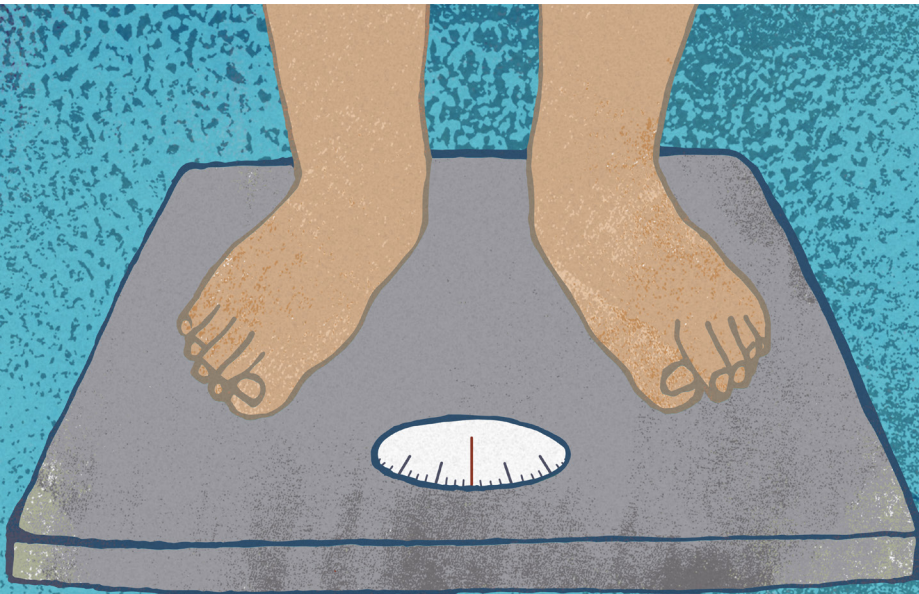


Temple Public Health

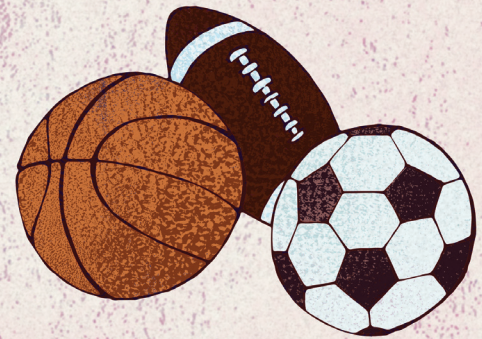
FALL 2022



A seat at the table

CORE researchers work toward equity in the fight against childhood obesity

PG 26



New frontiers in
COVID-19 research

PG 22



Do price disclosures help in
prescription drug commercials?

PG 18

How public health informs
a career in state politics

PG 38



Above: The future home of the College of Public Health will unite all of the college's departments in a central location at the heart of Main Campus. Courtesy of The S/L/A/M Collaborative.

Temple Public Health

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DEAN'S LETTER



In my 17 years at Temple University, I've seen the College of Public Health transform from a collection of programs scattered across the university to a leading figure in the movement to understand health, well-being, and social justice through an interdisciplinary lens. It has taken many years of dedicated work from so many in our college community to bring us to this current success. I extend my gratitude to all of those who have joined us in our commitment to a healthier and more inclusive world.

As interim dean, it is an honor and privilege to help steer the college as we approach a new period of transformation. In the next year, we are poised to break ground on a new home in the former Paley Library, a landmark to all who are familiar with Temple and a central location that represents our importance to the university. We are one of the most collaborative units at Temple, both through our dual degree programs and through interdisciplinary research across campus. The new home of the College of Public Health will include state-of-the-art classroom and research space, common areas to encourage even more collaboration across our departments, a teaching kitchen, and simulation facilities to prepare our students for the future of interprofessional care. The possibilities provided by this new facility are truly

endless. I can't wait to see all the energy and innovation our students, staff, and faculty will bring to the table as we share these plans with our greater community. I look forward to welcoming our alumni and friends of the college back to campus to be part of our new home.

While there is much to be excited about in our future, there is also a great deal of outstanding work performed by our faculty, students, alumni, and community members every day. In this magazine, our two feature stories explore ways that our researchers are leading the charge on issues both new and longstanding. First, a look at three projects that span disciplines to investigate unexplored facets of the COVID-19 pandemic (p. 22). Second, an in-depth story about the Center for Obesity Research and Education's work to transform the way we think about, discuss, and address rising rates of childhood obesity, bridging the gap between research, practice, and community impact (p. 26).

As I reflect on this past year and look to the future, I am particularly moved by those stories of students and alumni around the globe—our next generation of public health leaders. I am reading, on an almost daily basis, of new ways they are serving others, improving health and well-being, fostering a more equitable society, and innovating for a better tomorrow. This magazine includes the story of students collaborating on research with colleagues in Nigeria and South Africa (p. 10) and a timely Q&A on several issues with a Pennsylvania state senator who is also a proud CPH alumna (p. 38). Behind every research development, every intervention, and every community project, there is a student—often, many—contributing their time, deepening their understanding, and using this experience as inspiration for their future career.

This magazine offers just a brief snapshot of the great work going on in the college over the past year. I invite you to connect with us on social media and subscribe to our monthly newsletter, *The Common Good*, to stay in touch on a regular basis. We know that we are better together, and our future rests on our entire community of students, faculty, staff, alumni, generous donors, and friends of the college.

Jennifer K. Ibrahim
Interim Dean



With eight academic departments and more than 50 programs, our College of Public Health is one of the most diverse in the country. This diversity also is represented in our student body, in our broad range of collaborators and community partners, and, as you will read in the following pages, in our scholarship and research.

Of particular note is the college's work to address obesity, arguably one of the world's most pressing public health problems. Our Center for Obesity Research and Education is home to some of the world's leading authorities in the prevention and treatment of obesity and its related health problems. As detailed in stories on the pages to follow, two of the center's faculty members are among the college's seven faculty ranked in the top 2% in the world for their research productivity (p. 4). We also are among the most prolific research groups in the world in the area of bariatric surgery (p. 32). Faculty and students from seven of our eight departments have published papers in the area. Our work in obesity is diverse and impactful.

You also will read about the breadth of our work in other important areas ranging from suicide and firearm control (p. 12) to the unfortunate reality of racial discrimination in the healthcare system (p. 15). These issues are important not only to Philadelphia and major urban centers but also throughout the country. We are fortunate to have several members of our community working to address their root causes and ameliorate their lasting effects.

The diversity of our research and scholarship is a critical part of our college's success. So, too, is the tireless and outstanding work of our Office of Research Administration team, who support our researchers as they pursue extramural funding and manage those grants and contracts once they are awarded. These dedicated team members truly believe in the mission of public health and the work of our faculty, students, and staff. We could not be more fortunate to have the support of such a talented and passionate group of professionals.

In the past year, the College of Public Health set new records with respect to the number of individual faculty and students who submitted grants, the total number of grant applications submitted, and the amount of external dollars requested to support our scholarship. Last year, we also established new records with respect to the number of new grants and amount of research funding received by the college. We are truly flying high!

We also are positioned for a number of new, exciting initiatives that build on this success. In the past year, we launched a Healthy Eating and Physical Activity Working Group of faculty from across the college in order to help us strategically plan for new collaborations and opportunities. Given the early success of this group, we have launched new groups in the areas of aging, autism, and substance misuse. These groups will further foster a sense of connectedness across our research community and leave us positioned for even greater success as we prepare to physically come together in our new building in a few years.

David B. Sarwer

Associate Dean for Research

Director, Center for Obesity Research and Education



A seat at the table

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New frontiers in COVID-19 research



How public health informs a career in state politics

College researchers among top 2% of scientists worldwide

Seven faculty members (pictured) from the College of Public Health rank in the top 2% of scientists worldwide, in a new analysis of research impact from journal publisher Elsevier and Stanford University. The global ranking, which considers research in 22 scientific fields and 176 subfields, is based on a composite score that incorporates factors such as the number of research papers published and the count of citations those papers receive.



Lisa Bedore
Professor and Chair,
Communication Sciences and Disorders



Jay Fagan
Professor Emeritus, Social Work



Stephen Lepore
Professor and Chair,
Social and Behavioral Sciences



Jennifer O. Fisher
Professor, Social and Behavioral Sciences



David B. Sarwer
Associate Dean for Research and Professor,
Social and Behavioral Sciences



Mark Salzer
Professor, Social and Behavioral Sciences



Laura A. Siminoff
Dean Emerita and Laura H. Carnell Professor,
Social and Behavioral Sciences

School of Social Work climbs in 2023 'U.S. News and World Report' ranking

The School of Social Work has been ranked No. 46 among the nation's schools and programs of social work in the 2023 edition of *U.S. News & World Report's* Best Graduate Schools, climbing 13 spots since the previous ranking. This year, 298 schools and programs were included in the ranking, placing the School of Social Work in the top 20% nationwide.

The School of Social Work has a storied history in Philadelphia and Temple University since its founding in 1969 as the School of Social Administration. With more than 10,000 alumni working in the Philadelphia region, the school has for more than 50 years trained students to advance

social justice, connect vulnerable individuals to resources, and address a broad range of issues related to HIV/AIDS, mental health, substance abuse, homelessness, juvenile justice, community capacity building, gender-based violence and discrimination, child welfare, elder abuse, poverty, and more.

Within the field of social work, the school is renowned for its longstanding emphasis on both macro and clinical practice and an emphasis on interdisciplinary research. In addition, the school is committed to promoting health and wellness on campus through programs such as the Social Service Annex, which provides

peer support and connections to resources for students experiencing homelessness, food insecurity, or a number of other issues often faced by college students.

"There have been so many challenges faced by us all in the last couple of years," said Philip McCallion, director of the School of Social Work. "For the school, it has been a time when there have been retirements, the addition of new faculty and staff, and COVID-curtailed in-person day-to-day contact among faculty, staff, and students. This recognition of the school reflects the growth we have experienced despite adversity and the renewed, and renewing, commitment by faculty, staff, and students to social justice, educational excellence, and the values of social work."

Collaboration unites epidemiology and biostatistics faculty across Philadelphia

The Department of Epidemiology and Biostatistics has co-founded a new collaboration bringing together epidemiologists and biostatisticians from multiple universities to partner on research and pursue opportunities to aid the City of Philadelphia's Department of Public Health. The Philadelphia Epidemiology and Biostatistics Research and Practice Collaborative, formed in the wake of COVID-19, includes faculty at the College of Public Health, Drexel University, Thomas Jefferson University, and the University of Pennsylvania.

"We want to think about opportunities for synergy between our institutions and with the Department of Public Health," says Resa M. Jones, co-founder of the collaborative and chair of the Department of Epidemiology and Biostatistics. "The aim is to develop opportunities that ultimately have a communitywide impact."

The collaborative made a high-profile debut in March. Its first annual symposium—themed "Intersecting Pandemics: COVID-19 and Health Disparities"—also served as the mid-year meeting of the Society for Epidemiologic Research, a national professional organization. More than 100 people attended in person and remotely.

Recai Yucel, professor of biostatistics, presented research on findings from a southeastern Pennsylvania household survey on healthcare access for minority groups. Doctoral student Ryan Snead discussed a survey of Temple students about their knowledge and beliefs toward masking and COVID-19 vaccination. The collaborative's annual symposium (another is planned for next spring) is set up to include sessions about research as well as program implementation, whereas many conferences in the field focus on just one or the other, Jones says.

Cheryl Bettigole, Philadelphia's health commissioner, delivered the symposium keynote. She connected the dual pandemics of COVID-19 and health disparities, sharing the

city's COVID-19 data and a list of risk factors for more severe forms of COVID-19, including obesity, smoking, and diabetes. "When we look at the medical risk factors, it's really very striking that most of them have a relationship to poverty and to the risk factors that accompany poverty and racism in this country," she said.

