Facing this Challenge

As COVID-19 continues to disrupt global health, Dornsife remains focused and committed to being part of a meaningful and effective response.
During the last two weeks of March, shortly after stay-at-home orders were issued, noted Philadelphia photographer Jeff Fusco (safely) visited campus and traveled around the city to see what was going on.

From University City campus to neighboring West Philadelphia to Citizens Bank Park to Chinatown, here’s what the city of Philadelphia looked like.

-Alissa Falcone

Members of the Dornsife School of Public Health faculty and staff assisted in the planning of a COVID-19 drive-thru testing facility at Citizens Bank Park in South Philadelphia. Several students and faculty also volunteered at the site, which served vulnerable individuals over the age of 50.
As the pandemic evolved and Drexel University shut its doors in early spring, 33rd and Market, an intersection typically bustling with students, staff, faculty, and community members, is seen empty.

A lone pedestrian crosses at 34th and Market, another intersection previously packed with people and food trucks.
Neighboring Drexel University, 30th Street Station, which houses the third-busiest Amtrak station in the U.S., is photographed with very few commuters and travelers.
The last eight months have been frightening, remarkable, revealing, discouraging, and motivating all at once.

The world has faced a pandemic, something that public health experts have been talking about and even preparing for a long time, and yet I venture to guess that few expected that it would actually happen in our lifetimes. As cases and deaths increased in different places and at different times, we struggled (and still struggle) to get the right data and to leverage the public health infrastructure to choose the right policies and evaluate their impacts. Epidemiology has become an everyday word, and epidemiologic concepts are discussed at length in the press, but at the same time we have seen science being questioned and manipulated for political gain.

The pandemic has already killed over a million people worldwide, and this number is likely an underestimate and will continue to increase. Many more have been hospitalized with severe disease. Many millions, especially the poor across the globe, have suffered the dire consequences not only of the infection itself but also the loss of their livelihoods. And yet in the midst of all this glimmers of hope have emerged. In a remarkable show of collective response to protect population health, activities across the world shut down to prevent transmission; societies came together to provide payments for those left without jobs; public health infrastructure expanded to encompass work on COVID-19 and especially inequities in COVID-19. Our faculty, staff and students have continued to support our health department and community groups all over Philadelphia as they deal with the many implications of the pandemic. We have come together building on Dornsife’s historical commitment to health as a human right and to diversity and inclusion to develop and implement an anti-racism action plan and support the vital scholarship, training and advocacy that we need to advance an anti-racist agenda.

In the midst of all this universities like ours struggled to identify the best path forward on issues ranging from the practical and mundane to the transformative: Should students return to campus? How can masking be enforced? Is periodic testing feasible and useful? How can we begin to dismantle structures that reinforce social injustice and be fully anti-racist in our practices and policies? There is much uncertainty and we are only at the beginning of what will be a long and difficult path. But what I have seen in our students, in our staff and in our faculty over the course of these last eight months gives me hope. I know that after reading these pages you will agree.
Number of Philly-based artists featured in this redesign issue

For the inaugural issue of the redesigned Dornsife SPH Magazine, we collaborated with several local artists, including award-winning illustrator Jon Krause, to help bring these pages to life. “I was incredibly excited to be asked to collaborate on the relaunch of Dornsife SPH Magazine. It’s always an honor to illustrate for one of my hometown/city 6 schools, especially considering the importance of the subject matter being covered,” Krause said.

COVER STORY

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Through service, outreach, research, and advocacy, Dornsife faculty, staff, and students are taking unprecedented action amid the coronavirus pandemic.

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In October 2019, the Dornsife School of Public Health, through its Urban Health Collaborative (UHC), joined in a new partnership with the Big Cities Health Coalition (BCHC) to support the Coalition’s vision of healthy, more equitable cities through big city innovation and leadership.

A powerful voice for public health departments in the nations largest, most urban cities, this new partnership with UHC is advancing BCHC’s work by bringing faculty, expertise, and resources in policy, planning, and evaluation, as well as data knowledge and infrastructure. Most importantly, the partnership is enhancing and supporting BCHC’s strong commitment to evidence-based urban health practice.

For the UHC, the partnership is an opportunity to advance its commitment to urban health locally and globally, leveraging the School’s historic expertise in public health practice in urban settings. “This partnership is at the core of the UHC’s mission and commitment to research, training, and policy translation in urban health, locally and globally,” said Jennifer Kolker, MPH, clinical professor in the department of Health Management and Policy, associate dean for public health practice and external relations, and co-lead of the UHC’s Policy and Community Engagement Core. “Through this partnership, BCHC and UHC will enhance their ability to meet their shared vision of improving the health of people living in our nation’s largest cities.”

Shortly after this partnership began, cities around the world were faced with the COVID-19 pandemic. Stay-at-home orders were issued for almost all large cities, and residents began to face the loss of not only life, but livelihoods as well. Despite the many challenges of implementing stay-at-home orders, they proved to be extremely crucial in slowing the spread of COVID-19.

With the BCHC, estimates were released in March that showed that early actions by its members, leaders from America’s largest metropolitan health departments, to get the public to stay home led to an estimated 2.1 million hospitalizations avoided and more than 200,000 lives saved.

These projections were covered widely by the media nationally at a time when stay-at-home order fatigue was felt by the public. “Some communities struggle with seeing the value of staying at home. And it is a privilege to be able to stay at home and not work, or work remotely,” said Amy Carroll-Scott, PhD, MPH, assistant professor in the department of Global Health and Community Health and Prevention at Dornsife.

“These estimates, based on 45-day stay-at-home orders, were calculated by the UHC using a model published by The New York Times. Another way that the UHC is harnessing the power of data is by creating a platform that tracks COVID-19 outcomes and inequalities across major cities. Funding from the Robert Wood Johnson Foundation has enabled the development of this data platform that will provide timely comparisons of key COVID-19 indicators, as well as indicators of inequities in health outcomes, across BCHC cities over time.”

While similar platforms exist at the state and county level, this platform will be the first city-level platform which enables city health officials, policymakers, and other partners to analyze data within and across large cities in the United States.

“Through this partnership, BCHC and UHC will enhance their ability to meet their shared vision of improving the health of people living in our nation’s largest cities.”
In May 2021, the Pan American Health Organization (PAHO) and the Dornsife School of Public Health established a formal agreement to collaborate on efforts to promote urban health throughout Latin America.

The agreement facilitates ongoing collaboration between the Salud Urbana en América Latina ("Urban Health in Latin America") or SALURBAL project, led by the Urban Health Collaborative at Dornsife, and the Health Promotion and Social Determinants Unit at the Regional office of PAHO/WHO in Washington, D.C.

With the joint goal of promoting urban health, the two groups will continue efforts to coordinate research and policy priorities, leverage regional contacts and engagement opportunities through policy processes, and identify ways to improve the capacities of the local governments throughout the region.

The teams have worked together on multiple initiatives in recent years. PAHO representatives have played a key role in providing feedback and insights about the SALURBAL research project and relevance for local actors throughout the region.

This year, the event included seven different courses from June 22-26, 2020. From introduction courses in urban health research to pivoting to the challenges of the pandemic, a range of courses offered attendees the opportunity to gain skills in tools, evaluation, and data analysis methods for public and urban health research.

In the exit survey and social media posts, participants remarked on just how much they learned from these condensed courses. Participants appreciated that it was offered online and that the content from the courses was very useful for their daily work. They thought that the courses were helpful and that the instructors were knowledgeable and engaging.

Participants remarked upon how they will use the skills that they learned in their research and on the job to improve their programs and bring new perspective to their work.
“An increasing majority of the human population resides in urban areas, and residents are affected in multiple ways by these settings. Our lives and our health are shaped by the design of buildings and transportation systems, access to improved sanitation and early childhood education, the availability of food stores and recreational spaces, and by a wide range of local policies from housing to health care access. Urban health can be conceptualized as an object, a goal, and an area of scholarship and practice.”
In late 2019, a Dornsife School of Public Health study found wide-ranging differences in life span in six major Latin American cities. The findings — which may be the first to give comprehensive, standardized data about life expectancy at birth within small areas of the cities — help researchers pinpoint what forces are linked to these disparities and what lessons can be learned by Philadelphia and other cities experiencing similar issues.

