident, with no competency in the major cause of injury and death – violence – that confronts me every day?”

Prothrow-Stith went on to help define youth violence as a public health problem. Her 1993 book *Deadly Consequences* [Harper Perennial] was the first to present the concept of violence as a public health challenge to a mass audience. She established the nation’s first office of violence prevention in a state department of public health when she was named the first woman and youngest-ever commissioner of public health for the Commonwealth of Massachusetts by Governor Michael Dukakis in 1987.

Today, Prothrow-Stith is Dean and Professor of Medicine at the Charles R. Drew University of Medicine and Science’s College of Medicine in Los Angeles. She’s received 10 honorary degrees and was a driving force in developing the Boston Model, an anti-violence coalition of leaders in government, education, health, law enforcement, religion, business and civic life that garnered remarkable results: Homicides declined to zero for about four years in the 1980s among youth 16 and younger who had been dying at the rate of one per month in the city.

Based on Boston and similar successes nationally, Prothrow-Stith says that “we have a problem we don’t have to have.” She offered a short list of solutions:

- **Develop partnerships – and get the right people at the table from the start**, including people (especially young people) in the community who are actively preventing violence right now. Listen carefully and understand their strategies.
- **Work with the families and parents.** An enfranchised family can do more than a clinician or intervention. On the flip side families can be a part of the problem when abuse, neglect and exposure to family violence are issues.
- **Implement Big Brothers/Big Sisters mentoring.** Extended family, neighbors and friends can provide crucial support.
- **Support a critical mass of street youth outreach workers**, people from the community who’ve successfully finished high school, stayed out of jail or managed not to go back.

Prothrow-Stith also advocates a positive proactive approach: She calls for developing assets in young people, “not just measuring ACEs” – adverse childhood experiences.

“We measure and label a lot: It’s the ‘what to do about it’ that’s often the most challenging,” says Prothrow-Stith. “We know what we have to do – and we need to do it consistently and at a scale that can affect a large number of people.”

Urban Health Collaborative

Applying Data, Building Evidence and Finding Answers to the **HEALTH CHALLENGES OF**

CITY LIFE

Sitting in her backyard in Ann Arbor, MI, as she considered the opportunity to come to Drexel University's school of public health as dean, Ana V. Diez Roux had an idea:

Why not create a platform to synergize and expand urban health work at Drexel?

The concept fit beautifully with the school's history and aspirations, and Drexel's commitment to becoming the "most civically engaged urban university," and it aligned with her academic interests. She got excited. "It seemed to me that there was a real opportunity to build something that was unique, with a focus not only on research but also on policy translation and community engagement," Diez Roux recalls, "leveraging this school's very special practice and community engagement history."

A few months later, Diez Roux was dean of the School of Public Health and her idea was gaining support: The provost [then Mark Greenberg] liked it, and so did philanthropists Dana and David Dornsife. In record time, the Drexel Urban Health Collaborative (UHC) morphed from idea to a pioneering center - with funding from the Dornsifes' transformative \$45 million naming gift to the Dornsife School of Public Health announced in September 2015.

Within a year, the UHC had established an organizational structure, hired six staff, awarded six pilot grants, and named two postdoctoral fellows and three inaugural UHC doctoral fellows.

UHC activities are led by faculty in three core areas:

RESEARCH AND DATA

James Buehler, MD
Clinical Professor of Health Management and Policy

Amy Auchincloss, PhD, MPH
Associate Professor of Epidemiology and Biostatistics

TRAINING

Félice Lê-Scherban, PhD, MPH
Assistant Professor of Epidemiology and Biostatistics

Yvonne Michael, ScD, SM
Associate Professor of Epidemiology and Biostatistics

POLICY AND COMMUNITY ENGAGEMENT

Amy Carroll-Scott, PhD, MPH
Assistant Professor of Community Health and Prevention

Jennifer Kolker, MPH
Associate Clinical Professor of Health Management and Policy

ADMINISTRATION

The Dean served as Director, assisted by program manager Katie Livengood.

Just a few months later, **Gina Lovasi, PhD, MPH** became co-director of the Urban Health Collaborative when she was selected as the first Dornsife Associate Professor of Urban Health in 2016.



Other staff include statistician Kari Moore, MS; Steve Melly, MS, MA, a Geographic Information System (GIS) analyst; business manager Autumn Ciarrocchi; outreach and training manager Amy Confair, MPH; project assistant Seraphina Ferraro, and Claire Slesinski, MSPH, project manager for the Wellcome Trust *Our Planet, Our Health* grant.

