Master of Public Health Program

Perelman School of Medicine
University of Pennsylvania

Capstone Presentation Program

Fall 2015

University of Pennsylvania
Tuesday, December 8, 2015
Biomedical Research Building II/III Room 1412
421 Curie Boulevard

2:15 pm

Eunice Chay
Mentor: Katherine Yun, MD, MHS

Dietary practices after resettlement: A study of Bhutanese refugee children in Philadelphia

Abstract:
Refugee children in the U.S. often have difficulty obtaining nutritionally complete diets, resulting in micronutrient deficiencies and malnutrition. Through semi-structured interviews with nine Bhutanese refugee families with children ages 2 to 12 in Philadelphia, this exploratory study seeks to: 1) describe dietary changes since arrival in the U.S., and 2) identify foods that Bhutanese refugee parents use to promote healing and growth. Parents interviewed ranged from 25 to 49 years old, with varying education levels (no education to completed college), and included both males and females (one and seven, respectively). Anthropometric data (i.e. height, weight) were also collected for one of the participant’s children to determine the child’s weight status (i.e. underweight, normal weight, overweight). Preliminary findings suggest that Bhutanese refugee families in Philadelphia are able to obtain preferred food through local “bigbox” and Asian grocery stores and community or kitchen gardens. Prior to arrival in the U.S., families had lived in refugee camps in Nepal, where access to a variety of foods was more limited than in Philadelphia and food insecurity was common. Although parents have access to preferred foods, there are many misperceptions about foods that help (or do not help) promote healing and growth. Understanding parents’ perceptions of “healthy” foods will be used to inform culturally-appropriate nutritional interventions in the future.

Eunice is a dual-degree Doctor of Dental Medicine and Master of Public Health candidate at the University of Pennsylvania. She obtained a Bachelor of Arts degree at Agnes Scott College in International Relations. Eunice aspires to be a public health dentist working with underserved immigrants and refugees, and a champion for increased access to oral health care.

2:45 pm

Ana Peterhaus
Mentor: Amy Hillier, PhD, MSW

Evaluating the impact of a supermarket intervention in a former food desert: Assessing fruit, vegetable, and sugar intake with the Chester Food Study

Abstract:
A growing body of evidence supports the idea that the availability of affordable, healthy food plays a significant role in determining a person’s diet and that increasing access to nutritious food options can lead to improvements in dietary habits. As a result, introduction of new supermarkets into areas that have low levels of access to healthy food venues, known as food deserts, has been a prominent focus of interventions targeting obesity prevention in recent years. Previous research on the effectiveness of these efforts has been limited to examining consumption of healthy fruits and vegetables. This study explored added sugar intake to assess unhealthy food intake as well. This study compared the dietary intake of a sample of Chester residents from before and after the opening of a supermarket in a former food desert using data collected via an Automated Self-Administered 24-hour food recall. Researchers found that the supermarket intervention led to a decrease in added sugar intake, however it did not lead to an increase in vegetable or fruit consumption. The findings support those of other studies in showing that the supermarket intervention had a limited effect on increasing healthy food consumption, calling into question the effectiveness of increased food access alone on improving dietary quality. However, it also adds a promising new area for further investigation, the potential for reduced intake of unhealthy foods such as added sugar, which can be an important factor in improving dietary quality for persons living in a former food desert.

Ana graduated from Tulane University with a B.S. in Public Health in 2014. She is now currently working towards her Master’s degree in Public Health and is expected to graduate in the spring of 2016. Within the field of public health, she is particularly interested in food access and how diet contributes to chronic disease. After graduation, Ana plans to continue working in the area of food access research.
3:15 pm

Erica Morse
Mentor: Rosemary Frasso, PhD, MSc, CPH

Student perceptions of fear and safety: A qualitative study

Abstract:
This paper examines the perceptions of fear and safety from the perspectives of undergraduate students, graduate students, faculty, and staff at a large private university in an urban setting. As conceptualizations of fear and safety are frequently influenced by emotional and mental wellbeing, assessment of these perceptions may provide valuable insight on the mental health of a university community. Graduate students participating in a qualitative research course administered semi-structured interviews, guided by photographs collected using photo elicitation technique, to 25 participants exploring manifestations of fear and safety in daily life. Results were analyzed using qualitative data software and coded for clarity. Emergent themes identified within the data included commentary on the built environment, mental health, and the university campus within an urban setting. These findings could inform mental health campus safety protocols across similar university settings and provide insight regarding one dimension of mental health evaluation for university students.

Erica is pursuing her Master of Social Work and Master of Public Health degrees and intends to graduate in May of 2016. She earned her Bachelor’s Degree in Psychology and Bachelor’s Degree in Human Development and Family Studies with a minor in Criminal Justice from the University of Connecticut in 2009. Erica is especially fascinated by the intersections of mental health, public health, and social and structural inequities. She aims to find a career that allows her to address these issues.