The findings, published in The Lancet Planetary Health from researchers at the Salud Urbana en América Latina (SALURBAL), or Urban Health in Latin America project at Drexel University’s Dornsife School of Public Health, are the latest among growing efforts by the group to evaluate how environment and public policies influence the health of the 80 percent of Latin Americans who reside in cities.

The team looked at six Latin American cities that are collectively home to more than 60 million people — Buenos Aires, Argentina; Belo Horizonte, Brazil; Santiago, Chile; San Jose, Costa Rica; Mexico City, Mexico; and Panama City in Panama — and found broad contrasts in life expectancy when comparing specific areas located within these six metropolitan locations.

The researchers mined each country’s census and vital registration data for stats on socioeconomic status measures, death rates, gender and other population metrics, and did the heavy lifting of standardizing the data for all areas that make up these cities. The researchers then calculated life expectancy at birth by gender for each of the areas in the six locations.

The group found higher differences in life expectancy at birth within cities than among cities. For example, the largest difference was found within Panama City, where residents of the areas with the highest life expectancy live 18 years longer, on average, than residents of areas with the lowest life expectancy. Meanwhile the difference between the city with the highest overall life expectancy (Panama City) and the lowest life expectancy (Mexico City) was much lower — seven years for men and 11 for women.

What lessons can Philadelphia learn from inequality observed in Latin American cities?
By comprehensively studying life expectancy in these areas, the researchers uncovered some of the earliest data used in pinpointing the determinants, or factors, that influence health for residents. “These stark differences in health across neighborhoods arise from differences in social circumstances and physical environments that can be addressed through policy,” said SALURBL, principal investigator. V. Duc Raun, MD, PhD, dean and distinguished university professor of epidemiology at Dornsife. “They highlight how health is affected by much more than health care.”

Action to fix disproportionate wealth and improve population health cannot begin without data. In a strategic plan published in October 2019, the Pan American Health Organization acknowledged that equity is “at the heart of health,” but progress is limited by a “lack of consistent disaggregated data to track and reveal disparities.”

“Health is affected by much more than health care,” according to Satoshi Kaneko, MD, PhD, dean and distinguished university professor of epidemiology at Dornsife. “We need to better understand how health is impacted by many factors, including social determinants and physical environments that impact the health of the population.”

The Global Fund
In 2017, the Global Fund against HIV/AIDS, Tuberculosis (TB), and malaria launched an initiative called Breaking Down Barriers (BDB), with the aim of strengthening communities and scaling up programs to remove human rights-related barriers to HIV, TB, and malaria services and expand access, uptake, and retention in prevention and treatment services in 20 countries.

The initiative funds programs that address stigma and discrimination, train health care providers on human rights and medical ethics, send human rights defenders, and work with lawmakers. The goal of the initiative is to scale up and accelerate implementation of the Human Rights Framework globally.

The United Nations International Children’s Emergency Fund (UNICEF), in collaboration with the United Nations Fund for Population Activities (UNFPA) and the United Nations International Children’s Emergency Fund (UNICEF), in consultation with experts around the world. According to UNICEF, an estimated 5 million girls in various parts of Africa, the Middle East, and Asia continue to be subjected to FGM and 200 million girls and women worldwide have been affected by FGM. UNICEF and other organizations in the field estimate that 1 in 3 women worldwide have experienced FGM.

“Health and human rights organizations throughout the world enable the School to maximize impact,” said Jonathan Mann, MD, MPH, dean and distinguished university professor of epidemiology at Dornsife. “They highlight how health is affected by much more than health care.”

Continued Legacy

New Health and Human Rights Journal Partnership

To the world, Jonathan Mann, MD, MPH, was the first head of HIV programs at the World Health Organization and an international champion of human rights. To the grateful faculty, staff, students, and friends of the Dornsife School of Public Health, he is also fondly remembered as the founding dean.

A visionary scholar, advocate, and scientist, the hallmark of Mann’s career was the degree to which he highlighted and advanced knowledge about the critical link between public health and human rights in the United States and around the world.

On Human Rights’ Day, December 10, 2019, Dornsife announced yet another result of Mann’s valuable legacy – a new relationship with the Health and Human Rights Journal (HHR), a publication of the François-Xavier Bagnoud (FXB) Center for Health and Human Rights (where Mann was the first director) at the Harvard T.H. Chan School of Public Health and Dornsife.

“Toward the twenty-fifth year of the publication of the Health and Human Rights Journal, it is fitting that the FXB Center and Dornsife are announcing this partnership,” said Joe Amon, PhD, MPH, clinical professor and director of the Office of Global Health at Dornsife. “The Health and Human Rights Journal, from its start, helped to advance scholarship on the right to health and to examine how health rights can be operationalized and how they can promote accountability. I am looking forward to a close partnership with the FXB Center and the opportunity to be a part of the next phase of the Journal’s history.”

This partnership not only celebrates the shared history of the two schools, but it also is an opportunity for both institutions to communicate, through the journal, to have important discussions about health and human rights, while furthering Mann’s original mission for the journal.

The Dornsife School of Public Health is dedicated to strengthening public health systems and the public health workforce not only locally, but also globally. Through its Office of Global Health, Dornsife works closely with ministries of health, NGOs, academic institutions and low- and middle-income country partners to develop mutually beneficial capacity building, training, and research collaborations in regions such as Asia, Africa, Europe, Latin America, and the Caribbean Islands.

Strengthening partnerships with health and human rights organizations throughout the world enables the School to maximize impact. Below are a few key partnerships:

The Global Fund
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The initiative funds programs that address stigma and discrimination, train health care providers on human rights and medical ethics, send human rights defenders, and work with lawmakers. The goal of the initiative is to scale up and accelerate implementation of the Human Rights Framework globally.

The Dornsife School of Public Health, with the leadership of Joe Amon, PhD, MPH, clinical professor and director of the Office of Global Health, and Nina Sun, JD, assistant clinical professor, both in the department of Community Health and Prevention at Dornsife, is leading the mid-term assessment of the project, evaluating accomplishments to date, and the achievement of comprehensive national human rights programming.

The United Nations International Children’s Emergency Fund
In March 2020, a new framework that recognizes the rights of children was implemented in Guinea and Ethiopia. Researchers from the Dornsife School of Public Health, including Sunuchi Soid, PhD, associate professor of Community Health and Prevention, developed this framework in partnership with the United Nations Fund for Population Activities (UNFPA) and the United Nations International Children’s Emergency Fund (UNICEF), in consultation with experts around the world. According to UNICEF, an estimated 5 million girls in various parts of Africa, the Middle East, and Asia continue to be subjected to FGM and 200 million girls and women worldwide have been affected by FGM.

WHO, UNICEF, and UNFPA launched an initiative to eliminate FGM by 2050. The initiative funds programs that address stigma and discrimination, train health care providers on human rights and medical ethics, send human rights defenders, and work with lawmakers. The goal of the initiative is to scale up and accelerate implementation of the Human Rights Framework globally.

The United Nations Development Program
The United Nations Development Program (UNDP) contracted Dornsife to support the development of practical guidance to countries on how to incorporate attention to human rights and equity in the development of their national digital health strategy.

Amon and Sun worked closely with UNDP to prepare the guidelines for countries to use the framework. The guidelines provide a practical, user-friendly, and adaptable framework to be operationalized in countries around the world.

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VOL / GOVERNMENT-FUNDED rental assistance represents one of the few sources of affordable housing available to low-income families and individuals in the United States. But many local authorities have restricted individuals with criminal justice histories from public housing. Because Black people are significantly more likely to have been incarcerated, they are therefore also more likely to be excluded from subsidized housing. And because stable housing has well-established health benefits, restrictive policies can drive inequitable health outcomes.

Jonathan Purtle, DrPH, MPH, MSc, was lead author of an article recently published in the American Journal of Public Health that starts to trace these connections. An associate professor of health management and policy at the Dornsife School of Public Health—and an alumnus who earned both of his graduate degrees there—Purtle’s expertise centers on the dissemination and implementation of policies that influence mental health and health equity. Recognizing his skill at analyzing policy documents, Kim Blankenship, PhD, a colleague at American University, asked him to get involved in a slice of a major study funded by the National Institute of Mental Health. The larger study, “The Justice, Housing and Health Study,” represents a collaboration between Dornsife, American University, and Yale School of Public Health and examines how mass incarceration and housing vulnerabilities intersect to create health risk, with a focus on HIV. Although Purtle had not previously conducted much research on housing or criminal justice, he seized the opportunity to do both.