Twenty-one faculty from throughout the university have joined the UHC as faculty affiliates. Leah Schinasi, PhD, and Alex Quistberg, PhD, MPH, came aboard as research faculty in late 2016 and early 2017.

This summer, John Rich, MD, MPH, professor of health management and policy, and UHC Doctoral Fellow Samantha Joseph, MPH, will join UHC Steering Committee, which provides input on the strategic direction of the collaborative.

In the fall of 2015, the UHC convened the first Drexel Urban Health Symposium, which brought together over 300 participants from the U.S. and abroad. The symposium also convened the inaugural meeting of what became the Urban Health Network for Latin America and the Caribbean (*learn more at <http://lacurbanhealth.net> and see related story on page 22.*) The UHC has hosted an array of presentations to expand its visibility within and outside of the university, with an Invited Speaker Series, which brings outstanding researchers to Dornsife to talk about innovative work to improve urban health in the United States and abroad. A recent guest was Jason Corburn, PhD, MCP, of UC Berkeley's Institute of Urban and Regional Development. His lecture, "Cities for Life: Transforming Urban Institutions for Health Equity," was a whirlwind tour of what it takes to improve the health status of the poor: stateside, in Richmond, CA, and globally – from Medillin, Colombia, to Nairobi, Kenya.



Jason Corburn, PhD, MCP of UC Berkeley's Institute of Urban and Regional Development

The UHC has incentivized research on urban health through a pilot award program. Six pilots were funded in 2016 and five new awards will be made this summer. A research seminar series provides an opportunity for pilot awardees and UHC faculty and trainees to share works in progress and brainstorm new ideas.

Training is an important component of UHC activities. In the summer of 2016 the UHC launched its first Summer Institute in Urban Health, which provides short courses in urban health research methods. The new UHC doctoral fellows program which provides full funding for doctoral studies across all school departments, attracts the best and brightest students who are committed to improving health in cities. The UHC has also provided funding for urban health-themed practicums for Masters students. This year the UHC is offering Masters

Fellows awards, which support masters students who work with a faculty mentor on an urban health project.

In addition to research and training activities, the UHC is actively committed to working with policy makers and community partners. Data and Community briefs produced by the UHC highlight key public health issues for the city and its neighbors. In April 2017, the UHC was selected to represent the City of Philadelphia in the National Neighborhood Indicators Project (NNIP) led by the Urban Institute in Washington, D.C.

Since its inception, the UHC has received over \$4 million in external grants from NIH, foundations and other sources. Recent awards include a project on using environmental data linked to electronic health records for pediatric research, and a project evaluating perceptions and approaches to health equity among city officials. The UHC also has received a major, multinational grant from the Wellcome Trust, and UHC faculty and students will be involved in the \$30 million West Philadelphia Promise Zone project. *Learn more about these and other UHC-related research projects in Faculty Focus [pages 22-26] and online at www.drexel.edu/Dornsife/UrbanHealthCollaborative.*

THE DREXEL URBAN HEALTH COLLABORATIVE AT THE DORNSIFE SCHOOL OF PUBLIC HEALTH works to improve health in cities by increasing scientific knowledge and public awareness of health and health variation within cities, and by promoting urban policies and partnerships that advance health and reduce health inequalities.

The **goals of the UHC** are:

- to **describe health variation in cities** and **conduct research** on the drivers of population health and health inequalities in cities;
- to **identify and evaluate policies** to improve health in cities; and
- to **engage with communities and policy makers** to disseminate information, promote public awareness, and catalyze action to **build healthy cities**.

FINDING A HOME FOR RESEARCH ON CITIES AND EQUITY



When she completed her doctorate at Harvard in 2014, **Sharrelle Barber, ScD, MPH** jumped at the opportunity to do post-doctoral work with Dean Diez Roux before the Urban Health Collaborative existed. “I came because Ana is a leader and influential researcher on neighborhoods and health, and because I could continue my work from Harvard,” which had focused on the Jackson Heart Health study, connecting cardiovascular disease risk to neighborhood segregation.

“I think the Urban Health Collaborative is amazing,” says Barber, “because it is bringing together resources: data on neighborhood factors and health data – with an eye on community engagement and changing policy.

“It’s a unique place to be right now as we are beginning to think about building healthier and more equitable communities,” she adds, noting that people have been talking about the influence of neighborhoods on health in general for over a decade. What’s exciting now to Barber is the chance to explore a big question: *What do we do to improve health in neighborhoods and promote health equity?*

With UHC support, Barber spent last summer exploring the intersection between “race, place and health” in Brazilian cities, which are highly segregated by race and income. She will present her findings at the 50th anniversary meeting of the Society for Epidemiologic Research in Seattle June 19-23.