The City of Philadelphia's Department of Public Health collects a wide range of data to guide its policies. The collaborative will pursue projects where faculty and students from the member schools can assist the city in interpreting the data. Universities have worked individually with the city, "but there's really been nothing done more holistically, thinking about how we can do something that involves all of us," Jones says.

The collaborative's projects could give CPH epidemiology and biostatistics students increased opportunities for fieldwork experience. That could include internships for undergraduates and capstone projects for graduate students.

Photo: Health Commissioner Cheryl Bettigole connected COVID-19 to health disparities at the epidemiology symposium.



New nursing leadership strengthens ties with Temple Health

In a rare dual appointment signifying a closer partnership between the College of Public Health and Temple Health, Chaudron Carter Short was named chair of the college's Department of Nursing as well as senior vice president and associate chief nursing officer for Temple Health.

Carter Short previously served as chief nursing officer of Temple University Hospital-Episcopal Campus and TUH-Northeastern Campus, while also holding responsibilities for Magnet, professional practice, and nursing education for Temple Health. In her more than seven years at Temple, she has applied her wide-ranging management

experience and expertise across a broad array of nursing contexts including med/surg, surgery, ambulatory care, rehabilitation, clinical research, telemetry, education, accreditation, EHR, revenue cycle, and public health.

Carter Short holds a bachelor of science in nursing from Holy Family University, a master of science in health education and health administration from Saint Joseph's University, a master's in nursing leadership from Wilmington University, a doctorate in educational leadership from Saint Joseph's University, and a doctorate in nursing leadership from Walden University.

Workshop series supports health and wellness for Philadelphia residents

The College of Public Health is coordinating a free workshop series focused on health and mental health issues for Philadelphia residents in a new partnership between the Office of Community Engaged Research and

Practice (CERP) and the city's Mayor's Commission on African American Males (MCAAM). The program began this fall with a workshop on mental health, and the series will run at least through spring 2023.

CERP and MCAAM are partnering with the Philadelphia Housing Authority, the Church of the Advocate, and other community organizations across the city, which will host events and help engage community residents.

"When CERP started, there was a plan to hold public health talks that would bring Temple faculty out into the community," explains Heather Gardiner, associate professor of social and behavioral sciences and director of CERP. "COVID limited that, but we were thinking about ways to jump-start the program when the Mayor's Commission reached out and asked if we had interest in partnering."

MCAAM's purpose is to advocate on behalf of Black men and boys in Philadelphia, specifically in making policy and legislation recommendations to the mayor, City Council, and city agencies. Health and wellness is one area of focus.

"We're interested in everything from mental and behavioral health to physical health," says Eric Marsh Sr., chair of the MCAAM. "There's a lot of conversation around nutrition, body image and eating disorders, heart disease, and diabetes. We are looking at this series through a social justice lens and looking at the systemic causes for so many of these health disparities."



College launches EMT program

The College of Public Health has established an Emergency Medical Technician (EMT) course that will train students to become proficient in basic life support care and prepare them to sit for the National Registry of Emergency Medical Technicians (NREMT) exams for certification. This six-credit-hour course is completed in one semester and is optimal for pre-health students and students majoring in many clinical disciplines, as it provides ample opportunity to gain patient contact hours and unparalleled healthcare experience.

The course is offered through the college's new Emergency Medical Services (EMS) Institute. It will be highly hands-on, including dynamic classroom experiences and large-scale drills that will offer engagement through simulated patient scenarios. The EMS Institute will also partner with outside organizations to offer clinical hours and real-world experiences. To date, the college has several partnerships with EMS organizations and one hospital in place.

Upon successful completion of this course, students will be eligible to sit for the NREMT exam. This qualification is an entry into emergency medicine that will

prepare students to volunteer in their communities; prepare them for careers as an emergency medical technician, paramedic, or emergency room technician; or further their career in any medical field.

"There is significant need for EMS—an essential community service," says Catherine Gibbs, assistant professor of instruction in the Department of Health and Rehabilitation Sciences and director of the EMT program. "Especially since the pandemic, we have seen an increase in the demand for emergency services. And like nursing, the pandemic has led to a shortage of well-trained professionals in the field, and we want to help close the gap."



Academic affairs deans highlight interdisciplinary education

Two faculty members will share the role of associate dean for academic affairs for the remainder of the academic year, filling the position vacated by the appointment of Jennifer K. Ibrahim to interim dean of the college. Jamie Mansell will serve as interim associate dean for undergraduate studies. Kim Pachik will serve as the interim associate dean for graduate studies.

Mansell joined Temple in 2012 and is director of the master's and doctoral athletic training programs. She was awarded the College of Public Health's Teaching Excellence Award in 2015. Mansell has extensive experience with curriculum development, assessment, and accreditation. She earned her MEd and PhD in kinesiology (with a concentration in athletic training) at Temple.

Pachik, who joined Temple in 2014, has been program director for the master's and doctoral programs in

occupational therapy. She has focused her career on bridging gaps between the academic classroom and clinical practice to ensure students are prepared to enter the workforce and meet community needs.

Pachik earned her OTD from Chatham University and her MOT from the University of the Sciences.

Ibrahim says it's important for the college to have leadership that reflects the breadth of its research and academic offerings as well as the impact that public health disciplines have across society.

"It's exciting to have two associate deans who come from clinical fields that sometimes aren't considered traditional fields of public health," she says. "It shows the strength of our multidisciplinary approach at CPH. It's also a step in providing more opportunities for leadership and professional development within our college."



Above: Kim Pachik (top) and Jamie Mansell (bottom).



Above: Rauth's student nurse team helped start a school library at Webster.

Rauth awarded for community program bringing nursing students to elementary school

Laura Rauth, a clinical instructor in the Department of Nursing, was recognized with a Community Schools Award by the City of Philadelphia for her work leading Temple nursing students at a city elementary school. Rauth has been bringing nursing students to learn and assist at Webster Elementary School in Philadelphia's Kensington neighborhood for more than five years as part of the Community Home program.

"At a time when the entire world is struggling with war and disease and political strife, you have chosen to stay positive, to focus on community—on your community—and to lift others up," Philadelphia Mayor Jim Kenney said to award honorees at a City Hall ceremony in May.

The Community Home program, a fieldwork element of the nursing curriculum, places students in neighborhood organizations over the course of five semesters to give them hands-on experience.

"I couldn't teach in a classroom what our nursing students learn at

Webster," Rauth says. "Classroom teaching would never get across the impact, the positive feelings you get by making a difference, and the positive pride that a community can have when it helps itself. Our students learn how you have to know the community, boots on the ground, to understand what their needs are."

Rauth and her Temple nursing students provide health screenings and education for elementary schoolers at Webster, but they have also consistently gone above and beyond to meet the unique challenges that the city public school environment presents. In the early days of the program, she says, "we noticed in the bathrooms there was no soap and no paper towels. So no basic infection control. Kids would walk out shaking their hands." It turned out that children had been clogging toilets with paper towels, so the dispensers were removed. Rauth's team worked out a way to bring back the soap and paper towels that included health education.

"We did some cool, interactive lessons with the kids, from kindergarten through fifth grade, about the importance of hand washing, what germs are," she says. When the nursing team learned that some children considered certain bathrooms scary because they were dark or run down, the nursing students painted bright murals.

In conjunction with a local church, Open Door Ministries, Rauth's student nurse team helped the school open a library with a drive that received more than 6,000 book donations.

"Now the school has a beautiful library space," Rauth says. "Temple University donated some seating from the old Paley Library. We got bookshelves from people who were willing to donate. Literally every kid

in the school checks out a book every two weeks. We are doing read-alouds and working with students who have issues with reading, one-on-one, all with a goal of building literacy and subsequently health literacy."

The Temple team has created programs on mindfulness and stress management for students as well as Webster teachers. The Kensington neighborhood where Webster is located is economically disadvantaged, and it presents ongoing challenges for those in the building.

"What they may need teaching on may not be something that I would immediately teach in suburbia. Gun safety and needle safety have been requested by the school nurse and the principal," Rauth says.

The nursing students understand the impact they can have in that environment.

"They become mentors. The children look for them," Rauth says. "We have had children tell us stories that have subsequently been reported as risks, and those may not have come out had we not been sitting in a small group, listening."

But a lot it is just standard kid stuff, too, like checking kids' vision when they seem to be struggling in class. "There's not a week that goes by that I don't get one of the teachers saying something like, 'Can you take a look at this kid? I'm worried about this rash,'" Rauth says.

Faculty awards and appointments

Lisa Bedore, chair of the Department of Communication Sciences and Disorders, was named co-recipient of the 2022 Excellence in Diversity Award from the Council of Academic Programs in Communication Sciences and Disorders.

Jamie Mansell, associate dean for undergraduate studies and program director of graduate athletic training programs, was named a 2022 National Award Winner by the National Athletic Trainers' Association for her work to advance athletic training as a public health discipline.

Philip McCallion, director of the School of Social Work, was named a fellow of the American Academy of Social Work and Social Welfare (AASWSW). McCallion also was chosen to receive the Association for Community Organization and Social Action (ACOSA)'s 2022 Career Achievement Award.

Jingwei Wu, associate professor of instruction in epidemiology and biostatistics, was selected as one of four researchers nationwide to join the 2022 Mentored Biostatistics Faculty Program in Aging and Mental Health at the Advanced Research Institute.

Cheryl Hyde, associate professor of social work, was elected as the new chair of the Association for Community Organization and Social Action (ACOSA), an organization focusing on macro-level social work.

Chris Wheldon, assistant professor of social and behavioral sciences, received the Best Overall Scientific Abstract Award at the 2022 ASCCP Scientific Meeting on Anogenital and HPV-related Diseases for "HPV vaccination of PrEP (pre-exposure prophylaxis) users."

Robin Taylor Wilson, associate professor of epidemiology and biostatistics, was invited to serve as a member of a CDC and Agency for Toxic Substances and Disease Registry partnership to promote local efforts to reduce environmental exposure in Pennsylvania.

Yaara Zisman-Ilani, assistant professor of social and behavioral sciences, was appointed as a member of the Patient-Centered Outcomes Research Institute (PCORI) Clinical Effectiveness and Decision Science (CEDS) program.

Erica Pugh, assistant professor of instruction in occupational therapy, was selected to participate in the American Occupational Therapy Association (AOTA) 2022-2023 Academic Leadership Institute.

Mark Salzer, professor in the department of social and behavioral sciences, was appointed by the director of the NIH as the first chair of a new NIMH Initial Review Group—Effectiveness of Mental Health Interventions Study Section (EMHI) through 2026.

Huanmei Wu, chair of the Department of Health Services Administration and Policy and assistant dean for global engagement, was named a fellow of the American Medical Informatics Association (AMIA).

Kinesiology students collaborate with researchers in Nigeria and South Africa

With student opportunities to study abroad curtailed by pandemic travel restrictions, the College of Public Health's Department of Kinesiology has formed partnerships with schools in Africa to collaborate virtually on public health research projects.

"Physical activity and nutrition are important around the world—and different around the world," says Mark Stoutenberg, chair of the department. "The more we can expose our students to the issues that people face in different populations, the better equipped they'll be to put it into practice anywhere."

In a research collaboration with the University of Maiduguri in Nigeria, an international team of students and faculty is examining associations between community violence and mental health issues and whether physical activity can play a mediating role. Jeff Gehris, associate professor of instruction in kinesiology, has

joined with Adewale Oyeyemi, a lecturer in physiotherapy at the University of Maiduguri, to lead a systematic review of the existing literature.

Three American students were matched with three Nigerian students, and the student pairs reviewed past studies that examined community violence, mental health, and physical activity. Beginning with a search that produced thousands of papers on these topics, the students narrowed the field to fewer than 100, and the professors will further cull the candidate studies for the review to just a handful that specifically discuss physical activity in the context of mental health and community violence.