“There is an emerging field of legal epidemiology that looks at the association between different laws and health outcomes,” he explained. “Part of that is doing a content analysis on legal text or policies.” For the smaller study, his team measured policy variations across local public housing authorities related to involvement with the criminal justice system.
Innovative Study Design
A unique aspect of the study was its use of a methodology known as factor analysis, which allowed the researchers to create a restrictive-ness score based on a composite of policy provisions.

In a more traditional design, a city’s public housing policies would have been tracked with simple “yes/no” responses — does this city have that restriction, does it have this one? But that approach would not uncover the insights that emerged by aggregating multiple factors, said co-author Luwam Gebrekristos, who earned her MPH at Dornsife in 2016 and enters the school’s PhD program in biostatistics in the fall of 2020. As she explains, “It is not a single policy within the local housing authority that intersects with the criminal justice system. Creating a single variable that encompasses all those policies tells us more.”

The scale used in this research was based on a cluster of eight provisions that were key in determining whether an individual with a criminal justice history could be admitted into public housing and permitted to remain there. Among the policies included in the restrictiveness measure were those that explicitly considered mitigating circumstances, family impact, and proof of good tenancy.

The ultimate goal was to elucidate the line from criminal justice involvement to stable housing to health outcomes, Purtle said. “You can do that with more sensitivity and precision if you have a continuous variable that captures what you are interested in along a continuum, as opposed to a dichotomous variable that is just ‘yes’ or ‘no.’”

Variation in Restrictions
Although the analysis uncovered substantial variations, local housing policies were generally more restrictive than federal law requires. Significantly, most authorities retain substantial discretion to decide who gets housing and who does not on the basis of their criminal justice history.

“That creates a lot of room for bias to enter an equation,” said Purtle, stepping back to reflect on the larger aims of the study. “Let’s say our goal is to write the least restrictive policy. That does not look like giving policy implementers a lot of leeway. It looks like being very clear and concrete in terms of whether, or under what conditions, criminal justice restrictions are imposed.”

And why would few or no restrictions be a goal? “That is where research and advocacy and values come in,” said Purtle, “All of us on the research team feel that no restrictions is where research and advocacy and values come in,” said Purtle. “All of us on the research team feel that no restrictions would be best. That is our personal ideological perspective, but also moving away from our own perspective, the research evidence shows that housing is an extremely important social determinant of health. If you want to remove health inequities, you want to remove policies that have disparate impact on communities of color.”

“Given that stable housing is a critical social determinant of health and given the disproportionate representation of Blacks in the criminal justice system, these policies could contribute to health inequities.” (Purtle et al., American Journal of Public Health, 2020)

Committed to moving evidence into action, the researchers continue to examine the health implications of restrictive public housing policies. Applying the methodological tools that proved so incisive in this study, they will look next at whether restrictiveness is associated with a higher incidence of HIV and sexually transmitted diseases. The hypothesis, said Purtle, is that restrictive policies will prove to be a pathway to health inequity.

“Individuals face numerous barriers to reintegation after incarceration, and housing poses a particular challenge. Upon leaving prison, they simultaneously face financial challenges — 45 percent of re-entrants do not earn any income in the first year after incarceration — and a severe affordable housing crisis. Across the United States, fair market rents have increased faster than wages such that there is currently no state where full-time minimum-wage work is sufficient to rent an unsubsidized fair-market 2-bedroom unit. Government rental assistance programs are one of the few sources of affordable housing available to low-income renters, particularly for Blacks — who are the head of household (i.e., leaseholder) of approximately 44 percent of the public housing units in the United States. Recent research suggests positive effects of rental assistance on psychological well-being, overall self-rated health, and access to health care. However, public policies impose restrictions on the ability of people with criminal justice histories to access rental housing assistance and achieve housing security.”

Purtle et al., American Journal of Public Health, 2020
Unhealthy Outlook

Americans’ trust in their government is low. Is that fair?

No matter who is in elected office, citizens may agree or disagree with specific policies, programs, actions, or inaction, but public trust in our elected representatives is at a mere 17 percent, according to a Pew Research Center report released in 2019. So, what accounts for this low level of trust? What do citizens want, and could using scientific methods to provide citizens with data and interest help restore that trust?

Takeaways from those papers by Jonathan Purtle, PhD, MPH, MSc, an assistant professor in the Department of Public Health, and colleagues, offer some insights:

1. The public wants legislators to use more ‘evidence’ in making health policy.
A brief report Purtle published in June 2019 in Translational Behavioral Medicine exposed a wide gap between what Americans say they want out of lawmakers and what they perceive they’re getting. In a 2018 public opinion survey, 592 Americans were asked to what extent six factors “should have” and “currently have” influence on health policy decisions made by members of the United States Congress, including industry interests, evidence and budget costs. The result? Despite political division between Democrats and Republicans, members of both parties supported greater use of evidence — information based on reliable data and produced by statistical methods — in development of health policy. Although 59 percent of respondents said that evidence should have “a lot of influence” on policy, only 11 percent said that evidence currently has “a lot of influence” on those decisions. Purtle noted in the paper that U.S. Congress members might be held more accountable by encouraging efforts to disclose evidence behind policy decisions.

2. Legislators’ opinions about the effects of childhood trauma vary along party lines.
In a study published in July 2019 in the journal Psychiatric Services, Purtle and colleagues surveyed state legislators about adverse childhood experiences, such as physical or mental abuse, and how experiencing this trauma can influence behavioral health problems as an adult. Discrepant evidence from the 1998 Adverse Childhood Experiences Study and subsequent research demonstrating that abuse, neglect, and witnessing violence during childhood all increase risk for behavioral health problems as an adult, just over half of those identifying as liberals and less than a third of their conservative colleagues said that witnessing domestic violence can be a risk factor. Additionally, men were far less informed than their female colleagues: female legislators were significantly more accurate at identifying these types of childhood experiences as risk factors than their male counterparts.

3. Sometimes legislators get it right.
Vaccine-preventable diseases (VPD) outbreaks are increasing in frequency in the United States, but legislation aimed at increasing childhood vaccination rates is also rising in places where these epidemics occurred, according to findings published in November 2019 in Jama Pediatrics from Neal Goldstein, PhD, an assistant professor in Epidemiology & Biostatistics in the School of Public Health, Purtle, and colleagues.

Sometimes politicians get it right and sometimes they simply fall short. The more we understand about the motivations behind policies, the more trust can be restored in our elected officials.

Health and Home

Tracking Place-Based Policies in Distressed Communities

In January 2019, Jana A. Hirsch, PhD, MES, assistant research professor in the department of Epidemiology and Biostatistics at the Dornsife School of Public Health, along with the Dornsife Urban Health Collaborative team, released a report on living conditions in federally qualified opportunity zones (QOZs) and how they may impact health.

The federal government implemented QOZs through the Tax Cuts and Jobs Act of 2017. This legislation was intended to incentivize private investment in distressed communities through tax breaks, with the hope that they will have a positive and dramatic effect on American neighborhoods and the health of residents who live within them.

Neighborhoods with QOZ designation have the potential to see economic development that changes the retail and physical environment. New neighborhood resources could promote healthy behaviors, such as increased physical activity and enhanced diet quality, to ultimately improve cardiovascular and other chronic health outcomes.

However, QOZs could also have less beneficial or unequal effects through changes in population, shifts in social engagement among neighborhoods, gentrification, and displacement of vulnerable populations.

Compared to non-QOZ communities, on average QOZs had fewer people, a younger population, and lower proportions of non-Hispanic White residents. QOZ tracts had lower economic status and substantially lower density of physical activity resources. QOZs also had a higher density of walkable destinations for daily living, food stores, social destinations, and social services than tracts that were eligible for the program but were not designated. In addition, prevalence of all unhealthy behaviors, except binge drinking, was higher in QOZs. The paper also provided results by state and within an interactive app to facilitate evaluation of QOZ by local stakeholders.

