

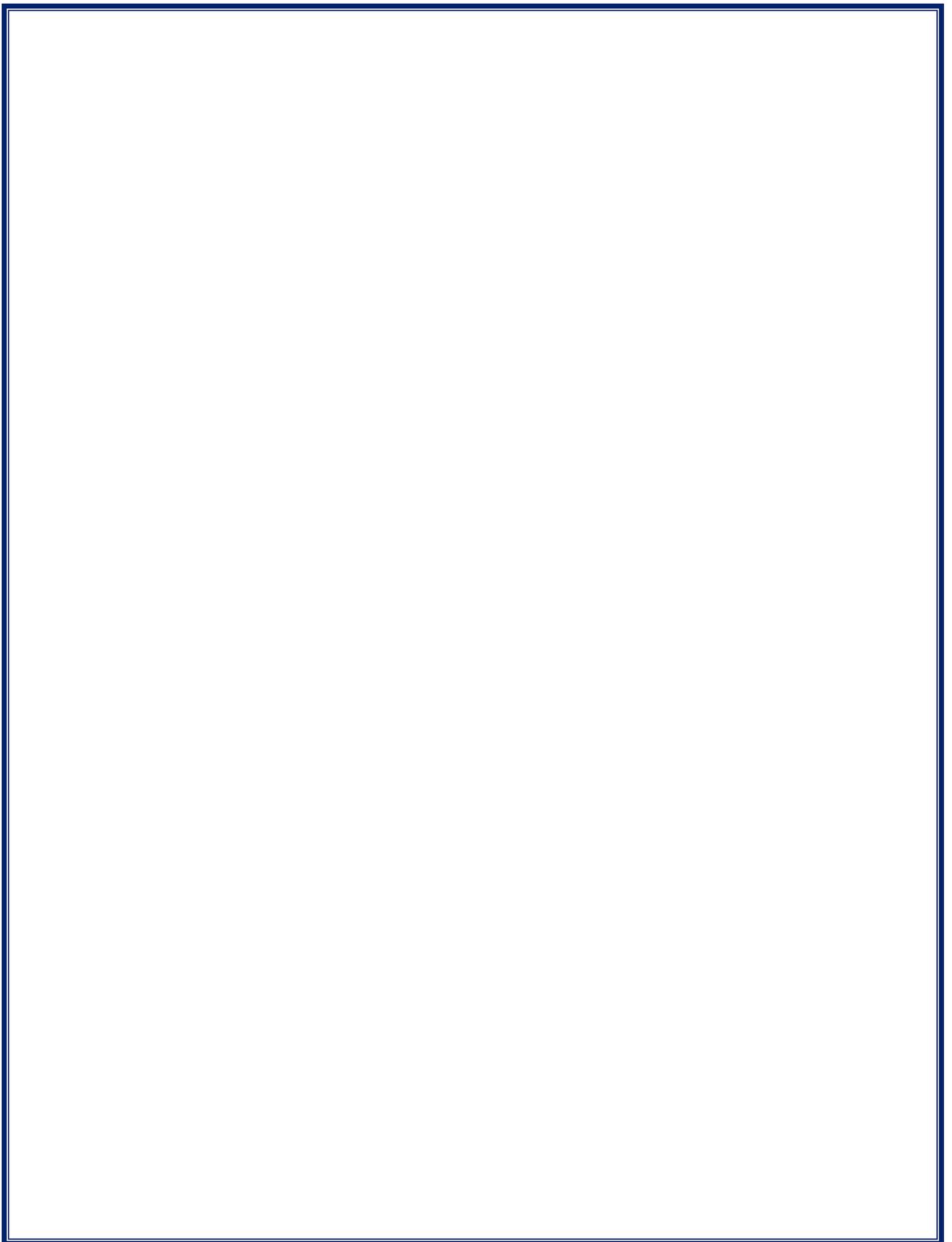
Master of Public Health Program

Perelman School of Medicine
University of Pennsylvania



Capstone Presentation Program

Fall 2016



Tuesday, December 13, 2016

Biomedical Research Building II/III, Room 252

11:15 am

Lauren Kelly

Mentor: Peter Cronholm, MD, MSCE

**“When I Die, Let Me Live”:
Designing a podcast to encourage advance care planning**

Abstract:

Most people will be required to make complex medical decisions for themselves and family members as the end-of-life approaches. Preparing for these experiences can be stressful and difficult. The “When I Die, Let Me Live” podcast was designed to address the most common barriers and challenges in the provision of end-of-life care for patients, caregivers and providers. Using an approach informed by behavior change theories, the podcast utilizes personal stories to motivate listeners to consider their own goals and preferences for care near the end of life. Oral history interviews and ethnographic methods were used to collect a diverse range of narratives and dialogues that provide patient and interdisciplinary healthcare perspectives exploring the culture of medical decision-making through real-life experiences with illness, care-giving, death, and dying. In conjunction with the podcast audio, a website with action-oriented resources (i.e. how to complete an advance directive) was designed to promote listener engagement and advance care planning. A social media campaign was launched to maximize audience exposure to the podcast and website. Future evaluation of the podcast will be based on focus groups, individual feedback, and analytics from iTunes and accompanying website and social media pages. We hypothesize that this narrative-based health communications podcast, which promotes storytelling and models healthy conversations around death and dying, will encourage advance care planning among podcast listeners.

Lauren Kelly is a dual MD and Masters in Public Health student at the University of Pennsylvania. She has a Masters in Narrative Medicine from Columbia University. Her research interests include combining narrative with novel media forms to communicate health information and the power of storytelling to effect change in medical culture.

11:45 am

Courtney Gallagher

Mentor: Frances S. Shofer, PhD

**Could it be an STI?:
Consideration of extragenital STI in the pediatric emergency room**

Abstract:

Sexually transmitted infections (STIs) may present with extragenital symptoms involving the oropharynx or anorectal areas. Little is known about the evaluation of adolescents with these complaints seeking care in the pediatric emergency department (PED). The purpose of this study was to determine how often PED providers considered and tested for STIs among adolescents presenting with extragenital symptoms. A retrospective chart review of patients aged 13-18 years who presented to a single urban PED with oropharyngeal or anorectal chief complaints between June 2014 and May 2015 was performed. Provider consideration of STI was defined as any one of the following: documentation of sexual history, documentation of STI in the differential diagnosis, or diagnostic testing for STIs. Of the 767 visits for chief complaints involving oropharyngeal (n=686), anorectal (n=80), or both (n=1) regions, only 153 (20.0%) had any STI consideration and 37 (5.0%) had any STI testing. HIV testing was ordered at 1.3% of visits. Gonorrhea (GC) or Chlamydia (CT) testing was performed at 7.4% of visits for anorectal complaints and 4.2% of visits for oropharyngeal complaints. Of the 35 patients tested for GC or CT, only 12 (34%) received testing at the anatomic site corresponding to their chief complaint. Incorrect tests were used in 50% of the 12 tests at appropriate anatomic sites (cultures rather than nucleic acid amplification tests). Interventions aimed at increasing awareness of appropriate STI/HIV screening for patients presenting with extragenital complaints may contribute to reducing adolescent STI/HIV infection.

Courtney Gallagher is a dual MD/MPH student and will be receiving both degrees in May 2017. She is pursuing a residency in pediatrics and hopes to continue focusing her academic work on health disparities in adolescents as she goes forward in her career. If she had to choose tomorrow, she would choose to specialize as a Pediatric Emergency Medicine doctor.

12:15 pm

Tyler Brown

Mentor: Heather Klusaritz, PhD, MSW

Rehabilitation reduces recidivism: A systematic review of behavioral interventions for youth in the justice system

Abstract:

Research examining the determinants of crime has indicated that, among delinquent youth, behavioral disorders are common and represent key risk factors for recidivism. These observations suggest that if delinquent youth with behavioral disorders are identified and provided with evidence-based treatment, their risk of recidivism may be reduced. The aim of this paper is to examine the degree to which evidence based behavioral interventions reduce youth recidivism and improve behavioral health outcomes. A systematic review of the literature on interventions for juvenile offenders with behavioral disorders was conducted in the fall of 2016. Studies were identified by conducting keyword searches of electronic databases using terms related to juvenile, recidivism and mental health. A number of intervention programs demonstrated statistically significant reduction in recidivism outcomes, and improvement in behavioral health outcomes. This review provides support and rationale for expanding the reach of effective behavioral interventions, and highlights the importance of providing youth with the opportunity for true rehabilitation.