"There hasn't been a whole lot done in this area," Gehris says. "Our study may help to summarize the importance of physical activity. There may be implications for programs that are attempting to help youth who have been exposed to community violence."

While the study incorporates research from all over the world, the students were able to meet by video and share their own life experiences in Maiduguri and in Philadelphia.

In a separate study, graduate kinesiology students are collaborating remotely with the University of the Witwatersrand (Wits University) in Johannesburg, South Africa, on a project examining the effectiveness of a program that trains young adults to work as community health workers, screening for physical activity and hypertension during house visits.

The Wits University researchers followed up on the visits by interviewing residents who received the service, and CPH kinesiology students have been reviewing translated transcripts of those follow-up interviews to prepare a summary of the findings to be published.

Graduate students Lia McNulty and Andy Ly say the follow-up interviews reveal that the residents are happy to have the health advisors come to their doors—a good sign for the program. The students also appreciate the perspective they have gained on global health through the project.

"Having this exposure outside of the United States is so valuable. I think it will help me consider the needs of different people and different populations wherever I go," McNulty says.





Above: Cynthia Abbott-Gaffney (left) presents at the World Federation of Occupational Therapy International Congress and Exhibition. Beth Pfeiffer (not pictured) also presented at the conference.

Occupational therapy leaders bring disabilities research to Paris

Two College of Public Health faculty members traveled to Paris in August to present their research at the 2022 World Federation of Occupational Therapy (WFOT) International Congress and Exhibition.

Cynthia Abbott-Gaffney, assistant professor of instruction in health and rehabilitation sciences, and Beth Pfeiffer, associate professor of health and rehabilitation sciences, shared their work with an international audience at the professional conference, which is held once every four years. The theme was "Occupational R-Evolution," with the goal of demonstrating "how innovative occupational therapy practice, education, and research transforms lives."

"It was an opportunity to get our work out there internationally and see what's going on around the world in our profession," said Pfeiffer, who directs the college's REACH (Research, Engagement, and Advocacy for Community Participation and Health) Lab.

Abbott-Gaffney gained a global reputation researching telehealth before the COVID-19 pandemic made it a more widely used practice. At the conference, she presented a revised WFOT position statement for clinicians on the use of telehealth in occupational therapy, after helping run a team that put the new guidelines together. She also presented findings of a study on telehealth for occupational therapy conducted at Temple during the pandemic.

"Some of our Temple students were a part of running that study and getting it published," she said. "They traveled to Paris as well, so it's great that they could be exposed to the profession at that global level."

Abbott-Gaffney also gave a presentation on her development and testing of a tablet-based digital app to help individuals with autism work on fine motor skills. "It's been our experience that most young people are motivated by technology. They're tech natives," she says. Her team researched dozens of tablet-based tools for their strengths and shortcomings and surveyed user experiences to develop a new app that they are testing for efficacy.

Pfeiffer presented research on two real-life interventions for people with intellectual and developmental disabilities (IDD) developed through the REACH Lab. One is a program called SAFE, conducted in conjunction with Temple's Institute on Disabilities, designed to help people with IDD stay safe from infectious diseases in their workplaces. The program, which started with COVID-19 but expanded for contagious-disease safety more generally, has examined ways to communicate healthy workplace practices to individuals and help them advocate for safe work environments.

"We presented the program so other occupational therapists are able to implement it in their environments," Pfeiffer says.

She also provided an overview of a transportation training program her lab has developed to help people with IDD use public transportation to boost self-sufficiency. Transportation access is a key to increased community participation, a major goal of occupational therapy.

"There's innovative work going on around the world in this area," Pfeiffer says. "Transportation in one part of the world might look different than another. But we can learn a lot from what works and what doesn't in other places. That's why these international exchanges of ideas are so valuable."



To win support for firearms control, a focus on suicide prevention

Gun violence plagues the United States. As a police officer in California for 15 years, Sherief Ibrahim witnessed up close what firearms can do to people.

But mitigating firearm violence in America has been nearly impossible politically. So when Ibrahim came to Temple to study for his master of public health in health policy and management, he chose to re-frame the argument.

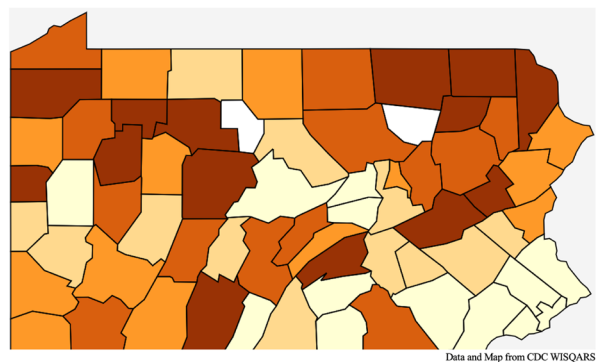
Ibrahim focused his fieldwork research on one troubling side of gun violence: suicide. The data he gathered were compelling enough to take to the Pennsylvania capitol in Harrisburg in April. He hoped to influence legislators to legalize Emergency Risk Protection Orders (ERPO), commonly called red flag laws, which allow family members or law enforcement to petition a court to temporarily remove firearms from someone at risk of harming themselves or others. In states that allow them, ERPOs have been shown to cut suicide rates by up to 13%.

For his fieldwork in collaboration with CeaseFirePA, Ibrahim had aggregated county-by-county records in Pennsylvania and found per capita suicide rates in rural counties to be double the rates of more urban



Pennsylvania map of injury

Firearm suicide per capita by county between 2014-2019



Legend Per 100,000 People

- 9.6 to 13.4
- 13.4 to 15.3
- 15.3 to 17.3
- 17.3 to 19.1
- 19.1 to 24.7
- Suppressed Value

Data and Map from CDC WISQARS

Pennsylvania county map by 2020 presidential vote percentage

Overlaid by crime guns recovered and crime guns recovered per capita

Crime Guns Recovered by County Per Capita
1 Dot = 3
Resident

Crime Guns Recovered by County

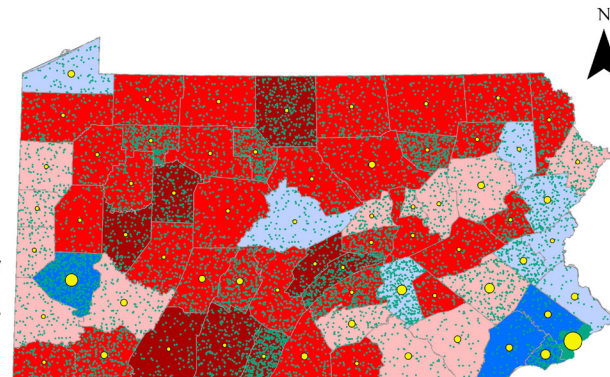
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2020 Presidential Vote Percentage by County

Range

- Biden Won 65% - 100% of Vote
- Biden Won 55% - 65% of Vote
- Biden Won 49% - 55% of Vote
- Trump Won 75% - 100% of Vote
- Trump Won 65% - 75% of Vote
- Trump Won 50% - 65% of Vote
- All Others



Data Sources: Pennsylvania county boundaries Base Map: <https://www.pasda.psu.edu/uci/DataSummary.aspx?dataset=24>
Crime Gun Data Source: <https://www.attorneygeneral.gov/data/pennsylvania-gun-tracing-analytic-platform/>
Pennsylvania Population data: https://pasda.hbg.psu.edu/Data/Estimates/County_Voting_Pres Source: Mestery 2
Map by: Sherief Ibrahim

Above: Ibrahim's research shows a noteworthy similarity between a map of firearm suicides per capita by Pennsylvania county (left) and a map of the 2020 U.S. presidential vote by county (right). Gun suicide rates are higher in "red" voting areas. He hopes the correlation may persuade legislators from more conservative-voting counties, who tend to oppose firearms regulation, to vote in favor of Emergency Risk Protection Orders, which have been shown to reduce gun suicides. The map on the right is overlaid with data on "crime" guns recovered across Pennsylvania, showing it to be a statewide phenomenon.

counties in many cases. Ibrahim also discovered that his map of suicide rates by county was nearly identical to a map of the state's 2020 presidential vote. Republican-voting counties, where gun regulation generally is opposed, have higher per capita suicide.

Meeting with more than a dozen state lawmakers from both sides of the aisle as part of an advocacy day at the capitol, Ibrahim presented the issue in a way that some had not considered: Could lawmakers even in conservative areas support a tool allowing families in their jurisdictions to protect loved ones?

"I said, 'Why are we talking about this as a firearm policy agenda? Why aren't we talking about this as a compassionate agenda?'" says Ibrahim, who earned his MPH in May and also has a law degree. "What

Opposite page: Many affected by gun violence shared their stories at a firearms-regulation advocacy day with Pennsylvania lawmakers in Harrisburg.

legislator is going to tell a parent that they shouldn't be afforded the means to protect their child from harming themselves? People who use guns to attempt suicide generally succeed. People who don't use guns to attempt suicide generally don't succeed."

Ibrahim thinks his approach did hit home for many lawmakers. But he still got what he expected: political realism. "It was clear that the Democrats were for the concept of some kind of policy, but they were realistic that no policy was likely to pass in Pennsylvania. They just didn't have the votes," he says.

In June, following the May 24 elementary school shootings in Uvalde, Texas, the U.S. Congress passed the first major federal gun safety legislation in decades, the Bipartisan Safer Communities Act. Among its measures, the act creates \$750 million in funding to states for the creation and administration of laws that help ensure deadly weapons are kept away from individuals

that a court has determined to be a significant danger to themselves or others. It's not a federal red flag law. Every state will receive funding based on a formula, then have flexibility to use the funds on crisis intervention courts and other programs.

Tragedies like the July 4 shooting in Highland Park, Ill., are keeping the issue of gun regulation prominent. Currently, there are several bills in the Pennsylvania legislature that would enact ERPOs, but none have gained traction or gone to the full floor for votes.

"Although I'm far more optimistic today than I was in Harrisburg, I'm not ready to say that victory is on the horizon," Ibrahim said in July. "I'm not ready to say that."

Gender-affirming procedures can improve quality of life



ABSTRACT

Access to gender-affirming procedures is associated with **positive psychosocial outcomes** among transgender individuals.

Experiencing barriers to gender-affirming healthcare is associated with anticipation of discrimination and may lead individuals to forgo care.

New findings from a College of Public Health study add to the growing body of literature that gender-affirming procedures, such as hormone therapy or surgery, have positive psychosocial benefits for transgender people. The study also finds that barriers to accessing healthcare providers raise expectations of future discrimination, potentially leading individuals to forgo these procedures and the quality-of-life benefits they can bring.

"These findings come at a time when state legislatures are advancing bills that aim to restrict access to, and in some cases criminalize, gender-affirming care for people

who are trans," says Patrick Kelly, research coordinator at the Risk Communication Laboratory, who led the study. "A lot of the people who make these laws choose to overlook the science. It's contrary to the evidence and rooted in stigma."

The report on the study, "The Relationship Between Gender-Affirming Procedures, Body Image Quality of Life, and Gender Affirmation," was published in the journal *Transgender Health*. Kelly's co-authors are Paul D'Avanzo and Anne Frankel from the Department of Social and Behavioral Sciences and David B. Sarwer, associate dean for research, along with Adrian Shanker and Katie Suppes of the Bradbury-Sullivan LGBT Community Center in Allentown, Pa.

The investigators performed a new analysis of data gathered in 2020 for a previous study, also by Kelly, in which participants indicated their history of gender-affirming procedures, including hormone replacement, voice therapy, or surgical procedures. They were asked about discrimination they had encountered and their level of anticipation of future discrimination. They also were surveyed on a measure

called the Body Image Quality of Life Index, which asks respondents to rate how much they feel their personal body image affects aspects of their life such as relationships with friends and family.