Evaluating the effects of QOZs on health is critical. Previous research linking place-based policies like QOZs to health is limited, and QOZs will most benefit distressed communities if investors, local governments, and community organizations have the data they need to guide investment and shape how this policy is implemented. Public health can and should be part of that discussion.

There are a few key strategies public health officials could engage in to maximize health benefits in QOZs. Enacting policies that would increase affordable housing in these zones could have the potential to reduce displacement and its subsequent health impacts. Public health practitioners should also collaborate with local urban planning departments to implement zoning that could encourage health-promoting businesses in QOZs. Similarly, larger benefits may emerge by pairing public and private investments that impact health, including new or improved parks or pedestrian infrastructure. Public health may play a key role in ensuring that future evaluations assess impacts on health disparities.
EQUIPPED WITH NALOXONE and a smartphone app, community members can save lives in the fight against America’s opioid crisis, according to a paper from researchers at the Dornsife School of Public Health and colleagues published in August 2020 in *The Lancet* journal *EClinicalMedicine*.

During a pilot study, researchers found that enrolled participants were able to signal and respond to opioid overdoses using a smartphone app, called UnityPhilly, developed by the Dornsife team. During 22 overdose emergencies, a participant received an overdose alert on the UnityPhilly app, traveled to the location and then administered Naloxone to the overdose victim at the scene. In an additional 52 overdose emergencies, the participants who witnessed the overdose signaled an alert with the app and then administered Naloxone themselves. A successful reversal was reported in 95.9 percent (71/74) of cases. In over half of these events (59.5 percent), study participants administered Naloxone more than five minutes faster than Emergency Medical Services (EMS) were able to arrive on scene.

During the yearlong observational study that concluded in February 2020, 112 adult Philadelphians, 57 of whom use opioids reported 291 suspected overdoses and alerted nearby volunteers using the UnityPhilly app. All study participants were trained in how to administer Naloxone, use the app and give rescue breathing, and were then provided with two doses of Naloxone. Every time an alert was signaled by pressing an “SOS” button in the app, it also alerted EMS via 911, which allowed them to follow up with their protocol, regardless of whether a layperson responded.

“We know that the lay public is effective at administering Naloxone, but now we know that an app can help laypersons provide Naloxone faster when every second counts,” said senior author Stephen Lankenau, PhD, a professor and associate dean for research at the Dornsife School of Public Health, who co-led the study with David Schwartz of Bar-Ilan University,
A Nourishing Support Network

Reducing food insecurity by empowering parents

As the coronavirus pandemic forces so many to reckon with growing food insecurity and increased health challenges, the Building Wealth and Health Network program of the Dornsife School of Public Health’s Center for Hunger-Free Communities at the Dornsife School of Public Health is working to reduce food insecurity. This program combines a financial self-empowerment curriculum, matched savings account program (up to $20/month for a year) that includes coaching and peer support to help members heal from adversity, gain stronger connections and build economic security.

Participants were asked questions via computer survey before the study, and every three months for up to a year, about their health and economic well-being—including barriers and whether they are employed, and their ability to afford food. Those completing all four sessions and the baseline survey were considered full participants.

By addressing the underlying social, behavioral, and emotional issues that frequently accompany food insecurity, the program’s findings show The Network helps participants heal from adversity, reduce symptoms of depression and feel less isolated. The recent study shows these outcomes also translate to reduced food insecurity, regardless of members’ participation in public assistance programs and their employment status.

Percentage of cases during the study in which a successful opioid reversal was reported when using the NeedleHelp app.

Responding to Their Call

Strengthening an overwhelmed EMS safety net

Years before the new coronavirus starkly highlighted the risks that healthcare workers — and first responders, especially — take to keep us safe, paramedics and EMS responders were telling Jennifer A. Taylor about violence they faced on the job.

Her team of interviewers already knew that the literature estimated 40 to 90 percent of first responders have been injured by volatile patients, but they were still surprised when questions about how to prevent or reduce it elicited responses like "I want a taser and I want some mace." Taylor, PhD, MPH, CPPS, is the Arthur L. and Joanna B. Frank Professor in Environmental and Occupational Health and director of the Center for Firefighter Injury Research and Safety Trends (FIRST) at the Dornsife School of Public Health. Trained in the field of injury prevention and control (CPPS stands for Certified Professional in Patient Safety), and drawn to systems approaches to solving complex problems, she has been studying the convergence of forces that turn helpers into victims, how they are affected, and what can be done about it.

One study looked at how the public’s expectations of the first/EMS 9-1-1 system have changed over the decades: the number of calls has skyrocketed, with more than two-thirds of them “medical” related. Firefighters, who often are the first to reach the scene, face new kinds of risks in an overburdened system.

Beyond the physical injuries — all of them jarring, some involving facial lacerations requiring stitches, broken bones and sexual assault — emergency medical workers frequently brought up in interviews the lasting emotional impact. "They wanted to talk about how it made them mislead. How it gave them PTSD. How they had to see a therapist," Taylor says. Every attack changed them in ways they didn’t like. They became wary and more fearful. "Then I’m not focused on the patient and their medical needs," Taylor points out. "People are going to focus on, ‘Am I going to get out of this alive?’ But the perpetrators were rarely prosecuted.

Taylor’s latest paper examines why. For the exploratory qualitative study, published in the American Journal of Industrial Medicine, the team interviewed lawyers in the Philadelphia District Attorney’s Office who had handled cases against EMS responders’ assailants. They, too, were frustrated. A key reason why cases were not even prosecuted was that any assault charge requires evidence that an attack was intentional. That’s impossible in many if not most cases because the patients are on drugs or alcohol, have a past criminal history or other conditions that cause an altered state of mind.

Another reason cited by the aspiring attorneys was that no one — prosecutors, judges, even the EMS workers themselves — often views dealing with volatile patients as part of the job.

The study recommended educating courtroom players that evidence is not “part of the job” by communicating its long-term impact, training to prepare assaulted EMS responders for court, and developing non-punitive leave policies that support the injured responders, such as wages for all court appearances.

"It’s not in the job description of a first responder that they should expect to get assaulted on the job," Taylor says. "Don’t Sauté it"
Can autism be prevented through a healthy lifestyle of good diet and exercise?

LEE: Autism is a complex, multifactorial condition with both genetic and environmental determinants. My colleague Kristen Lyall, ScD, an assistant professor at the AJ Drexel Autism Institute, and I focus on identifying modifiable risk factors for autism, in the hopes that risk can be mitigated. Specifically, we target environmental factors like chemical or dietary exposures that perhaps can be modified to influence risk. Our work has shown, for example, that exposures to some factors during pregnancy, such as obstetric complications, infection and certain medications such as antidepressants may increase risk, while dietary aspects such as multivitamins, anemia and fatty acids can also influence risk. Vitamin D is often referred to as the “sunshine vitamin,” as the sun serves as our main source of this important substance in the body – but people can also get vitamin D in much smaller doses through a healthy diet.

So, what’s the takeaway here? Should women who are pregnant or may soon become pregnant run out to get vitamin D supplements right away?

LEE: Nutrition during pregnancy and early life can alter development of children in different ways, and our research suggests that lower vitamin D levels may increase risk of autism. This is consistent with a larger body of evidence indicating that higher vitamin D levels correspond with optimal neurodevelopment. And this is also part of a larger story of high levels of vitamin D insufficiency among pregnant women in the U.S. – depending on how you define insufficiency, between 33 percent to 70 percent of pregnant women have insufficient vitamin D. But this doesn’t translate to actionable evidence at this point.

For one thing, this study is an observational study and not a randomized controlled trial: more studies are needed. We don’t know if other factors influenced the findings, such as the possibility that healthier mothers who were at lower risk for having a child with autism tended to have higher vitamin D levels (although we controlled for such confounding to the best of our ability). We don’t know if our findings can be generalized to different populations – Sweden is notably different in terms of sunlight exposure from much of the world. And perhaps most importantly, nutrition is not necessarily as simple as popping a pill. We don’t know enough about aspects of timing and dosage in relation to neurodevelopmental outcomes to even begin talking about supplements. Overnutrition is a potentially dangerous possibility. For example, high doses of vitamin A are known to cause congenital birth defects. Thus, more studies really are needed.

A JAMA Psychiatry study published in February of 2019 found that prenatal vitamins were associated with a reduced likelihood of ASD diagnosis. That study was also observational. How far is the field from a randomized controlled trial to find a causal link between vitamin D and ASD?