4:15 pm

Meagan Rubel
Mentor: Frances Barg, PhD, MEd

Expert knowledge influences decision-making for couples receiving positive prenatal chromosomal microarray testing results

Abstract:
The number of women electing to get some form of prenatal genetic testing, including traditional karyotyping and microarray has increased dramatically in recent years. Microarrays use high resolution genome screening to identify chromosomal abnormalities, and are considered a first tier test for the genetic evaluation of fetal anomaly before childbirth and in infants and children with unexplained intellectual disabilities, autism spectrum disorder, and congenital anomalies. Prospective parents now have the opportunity to interrogate the genome beyond our capacity to interpret findings within a biomedical paradigm; for example, microarray testing can provide positive results that have variable outcomes, like a variant on the autism spectrum or a de novo variant with unknown function. Receipt of these results can cause anxiety in prospective parents and precipitate a need to gather information to help make and validate pregnancy decisions. This research assesses how couples perceive and react to abnormal prenatal genetic results. 27 US pregnant female patients and 12 of their male partners with positive prenatal microarray testing results completed semi-structured phone interviews. The participants conveyed their experiences with chromosomal microarray testing, understanding of and emotional response to receiving results, factors affecting decision-making about testing and pregnancy termination, and psychosocial needs throughout the testing process. This research indicates that for results, understanding is influenced by biomedical expert knowledge (BEK) and cultural expert knowledge (CEK). When there is a dearth of BEK, as in the case of receiving results of uncertain significance, participants rely on CEK, including religious/spiritual beliefs, "gut instinct," and analogic reasoning. These findings suggest that CEK influences understanding of microarray results and affects subsequent decision making to keep or terminate a pregnancy. This underscores that biomedical knowledge and expertise may not always be the most important determinants of decision-making. These forms of "knowing" may be integrated into clinical consideration of efficacious patient assessment and counseling.

Meagan is completing her Master of Public Health and is also a PhD candidate in the Department of Anthropology. Her doctoral research focuses on gut microbiome genetic analysis and parasitism in Africa. She completed two months of fieldwork in Cameroon this year working with hunting and gathering groups. Her MPH work explores how patients interpret genetic information and use knowledge to make medical decisions.
4:45 pm

Ayesha Qadeer
Mentor: Hillary Bogner, MD, MSCE

Incorporating patients’ non-biomedical needs (financial, social, and emotional) into hypertension care: A pilot randomized control trial

Abstract:
Uncontrolled hypertension, in part due to a lack of medical adherence places an extensive burden on the healthcare system as it struggles to manage the associated complications. Thus, it is imperative to develop novel strategies to aid adherence. Herewith, we carry out a randomized controlled trial to test the effectiveness of an integrated intervention which incorporates other co-morbidities of the patient (i.e. depression) as well as non-biomedical needs (i.e. enhanced intervention) versus a basic care interventional approach. We hypothesized that patients who were selected to receive the enhanced intervention would have better hypertensive control at three months. Patients were recruited from three primary care practices, between September 2013 and February 2015. Inclusion criteria were: 1) age 18 or older; 2) hypertensive; 3) currently prescribed antihypertensive medication. 54 patients were divided into extensive-intervention (n=28) or basic-intervention (n=25) groups. In both groups, blood pressure was assessed at baseline and 12 weeks. Logistic regression between the two groups revealed a significant mean improvement in systolic blood pressure (enhanced intervention -11.96 vs. basic intervention 6.08; p=0.003), in addition to a significant improvement in depression symptoms measured by the PHQ-9 scale at 3 months (enhanced intervention -2.75 vs. basic intervention 0.40; p=.024). To conclude, patients that received the enhanced intervention had greater improvement in hypertension control and less depressive symptoms. However, the mechanisms that underpinned this improvement remain elusive. Nevertheless, this interventional approach shows significant early promise. Further research is required to assess whether the significant improvements in hypertension, translate to reduced complications.

Ayesha is will complete her Masters of Public Health this fall. Her primary interests center around the role of primary care in the prevention of chronic diseases. While at Penn, she managed an NIH-funded research study, which examined a rare bone disease. She has also worked on several projects ranging from quality of life studies in cardiac patients, phase III trials for new analgesics, and retrospective studies on rare bone diseases. She hopes to continue developing her skill set as a research associate at the Imperial College of London.