The analysis found that Body Image Quality of Life and the number of gender-affirming procedures were positively correlated. It also found that barriers to accessing healthcare made a significant impact on participants' expectations for future care.

"Our findings raise the question of how barriers to care beget anticipation of future discrimination," Kelly says. "If someone feels they are probably going to face an experience that's going to make them feel othered, do they delay care? Do they turn to alternative sources? When we erect these barriers, we could be contributing to avoidance of engaging with healthcare overall."

A remedy for racial bias in the doctor's office



ABSTRACT

Racial bias that patients encounter in medical offices may be unintended, but it can make patients less likely to return for needed care.

A CPH-developed training program for medical office staff is shown to be effective in reducing implicit bias.

A new online training tool has been shown to be effective in reducing racial bias among staff workers in primary care medical offices, in a study led by Gabriel Tajeu, assistant professor of health services administration and policy.

"Our research group previously had discovered that front desk staff in the healthcare setting—who weren't physicians or registered nurses—were a fairly significant source of perceived discrimination," Tajeu says. "Patients who experience discrimination are less likely to follow treatment plans and less likely to come back for follow-up visits. It's associated with worse outcomes."

Tajeu's paper, "Development of a Multicomponent Intervention to Decrease Racial Bias Among Healthcare Staff," published in the March issue of the *Journal of General Internal Medicine*, describes a training program the research team developed aimed at reversing bias patterns.

Much of the bias that patients may encounter isn't intentional, Tajeu says.

"Office staff may not even be aware that they're engaging in disrespectful or discriminatory behavior," he explains. "We're not trying to make

people feel bad for having these implicit biases. We're trying to make them aware that they have them."

Tajeu and his colleagues began the research during his postdoctoral studies at the University of Alabama at Birmingham. The researchers recruited staff workers at multiple primary care medical offices and tested them for subconscious attitudes toward people of different races using the Implicit Association Test. The overall baseline implicit bias score for the group had indicated slight pro-white bias. After the intervention, the implicit bias score decreased to a neutral score, indicating no pro-white or Black bias.

The intervention consists of five 30-minute modules, including PowerPoint slides and videos, which participants complete online.

"We wanted to provide some background on the experiences of racial minorities in the healthcare setting, educate individuals about implicit bias, and generate some emotional connection to the issue," Tajeu explains. "Part of bias is that you're not treating each interaction as unique, you're just using stereotypes to categorize everything."

Another factor is that biases can emerge when individuals are emotionally taxed or tired, so one module centers on handling stress at work.

Tajeu notes that implicit bias isn't only happening at the front desk or other parts of patient intake—studies have suggested that implicit bias among clinicians results in differences in treatments. But success in countering bias among staff workers, who often aren't considered key members of the healthcare interaction team and may have lower levels of education than doctors and nurses, is important.

Next, he says, he would like to validate the results in different healthcare settings, improve the production quality of the training materials, and ultimately tie the program's results to clinical outcomes.

"If we are able to reproduce it and improve it, this could be easily disseminated across the country online, particularly if we find it is tied to improvements in clinical measurements," he says.



Quit-smoking program for mothers helps children breathe easier

A five-year study from the College of Public Health has shown the effectiveness of an intervention designed to reduce cigarette smoking by mothers that can expose children to health risks. Mothers who participated in the program, called Babies Living Safe and Smokefree (BLiSS), were 9.55 times more likely to abstain from smoking than a control group.

Results from the study were published in the March 2022 issue of *The American Journal of Public Health*, co-authored by Bradley Collins, professor and PhD program director in the Department of Social and Behavioral Sciences; Stephen Lepore, chair of the Department of Social and Behavioral Sciences; and Brian Egleston, a member of the Biostatistics and Bioinformatics Facility at Fox Chase Cancer Center.

"Children in disadvantaged households bear the greatest burden of tobacco smoke exposure,"

said Collins. "We need effective interventions in underresourced communities to address this problem as a public health priority."

Child tobacco smoke exposure (TSE), much of it from mothers who smoke, is a leading cause of preventable disease and death. The World Health Organization estimated in 2020 that tobacco kills more than 8 million people annually, including more than 1 million nonsmokers exposed to tobacco smoke. TSE has been linked to childhood ear infections, asthma severity, and increased risk of sudden infant death syndrome. The problem is especially prevalent in low-income households: Over 40% of low-income children have daily TSE, and maternal smoking is the primary source.

BLiSS is a multilevel intervention that begins with an initial in-person session when participants seek food and nutrition services through the

ABSTRACT

Tobacco smoke exposure has been linked to **childhood illnesses** and **increased risk of sudden infant death syndrome**. Mothers who participated in the CPH-developed Babies Living Safe and Smokefree (BLiSS) program were **9.55 times more likely to abstain from smoking** than a control group.

WIC program, which provides food and nutrition financial support and education to low-income families. The leaders of the project, Collins and Lepore, teamed with North Inc., the nonprofit that manages the Philadelphia WIC program, training nutrition counselors to include tobacco screening and brief intervention with clients.

Approximately 400 mothers who smoke were recruited into the BLiSS study after receiving WIC nutrition counselor advice. Mothers in the BLiSS intervention then received 12 weeks of TSE-reduction and smoking cessation follow-up, including up to five phone counseling sessions based on cognitive behavioral therapy for smoking intervention, supportive text messaging and video clips sent to their mobile phones, a BLiSS mobile app that helps with self-monitoring of smoking, and eight weeks of nicotine-replacement (gum,

patches, or lozenges). The mothers also received a smoke-free home guide that contained materials such as “no smoking” signs that could be posted to remind family members in a household to achieve a smoke-free home.

“This population of smokers has a much more difficult time quitting than other smokers,” Lepore said. Low-income neighborhoods tend to have more densely concentrated tobacco vendors and tobacco advertising, including billboards that might not be permissible in higher-income neighborhoods. Some smokers feel it reduces their stress, and residents in lower income communities can experience more intensive stress than those in higher income neighborhoods.

“Roughly speaking, the smoking rates in low-income neighborhoods range from around 25 to 30%, compared to higher-income neighborhoods, where rates are closer to 10 to 14%,” Lepore said. “Considering these rates at the community level, when somebody who’s trying to quit smoking walks within their community and sees a quarter to a third of people smoking, and sees ads promoting the pleasures of smoking, it can be really hard to overcome temptations to smoke.”

These challenges are why the multilevel intervention can be effective, Collins said. “Factors that promote quitting are present at the community level, at the home level, and at the individual level. So, we integrated a number of treatment components specifically for smokers, as well as elements within their community WIC clinics and for their homes, to keep moms engaged in the quit process between the telehealth counseling sessions.”

In the end, mothers in the BLiSS program had a significantly higher abstinence rate, bioverified by saliva samples, than mothers in the control group who did not receive

the same follow-up, even up to 12 months later. Bioverified abstinence rates were below 10% at 12-month follow-up (nine months after the end of treatment), so “there is room for improvement, but these are very encouraging results,” Collins said. “What’s noteworthy is this was a population of smokers that was not intending to quit when the nutrition counselor introduced the BLiSS program. Our intervention focused on helping moms get motivated around protecting their children as a first step to quitting smoking.”

Keeping participants—busy mothers—engaged is a key to the effectiveness of the program. The children of mothers who finished more sessions, spent more time in counseling, opened the app more frequently, and viewed more videos had measurably less cotinine, a metabolite of nicotine, in their systems.

“What we’ve been able to show is that if you can create an intervention that doesn’t target just individual factors, like nicotine withdrawal symptoms, if you can augment individual-level treatment with intervention elements in the community and home that are integrated, it’s going to be more impactful than just a policy alone, or just a quit line, or just nicotine replacement,” Lepore said.



In efforts to curb rising prescription drug prices, federal regulators have put forth proposals requiring “list prices” to be included in TV commercials for pharmaceuticals. But could price disclosure in TV drug ads make any difference? New research from Temple University suggests it might not.

Do price disclosures help in prescription drug commercials? Maybe not.

In a collaborative study by researchers at the College of Public Health and the Klein College of Media and Communication, most people watching test ads with price information added didn't notice that the price information was there. For those who did notice, the information did not significantly influence them to seek out the new drug or ask doctors for more information.

Certain factors specific to prescription drugs diminish the impact of including list prices for drugs in ads—and might diminish viewers' perceived need to pay attention, says Ilene Hollin, who focuses on health economics as assistant professor in the College of Public Health's Department of Health Services Administration and Policy.

“In theory, it makes sense that if we can increase price transparency, consumers may be more likely to take cost-saving measures, and it could curb some of the high cost

of healthcare,” Hollin says. “But in this particular context, there are problems. The first is that ‘list price’ often isn't representative of what patients actually pay for drugs. They don't really have an accurate assessment of what a drug will cost them until they're paying for it at the pharmacy counter. The second is that many new branded drugs are on patent and have exclusivity, so there aren't alternatives. Comparison shopping isn't an option.”

Hollin conducted the study with Jennifer Ball, assistant professor in Klein's Department of Advertising and Public Relations. Results from their study were published in two papers, the first in *Research in Social and Administrative Pharmacy* in 2021 and the follow-up in the December 2022 issue of *Exploratory Research in Clinical and Social Pharmacy*.

The genesis of their investigation was a 2019 mandate from the federal Department of Health and Human

ABSTRACT

Policies requiring prescription drug commercials to disclose retail prices are aimed at persuading consumers to comparison shop—and help lower drug prices.

A research collaboration between the College of Public Health and Klein College of Media and Communication suggests other factors impede that goal.



Services (HHS) that pharmaceutical advertisements disclose the list prices of certain drugs. The goal of the regulation was to “help improve the efficiency of Medicare and Medicaid programs by reducing wasteful and abusive increases in drug and biological product list prices.” The thought, according to the regulatory document, was that forced disclosure might spur drugmakers to reduce their prices “by exposing overly costly drugs to public scrutiny.”

In 2020, a Washington, D.C., circuit court struck down that mandate, deciding that HHS overstepped its regulatory authority. But in 2021 the U.S. Senate took up the cause with a bipartisan bill that would require price disclosures in advertisements for prescription drugs. The pharma industry continues to spend more each year (now about \$6.5 billion) on direct-to-consumer advertising, and the Government Accounting Office reported that the pharma ads may

contribute to increased Medicare Part B and Part D spending.

“This issue is going to continually come up,” says Ball, for whom prescription drug advertising is a major area of research. Regardless of whether public scrutiny will inspire drugmakers to reduce prices, the idea that giving consumers more information will help them comparison shop is worth investigating, Hollin says.

Hollin and Ball met in a Temple grant-writing program around the time the HHS issued its rule, and they realized they had a shared interest in understanding its potential implications. “There wasn’t really any evidence directly related to the effects of this type of price disclosure in prescription drug advertising,” Hollin says.

For the study, the Temple researchers recruited a panel of 2,138 participants representing the general population. These panelists were shown real TV commercials for the drugs Invokana (Type 2 diabetes), Eliquis (deep vein thrombosis/pulmonary embolism), and Xeljanz (rheumatoid arthritis) and told that they should approach the commercials as if they needed medication for these conditions. A control group saw the ads unaltered. Another group was shown versions edited to include what the original HHS rule has mandated: “a legible textual statement at the end of the advertisement” of the list price for a 30-day supply of the medication. A third group, called the “Price Plus” group, was given an additional sentence stating the more typical out-of-pocket cost, based on Medicare coverage rates.

Overall, about 41% of participants noticed when a price was disclosed. Around 8% of the control group thought they had seen a disclosure even though there was none. Recognition of the different elements

of the price disclosure did vary by sociodemographic variables such as race, education, and income, as well as health characteristics.