LEE: That study is consistent with our 2017 BMJ study and adds to an increasing body of evidence suggesting that such supplements might influence autism risk. I think that a randomized controlled trial is a high priority, but likely very difficult to conduct in an ethical fashion (i.e., the problem of randomizing pregnant women to specific diets) and in a way that produces clear results.
Positive, science-based messages about HPV vaccine, many of them posted by healthcare organizations and providers, are far more common than negative messages, Philip M. Massey, PhD, MPH, an associate professor in the Dornsife School of Public Health’s department of Community Health and Prevention, found in a study published four years ago. But the impassioned, highly relatable personal posts that are more likely to share misinformation can have outsized influence.

Public health has a lot of catching up to do.

Massey’s latest innovative study, now in its second year, aims to help the field leapfrog ahead. It will test the effectiveness of several more sophisticated uses of Twitter to engage parents through storytelling and increase the likelihood that they will have their child immunized against the virus.

The research team is designing characters (a mom, a dad, maybe a soccer coach) and storylines to create a series of narratives intended to draw and hold parents’ interest so they can take in evidence-based health information. The approach is informed by narrative engagement theory, which posits that narratives that communicate knowledge through characters “just like me” can have a powerful effect on behavior.

Rather than the “do this” messaging that is common from health authorities, these more nuanced stories will attempt to meet parents where they are: often overloaded with information, yearning for clarity and trying mightily to do what is best for their child.

A dad character in a narrative “might say ‘Yeah, I struggled with this and I got more information and wanted more than what I found so I talked to other parents and they were a mixed bag so I talked to my doctor, who said …’” Massey explains.

HPV vaccination, recommended for girls in 2006 and boys in 2011, has been controversial from the start, with some parents angered by the suggestion that their pre-teen girl needed to be immunized against a sexually transmitted disease. Meanwhile, nearly a quarter of Americans are infected. Most have no symptoms, but the virus is the most common cause of cervical, anal and oral cancers.

Enrollment will likely begin next year, with Twitter-using parents randomly placed into two groups as their child’s next doctor’s appointment approaches: 300 will receive the newly developed tweets; another 300 will get the kind of HPV messaging that is sent by the healthcare industry now.

Follow-up questions will measure engagement and self-reported vaccination. Researchers also will look at participants’ general Twitter use to try and determine characteristics that might lead someone to be more or less engaged.

Every part of the four-year study — enrollment, data collection, focus-grouping characters and storylines — will be online. There’s even a Twitter-based Community Advisory Board.

Massey has long worked at the intersection of public health communication, health literacy and emerging media technologies. His eventual goal with this study, which is supported by a $1.83 million grant from the National Cancer Institute is to make social media easier – and more effective – for providers.

“What would it take to actually master the vast power of social media for public health — say, to assure parents of the overwhelmingly positive effect of having their children vaccinated against human papillomavirus (HPV), the most common sexually transmitted infection in the United States?

Twitter seems perfectly suited to both hinder and help. At least 75 percent of parents use social media, with a quarter of them on Twitter. Yet many parents are confused by mixed messages surrounding the HPV vaccine, and uptake lags well behind other childhood vaccines.

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Transgender adults holding gender-affirming IDs have better mental health

HAVING GENDER-AFFIRMING documents, such as a passport, driver’s license, or birth certificate, may improve mental health among transgender adults, according to findings published in March 2020 in The Lancet Public Health titled, “Gender-Concordant Identity Documents and Mental Health Among Transgender Adults in the USA: A Cross-Sectional Study,” from researchers at the Dornsife School of Public Health.

“Having IDs that don’t reflect how you see yourself, and how you present yourself to the world, can be very difficult for trans people,” Scheim said. “This is an area where tangible and relatively simple policy changes could aid public health.”

The researchers note that psychological distress and suicidal thoughts might have made it more difficult for participants to obtain updated identification, rather than the lack of identification leading to the poor mental health. Despite this limitation, the study's data comes from the largest sample of trans adults ever surveyed for participants to obtain updated identification leading to the poor mental health.

In light of this finding, the authors advocate for reducing or removing the barriers to changing gender and name on forms of identification, or possibly even removing the mention of gender.

“Beyond reducing barriers to changing gender and name on forms of identification, or possibly even removing the mention of gender, obtaining IDs can be very difficult for trans people,” Scheim said. “This is an area where tangible and relatively simple policy changes could aid public health.”

The study used data from 22,286 adults in the United States who participated in the 2015 U.S. Transgender Survey — conducted by the National Center for Transgender Equality — and were living day-to-day in a gender different from the one assigned at birth. Just under half — 45 percent — did not have their preferred name and gender designation on any identification documents, 44 percent had limited gender-concordant identification and just 10 percent had their preferred information on all documentation.

As compared to those with no gender-concordant identification, those with their preferred name and gender on all documents were 32 percent less likely to be classified as seriously psychologically distressed, 22 percent less likely to have seriously considered suicide in the past year, and 25 percent less likely to have made a suicide plan in the last year.

This work is the first study in the United States to look at the connection between identification documents and improvements in multiple measures of mental health, including suicidal thoughts. A previous study from Canada found that, among trans men and women living full-time in their gender, having updated documentation lowered suicidal thoughts and attempts.

“The process, costs, and restrictions associated with updating identification documents vary from state to state,” said Scheim. “These roadblocks prevent many people from getting the documents they need.”

In addition to benefits in social interactions — such as ordering a drink in a bar — having ID is typically required to receive health care, obtain employment, open a bank account and other important aspects of life. The process for changing identification documents can vary greatly.

In addition to Scheim, authors on this paper include Kampa G. Pasco-Burren, PhD, of University of Toronto and Greta G. Bauer, PhD, of Western University.
THE SEMESTER Allison K. Groves, MHS, PhD, spent studying in Zimbabwe as an undergraduate helped to chart the course of her professional life. "I became really aware of the feminization of the HIV epidemic," she says, recalling the formative influence of steeping herself in another culture. "As someone interested in social justice, I wanted to understand how and why women were so disproportionately impacted."

That experience put "fire in my belly," she says, a flame that has never been extinguished. In the two decades since that first trip to sub-Saharan Africa, Groves, now an assistant professor of community health and prevention at the Dornsife School of Public Health, has dug into gender inequality and its influences on HIV risk and intimate partner violence from many angles. She focuses especially on pregnant and post-partum women.

"There are really significant gender disparities in HIV in sub-Saharan Africa," she explains, noting that women under the age of 24 are at especially high risk, and that the young mothers within that population face greater danger still. "One thing that drives HIV infection in the region is intimate partner violence, and younger women are more likely to report that."

In her most recent study, published in the *Journal of Adolescent Health* in January 2020, Groves characterizes the sexual relationships forged by adolescents (under age 18), young adults (18 to 24) and adult women (25 to 45) in South Africa who have recently given birth and explores their risks for HIV.

The distinctive feature of her research design is that it considers how a woman's age at pregnancy may affect her relationship dynamics. "I was interested in thinking about age as a marker of power," explains Groves. "We always think about age as something to control for. We don't really think about how age itself tells us something meaningful about where a person is developmentally and what their power might look like."

Groves drew on a subset of data from a South African randomized controlled trial of counseling and testing services designed to reduce HIV risk after delivery. The smaller sample included HIV-negative pregnant women who had been with their partners for at least six months.

"True to her hypothesis, Groves found significant differences across the three age categories. A key finding is that adolescents had less stable and newer relationships than either of the other older groups and were much less likely to be married or living with a partner. None had intended to get pregnant and almost all of them were first-time mothers. At 14 weeks postpartum, the adolescents also scored higher than older women on a number of measures of HIV risk, including a belief that their partners may have had other sexual encounters since their children were born.

As well, adolescents and young women were significantly more likely to have experienced physical violence from intimate partners following delivery (37 percent, compared to 8 percent of the older women). And, based on measures from a well-established scale, adolescents have less decision-making control within their relationships.

"Power dynamics in a relationship affect an individual's ability to negotiate sex," points out Groves, explaining the link to HIV risk. "A woman with less power in her relationship might have less ability to negotiate whether or not she wants to have sex or to insist that a condom be used."