Meanwhile, Barber has more research questions to explore. “Gentrification is happening – and I want to know how we can think about development in an equitable way, to make sure those who would benefit most from positive changes get the opportunity to do so,” she says. “You want affordable housing, good education and transportation and so on – so why can’t we make it so people can benefit without moving them out?”



PARTING FROM THE CLASS OF SHOTS 2017

We asked for their takeaways: what they learned, how they changed ... and for one word to describe their DornsifeSPH experience

Nneoma Njoku, BS

The Dornsife School of Public Health is an inspiring place to learn. When you are constantly surrounded by positive attitudes and passion, it is easy for some of that spirit to rub off on you. ~ **I learned that public health is the future.** It encompasses everything we do and it is embedded in the fabric of our society. ~ And I can’t wait to use my knowledge to teach others about it so that our field can rise to the forefront of the American health care system. ~ I came to Drexel as a transfer student who had already switched majors twice and was growing increasingly frustrated at my inability to find my niche. As I prepare to graduate, for the first time in my life I am confident in the direction I am headed in and I finally feel that I am where I was meant to end up.



Enriching

Manasvi Shah, MD, MPH

I would not trade this for anything. I was a practicing physician and I love the opportunities I got here, to express myself, interacting in class. The more I communicate the more I develop personally and professionally. **Not just textbook.** Learning in real time. ~ It’s defining for me. I thought that I was inclined toward infectious diseases, but now I am not as narrow in my thinking as a clinician, I can look at housing and health. ~ Don’t limit yourself, if you think you don’t want to do something, give it a shot. ~ I feel confident. No matter what job I get, the skills I learned I will be able to pull through and apply all of it to the next job. I will be able to learn and carry forward. I feel empowered.



Empowered

Sana Imam, MPH

Grad school was the first time for me stepping into the real world. At Dornsife, we have a diverse set of resources and there are people here who can help you achieve your goals. ~ I will remember the professors, the wealth of experience they brought into the classroom. ~ It was not only an honor but a privilege to apply the classroom concepts ... to **see how theory becomes practice to change someone’s life** ... I saw that last summer in Zimbabwe. Drexel has so many options to do so many things, it can be overwhelming!



Abundant

Lan VanDe Hei, BS

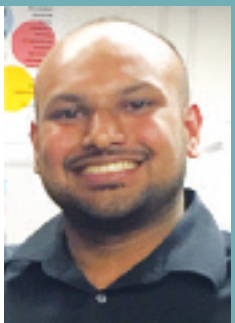
I’ve learned a holistic approach to addressing and thinking critically about issues within the field of public health. ~ Being at Dornsife in the School of Public Health has strengthened my **passion for health equity and making a difference.** ~ I have grown in terms of my critical thinking skills and leadership abilities.



Versatile

Anup Abraham, MPH

The Dornsife experience led to so many different opportunities: I was part of the Student Government Organization, joined the inaugural class of FIRE Fellows, connected with various teachers on projects and was even a teaching assistant. ~ I have learned to really make every day valuable. Someone you meet or something new you learn can help you in the long run. ~ I truly have found my **passion for using data to help solve problems and help with people’s lives.**



Collaboration



GENEVIEVE ADAIR
Environmental and Occupational Health, MPH '17

*Finding Focus
 by Exploring
 Possibilities*

Genevieve Adair came to Drexel as a biology major, with plans to “become a doctor and save the world.” But she didn’t like biology, so she joined a public health brigade to build latrines for poor families abroad. “I realized there was so much I could do on that level to help

people and improve health and overall well-being,” Adair says.

From there, she completed undergrad studies at East Stroudsburg, then returned to Dornsife with an interest in bioterrorism preparedness. She tried epidemiology before connecting with Professor Esther Chernak, MD, MPH, FACP, and the Dornsife Center for Public Health Readiness and Communications, and settled on an Environmental and Occupational Health concentration.

Adair has developed GIS mapping skills, which she’s using to do spatial analysis as a Fellow in the Firefighter Injury Research and Safety Trends (FIRST) program, managed by Professor Jennifer Taylor, PhD, MPH, CPPS.

For her Community Based Masters Project, Adair is conducting a spatial analysis of fire dispatch data, aiming to identify clusters of call areas, environmental factors driving high call volume, and what intervention could

lessen the burden placed on medical dispatch and first responders. She hopes to work in emergency management or public health preparedness after graduation.