The second published paper from the study examines how seeing drug price information in commercials might influence consumer behavior. The researchers analyzed participants’ answers to questions about whether the information would make them likely to comparison shop for the advertised drug or ask their doctor for more information about it. Generally, the answer was no.

While it is possible that people didn’t notice the price information because it isn’t standard information to look for in these types of ads, “there’s nothing about what we’ve seen so far that would demonstrate that this is necessarily an effective way to get people to pay attention to price,” Hollin says. “It calls the policy into question. Is this the best approach for lowering healthcare costs?” Including the high list price, Hollin adds, could have “unintended consequences of scaring people into thinking it is unaffordable.” For two of the conditions studied, the inclusion of the list price alone was associated with respondents overestimating what their out-of-pocket costs would be for the drug. That would undermine the public health value of the ads, she says.

Both researchers suggest that accurate price disclosure can be valuable to patients. “There’s value in directing patients to think about the price earlier in the decision-making process,” Ball says. “The best way to present that has yet to be determined. When you’re going to be seeking treatments, that’s a journey, a multistage process. The point when someone may be first learning about a drug, it may be that price just is not a key consideration.”



ABSTRACT

Analyzing more than a million records from calls placed to the Veterans Crisis Line, researchers found about **53% of women veterans** had elevated suicide risk, versus 41% of men, and women were more likely to call about intimate partner or sexual violence.

The gender difference shows a need to pay more attention to this growing military veteran population in research and policymaking.

Women military veterans at higher risk of suicide

Suicide rates among military veterans in the United States are higher, and have been increasing more quickly, than those for non-veterans. At the same time, women represent the fastest-growing segment of the U.S. military veteran population, currently about 14%. Now, a first-of-its-kind study led by Melissa Dichter, associate professor in the School of Social Work, has examined how men and women veterans might face different ongoing mental health issues. The U.S. Department of Veterans Affairs (VA) granted the research team access to more than a million records from calls placed to the Veterans Crisis Line (VCL), a 24-hour telephone service that the VA established in 2007. With funding from the VA, Dichter's research team analyzed a database of the calls logged by factors including gender, the reason for the call, and an assessment of suicide risk. Their report, "Gender differences in veterans' use of the Veterans Crisis Line" was published in *General Hospital Psychiatry*.

"There were more similarities than differences," Dichter says, but the differences are revealing and important.

About 53% of the women indicated elevated suicide risk, versus 41% of men. Roughly 62% of women called for mental health issues, compared to 51% of the men. Women were more likely to call about intimate partner or sexual violence, while men were more likely to call about substance use and addiction. And just over 7% of the calls by women (versus under 1% for men) indicated military sexual trauma, a legally defined term used by the VA, as a reason why they called the VCL.

"Women veterans as a group have unique characteristics and needs," Dichter says. "They're younger than men. They are a minority in the military and out in the community, so finding other women veterans and having social support can be harder. Historically, women have this experience of going to the VA for a healthcare appointment, and someone will assume that they're there for their husband."

In the male-dominated military, women may face harassment and sexual assault. Women veterans experience more intimate partner violence in their lifetime than women who have not served in the military, Dichter notes. "These are all sources of psychological trauma that impact social well-being and increase suicide risk," she says.

The researchers examined 760,268 VCL calls, about 15% from women and 85% from men. All callers are given a mandatory suicide risk screening. The VA maintains call records, but the data had never before been examined in aggregate with these gender comparisons.

The study will contain two more phases: one examining suicide related outcomes (deaths and attempts) in the 12 months following the calls and another exploring how COVID-19 affected veteran health issues.

The study points to the need for gender-specific approaches to mental health for military veterans, Dichter says. Every VA medical center has a full-time women veterans program manager and is mandated to have a full-time intimate partner violence coordinator. A new executive order signed by President Biden in January establishes sexual harassment as a specific offense under the Uniform Code of Military Justice and stipulates that sexual harassment complaints must be handled through independent investigations.

"We want to continue to be sure to attend to gender-specific needs, so there are opportunities for more upstream intervention and interventions for the kinds of things that people are calling the hotline for," Dichter says. "The differences we see in the study show the need to pay particular attention to this population in research, policy, and practice."

What it means to 'matter': Battling social isolation among people with mental health issues

Bryan McCormick, professor in the Department of Health and Rehabilitation Sciences, has been awarded a \$2.5 million, five-year grant from the National Institute on Disability, Independent Living, and Rehabilitation Research to develop interventions that reduce social isolation among people with serious mental illness (SMI).

"The rates of loneliness among this population are remarkably high compared to other adults," McCormick says. "Feelings of loneliness and experiencing social isolation are more than a negative emotional experience. There is evidence to show that it is harmful in terms of longevity and brain function."

The COVID-19 pandemic caused many people to engage in less social contact and feel isolated, with studies showing higher rates of stress and depression. For people with disabilities, these feelings are nothing new.

ABSTRACT

The pandemic exacerbated social isolation for many people with serious mental illnesses.

Under a **\$2.5 million grant**, researchers will develop an intervention to help people with SMI engage socially, experience feelings of mattering, and **improve their sense of purpose**.

"I've talked to folks with serious mental illness after the pandemic, and they said, 'Well, now people know what it's like for us,'" McCormick says.

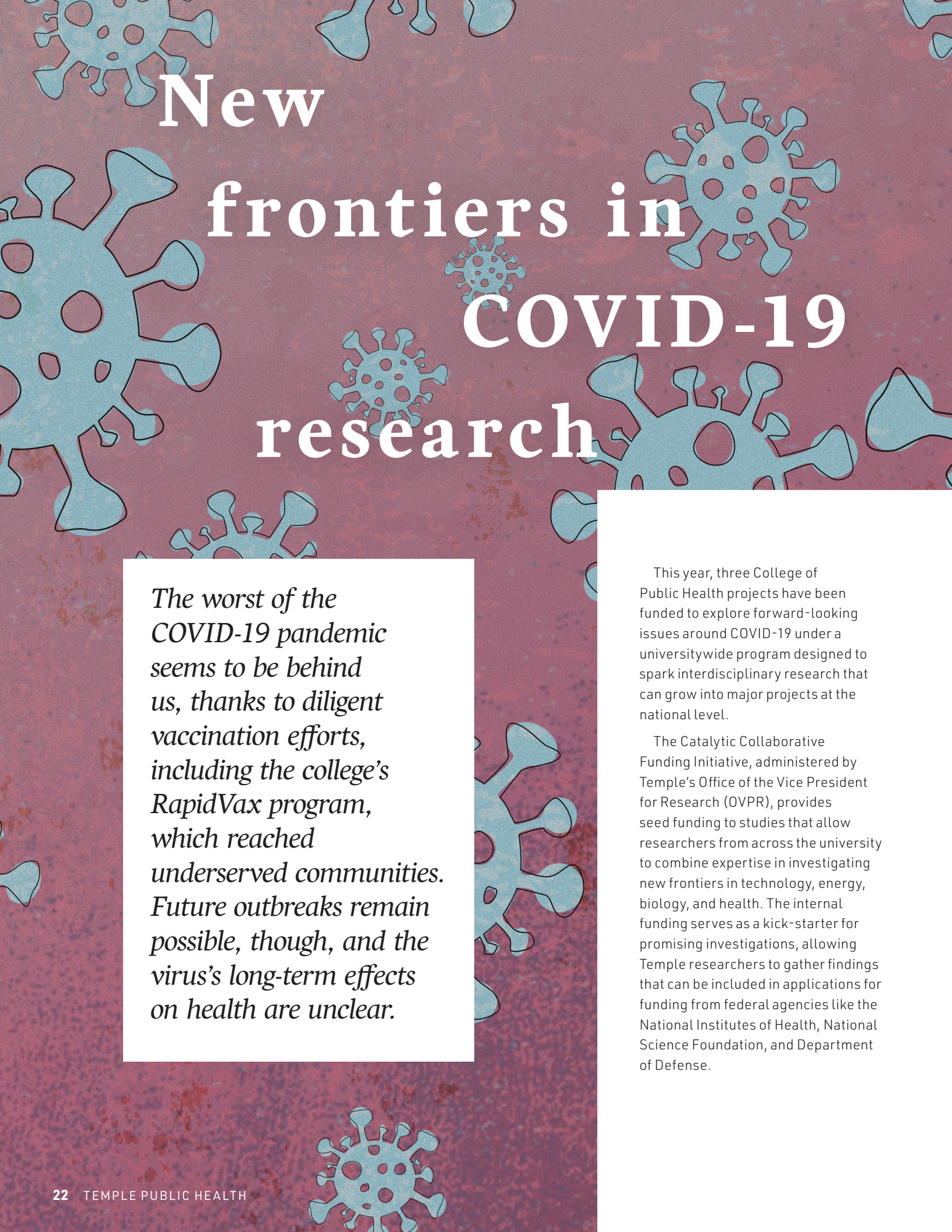
Much of McCormick's research will explore social isolation and loneliness through the lens of "mattering," a feeling of being needed, useful, or important to others.

McCormick's team will work with local mental health providers to survey individuals with SMI, measure their sense of mattering, and develop an intervention aimed at enhancing it. That likely will involve connecting people with meaningful volunteer activities where they can engage socially, build connections with others, experience feelings of mattering, and improve their sense of purpose.

"It's really to establish and test an intervention that can be delivered by community mental health centers and personnel, having it become part of health practice," McCormick explains. "In social support, we often ask people, 'Who can you count on for a ride? Who can you count on for advice?' But we never ask the reverse: 'Who counts on you for a ride, for advice?'"

Being needed often results in having obligations, and although obligations often have a negative connotation, McCormick says, they have value in people's lives.

"When you're out of networks of obligation, it's tough to structure your life. You're not needed to be anywhere at any time," McCormick says. "That's sometimes the situation we're seeing with adults with serious mental illness. They don't need to be anywhere at any time, and they fall into a state of inertia in many ways. We don't typically see obligation as a positive thing. But it does have some very positive aspects and roles in our lives."



New frontiers in COVID-19 research

The worst of the COVID-19 pandemic seems to be behind us, thanks to diligent vaccination efforts, including the college's RapidVax program, which reached underserved communities. Future outbreaks remain possible, though, and the virus's long-term effects on health are unclear.

This year, three College of Public Health projects have been funded to explore forward-looking issues around COVID-19 under a universitywide program designed to spark interdisciplinary research that can grow into major projects at the national level.

The Catalytic Collaborative Funding Initiative, administered by Temple's Office of the Vice President for Research (OVPR), provides seed funding to studies that allow researchers from across the university to combine expertise in investigating new frontiers in technology, energy, biology, and health. The internal funding serves as a kick-starter for promising investigations, allowing Temple researchers to gather findings that can be included in applications for funding from federal agencies like the National Institutes of Health, National Science Foundation, and Department of Defense.



Abby Rudolph, associate professor of epidemiology and biostatistics, received a Catalytic Collaborative grant to study risk factors for post-COVID conditions (PCC)—also called long COVID—new or persisting health effects that COVID-19 patients may experience months or years after infection. The grant teamed her with Gerard Criner, chair of thoracic medicine and surgery at Temple's Lewis Katz School of Medicine, for a study built on Temple Health System data. That collaboration helped her win a five-year, \$8,720,000 grant from the Centers for Disease Control and Prevention for a larger-scale study.

"We were able to leverage our prior collaboration on the OVPR project to put together a very competitive application," Rudolph says.

Post-COVID conditions can include difficulty with thinking and concentration ("brain fog"), depression, muscle pain, headache, heart palpitations, and serious complications such as inflammation of the heart muscle, lung function abnormalities, and psychiatric issues. A recent CDC study found one in five COVID-19 survivors age 18–64 in the U.S. may have developed at least one condition linked to long COVID. But the risk factors are not well understood.