"Adolescents, in particular, were in less stable, more power-inequitable relationships with high-risk partners... with whom they had not planned their first pregnancy," (Groves et al., *Journal of Adolescent Health, January 25, 2020*).

One other intriguing finding from her study hints at a possible pathway to reducing HIV risk: only 21 percent of adolescents said they had resumed having sex 14 weeks after delivery, compared to almost 60 percent of women in the other age groups. "That is not surprising because their pregnancies were all unintended and they were all pregnant for the first time," observes Groves. "From an actionable perspective, there is a critical opportunity to provide an intervention; we can use that time to prepare them before they have sex again. It's a nice window."

As a springboard for action, the variation across age groups points to the importance of custom-tailored responses. "Adolescent mothers need unique interventions," Groves points out. "They are in a different life space than older mothers."

Up next for Groves is writing a research grant to test strategies for reducing HIV risk among adolescents. While she is still designing the interventions, she is especially focused on strategies that address conflict and stress. "It's really around communicative, negotiating, and conflict resolution," she says. Because poverty and lack of education are linked to HIV and intimate partner violence, tools to address social and structural determinants of health outside clinic settings are also essential, she notes.

Targeting intimate partners who perpetrate violence is also a priority for Groves. While recognizing the value of projects to support women threatened by violence, she is interested in a broader context. "I haven't developed and tested an intervention that specifically targets reducing violence with the women themselves, partially because I think they are the wrong target," she says. "What is driving the men to perpetrate the violence? Addressing those things might have a bigger impact."

As the science of HIV risk moves forward, scholars like Groves are also considering another causal connection: might an HIV-positive status increase a woman's vulnerability to violence? By teasing out the direction of those kinds of dynamics, they remain on the cutting edge of a field where measurable progress is being made — and great strides remain to be taken.
THE NOVEL CORONAVIRUS, also known as SARS-CoV-2, which causes the coronavirus disease 2019 (COVID-19), has altered life globally. What began as reports of a mysterious cluster of pneumonia in Wuhan, China, in December 2019, transformed into a widespread pandemic that the world is trying to understand and grapple with daily. At the start of March 2020, the federal government declared a national emergency in the United States. Across the country, unprecedented prevention measures were enforced like the closing of public spaces and businesses, stay-at-home orders, 6-feet social distancing, and mask-wearing initiatives to contain the spread from person-to-person. The use of epidemiological language like “flatten the curve” and “contact tracing” and regular press briefings led by public health leaders became the new normal.

Despite efforts by local government officials and public health leaders — some more proactive than others — to stop the spread of coronavirus, the number of cases in the United States approached 8 million and the number of deaths had surpassed 220,000 by the end of October 2020. In addition to the loss of life, the pandemic has created an economic crisis that has left many jobless, without medical insurance, experiencing housing and food insecurity. The crisis has many ripple effects that will have long-term impacts on the health and wellbeing of populations.

In these uncertain times, the Dornsife School of Public Health community has taken action demonstrating the importance of public health and the contributions of public health professionals through supporting local communities, conducting research, advocating for health equity, and sharing expertise.
Rich also sits on PDPH’s Health Equity in COVID-19 Advisory Panel with Usama Bilal, MD, PhD, assistant professor in the department of Epidemiology and Biostatistics and the Urban Health Collaborative (UHC) at Dornsife. In early March, Ana Martinez-Donate, PhD, professor in the department of Community Health and Prevention at Dornsife, coordinated what became an ongoing series of biweekly town hall meetings with representatives from Latino-serving organizations like Congreso, Esperanza Health Center, the Consulate of Mexico, Puente de Salud, HIAS Pennsylvania, and the CRISOL Program. Together, the group identified important issues, discussed possible solutions, and shared resources to help alleviate them.

What started as a small group of organizers transformed into what is known as the “Latino Health Collective” with policymakers, public health professionals, city officials, and representatives from more than 40 different Latino-serving organizations.

One of the first hurdles the Collective addressed was insufficient access to testing and language barriers to healthcare that were common among Hispanic communities. To remedy these issues, the Collective advocated for communities by alerting the City of Philadelphia’s Department of Public Health (PDPH), which resulted in the PDPH setting up testing sites in South Philadelphia. They also advocated to ensure local hospitals provided translation services for Spanish speaking patients seeking COVID-19 care.

Thanks to the support of numerous doctoral and master’s program students from Dornsife, Martinez-Donate has been able to expand her reach to communities in this challenging time. “As a group, we rolled up our sleeves and promoted solidarity and inter-organizational collaboration. It’s gratifying,” she said.

As details of the Philadelphia School District’s plan to reopen schools virtually were released throughout the summer, the Collective planned projects to help companies and organizations like the City of Philadelphia’s Office of Children and Families, Neurouffer, and the Healthspark Foundation develop solutions to emerging COVID-19 issues.

When the City of Philadelphia urged residents to wear masks in all indoor public places in April, the WPPN supplied protective masks for essential workers.

As schools closed their doors, the staff at WPPN learned that many students were missing the two free meals they usually received at school. In response, WPPN set up meal pickup sites throughout the community where families could access free meals. At these sites, they also distributed communication materials they developed to educate the community about the risks associated with COVID-19 and healthy practices.

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To support communities surrounding Drexel University in West Philadelphia, the Dornsife-led West Philadelphia Promise Neighborhoods (WPPN) project team acted fast. WPPN, whose mission is to support children who live or attend school in designated neighborhoods, engaged with families to gather their feedback on COVID-19 triggered issues and implement strategies to keep residents safe.

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AS THE PANDEMIC PROGRESSED, many Dornsife researchers rapidly pivoted their research endeavors to meet the moment. From tracking COVID-19 inequities in testing to assessing mental health among first responders, Dornsife researchers have been busy in varied and important ways.

As cases of COVID-19 began to hit Philadelphia, Bilal began tracking the distribution of testing throughout the city with an eye towards measuring equity. His research found that neighborhoods with a higher number of unemployed or uninsured people had less testing. Also, zip codes with a lower proportion of Black and Hispanic people and higher incomes generally had a higher number of tests per capita.

"Any difficulty in controlling outbreaks for a specific group is a failure of the entire society. In a pandemic such as this one, we either have the disease under control for everyone, or we don’t have it under control for anyone," said Bilal. "Understanding where and why testing is working less effectively is key to helping control the pandemic, both locally and nationally."

Bilal’s research on these disparities gained local, national, and international attention in outlets such as ABC News, The New York Times, and Guardian News.

Sharrelle Barber, ScD, assistant professor in the department of Epidemiology and Biostatistics at Dornsife and the UHC, led a team of faculty and students that highlighted the role of structural racism and inequality in shaping the impact of the pandemic. The team developed a brief titled, "COVID-19 in Context: Racism, Segregation, and Racial Inequities in Philadelphia," that described how and why Black people were being disproportionately burdened by coronavirus in cities like Philadelphia. It focused on the mechanisms through which interlocking systems of racism, inequality and segregation drive exposure to the virus, infection rates, and the severity of COVID-19 disease. The brief included a broad set of recommendations supported by prior work.

Kenna Yadeta, a recent MPH program graduate, was co-author on the brief.

"This brief allowed us to highlight racial inequities not in an anecdotal fashion but grounded in a strong theoretical framework with epidemiological and biostatistical methods that ensure the rigor necessary to produce this evidence," said Tabb.

If the nation’s public health authorities had viewed the coronavirus from the beginning through “a lens that has structural racism as a driver,” Barber said, they would — or could — have known where to focus testing and prioritized PPE for essential workers.

Barber’s analysis linking structural racism to COVID-19 disparities has been extensively covered as well by publications like The New York Times, Al Jazeera, Smithsonian, and Medium.

In collaboration with the Big Cities Health Coalition (BCHC), the UHC developed estimates and infographics on the number of lives saved due to stay-at-home orders in 30 major metropolitan areas in the United States. Using a model published by The New York Times, the UHC calculated that stay-at-home orders led to an estimated 2.1 million hospitalizations avoided and more than 200,000 lives saved in a span of the first 45 days of most stay-at-home orders.

When stay-at-home order fatigue seemed to set in, policymakers like Pennsylvania Governor Tom Wolf, Philadelphia Mayor Jim Kenney, and Health Commissioner Tom Farley — as well as governmental leaders across the country — referenced the estimates to underscore the effectiveness of these policies and promote continued caution.