Adair’s advice to prospective students is not to limit yourself. “I had this set idea of where I wanted to go, but if I’d stuck with that mindset, I wouldn’t have had all the opportunities I’ve had,” she says.



DANIEL KINDER
Community Health and Prevention, MPH '17

*Riding the
 Experiential
 Learning Curve*

When Daniel Kinder started his practicum placement in community health and prevention last summer at the Children’s Hospital of Philadelphia (CHOP), he dove right into the work at the new Community Health and Literacy Center in South Philadelphia, the first in the nation to provide children and adults with comprehensive health services

alongside a full range of literacy and recreational programming.

Through a public-private partnership, the Children’s Hospital of Philadelphia, the City of Philadelphia and the Philadelphia Free Library opened the Community Health and Literacy Center, where residents can access pediatric care, a branch of the Free Library of Philadelphia, plus a city recreation center and health center.

For his practicum, Kinder helped to develop an evaluation strategy for the

Center. His work was awarded funding by the Mid-Atlantic Regional Public Health Training Center, which has a local performance site at DornsifeSPH.

Now in year two of the MPH program, Kinder is building his Community-Based Master’s Project around his work at CHOP, conducting a needs assessment and gathering baseline community feedback for the evaluation of the Center. “You learn to think about the smaller things, and making people feel that they have a say in what goes on,” he says.

Kinder adds that the experiential learning approach has enriched his efforts. “By combining real world and classroom learning, you get to apply your skills and see where your strength and weaknesses are, then build from there, working with a faculty member or advisor,” he says.

After graduation, Kinder aspires to continue working at the center. “It’s a public health practitioner’s dream: You have so much access working with four groups. It’s an opportunity.”



LA TIANNA RIDGELL, BSN, RN
Community Health and Prevention, MPH '17

*Preconception
 Peer Educators:
 Promoting Student
 Engagement and
 Well-being*

As a registered nurse, LaTianna Ridgell says she had noticed “that issues I saw in the hospital couldn’t be solved with a medical approach, so I started looking for something more population-focused, which led me to public health.”

Dornsife attracted her interest, she says, “because of its focus on social

justice as a component of public health.” In her first year, Ridgell joined Preconception Peer Educators (PPE), which aligns with her Maternal and Child Health focus and interest in reproductive health advocacy. This year as PPE president, she’s led group activities – such as a teddy bear quilt display, illustrating the magnitude of the infant mortality problem – and disseminated information through discussions and film screenings that students should know before they become parents.

“At a recent meeting I asked members for feedback on how the group has served them,” she says. “They responded that without the group they wouldn’t have been as engaged at school. I’m pleased that they plan to carry the work forward next year.”

Ridgell works with the Camden Coalition of Health Care Providers, helping to explore care coordination barriers among their pediatric patients with medically complex conditions.



“The coalition has done excellent work reducing costs with adults – and now they’ll focus on children,” she says.

Fulbright Award to Drexel Dornsife Alumna

Wen-kuni Ceant, MPH '16 has been awarded a Fulbright grant by the U.S. Department of State and the J. William Fulbright Foreign Scholarship Board. The award will enable Ceant to evaluate a new health care prepayment system with experts in Senegal, with the goal of facilitating greater access and better care for patients. “This grant will allow me to integrate public health and medicine in an effort to eradicate health disparities both domestically and abroad,” said Ceant, who was student speaker at Drexel Dornsife’s graduation ceremony last spring. Fulbright award recipients are selected based on academic and professional achievement, as well service and demonstrated leadership in their respective fields.



APHA Officially Adopts Transgender Health Policy Authored by Drexel Students

A policy written last year by three Drexel Dornsife students, **Kara Fisher MPH '16**, **Samantha Weckesser, MPH '17**, and **Rosie Mae Henson, MPH '16**, has been officially adopted by the American Public Health Association. The policy advocates for transgender rights as fundamental to public health and is the first APHA policy linking transgender rights and health. The students were frustrated by issues of discrimination and stigma facing the transgender community, and how those issues are legalized or otherwise legitimized through policies and systems. “We noticed that transgender discrimination and health were not addressed by APHA, and decided to write the policy to fill that gap,” said Henson. The APHA policy development process, which includes peer review, multiple revisions and a comment period, took just over a year to complete. In November, APHA’s governing council voted 91 percent in favor of the policy, which becomes the official stance of the organization.