The CDC study, also examining Temple Health System data, will investigate questions such as whether post-COVID symptoms differ depending on how severe the initial infection was and whether people with more severe initial symptoms have PCC for a longer period of time.

"Do the types of PCC experienced differ depending on which variant of the virus was circulating in Philadelphia at the time?" Rudolph asks. "Does being vaccinated reduce the risk of post-COVID-19 conditions? Do specific treatments like Paxlovid? Knowing the answers to some of these questions can help us to predict future rehabilitation and treatment needs and help us to develop better interventions to prevent PCC among those developing COVID-19 in the future and treat PCC among those currently experiencing them."

In addition to Rudolph and Criner, the expanded research team for the CDC study includes CPH faculty Bari Dzomba, associate professor of instruction in health services administration and policy; Resa M. Jones, chair of the Department of Epidemiology and Biostatistics; and Marina Oktapodas Feiler, research assistant professor of epidemiology and biostatistics. The team will also include seven medical chart reviewers, two postdoctoral students, and three graduate students. Team members from the Katz School of Medicine include Anuradha Paranjape, vice chair of clinical affairs in the Department of Medicine, and health informatics analyst John Turella.

Through a collaboration with the Philadelphia Department of Public Health, researchers will be able to incorporate data on thousands of patients in the Temple University Health System who tested positive for COVID-19, whether or not the test was performed at Temple. The researchers plan to meet with Temple University Health System and the Philadelphia Department of Public Health to discuss findings that might inform clinical care or decision-making when a patient is hospitalized and public health programs to reduce inequities, Rudolph says.

"If we're able to determine that the types of treatment received or procedures performed during the acute phase not only improve their acute infection but also reduce their risk of PCC later, that's great news," she says. "Similarly, if we identify factors that increase a patient's risk, we can create alerts in patient medical charts to flag patients at increased risk for PCC or more severe PCC in the future and schedule more frequent follow-up visits to monitor their progress. Because COVID isn't going away, we can use what we learn here to not only improve patient outcomes associated with acute infection but also prevent some of the long-term health effects."



Understanding long COVID

Philip McCallion, director of the School of Social Work, and Lisa Ferretti, research assistant professor of social work, are collaborating with Temple's Institute on Disabilities in the College of Education and Human Development to study COVID's impact on vulnerable populations and the workforce that provides services for them.

"We're particularly interested in older adults in nursing homes, people with developmental disabilities, people with physical disabilities, and the staff who have cared for them," McCallion says.

For those in vulnerable populations, the researchers plan to examine what the pandemic has meant for social networks, the management of healthcare concerns, and conditions such as loneliness and depression. They will also pilot test an intervention to improve social engagement and self-management of health conditions for at-risk older adults living independently.

"This project and its outcome will certainly have a significant impact on our most vulnerable community members," says Sally Gould-Taylor, executive director of the Institute. The researchers also aim to establish protocols and new interventions for nursing homes, out-of-home placements, and caregiver-supported care that can reduce infection of direct support professionals.

"We're hoping to establish approaches that can decrease these negative effects in future pandemics," McCallion says. "There are lessons to be learned from the last couple of years."



Helping vulnerable populations and front-line workers



Battling booster hesitancy

Sarah Bauerle Bass, associate professor of social and behavioral sciences and director of the Risk Communication Laboratory, has conducted extensive research on COVID vaccine hesitancy—and how messaging can be shaped to improve acceptance in different communities. Her new study pivots to examine people who have been vaccinated but haven't received booster shots.

"We're trying to understand the potential ramifications of people who got on board with the initial vaccine but have resisted getting boosted; we're trying to understand that from a community level in populations that have high health disparities like in Philadelphia," Bass says. The study is combining multiple research methods, beginning with initial interviews of city residents.

Based on interview results, the research team will develop a survey to conduct in ZIP codes with the lowest booster levels. After that, "we'll do some work around message development and concept testing with community members, and we'll ultimately pilot a small communication intervention in one of the specific areas in Philadelphia," Bass explains.

She is teaming with Heather Gardiner, associate professor of social and behavioral sciences and director of the Office of Community Engaged Research and Practice. They are also collaborating with Whitney Cabey, an emergency room doctor at Temple University Hospital and assistant professor in the Katz School of Medicine's Center for Urban Bioethics, who has done qualitative work around vaccine hesitancy and health disparities.

"It's about booster hesitancy, but I think it's also a larger question of how people's perceptions of a pandemic change over time," Bass says. "It has applications for things like flu and other diseases that might require a booster."



Above: Temple students gained experience bringing vaccinations to neighbors at RapidVax events.

Inoculating the isolated: RapidVax program took vaccines into the community

The College of Public Health's RapidVax program concluded this spring after a successful run delivering COVID-19 vaccinations to isolated individuals, vaccine-hesitant holdouts, essential workers, and underserved communities in Philadelphia. Over 44 weeks, beginning in early 2021, the program administered more than 8,000 vaccine doses at close to 20 locations across the city. RapidVax reached elderly, physically restricted, and reluctant recipients who might not otherwise have been inoculated.

"We were successful in reaching some really vulnerable people," says Susan VonNessen-Scanlin, associate dean for clinical affairs and interprofessional education, a nurse practitioner who designed the RapidVax procedure to make getting vaccinated as obstacle-free as possible.

RapidVax got its start vaccinating essential workers at Temple and the Philadelphia Housing Authority

(PHA). The program then took pop-up vaccine clinics into PHA buildings for low-income residents, as well as community centers and playgrounds.

Conceived specifically to reach into city neighborhoods, RapidVax may offer a model for mobilizing future community health initiatives. The college partnered with community organizations that helped the Office of Community Engaged Research and Practice survey residents to understand their concerns, which might be fears about vaccine safety or their immigration status.

Vaccine events were tailored for each community; for example, a spring community festival featured music, water ice, and vaccines at a North Philadelphia playground. Events were promoted via emails and hand-distributed flyers that assured: "No ID. No waiting. No hassle. No appointment needed." Temple nursing faculty, staff, and students provided information and vaccines, joined by athletic training and social work students, and faculty and students from Temple's School of Pharmacy. Students fluent in languages including Spanish and Vietnamese put some visitors at ease.

Among members of the general public who were vaccinated, about 75% were people of color and 16% were homeless.

"Our total numbers may have been modest compared to the mass vaccination sites, but a lot of the people we reached were not going to those sites," VonNessen-Scanlin says. Thanks in part to RapidVax, the City of Philadelphia hit its goal of having 70% of the population receive at least one vaccine dose. That helped allow city restrictions to be relaxed and daily life to return closer to normal.

The program had a standing clinic at the Vaux Community Health Center, the college's nurse-managed primary care clinic in North Philadelphia.

"As the vaccine program wound down, work shifted to a diabetes prevention program and pro bono physical therapy during the past summer. More and more, the community is coming to us for different types of health-related solutions and collaborations, which is exciting," VonNessen-Scanlin says.

For students, it offered the kind of hands-on community engagement that the college's fieldwork opportunities are designed to provide.

VonNessen-Scanlin highlighted three nursing students, Jenn Le, Gabriela Riano, and Samantha Tom, who began collaborating with RapidVax as sophomores. As juniors, they transitioned into COVID recovery needs and provided health screenings for basics like hypertension that may have gone unaddressed during the pandemic. The students became regulars at food distribution locales, offering healthy recipes to complement the daily food available to distribute.

"Being part of RapidVax prepared these student nurses to be ready for so much more," VonNessen-Scanlin says.

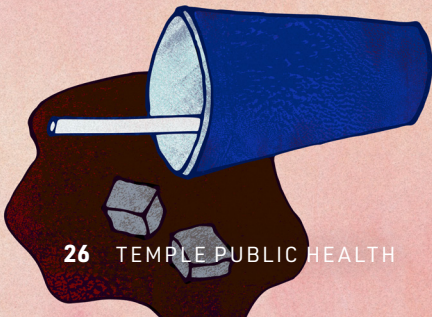
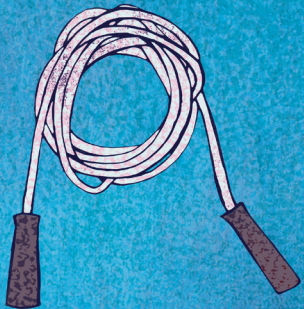


A seat

at the table



CORE researchers work toward equity in the fight against childhood obesity



Obesity often seems like an adult issue, and the numbers are alarming: An estimated 40% of U.S. adults meet the threshold for obesity, defined as a Body Mass Index of 30 or higher (BMI is a weight-to-height ratio).

An additional third are overweight, with a BMI over 25. That puts perhaps 70% of American adults at risk for weight-related health problems, which can include heart disease, hypertension, Type 2 diabetes, chronic kidney and liver diseases, reproductive issues, musculoskeletal issues, and some forms of cancer.

But the trend is troubling among children, too. Prevalence of obesity is nearing 20% of U.S. children ages 2 to 19, affecting about 14.7 million children and adolescents, according to the Centers for Disease Control and Prevention. It disproportionately affects Hispanic and Black children. Studies have indicated that 70 to 80% of adolescents with overweight or obesity will be obese as adults.

The College of Public Health and its Center for Obesity Research and Education (CORE) have made childhood obesity a major area of research. CORE researchers from across the college are working to unravel the complex web of physical and environmental factors that can influence childhood weight gain.

"Children are situated within families, school systems, and communities," says Gabriella Maria McLoughlin, assistant professor in the Department of Kinesiology and a CORE faculty affiliate. "These complex



Above: Jennifer Fisher's national panel established healthy eating guidelines for children.

socioecological layers have a profound impact on their health and must be treated with equal importance."

Health challenges linked to obesity can be compounded by negative psychosocial effects when children experience stigma.

"We know that stigma starts early and colors every aspect of children's lives," says Jennifer Fisher, professor in the Department of Social and Behavioral Sciences and director of CORE's Family Eating Laboratory. "The research tells us that children with obesity experience stigma from teachers, from their peers, and even when they walk into a doctor's office."

Consequences of that stigma can include depression, anxiety, disordered eating, and avoidance of physical activity. In adulthood, weight bias can lead to discrimination in employment and healthcare and in interpersonal relationships.

Treatments for obesity continue to improve (see "Conquering the Obesity Treatment Gap", p. 32) and can be valuable options for adults. In children, early prevention can make a difference. The goal is to develop real-world interventions and strategies to guide caregivers and public policymakers in supporting children so they can form healthy lifelong habits.

Supporting caregivers of young children

Development of health-promoting behaviors should start early, including when children begin eating solid foods and deciding what they like. Fisher co-chaired a national panel of experts that in late 2021 published healthy eating guidelines for children ages 2 to 8. Aimed at parents and pediatricians, the guide is “a state-of-the-art toolkit of science-backed resources to support caregivers in feeding young children,” says Fisher.

“The U.S. Dietary Guidelines tell us what to eat to be healthy, but these new guidelines go beyond that, pulling together the science on what we know about the hows of feeding young children,” Fisher explains.

“In the moment, [pressuring children to eat certain things] feels like it works—because children will comply and eat—but the research shows that it tends to backfire in the long term, by cultivating dislikes.”

One of the most effective strategies for helping children between 2 and 8 learn to eat healthy foods is creating repeated opportunities for children to try them. The process takes time and differs for each child—some may need to try something up to 15 times before liking new foods, the

report states. But Fisher notes, “The real keys to success are patience and making the process a positive one for the child. Many young children are wary of trying new foods. Sitting down and enjoying foods with your child, praising your child for trying a new food, or even taking smaller steps like smelling it—these are all ways to help children be willing to explore.”

Pressuring children to eat certain things doesn’t work well, the report says. “In the moment, it feels like it works—because children will comply and eat—but the research shows that it tends to backfire in the long term, by cultivating dislikes,” Fisher explains.