Tyler Brown completed his Bachelor's degree in Psychology at Seattle University and will complete his Master of Public Health and Master of Bioethics dual degree this spring. After graduation, he plans to continue working in Public Health Policy research in the Center for Health Incentives and Behavioral Economics at Penn, where he currently works as a Research Coordinator.

1:30 pm

Erich Dress

Mentors: Dominic Sisti, PhD, and Rosemary Frasso, PhD, MSc, CPH

Comparing patient, clinician, and caregiver perceptions of care for early psychosis: A freelisting study

Abstract:

Within the last decade, researchers and practitioners have increasingly targeted psychosis during early years of illness, and recommend the involvement of patients and their caregivers in decisions surrounding their care. This can be an emotionally difficult time for patients and their caregivers, especially when establishing treatment options and while processing information presented to them by clinicians. It is important that we better understand how various aspects of care are conceptualized by patients, caregivers, and clinicians, given the extent to which perceptions and expectations among these groups may influence treatment decisions. This freelisting study systematically explores shared and divergent perceptions of care and management of psychosis-related symptoms among these three groups. A total of 25 early psychosis patients, 25 caregivers, and 15 clinicians at the University of Pennsylvania were asked to list terms they associated with: getting/giving help; taking medication; factors that make it difficult and easier to manage symptoms; and thoughts toward the future. Patients and clinicians tended to agree on terms with respect to getting or giving help, whereas only caregivers tended to associate this process with feelings of stress and frustration. Results indicated less agreement among the three groups on terms associated with taking medication, factors that make it difficult to manage symptoms, and what comes to mind when thinking about the future. These findings highlight important differences in the conceptualization of treatment aspects and the future and emphasize a need for further exploration into how varied perceptions among these populations may influence the help-seeking process for early psychosis.

Erich Dress is a dual-degree Master of Public Health and Master of Bioethics candidate expecting to graduate in May 2017. He works as a clinical research coordinator for the Neuropsychiatry Section at the University of Pennsylvania managing day-to-day aspects of federally funded projects on schizophrenia and early psychosis. Following completion of his degrees, he will continue working with teens, young adults, and families with severe mental illness.

2:00 pm

Ansley Bolick

Mentor: Robert Schnoll, PhD

**Effect of cigarette warning label designs on recall of health messages:
A randomized controlled trial**

Abstract:

Tobacco smoking causes millions of premature deaths each year. To combat this issue globally, the World Health Organization recommends that countries use graphic warning labels on cigarette packages that cover at least 50% of the front and back of the package. Though these labels are now used in more than 70 countries, the United States continues to use small text warnings on their labels, which have been shown to be ineffective in comparison to graphic labels. The Food and Drug Administration attempted to implement graphic labels in the US in 2012. However, a federal court invalidated the requirement shortly thereafter based, in part, on criticism that the graphic labels evoke emotion among viewers rather than provide health education. To this end, we conducted a study to assess the effectiveness of alternative label designs in communicating health messages about smoking. A total of 200 participants were randomized to view a set of either photo labels depicting health consequences of smoking or a rendered version of these labels created to soften the repulsive nature of the original photographs. Participants then completed a computer-administered survey to report their recall of the labels, perception of the effect of smoking on their health, and thoughts on the quality and effectiveness of the labels. Conditions were compared for the two groups using Stata v.14. Study results will inform changes in cigarette labeling policy in the US, which could encourage cessation of tobacco use and prevention of premature deaths.

Ansley Bolick submatriculated into the Master of Public Health program while completing her Bachelor of Arts in Health and Societies at the University of Pennsylvania, graduating in May 2016. She currently serves as a research coordinator in the School of Nursing for an NIH study focusing on physical activity resources in West Philadelphia. When Ansley graduates with her MPH in May 2017, she plans to work in a federal health agency or in health-related public sector consulting in Washington, DC.