Awards HONORS & Kudos *Student and Alumni Achievements*

Dornsife Doctoral Alumna Earns Public Health Workforce Development Fellowship

Purni Abeysekara, DrPH '16, MPH learned she’d been accepted for a fellowship supported by the Association of Schools and Programs of Public Health (ASPPH) and the U.S. Centers for Disease Control and Prevention (CDC) two days before she presented her Maternal and Child Health-focused doctoral dissertation defense in December. In February, Abeysekara moved to Atlanta to begin her new fellowship assignment in the CDC’s Center for Epidemiology, Laboratory and Surveillance within the Division of Scientific Education and Professional Development. Her team works with other units to develop and train new public health professionals, focusing on public health workforce development, as well as succession plans in preparation for a large number of workforce members who are set to retire soon. “My mentor here is very open to hearing about what I want to learn and providing resources to do that,” she said. “It’s similar to my experience at Drexel – there are always people there to help you. Don’t be afraid to ask for help.”



Dornsife Alumni & Friends SCHOLARSHIP FUND

Our mission to improve population health and eliminate health disparities all over the world begins with the ability to attract and support exceptional students who might not otherwise attend Drexel University – or even have access to higher education at all.

Gifts from our alumni and friends to the new Dornsife Alumni & Friends Scholarship Fund will enable us to educate generations of the best and brightest public health specialists, who will in turn advance our common research, education and service missions.

Please consider making a gift today.

Visit:
<http://drexel.edu/dornsife/about/make-a-gift/>

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UP NEXT AT



DREXEL UNIVERSITY
Dornsife
School of Public Health

Urban Health Summer Institute

**REGISTER FOR 2017
JUNE 26 – 30**

There's still time to register for the 2017 Urban Health Summer Institute! This year's courses include:

• Introduction to Multilevel Analysis for Urban Health Research

*Instructors: Ana Diez Roux, MD, PhD, MPH
Dean, Dornsife School of Public Health*

Félice Lê-Scherban, PhD, MPH

*Asst. Professor, Epidemiology and Biostatistics
Dornsife School of Public Health*

• Health Impact Assessments and Applied Public Health Research

Instructors: Amy Hillier, PhD, MSW

*Associate Professor, Department of City and Regional Planning
University of Pennsylvania*

Clint Randall, MCP

Research Analyst, JLL

• Introduction to Bayesian Analysis for Public and Urban Health

Instructor: Harrison Quick, PhD

*Asst. Professor, Epidemiology and Biostatistics
Dornsife School of Public Health*

For course details and registration information, visit www.drexel.edu/urbanhealthsummerinstitute

Summer Study Abroad 2017

**CUBA, SENEGAL,
THE GAMBIA**

The Dornsife Office of Global Health in partnership with the Drexel Office of International Programs will launch an inaugural Medical Spanish and Community Health immersion course in Cuba, in conjunction with CIVITAS Global Education Services and the University of Cienfuegos. This historic 2-week program, the first of its kind for U.S. institutions in Cienfuegos, will take place from July 9-23, 2017.

We also will be continuing our transformational faculty-led intensive field courses abroad: the Community Health and Environment (CHE) program in Cuba, and the Maternal and Child Health (MCH) experience in Senegal and The Gambia.

For more information on participating in these or similar international experiences, please contact Assistant Director of Global Programs Idris Robinson at idris@drexel.edu.

PLEASE TALK BACK!

Send your comments on the magazine to DornsifeSPHMagazine@drexel.edu

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DORNSIFE^{SPH} MAGAZINE

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REGISTER TODAY



REIMAGINING HEALTH IN CITIES: FROM LOCAL TO GLOBAL

*An international symposium hosted by
the Drexel Urban Health Collaborative
at the Dornsife School of Public Health*

The symposium will bring together researchers, practitioners and policy makers focused on health in cities across the United States and worldwide, to energize work on urban places and health, generate novel ideas for research, and stimulate debate on policy implications. We particularly welcome participants who can enrich the discussion with diverse perspectives based on different career stages, sectors, and geographic areas.

**THURSDAY
AND FRIDAY
SEPT. 7-8
2017**

Topics Include:

- Health Challenges Facing Cities in the US and Globally
- Perspectives of Urban Health Leaders
- Novel Uses of Data in Urban Health Research and Action
- Learning What Works from Policy Evaluation and Natural Experiments
- Environmental Justice, Gentrification, and Health
- Community Partnerships for Urban Health Action



Registration and poster abstract submission now open. Space is limited and advance registration required. Early bird registration ends July 1. drexel.edu/dornsife/urbanhealthsymposium



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