Giving children a role in their own eating choices can be more effective. That may be offering guided choices (a choice of strawberries or grapes, for example) or getting children involved in meal selection, preparation, and cooking. The full report is available online at HealthyEatingResearch.org.

Developing healthier snacking habits

Beyond age 8 and into their teen years, children are on their own more, often making multiple between-meals food choices every day. Snacking contributes significant calories to the overall diet, but often parents and kids aren’t closely watching what is eaten as snacks. Gina Tripicchio, assistant professor in the Department of Social and Behavioral Sciences and a CORE researcher, has carved out a specialty exploring snacking’s association with weight status and its underappreciated importance as an eating behavior.

“Despite how common snacking has become, there’s not a lot of literature that uses rigorous methodology to look at how it affects overall intake, weight, or diet quality,” says Tripicchio. “We’re interested



in developmental differences in snacking. For example, adolescents have more autonomy, so their snacking behaviors differ from younger children."

Working with Fisher, she is seeking a clearer picture of how teenagers should snack to stay healthy and avoid weight-related issues. Like much research on diet, the findings aren't always clear-cut.

"In teens, we found that eating snacks was associated with better diet quality, but it was also associated with obesity and high intakes of added sugar, saturated fat, and sodium," she says. "Snack size is another important consideration. The larger the snack, meaning more calories, the worse it is for diet quality and weight." That means children and teens should ideally aim to eat smaller, nutrient-dense snacks, like fruit, and avoid large portions of snacks high in added sugar, fat, and sodium.

Timing is relevant too. "We did an analysis looking at late-night snacking and found that almost 40% of teens are consuming snacks between 9 p.m. and midnight," Tripicchio says. During that brief time period, they may be meeting their daily recommendations of added sugar.

Tripicchio recently received a five-year grant from the National Heart, Lung, and Blood Institute to examine added sugar in teens. Her work could lead to a set of age-specific guidelines as well as a mobile phone-based intervention that could help teens reduce their added sugar intake.

"We want to gain a better understanding of how, what, when, and why teens make food choices so we can design programs that are effective for this age group," Tripicchio says. "If we can positively impact diet during the teen years, this has implications for health through adulthood."

Timing of sleep and other behaviors

Chantelle Hart, professor in the Department of Social and Behavioral Sciences and researcher at CORE, has been conducting research on behavioral targets for obesity prevention and treatment. Recently she embarked on a study, funded by the National Institute of Diabetes and Digestive and Kidney Diseases, to explore how the timing and consistency of children's sleep, eating, and physical activity may affect weight regulation over time.

"We know it's important how much sleep kids get, how many calories they're taking in, how physically active they are. What we're trying to understand better is whether

the timing and consistency of those behaviors might also be important for weight regulation," says Hart.

Studies with adults have shown there are benefits when sleep and eating behaviors are aligned with circadian rhythms, the biological cycle that evolved to make people alert or sleepy during a 24-hour period. "When the timing of sleep and the timing and distribution of eating are aligned with someone's underlying circadian rhythm—meaning you're awake and eating when your biology says you should be awake and eating—that seems to be associated with better weight regulation," Hart explains.

Hart's team plans to closely track activities of 176 children from diverse socioeconomic backgrounds. The focus will be on early school-aged children ages 5 to 8 years. Assessments over the course of 16 months will measure multiple factors including the timing and consistency of children's sleep, the timing of their physical and sedentary activity, their eating, and timing of the circadian clock. The researchers will record changes in children's height, weight, and body fat percentage and examine associations over time. Measures also will be made of participants' home and neighborhood environments.

"We're hypothesizing that children who live in under-resourced communities may be at increased risk for disruptions to their behavioral rhythms," Hart says. "If, for example, you're in a neighborhood that might have higher rates of crime, it may influence your ability to get a good night's sleep or go outside and play regularly."



Left: Gina Tripicchio's research into adolescent snacking is aimed at impacting diet habits into adulthood.



Food environments matter

There's increased recognition of the role that environment plays in childhood weight regulation. Human genetics haven't changed in 50 years, but the way we live has, affecting our bodies in new ways. Thanks to technology, children and adults may be more sedentary. The dramatic rise in U.S. obesity prevalence over the past five decades closely parallels the explosive growth of the fast food industry and the soft drinks business (though sugary beverage sales have tapered in recent years). Recent research demonstrates that children and teens view multiple fast-food TV ads daily and that ads

“Neighborhood influences obesity risk, whether that’s access to healthy food, access to green space, air pollution, poverty, or walkability.”

disproportionately target Black and Latino youth. Fast-food portion sizes have also ballooned.

In less affluent areas, there may be an abundance of fast-food restaurants offering calorie-dense foods, as opposed to full-service restaurants and grocery stores. The same neighborhoods with poor nutritional options may expose children to adverse experiences that also have been linked to obesity.

“Neighborhood influences obesity risk, whether that’s access to healthy food, access to green space, air pollution, poverty, or walkability,” says Krista Schroeder, assistant professor of nursing. She is in the middle of a five-year study disentangling the associations among obesity, neighborhood factors, and adverse childhood experiences (ACE), traumatic events such as violence, abuse, or neglect.

“Part of the reason ACEs are associated with obesity is because the chronic or severe stress that results from ACEs can alter eating behavior through changing the way your hunger hormones regulate appetite or changing the way you may use food,” Schroeder says. “That might be amplified if you live in a neighborhood where it’s easy to buy unhealthy foods or there are many unhealthy food advertisements.”

With funding from the National Institute of Child Health and Human Development, Schroeder is analyzing an array of geographical data, including Environmental Protection Agency information on air pollution, crime statistics from the City of Philadelphia, and data on neighborhood transportation access, green space, supermarket, and fast-food density. Using mapping and spatial analysis, her team hopes to identify population-level health associations.

Brittany Schuler, assistant professor in the School of Social Work, is examining ACEs and obesity at a more individual level. In a multiyear study funded by the National Institute on Minority Health and Health Disparities, Schuler is conducting focus group conversations in the Philadelphia community with parents and caregivers, gathering information about family experiences with adversity when children are very young, before age 3. This will be assessed along with information about the quality of children’s diets and trends in their BMI as they move into mid- and late-childhood (ages 5 to 9).

The research may tease out how traditionally defined forms of adversity (harmful events like maltreatment and exposure to

violence) differ from or worsen the effects of situations like deprivation, poverty, or food insecurity. Understanding more about these dimensions can inform future pediatric obesity interventions for those disproportionately exposed to adverse environments, Schuler said.

"We could start plugging into prevention interventions, to sort of nip this in the bud before risks of excess weight and chronic illness set in," she says.

Helping schools implement a safety net

Translating research into action, such as community programs or evidence-based guidelines for caregivers, is a goal of the CORE research faculty. McLoughlin is launching a project to help public schools serving low-income communities achieve the optimal impact of universal school meal programs, which are designed as a safety net to mitigate food insecurity.

Longitudinal studies have shown that free school meal programs that meet federal requirements for nutrition can be a mitigating factor for obesity, she says. But the programs work better in some schools than others. McLoughlin is working with the nonprofit Urban School Food Alliance to survey school meal administrators across the country, with a plan to create implementation and measurement tools that school systems and researchers can use. She also is partnering with the School District of Philadelphia to focus on implementation solutions for school meals and addressing equity in nutrition security.

"We're trying to show schools how to make smart decisions, so they can show that universal school meals are actually worth the money. This is about seeing school meals as an investment, not a cost burden," she says.

Providing these kinds of real-world tools for children, parents, and policymakers is more important than ever, Temple's CORE researchers believe.

"We're trying to show schools how to make smart decisions, so they can show that universal school meals are actually worth the money."

"The food environment, as well as our eating behavior, has changed pretty dramatically in the recent decades since obesity has emerged as a major threat to public health," Fisher says. "One of the realities for parents who are raising children in the current 'obesogenic' environment is the need to go out of your way and be quite purposeful in helping children cultivate healthy eating habits. Because the current environment certainly doesn't encourage it."



Conquering the obesity treatment gap



As one of the world's leading research institutions in the area of obesity, Temple ranks third in the world in the number of papers published in *Surgery for Obesity and Related Diseases*, one of the field's leading journals. Much of this work is done through the Center for Obesity Research and Education (CORE), a group of investigators who come from seven of the eight departments in the College of Public Health and researchers across the university. We spoke with CORE Director and Associate Dean for Research David B. Sarwer on the state of obesity in the U.S., the gap in obesity education among doctors, and the future of treatment.

Data from the Centers for Disease Control and Prevention indicate that around 40% of adults have obesity, but studies have also indicated that as low as 1% of U.S. doctors are trained in obesity medicine. Why is there such a gap?

Unfortunately, many health professions were slow to respond to the growing problem of obesity in the country. The American Medical Association classified obesity as a disease in 2013, but most medical schools have been slow to respond. Many medical professionals hold negative views toward persons with the disease—they view the problem as one of individual responsibility. Others mistakenly see it as an eating disorder. Perspectives like these need to change before we can reverse the consequences of the obesity epidemic. I'm optimistic that greater inclusion of obesity-related material in medical school, as well as many of the graduate programs like those we have in the College of Public Health, will leave the next generation of clinicians and public health professionals better prepared to prevent and treat obesity.

Despite the information gap, haven't the options for treatment advanced since we started seeing increases in obesity rates?

Treatment has evolved in many ways. A wider range of professionals are now trained to provide evidence-based treatment. Treatments have become more individualized. We now see greater use of technology to monitor behavior and interact with patients. We have a new generation of FDA-approved medications. And we have learned that bariatric surgery—the most effective and durable treatment for obesity—is extremely safe and highly effective for the large majority of people.



Above: CORE Director and CPH Associate Dean for Research David B. Sarwer

It's interesting that the 1% doctor-training figure is mirrored by research showing only about 1% of eligible people opt for those potentially effective treatments. Why are those so underutilized?

There are a number of reasons. FDA-approved weight loss medications have a checkered history, with several medications being approved but then removed from the market due to safety concerns. As a result, many doctors are reluctant to use them, and patients are hesitant to take them. Also, many aren't covered by insurance, so they're quite expensive for most Americans. While bariatric surgery is often covered by private insurance, as well as Medicaid and Medicare, many individuals believe the procedures are more dangerous than the evidence shows. Other people don't recognize that they're heavy enough for the procedures.

Is it accurate to say that healthy eating and physical activity are the first line of treatment, then medication, then implanted devices or surgery?

Lifestyle modification leads to a 7-10% weight loss in six months for most people. The best approaches combine a reduction of calories with increased physical activity and instruction in behavioral modification strategies to change eating behaviors that promote weight gain. Weight loss medications are best used in combination with lifestyle modification. The newly approved medications seem to produce larger weight losses and improvements in weight-related health problems. When those interventions aren't successful over time, bariatric surgery becomes an appropriate consideration.

What's the future for prescription intervention?

I'm very excited about the weight losses being reported by the latest generation of weight loss medications. However, widespread insurance coverage for them will be critical if they will truly help us push back against the rising rates of obesity in the United States and around the world.

What are the potential benefits and risks of bariatric surgery?

Complication rates are actually quite similar to those seen with other abdominal procedures, such as gallbladder surgery. Unfortunately, many people see bariatric surgery as being more dangerous than it is. The procedures produce the largest and most durable weight losses of the current approaches to obesity treatment. On average, patients lose 25-35% of their body weight in the first two years after surgery, with most people successfully maintaining much of that weight loss for at least the next decade. These weight losses are associated with dramatic improvements in Type 2 diabetes, hypertension, and high cholesterol, as well as quality of life and psychosocial functioning.

Do you see weight-management doctors emerging as specialists, where a patient would be referred, as one might be referred to physical therapy or a cardiologist?