2:30 pm

Shiro Githere

Mentor: Allison Curry, PhD, MPH

**Trends in driver licensing and motor vehicle crash rates
among older adult drivers in New Jersey**

Abstract:

The US Census Bureau estimates that the number of individuals over 70 years old will increase from approximately 29 million in 2012 to 64 million in 2050. As the number of older adults increases, it is likely that the number of individuals in this population who drive will also increase. Driving promotes independence and mobility and, particularly for older adults, is critical to overall quality of life. Driving cessation is associated with increased depression and decreased psychological wellbeing. Given the importance of ensuring safety and encouraging continued independence among older adult drivers, understanding the licensure rates of older Americans and their risk of adverse driving outcomes are important public health priorities. However, the only available source of information on the number of older licensed drivers, released annually by the Federal Highway Administration (FHWA), is unreliable and incomplete, particularly for non-fatal crashes. This study analyzed data from the New Jersey Traffic Safety Outcome (NJ-TSO) Program database—a unique linked database that contains the complete licensing and crash history of every NJ driver from 2004-2014 (n=10 million). We estimated trends in population-based rates of licensure and per-driver rates of crash involvement among drivers aged 65 and older. Additionally, we compared licensure rates using raw state-level licensing data and publically available FHWA data. Findings will provide more comprehensive crash risk assessment in this population and will help inform road safety policies related to older drivers.

Shiro Githere will finish her Masters of Public Health degree coursework in December 2016. Shiro sub-matriculated into the program during her senior year at the University of Pennsylvania. Throughout her time at Penn, she has worked in several clinical research environments and plans to become a Clinical Research Coordinator upon her move back to the Bay Area in January. In a few years, Shiro also plans to go to medical school and work in women's health.

3:15 pm

Diane Dao

Mentor: Thomasine Gorry, MD, MGA

Eyes on Design: Implementing a retinal screening program for diabetic retinopathy

Abstract:

Approximately 37.2% of the 29.1 million diabetic adults in the US do not receive annual eye examinations according to the CDC. New imaging technologies like non-mydratic (without pupillary dilation) retinal imaging have the potential to increase access to eye screening for diabetic patients who do not otherwise meet recommended eye exam guidelines. However, integration of teleophthalmology into standard clinical practice has been slowed due to inefficiencies in operationalizing and sustaining these programs. In partnership with the Innovation Accelerator Program through the Penn Medicine Center for Health Care Innovation, we designed the Eyes On-Site (EOS) program to provide non-mydratic retinal screening at the point of care for patients in the University of Pennsylvania Health System. This program aimed to 1) investigate the scope of the problem in an academic health system; 2) utilize design principles and rapid validation methods for implementation and evaluation of the program; and 3) assess future milestones for scaling the program. As part of the initiative, we conducted 1) an analysis of medical records to characterize the patients participating in EOS; 2) rapid pilot tests in three different clinical settings to determine the feasibility of a retinal screening program; and 3) evaluation of the program outcomes for viability and sustainability. The evolving health care landscape increasingly demands interventions with measurable outcomes. This project exemplifies the creation and validation of an innovative health services program to accelerate real-world change through design methods.

Diane Dao is a MD/MPH candidate from the Perelman School of Medicine at the University of Pennsylvania. As a Penn undergraduate, she was moved to improve health care by involvement in research and service initiatives in underserved communities. While in medical school, Diane co-founded Penn HealthX, a program to involve medical students in health care management, entrepreneurship, and technology. She plans to improve population health by forging collaborations between public health, private sector, and health care innovation. She aspires to become an ophthalmologist who will work with diverse communities in need.

3:45 pm

Jonathan Sevilla Cazes

Mentor: Stephen E. Kimmel, MD, MSCE

Have you taken your meds?

Analyzing two simple measures of patient-reported anticoagulation adherence

Abstract:

The prevention of thromboembolism events remains challenging in cases of poor medication adherence. Unfortunately, clinical prediction of future adherence has been suboptimal and electronic adherence measures are impractical. We examined how two measures of real-time, self-reported adherence correlate with anticoagulation control. The IN-RANGE₂ Cohort Study recruited patients initiating warfarin therapy in 3 urban anticoagulation (AC) clinics. At each study visit, participants reported adherence using a 100-point Visual Analogue Scale (VAS) and 7-day recall of pill taking behavior before their current INR was revealed. AC control was defined by between visit time in therapeutic INR range (BVTR), dichotomized at the cohort median. The longitudinal association between adherence and AC control was estimated using generalized estimating equations, controlling for clinical and demographic characteristics, prior BVTR, and warfarin dose changes. 598 participants with 3204 (median 4) visits were studied. The median BVTR was 36.8% (IQR 0-73.9%). Participants reported $\leq 80\%$ adherence in 182 (5.7%) visits and missed pills in the past 7 days in 377 (11.8%) visits. Multivariable regression analysis found poorer AC control (BVTR $< 36.8\%$) in those with a VAS $\leq 80\%$ (OR 1.89, 95% CI 1.12-3.18) and self-reported change in adherence since last visit (OR 1.55, 95% CI 1.20-2.01). Self-reported VAS at a clinic visit and changes in reported adherence since the last visit were independently associated with BVTR. Incorporating information from both the VAS and changes in 7-day pill recall into clinical practice could improve the quality of AC management, by helping clinicians identify poorly adherent patients who might benefit from specialized interventions.

Jonathan Sevilla Cazes graduated from the Johns Hopkins University in 2011 with a degree in Biomedical Engineering. While pursuing his Doctorate in Medicine, he realized the importance of addressing health at a population level, which prompted him to expand his education by pursuing a Masters in Public Health degree. After graduation, he will be entering a residency program in Internal Medicine, with the ultimate goal of a career in Cardiology and Epidemiology research.

4:15 pm

Tiffany Sharkoski

Mentor: Marilyn Howarth, MD, FACOEM

**Eat Your GREENS! Gardening to increase
Recognition, Experience, and ENjoyment of fruits and vegetables over Summer**

Abstract:

Childhood obesity is a significant public health issue, particularly among low-income communities like the city of Chester, PA. Increasing children's access to and consumption of fresh produce may be one way to address this threat. To this end, we expanded on an existing garden program at The Boys and Girls Club of Chester (BGCC) by implementing a semi-structured program over 8 weeks of summer camp. In addition to usual gardening activities, the program focused on exposing children to fruits and vegetables (F&V) through activities such as food-preparation/cooking using kid-friendly recipes, taste testing, providing harvested produce with recipes, conducting "classroom based" nutrition lessons, and hosting a parents night dinner. This study evaluated if this multi-dimensional experiential approach improved F&V recognition, experiences, and enjoyment. Thirty children attending the BGCC camp completed initial and follow-up interviews. Researchers showed children 27 F&V cards and assessed whether they could name the produce (recognition), had ever eaten the produce (experience), and, if experienced, whether they liked or disliked (enjoyment) the produce. Children also reported the number of F&V eaten daily. At follow-up, significant increases were observed in recognition and experience; a slight (non-significant) increase was observed in enjoyment. Children reported eating one additional fruit and one additional vegetable (median) each day at follow-up, which we considered a meaningful increase despite the lack of statistical significance ($p=0.08$). Findings highlight a potential avenue for summer programs to make meaningful differences in children's overall consumption of F&V.

Tiffany Sharkoski is a dual-degree Master of Public Health and Master of Bioethics candidate expecting to graduate in December 2016, having earned a Bachelor of Arts degree in Psychology with a minor in Criminology from Temple University in 2004. She has worked for the past 12 years at the University of Pennsylvania conducting clinical trials and was awarded an NIH supplement training grant in 2015, which has launched her on the path towards becoming an independent investigator. Following completion of her degrees, she will continue her career in research, as a young investigator in public health and ethics.

Thursday, December 15, 2016

Biomedical Research Building II/III, Room 252

10:15 am

Abbey Roepke

Mentor: Rosemary Frasso, PhD, MSc, CPH

**Does it make a difference?
Exploring the value of combining public health and nursing training**

Abstract:

As the United States healthcare system continues to evolve the nursing workforce must be prepared to integrate public health skills into nursing practice. Obtaining a Master of Public Health (MPH) represents an opportunity to meet this need, however little is known about the experiences of nurses with an MPH degree. The purpose of this exploratory, qualitative study was to describe the educational and professional experiences of nurses with an MPH and to better understand how professionals use this combination of skills in the workforce. Four themes emerged from the analysis of eleven participant interviews: (1) training decisions, (2) training experience, (3) role in the workforce, and (4) nursing and public health in practice. Participating nurses with an MPH decided to pursue training in nursing and public health for a variety of reasons and in a variety of ways. Participating nurses with an MPH reported working in diverse settings, including academia, healthcare, and administration. Regardless of the type of work they did, they reported not only utilizing both their nursing and public health skills, but they also described true integration of these skills in the workplace. These findings suggest that nurses with an MPH value training and report being better equipped to promote health on both the individual and community level.