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"This brief allowed us to highlight racial inequities not in an anecdotal fashion but grounded in a strong theoretical framework with epidemiological and biostatistical methods that ensure the rigor necessary to produce this evidence," said Tabb.

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The goal of this project was to remind people that in this situation, doing nothing was doing something,” said Jennifer Kolker, MPH, clinical professor and associate dean for public health practice and external relations at Dornsife. “We wanted to give cities the opportunity to tell their residents something positive and feel good about their collective action in the COVID-19 response.”

Collaboration with the BCHC is continuing as the demand for city-level data is needed. UHC researchers, with funding from the Robert Wood Johnson Foundation, are currently tracking outcomes and inequalities of the pandemic across major cities in order to provide timely and relevant data for local policy-makers as they develop strategies and policies to address the pandemic and reduce inequities. While other platforms exist at the state and county level, this platform will be unique to the city-level.

To specifically help the hardest-hit neighborhoods in Philadelphia, Amy Carroll-Scott, PhD, MPH, associate professor of community health and prevention, and Félice Lé-Scherban, PhD, MPH, assistant professor of epidemiology and biostatistics, both at Dornsife and the UHC, created an interactive data tool designed to inform COVID-19 response and recovery efforts. The tool provides data on socioeconomic conditions, housing, and transportation access by region to accurately assess vulnerabilities and needs.

“Our dashboard translates the important health equity lens to COVID-19 recovery by putting practical information into the hands of Philadelphia decision-makers and community leaders to ensure limited resources are being allocated to those who need it most,” shared the researchers.

In an effort to collect feedback directly from residents of Philadelphia during this time, Igor Burystyn, PhD, associate professor, and Tran Huynh, PhD, MPH, CIH, assistant professor, both in the department of Environmental and Occupational Health at Dornsife, circulated a city-wide survey. The survey data are being analyzed and are anticipated to be shared widely in late 2020. Several ongoing research projects at Dornsife were selected to receive funding either privately or as a part of Drexel’s Rapid Response Research & Development Fund, which was designated for urgent action and health-related research and development.

Researchers are engaged in the following work:

- UHC received funding from the National Institutes of Health in September 2020 to research disparities in COVID-19 testing, rates of infection, and mortality among Hispanics across 10+ U.S. cities.
- Joanne B. Frank Professor of Global Health at Dornsife, along with��板未全部显示，无法判断是否有研究进一步证明了这个观点。

The survey specifically examined how people’s work and health (physical and mental) were changing.

“We are all affected by COVID-19 to some degree and are coping in different ways,” says Burystyn. “The aim of our work is to document experiences so that common threads that emerge can help us be more resilient now and in the future.”

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**PROVIDING FACTS**

**Dornsife Faculty and Researchers** have risen to the public’s demand for informed public health analysis.

Dornsife faculty experts have been called on by the media to provide insights on public health practice, disparities, and urban health in relation to coronavirus in more than 350+ news items in publications like *The New York Times, HuffPost, CNN, CNBC, NPR, FOX, USA Today,* and more.

Barber, Bilal, Diez Roux, Chilton, Rich, Amon, and Alex Ortega, PhD, professor of health management and policy at Dornsife, have each helped raise awareness in the media about COVID-19 health disparities or human rights concerns that need to be addressed. Notably, Barber was quoted in a *New York Times* piece titled “Black Americans Face Alarming Rates of Coronavirus Infection in Some States.” The story was also picked up by *USA Today, CBC,* and various CBS and Fox local channels.

Goldstein, Theresa Sweet, PhD, MPH, associate professor, Michael LeVasseur, PhD, MPH, assistant teaching professor; Yvonne Michael, ScD, SM, associate professor; Seth Welles, PhD, ScD, professor; Jane Clougherty, MSc, ScD, associate professor; each in the department of Epidemiology and Biostatistics at Dornsife, and Chernak have worked with journalists repeatedly to answer commonly asked questions about COVID-19 and even helped to debunk common COVID-19 myths.

To provide further timely, tangible information to the public, Dornsife introduced a webinar series, “Emerging Issues in the Coronavirus Pandemic.” The weekly webinar series ran from March-May 2020 and featured individuals who specialize in emergency preparedness, urban health, clinical trials and treatments, global health, health equity, and more. The first installment of the series attracted more than 6,000 viewers in total. In September 2020, the webinar series began again with experts updating viewers on the latest news and the implications of the pandemic.

Experts from Dornsife have even provided guidance to our youngest community members, helping children process their questions and fears about the pandemic.

James Buehler, MD, clinical professor and interim chair of the department of Health Management and Policy at Dornsife, participated in a series of interviews with middle school students where they asked questions about the pandemic and its impact. These interviews were hosted via Healthy NewsWorks, a non-profit that empowers elementary and middle school students to become researchers, writers, critical thinkers, and confident communicators who advance health understanding and literacy through their factual publications and digital media, of which Buehler is a board member.

For a younger audience, Goldstein co-authored two books scheduled for release in February 2021 titled “Pandemics for Babies” and “Germ Theory for Babies.”

In hopes to minimize the spread of misinformation and fear, Dornsife experts are sharing expertise wherever possible, both locally and nationally.

As COVID-19 continues to disrupt global health, the School remains focused and committed to being part of a meaningful and effective response. Now more than ever, having accurate coronavirus data to inform public health practice and improve population health is essential. The Dornsife community is sharing facts, using public health expertise to guide and support the best strategies, and working together to face new challenges and inequities caused by COVID-19.
The Office of Public Health Practice at the Dornsife School of Public Health held its first annual Public Health Student Case Competition in January 2020. Led by Caroline Voyles, MPH, director of Student Placement and Partnership Development at Dornsife, undergraduate and master’s students in eight interdisciplinary teams were tasked with finding solutions to mitigate the potential negative public health impacts of the 2019 Hahnemann Hospital closure in Philadelphia. They investigated different populations that are impacted by the closing, identified specific risks, and proposed plans that were specific to Philadelphia with the city’s unique challenges. (continued)
“It was great to use the knowledge we had learned from the classroom to solve a real-world problem,” says Shannon Kelleher, MPH Epidemiology ’20. “Working together with classmates from other disciplines was also a fulfilling experience.”

Teams were given one week to collaborate and work on one another before presenting to a live audience and expert judge panel of faculty and local public health practitioners for a chance to win prize money. During this work period, students were able to meet with their randomly assigned faculty mentor for guidance and support.

At the standing-room only event, each team presented for 10 minutes and participated in a five-minute Q&A with the judges. Audience members included faculty, staff, students, external partners, and family and friends of the competitors. After presentations, all were welcomed to a reception where the winners were announced and presented with their prizes.

After carefully tallying the scores, the judges selected Team Four — Kelleher, Katherine Castro, Nicole Mertz, MPH Community Health & Prevention ’20, Farren Rodrigues, MPH Community Health & Prevention ’20, and Alex Trautman, MPH Community Health & Prevention ’20 — as the winners and Team Seven — Alesha Amin, MPH, Community Health & Prevention ’21, Misali Arabelak, MPH Environmental & Occupational Health ’21, Deja Moore, MPH, Health Management & Policy ’21, and Armonie Pierre-Jacques, MPH, Community Health & Prevention ’21 — as the runners-up. The winning team received $500 per member and the second-place team received $200 per member.

“It felt wonderful to feel like our ideas were supported and recognized as effective potential solutions to the closing of Hahnemann,” says Kelleher. “The diversity of the judges in terms of being faculty and non-faculty also gave us assurance that our solutions were supported by the community as well.”

The organizers look forward to hosting the Case Competition annually. “After witnessing the teams’ thoughtful approaches to the inaugural competition scenario, I’m very excited about the future versions of this event,” says Voyles. “I cannot wait to see students pull from all aspects of public health to enact meaningful, lasting change for the better.”
Melissa Kauffman, director of academic innovation for the Dornsife School of Public Health, was busily boosting the university’s online presence even before COVID-19 hit.

Dornsife had a much smaller online presence, with four online certificate programs of 9 to 18 credits. In order to get people more used to the idea of online learning, before the pandemic, Kauffman took the time to help faculty baby-step into it by launching a certificate in public health last fall. The program adapted for online all the core courses that every MPH student takes.