We are seeing an increase in the number of physicians and other healthcare providers who specialize in obesity. I believe the next thing we need is the development of comprehensive obesity treatment centers in medical centers and hospitals, in much the same way that we have cancer treatment centers that can provide the entire spectrum of treatments and long-term care. The scope of the obesity problem demands more healthcare professionals focused on the issue.

Better Together

Celebrating among family and friends, the Class of 2022 looks to the future





For the first time since 2019, students celebrated among family and friends in the Liacouras Center at the College of Public Health and School of Social Work graduation ceremony in May. More than 1,000 undergraduate and graduate students, representing more than 25 degree programs, received their bachelor's, master's, and doctoral degrees. The ceremony followed the university Commencement ceremony the previous day, which officially conferred degrees on the nearly 10,000 students comprising Temple's Class of 2022.





Keynote speaker Judy Faulkner, CEO and founder of healthcare technology pioneer Epic, encouraged graduates to keep in mind their “brains, hearts, and courage”—the qualities that will help them succeed as healthcare and social service innovators, practitioners, and advocates, preparing them for the many challenges ahead.

“I’ll pass it onto you to put on your shoulders—please work to make the world better: homelessness, gun violence, wars and refugees, mental health issues, and the repercussions of climate change,” said Faulkner. “Most of you are at Temple because you want to be someone who can help other people. You’ve chosen to spend your life helping the world be a better world.”

In the student address, Jasmine Dantzler, a health professions and accelerated doctor of physical therapy student, echoed the importance of this responsibility: “We all will be taking on a role to be the world’s saving grace for the future,” she said.

“But no matter what community you end up in or if you stay in the city of Philadelphia, strive to touch someone’s life positively. Help someone using humility with no barriers, no boundaries, and no limits, just like Temple has done for us. I cannot wait for all of us to change lives for the best.”



Leaders in epidemiology, child welfare named to Gallery of Success

College of Public Health alumnus Victor Alos Rullan, CPH '13, and School of Social Work alumnus Paul DiLorenzo, SSW '78, were named this year's inductees into Temple University's Gallery of Success, which honors alumni in each of Temple's 17 schools and colleges who are making an impact in their field. This year's inductees will be honored on the Gallery's website and as part of a display in the lower level of Mitten Hall through spring of 2023.



Victor Alos Rullan
CPH '13

Victor Alos Rullan is the epidemiologist for the recently created Delaware County Department of Health. He has served for 40 years in public health at the federal, state, and local levels.

Alos Rullan's distinguished career led him to become a federal project officer for the departments of Health and Human Services, Health Resources and Services Administration, and Maternal and Child Health, among others. In addition, his research in the area of Type 2 diabetes resulted in expanded prevention programs in both Chester and Philadelphia Counties. He inspires and coaches communities toward healthy lifestyles as a bilingual Master Trainer of the CDC National Diabetes Prevention Program.

Alos Rullan is also lead analyst and evaluator of a countywide infant mortality prevention grant project in Chester County. He holds a Pennsylvania dental license, and he volunteers as a clinical dentist at a local free clinic and serves as a forensic dentist for the U.S. Department of Justice. He also volunteers at the Delaware County Emergency Services, Medical Reserve Corps, and Community Emergency Response Team. He holds a master of science in epidemiology from the College of Public Health, as well as a master of public health degree with a health education concentration from the Loma Linda University School of Public Health. He obtained his doctorate in dental medicine at the University of Puerto Rico School of Dental Medicine.



Paul DiLorenzo
SSW '78

Paul DiLorenzo is an independent consultant and child welfare subject matter expert with over 40 years of experience and certification with the Academy of Certified Social Workers. In 2019, he was named as a senior fellow at the Child Welfare League of America, and he serves as a subject matter expert for the Capacity Building Center for States, where he provides direct assistance to public and private agencies that are developing and implementing child abuse and family crisis prevention programs and supports the relationship-building between child welfare agencies and a wide array of community stakeholders.

DiLorenzo began his career as a caseworker and then served in various administrative and leadership roles. He has led large nonprofit agencies and federal- and state-funded projects as a consultant in multiple jurisdictions. He was the director of children's policy for the City of Philadelphia and the American Humane Association Children's Division; worked in a senior administrative position for the Pennsylvania state government; and served as the interim executive director of the Philadelphia Children's Alliance.

DiLorenzo has written numerous professional articles and has been a guest keynote speaker at many professional events across the country, mainly on primary prevention and family support. DiLorenzo holds a master of social work from the School of Social Work and a master of law and social policy from Bryn Mawr College.



How public health informs a career in state politics

Amanda Cappelletti, CPH '17, is the only member of the Pennsylvania legislature with a degree in public health. She earned her master of public health in health policy and management at the College of Public Health in 2017 while concurrently earning a JD from Temple's Beasley School of Law in the Law and Public Policy Program. In 2020, she was elected to her first term in Pennsylvania's state senate as a Democrat in the 17th District, which includes much of Montgomery County and parts of Delaware County outside of Philadelphia. Cappelletti serves on committees including Health and Human Services and is a co-chair of the Women's Health Caucus of the Pennsylvania Legislature. We spoke about how her public health education has informed her work in the General Assembly.

What was your initial connection between public health and state politics?

I went to law school because I knew I wanted to be in policy. And I always knew that I wanted to do a joint degree program. I watched videos produced by College of Public Health students when I was deciding where to go and could see the applications for policy. I saw that some of the most impactful things that happen in our everyday lives come out of our state capitals.

After graduating, how did you pursue that?

I joined the William Penn Fellowship program that was created by the governor and first lady to help bring young people into the fold in state government. I got to work at the Office of Child Development and Early Learning and at the Department of Human Services. So I went knee-deep into policy right away. I was able to take a lot of what I had just graduated with and apply it. I had the opportunity to help edit regulations and shape policy around early care and education.

How did that inspire your leap into running for office?

The leap initially began after the 2016 elections. I was in my final year of law school. My reaction was: I can't be on the sidelines anymore. I reached out to a fellow Temple law student who put me in touch with my state representative, and we met, and that turned into, "Do you think you might want to run for office?" It was a six-year term at the Board of Supervisors. I said no, but they were persistent and got me to "Yes." I ran for office while studying for the bar in 2017 and won a term on the Board of Supervisors in East Norriton.

As the 2019 elections were rolling along, I got a call saying my name was brought up to possibly primary for state senator. I reached out to Nancy Knauer in the Law and Public Policy Program at Temple, and she reminded me a woman is asked seven to nine times more than a man before they say yes to running for office. And I was like, "I don't want to be a statistic. We're gonna say yes on the first shot this time."

You have spoken out against SB 106, a bill moving through the legislature that would amend the Pennsylvania constitution to say, "This constitution does not grant the right to taxpayer-funded abortion or any other right relating to abortion." What is your concern?

This would take us one giant step closer to an outright abortion ban in Pennsylvania.





Don't supporters of the bill say it's simply stating the fact that the constitution contains no abortion rights?

This constitutional amendment would be stripping us of guaranteed rights. The Pennsylvania Constitution guarantees us a right to privacy. Further, it is a violation of the Equal Rights Amendment that Pennsylvania passed in 1971. Senate Bill 106 seeks to treat women and pregnancy-capable individuals differently based on sex, taking us back in time and taking away hard-fought rights.

The proposed amendment may go to a public vote, on the ballot in the spring 2023 state primary. Would Pennsylvania voters be expected to reject it, as voters in other states have? Would that put the issue to rest?

Nine in 10 Pennsylvanians support access to abortion care. But will nine in 10 Pennsylvanians vote in an off-year primary election? The key is to mobilize voters to understand what is at stake. We have elections every about six months in Pennsylvania, and at any point a constitutional amendment could be on there.

What kind of work are you doing as co-chair of the Women's Health Caucus?

We talk a lot about policies that impact families. Raising the minimum wage. LGBTQIA+ issues. Maternal health and mortality is a big issue here in Pennsylvania. We have awful maternal morbidity and mortality rates, and that's another reason the constitutional amendment is scary, because we know that when there are those types of restrictions on access to abortion, maternal morbidity and mortality rates rise. It's especially bad for Black and brown women.

I remember a global maternal health class at Temple, an incredibly powerful course, and we read a book called *Half the Sky*. It talks about policy around women in different nations, that if you support women, and you have policies that provide them growth and health and economic security, those places have economic booms.

You have pushed to get a vote on a red flag law for Pennsylvania that would let family members or law enforcement petition a court to temporarily suspend an individual's access to firearms, if there's evidence of a threat to themselves or others. Does the federal gun safety law enacted in June help?

The federal law provides a financial incentive for Pennsylvania to pass a red flag law. I cannot say whether the financial incentive will be enough to move my colleagues on the issue.

When you work or vote on legislation, how much goes back to your public health education at Temple?

I don't think I realized how useful my public health degree would become, other than the fact that I ran during a pandemic so it became a talking point in the campaign. It influences the way I look at legislation. I'm thinking about healthcare access. To bring it back to the abortion issue, we will lose OB-GYNs and obstetricians from practicing in Pennsylvania. What does that mean for pregnant people here? If it's a policy for criminal justice, we have some really terrible statistics when it comes to the public health of people who are incarcerated. So is this law going to impact that positively? When I'm thinking about saying yes to a policy, how does that policy impact public health, the social determinants of health? How are we improving the lives of people?



Speech-Language-Hearing Center, a pro bono clinic for the community, turns 70

Its technology, range of services, and home within the university have evolved. But the core mission of Temple's Speech-Language-Hearing Center (TUSLHC) has remained constant for the 70 years of its existence.

"The purpose has always been to provide services to the community, with our students providing those services under the supervision of faculty to gain clinical experience," says Beth Levine, director of the center.

Since its beginning in 1952, the center has delivered free speech and hearing services to thousands of children and adults with conditions including delayed speech, stuttering, or difficulty speaking due to laryngectomy or aphasia, an effect of stroke.

As a speech-related discipline, the center spent its early days within the School of Communications and Theater before joining what would coalesce into Temple's College of Public Health. It developed one of the earliest gender-affirming voice programs in the country and built a specialization working with Spanish/English bilingual clients. It pioneered stuttering programs and has become a regional center of excellence for treating childhood apraxia of speech, a disorder in which the brain has difficulty coordinating movement of the muscles used in speech. The center is home to the Philadelphia Aphasia Community at Temple (PACT), whose members can receive individual therapy and participate in community groups such as art and book clubs.

Those old audiology machines are gone. Today, students work with apps and digital tablets for assistive technology and augmentative communication. Though many services remain on site, others are available remotely. "You may be in one place as the client, the student is in another place, and the supervisor, the faculty member, is in a third place," Levine says.

Inquiries about the TUSLHC can be sent to speech@temple.edu.

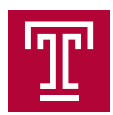


Then and now: A student therapist (top) in Temple's Speech and Hearing Clinic works with a young client and an audiology machine in 1958; a graduate student in today's Speech-Language-Hearing Center (left) helps a child work on speech proficiency.



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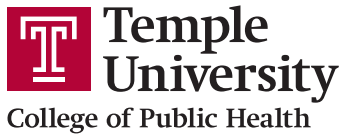


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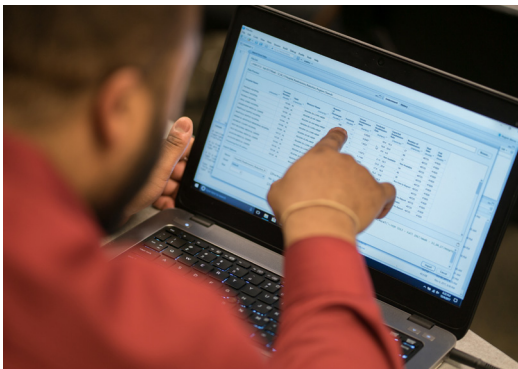
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