Abbey Roepke graduated with her Bachelors of Science in Nursing in 2009 from Winona State University. She is currently a nurse in the Heart and Vascular Intensive Care Unit at Penn Presbyterian Medical Center. Abbey is a dual degree nursing and public health student. She plans to graduate in December 2017 with her MPH and Master's in Nursing-Family Nurse Practitioner.

10:45 am

Saloni Malik

Mentor: Karin Rhodes, MD, MS

**Emergency department use in the perinatal period:
A window of opportunity for a high risk population**

Abstract:

From a public health perspective, identifying the needs of pregnant women who present to the Emergency Department (ED) may represent an opportunity to intervene in the well-being of expecting mothers and their infants during a time when federal resources and social services are relatively accessible. The objective of this study was to compare risk factors and health outcomes of women who used vs. did not use the ED during the perinatal time period. This was a retrospective cross-sectional study in which patient data were collected from medical chart review and post-partum interviews. Of the 678 participants, 218 (33%) had at least one perinatal ED visit. Women who used the ED were more likely than those who did not to be adolescent (RR 2.23, 95% CI 1.38 - 3.63), of minority race (RR 1.94, 95% CI 1.46 - 2.57), and Medicaid-insured (RR 2.14, 95% CI 1.71- 2.67). They were more likely to smoke prenatally (RR 3.42, 95% CI 2.34- 4.99), to use recreational drugs prenatally (RR 3.53, 95% CI 1.78 - 7.03), and to have experienced domestic abuse (RR 1.78, 95% CI 1.12- 2.83). In addition, they were more likely to have delayed entry to prenatal care (RR 2.01, 95% CI 1.46- 2.77), and to experience post-partum depression (RR 2.97, 95% CI 1.90 - 4.64). Finally, their infants were nearly twice as likely to be born prematurely (RR 1.92, 95% CI 1.07 - 3.47). Only 5% of ED visits among this population required inpatient admission. These results highlight the need for routine ED screening and interventions that identify risks among pregnant patients and effectively link this vulnerable population to early prenatal care and psychosocial interventions.

Saloni Malik graduated from Harvard University in 2008 with a degree in sociology, completed a post-baccalaureate premedical program at Bryn Mawr College in May 2011, and is currently a dual MD/MPH student at the University of Pennsylvania. Saloni is currently applying for Emergency Medicine residency programs and will graduate in May of 2017. She hopes to integrate public health principles and initiatives in her career as an Emergency physician.

11:15 pm

Katie Tremont

Mentor: Rosemary Frasso, PhD, MSc, CPH

Illuminating perspectives on graduate student pressure at the University of Pennsylvania

Abstract:

Mental health on US college campuses is a growing public health concern. Suicide is the second leading cause of death among college students. Approximately 1,100 students commit suicide each year. While heightened attention has been paid over the past decade to investigating the mental health of college students, few studies have focused exclusively on graduate students. The meaning of “pressure” amongst graduate students at the University of Pennsylvania was explored in the spring of 2014 following several tragic suicides of university students. A qualitative method called photo elicitation was utilized to engage graduate student participants and enable them to voice their perceptions of “pressure” with the aid of visual images. Over the course of one week, fourteen graduate students from various schools and programs across the university documented with their smart phone or digital camera times that they thought about experiencing pressure as they went about their normal daily activities. The photographs were then used to guide follow-up interviews with graduate student researchers. The Transactional Model of Stress and Coping informed the analytical approach of direct content analysis to both interpret and communicate the results. Participants identified sources of pressure with themes revolving around both internal and external sources. In addition, findings revealed the ways in which students cope with pressure and the outcomes that often result from such. The conclusions drawn from this study will guide future research on graduate student mental health and help institutions better support the success of their students.