“It was a lot of work, but by moving in a limited, controlled manner, it was a way to show folks that it can be done,” Kauffman said. Dornsife had a very encouraging response to the public health certificate. Kauffman and her colleagues were hoping to get 10 students and ended up with 17 enrolled in the program, she said.

“I was very happy that the certificate program did so well,” Kauffman said. “It was a way to show that some students want this modality. Online learning seems to be where everyone’s going.”

Once Dornsife had the core courses online, Kauffman and her colleagues got to work adding the concentration courses for different programs online.

“It meant we didn’t have to develop 18 classes at once,” but rather could spread out the project, Kauffman said.

A Dornsife alum herself, Kauffman said she leans “heavily” on Drexel University Online, its instructional design and multimedia support. “One person cannot possibly do all the work on this on their own,” Kauffman said. “Their amazing staff and expertise have enabled us to grow in a way we wouldn’t have been able to otherwise.”

In addition to enjoying working with faculty on developing online courses, her first passion, Kauffman said she also really loves “thinking strategically about the direction of the school and how we can continue to adapt to the changing higher-ed market. I work with some really fantastic faculty and staff, and those people and relationships have been what’s kept me motivated... during the [coronavirus] lockdown.”

Kauffman added that she feels “grateful” that she fell into this career at this time.

“Dornsife really gave me an opportunity, and I’m proud and excited about what we’ve built so far,” said Kauffman.

“"This particular job is very near and dear to my heart because I’m from the neighborhood in which we serve. I grew up within walking distance of Drexel. I understand how important it is to have support from the time you are born to the time you are ready for a career.""
To learn more about research projects and the Office of Global Health, visit bit.ly/20VOL82
Josh Dossick

Providing Vital Services During the Pandemic in NYC

Little did Josh Dossick, MPH ‘20, realize last winter as he approached his graduation from the Dornsife School of Public Health that he would be thrust into the middle of a pandemic in his new job, immediately putting the education he received at Dornsife to the test.

Dossick is an emergency management consultant in New York City with Hagerty Consulting, a firm that helps clients prepare for and recover from disasters. Hired by the firm to support pandemic response operations throughout NYC, they had Dossick hit the ground running, trusting that he already had the tools he needed to be successful through Dornsife to be successful in his new position. At Dornsife, Dossick was able to gain the knowledge and skills he needed to be successful, though Dornsife to be successful in his new position.

People who were unable to leave their homes because they’re highly vulnerable were in need. So, normally they would go to a food bank or food pantry, but now they’re isolated. This program was developed to get food delivered to those people safely.

Before Dossick went to Dornsife to study public health, he had been working in information technology consulting. “I didn’t enjoy the work so much and felt like every day I wasn’t making a tangible impact,” he said. “I found my way to public health, and now, at this job, I really enjoy giving back to the community too good to pass up, Paul said. “It’s been quite the learning experience.”

Data for the entire hospital is up-to-date and entered in a timely manner so all units and parts of the entire hospital can see where we’re at with infection rates,” Paul said. In support of the Infection Preventionists, Paul supports the team’s preparations for outbreak and exposure response and explores how the team can use data analytics tools for contact tracing.

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Elina Paul, MPH ’19, had only been working in the Department of Infection Prevention and Control at Children’s Hospital of Philadelphia (CHOP) as an infection prevention associate for several months before the COVID-19 pandemic began.

“The best part about what I do is being able to be a public health professional in this time,” Paul said. “I can’t imagine experiencing (the pandemic) with any other team, honestly, because my team has been so amazing and so proactive. The work that we’re all doing is definitely important and meaningful.”

While it is a very scary time, it is providing an opportunity for the team to gather the information her department needs for reporting.

“The work she did while at Dornsife also served that purpose for her in her role with the government,” Paul added. “I really wanted to make sure that I had a thesis experience that was going to help me with my career and actually mean something.”

Paul has been partnering with the hospital’s emergency preparedness team, working closely with them to complete the local, state, and federal reporting. Paul has also been collaborating with the Center for Health Care Quality Analytics team within CHOP to build out automated data pulls and dashboards to help with the reporting instead of having to manually call all the different departments within the large facility to gather the information her department needs for reporting.

Paul’s team is leading the analyists what fields of information the government is asking for. Then the analysts are able to use code to take the data from CHOP to pull it into apps that create tables for those who need to access it. The data is refreshed every day, Paul explained.

“This type of work has always been something that has interested me, which is why I was very excited when I accepted this job, and then a couple months later, I’m experiencing a pandemic,” Paul said. “Part of the reason why I decided to get my MPH was to learn more about containing outbreaks, exposures, and vaccine preventable diseases.”

The faculty at Dornsife was very skilled at making sure she had the experiences and opportunities she needed to succeed.

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Alex Ezeh, PhD
Professor of global health in the department of Community Health and Prevention

STRENGTHENING DORNSIFE’S COMMITMENT TO GLOBAL HEALTH IN AFRICA

When Alex Ezeh, PhD, became professor of global health in the department of Community Health and Prevention at the Dornsife School of Public Health two years ago, he brought along a vast background in research, strengthening research capacity, and policy advocacy on a range of global health and development issues.

Ezeh arrived at Dornsife from the African Population and Health Research Center (APHRC), where he spent 17 years as the founding executive director. He guided APHRC to become one of Africa’s foremost research centers in addressing population, health, education, and development issues. While at APHRC, Ezeh created and led the Consortium for Advanced Research Training in Africa (CARTA), an initiative to strengthen doctoral training and the retention of academicians at African universities.

Ezeh said there are three main goals to his work: examining the drivers of rapid population growth and designing interventions that could limit or affect the rate of growth of populations; thinking about how to “best design programs and policies to improve the well-being” of those who live in slums around the world; and creating stronger research entities and institutions in Africa, “to be more active in identifying and delivering knowledge that creates transformative change on the continent,” Ezeh said.

“One of the things that drew me to Drexel when I decided to come here was that at the university, I saw a commitment to global engagement that they had within the school of public health,” Ezeh said. “As Drexel continues to expand its global engagement, I hope this is an area I can contribute to and support.”

Ezeh strives to work with young researchers, particularly at the doctoral level, who come from groups who are underrepresented in health research. “I work with them to support them and help them develop some of the skills they need…locally, in the U.S., and in Africa and Latin America,” he said.

While at APHRC, Ezeh developed a number of training programs for doctoral candidates across sub-Saharan Africa, graduating 450 PhDs and more than 100 post-docs across the continent over the past 12 years, he said. “And the good thing is that many of these individuals are now research leaders on the continent, which is really great.”

His connection with Africa provides an opportunity to bring on board more students from the continent to come to Drexel for their training and then return to Africa to do their work. “You can only do that if the university is engaged and better known, and people can connect with it easily,” Ezeh said, explaining one of his goals for his work at Dornsife.

In addition, Ezeh focuses on addressing the challenges that come with the growth of slums around the world and the continuing rapid population growth in sub-Saharan Africa. He has highlighted the developmental implications of sub-Saharan Africa’s population and urbanization trends, underscored the unique vulnerabilities slum populations face, defined the systems (education, health, economic, etc.) that best serve slum populations, and has ensured that slum populations become more visible in national and global reports and data systems.

Right now, Ezeh is also engaged in seeking a grant in partnership with researchers in Canada and across different African countries to look at the prevalence of COVID-19 antibodies in Africa. “We know that the number of cases in Africa is very low,” Ezeh said. “But we do not know if it is because the [pandemic] has not really reached there, or if the reporting has been very effective at all.”

Median age may be playing a role in the pandemic’s course through Africa, Ezeh said. For instance, across much of Europe, the average age is approximately 48 and the average age of most who have died from COVID-19 is somewhere in the 80s; whereas in Africa, the median age is 18 and only three percent of the population is 65 years or older.

“We know that the number of [COVID-19] cases in Africa is very low, but we do not know if it is because the [pandemic] has not really reached there, or if the reporting has been very effective at all.”
For more than two decades, the Drexel Dornsife School of Public Health’s research programs and centers have uncovered surprising truths that have challenged convention. Just as importantly, our research has inspired change in urban and global health policy and practice. Because it’s not enough to know the answers to public health’s toughest questions—we must act on them.