Katie L. Tremont will be completing her Masters of Public Health degree in December 2016. Katie’s background has included working extensively in clinical research at academic medical centers including the University of Pennsylvania. She completed her fieldwork experience with the Evidence-based Practice and Innovation Center at the Department of Behavioral Health and Intellectual Disability Services in Philadelphia and will work in the field of mental health and wellness in Philadelphia upon graduation.

12:30 pm

Becky Shasha

Mentors: Rosemary Frasso, PhD, MSc, CPH and Alison Bittenheim, PhD, MBA

Social norms related to personal belief exemptions from vaccines in California elementary schools

Abstract:

Parents are increasingly opting out of vaccinating their children despite the proven effectiveness of vaccines in preventing diseases. One avenue by which parents can opt out on behalf of their child is by filing a personal belief exemption (PBE); that is, to object to vaccinations based on a philosophical, personal, and/or moral belief. Research has shown that schools with stringent exemption policies, including the requirement of physician signatures, have lower PBE rates than schools with less stringent policies. California passed a law in 2012 that made it harder to obtain PBEs from school vaccinations by requiring a health care practitioner to attest that parents were informed about health risks of not vaccinating their children. The objective of this study was to examine how parent, nurse, and school staff attitudes and beliefs shape school-level norms regarding PBEs from California’s kindergarten vaccination requirements. In September and October 2013, we conducted 29 semi-structured interviews with 38 participants including nurses, parents, and administrative school staff from eight California elementary schools that were purposely selected to represent the state’s diversity in geography, school type, and exemption rates. Participants were posed open-ended questions about the current vaccine exemption process, their attitudes towards PBEs within the school community, and their knowledge of the new PBE law. Directed content analysis was employed to elicit themes surrounding PBEs in elementary schools. Study findings will help to shed light on how school nurses and administrators can engage with families to promote vaccination compliance while considering existing norms and challenges.

Becky Shasha submatriculated into the Master of Public Health program while completing her Bachelor of Arts in Health and Societies at the University of Pennsylvania. When Becky graduates with her MPH in December 2016, she plans to focus on maternal and child health issues in underserved communities.

1:00 pm

Michael Deveau, MD

Mentor: Ted Emmett, MD, MS

A retrospective descriptive study of asbestos related diseases found on death certificates of 1930's Ambler, PA residents

Abstract:

Asbestos production lasted for over a century in America and was banned by the EPA in 1989. Asbestos exposure can lead to deadly asbestos-related diseases (ARD) including pulmonary asbestosis, some lung cancers, and mesothelioma of the pleura, peritoneum and other organs. While those who worked directly with asbestos were at the greatest risk for ARD, disease from secondary exposure was common when the industry was thriving in the early 1900s. For example, Ambler, PA, was one of the world's largest asbestos product manufacturing sites in the 1930s and the city had an extensive accumulation of asbestos-containing waste materials (ACM) in close proximity to residential areas and parks leaving both the workforce and the community at risk of exposure. Ambler residents had a statistically significant excess incidence of mesothelioma in 2011. Mesothelioma is virtually pathognomonic for asbestos exposure but was not given a separate and specific code until ICD-10 in 2015 making it challenging to appreciate the impact of exposure on the Ambler community. In order to better understand the impact of asbestos exposure on the residents of Ambler, we examined death certificates of Amber residents (n= 4,520) identified on the 1930 census and examined available death certificates between 1930 and 2014. This allowed sufficient time to appreciate deaths that might have been related to ARD exposure because mesothelioma has a long latency period (30-50+ years). Our study aimed to identify disease that could be classified as ARD, prior to consistent categorization. Additionally, we divided these cases by exposure type (occupational-exposure, residential-exposure and non-occupational/residential exposure).

Dr. Michael Deveau is the Chief Resident in Occupational and Environmental Medicine at the University of Pennsylvania. He received his Doctorate of Medicine at Baylor College of Medicine in 2013 and plans to complete his MPH degree in spring, 2017. After completion of his medical residency, he plans to attend a fellowship training program in interventional pain management.

1:30 pm

Steve Watkins

Mentor: Marilyn Howarth, MD, FACOEM

A comparative review of air pollution mitigation measures in ports across the U.S.: Recommendations for the Port of Philadelphia

Abstract:

As major industrial centers, seaports serve as vital sources of economic activity for many coastal cities. They also represent major sources of environmental air pollution, negatively affecting air quality and health of adjacent communities. Expanded global trade, combined with the expansion of the Panama Canal and port enlargement, is expected to increase activity at many of the United States' eastern seaports over the next two decades. A thicket of regulatory measures and voluntary partnerships aim to decrease harmful emissions from harbored ships and transport trucks. These laws and agreements differ around the country, relying in varying degrees on collaboration between local authorities, federal agencies, and environmental non-governmental organizations. The aim of this project is to identify best practices that could be utilized at the Port of Philadelphia in order to curb air pollution and help improve the city's air quality. The findings are based on a review of published and grey literature.

Steve Watkins comes to Penn's MPH program on a hiatus from his position with the Office of Science Policy within the Environmental Protection Agency. At the EPA, Steve primarily works on regulations related to chemical safety and other environmental health issues. Before joining the EPA, Steve worked for a nonpartisan, science and technology briefing series on Capitol Hill, and then the nonprofit Center for Science in the Public Interest in Washington, DC. He plans to complete his MPH this spring, and then return to the government. Steve has a Bachelor of Arts in Biology from Grinnell College and a Master of Public Policy from Georgetown University

2:15 pm

Ruona Ughwanogho

Mentor: Allison Karpyn, PhD

"SNAP" to Reality: Can small stores meet the newly proposed USDA inventory guidelines?

Abstract:

The Supplementary Nutrition Assistance Program (SNAP) is one of the most widely used food subsidy benefits for populations living below the poverty line. In an effort to improve the quality of food purchased under the program, in February of 2016, the USDA announced new recommendations for stores accepting SNAP that would expand the requirements for foods stocked. The purpose of this multi-site study was to establish baseline compliance for small storeowners, who are most likely to face difficulties meeting the new guidelines. This study collected cross sectional food stock inventories for 57 small stores in Delaware, Minnesota, North Carolina and Arizona. The results suggested that these stores would not be able to meet the new requirements and therefore would not be eligible to continue accepting SNAP should the new recommendations become policy. This is problematic because these small stores operate in areas where they may be the only food option for residents using SNAP, further widening the food access gap.

Ruona Ughwanogho graduated from the University of Pennsylvania in 2014 with a Bachelors of Arts in Health and Society with a focus on Public Health. Her research interests in college revolved around HIV/AIDS prevention and safe sex interventions in high-risk Philadelphia communities. She currently works in mental health research in the Neuropsychiatry Section at the University of Pennsylvania Department of Psychiatry. She hopes to pursue a career in HIV/AIDS prevention on a government level upon completing the MPH program in the spring of 2017.

2:45 pm

Chloe Saeks

Mentors: Rosemary Frasso, PhD, MSc, CPH and Vanessa Karamanian, MD, MPH

A qualitative study of food pantry patron experiences in Philadelphia

Abstract:

Low-income families have disproportionately high rates of obesity, which is associated with poor health outcomes such as diabetes and heart disease. Many of these low-income families rely on emergency food provided by food pantries. Philadelphia food pantries have introduced nutrition-profiling systems, which label food items based on their nutritional value, to encourage healthy eating choices. These labeling interventions have not been systematically studied. The goal of this research was to better understand patron experiences in three food pantries in the greater Philadelphia area with different nutrition-profiling systems. These included: 1) a traffic light nutrition program, which labels food items based on nutritional value using green, yellow and red shelves; 2) a computer-based points system, which allocates points based on the nutritional value of food items; and 3) a green light pantry, which provides only highly nutritious food options. We conducted open-ended interviews with five patrons from each of the three pantries. Each interview lasted an average of 15 minutes. Study findings provided insights about the patron experience and identified barriers that highlighted avenues for potential improvements. The study's primary stakeholder, the Health Promotion Council, will utilize findings of this study to improve patron experiences at food pantries in Philadelphia.

Chloe Saeks is a Master of Public Health candidate expected to graduate in May 2017. Before pursuing her MPH, she spent two years as a Teach for America Corps Member in St. Louis while completing her Master of Education degree from the University of Missouri-St. Louis. Following the completion of her degree, she will continue working with low-income children and families to improve health outcomes through health education and wellness initiatives.



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