5:15 pm

Daria Murosko
Mentor: Scott Lorch, MD, MSCE

Residential racial segregation affects rates of complications in pre-term infants

Abstract:
Intraventricular hemorrhage (IVH) is a serious clinical event that disproportionately affects and causes death in Black neonates. Residential racial segregation is associated with increased mortality, low birth weight and pre-term delivery in premature Black neonates. This is the first study to investigate the effect of living in a highly segregated environment on rates of IVH. Birth certificates were linked to hospital data to construct a retrospective cohort of 70,775 premature Black and White neonates. Dissimilarity, a measure of segregation indicating the proportion of minorities in relation to the larger area in which they live, was linked to patient data. Univariate and multivariate logistic regression models determined the risk of segregation on Black and White women, adjusting for maternal zip-code, sociodemographic factors, and other measures of segregation. For babies from a highly segregated area, IVH rates were 15.2% (p = 0.001) higher in Blacks and 6.2% (p = 0.05) higher in Whites, compared to babies born in a less segregated environment. The adjusted risk of developing IVH was 54% greater in highly segregated areas (p < 0.001). When stratified by race, the OR was 1.66 for Blacks (p < 0.001) and 1.32 for Whites (p < 0.001). Therefore, living in a highly segregated community increases the risk of IVH in both Black and White neonates, though this effect was stronger for Black neonates. This effect is independent of socioeconomic status and birth weight, and thus represents a novel risk factor for developing IVH.

Daria Murosko is a pursuing a Master in Public Health and a Doctorate of Medicine. She graduated from the University of Maryland in 2011 with a Bachelor Degree in Biochemistry and a minor in Linguistics. When Daria graduates from Penn in the spring of 2016, she will begin a residency in Pediatric Medicine. Daria hopes to balance her clinical practice with the continued pursuit of her passion for pediatric community health.
6:15 pm

Sandeep Shah
Mentor: Carol McLaughlin, MD, MPH, MSCE

**Impact philanthropy: Improving access to health in rural Liberia**

Abstract:
Approximately 50 percent of the global population lives in rural areas. They suffer from uneven access to health services as only 38% of nurses and 24% of physicians serve remote regions. In the context of developing countries, these numbers are worse as severe disparity in access is exacerbated by lack of trained health workers. In order to address this issue of access to health services, the contributions of village health workers also known as community health workers has been critical. Known as -Angwanwadi workers in India, Promotores in Latin America, Lady Health Workers in Pakistan, Health Extension Workers in Ethiopia or Front Line Health Workers in Liberia - community health workers have been shown to be effective in delivering both preventive and curative interventions to often neglected populations. The capstone project will focus on community based health delivery in Liberia and evaluate impact of Front Line Health Workers’ contribution to improve access to quality health care services for people who live beyond the reach of the existing health infrastructure. The project aims to create an investment guide for donors which analyzes the potential of this model for health impact including considerations of cost. The project will explore best practices, successes achieved, future goals and limitations of community based health delivery in Liberia.

Sandeep is completing his Master of Social Work and his Master of Public Health this fall. Sandeep completed his BA at Berkeley in Social Welfare. He currently works full-time as a Research Coordinator for the Mixed Method Research Lab. While studying at Penn and prior to joining the MMRL, he worked on diverse philanthropic projects and grant development at a community foundation where he also did case management and outreach to refugee immigrant families. Sandeep is interested in improving healthcare access, economic development, and philanthropy.

6:45 pm

Josh Littlejohn
Mentor: Rosemary Frasso, PhD, MSc, CPH

**Project Aurora:**
**Collaborating with health activists to create visual aids in Mozambique**

Abstract:
Malaria is endemic throughout Mozambique. It accounts for approximately 45% of all outpatient visits, 56% of pediatric hospitalizations, and 26% of hospital deaths. As part of the Millennium Development Goals, much significant work has gone towards decreasing the disease burden of malaria with an increasing emphasis on community-based participatory approaches. This case study outlines one such project aimed at the creation of educational visual aids in conjunction with community health activists for use in their own communities in Mozambique. Over the course of three months, the author worked with previously identified community health activists from two communities, students from a local university, health professionals, and religious organizations to create a simple, affordable, and easily reproducible visual toolkit for use in teaching what the community self-identified as the key gaps in understanding malaria and the medical treatment process. The health activists and other stakeholders were involved in every stage of production so that the project could yield two final deliverables: a physical toolkit for the community members and a reproducible development process experience for the health activists. This process included exploratory conversations, multiple rounds of revisions during material development and translation, and final approval and assembly of the toolkit. Twice weekly meetings with students and activists, extended site visits, and monthly community check-ins were organized to facilitate the process. Two final training sessions were held to assemble the toolkit, review and debrief the process with the activists, and discuss potential future applications for the materials and the development process.

Joshua is pursuing a Masters of Public Health and Masters of Science in the Nursing-Health Leadership and Management Program (MSN-HLMP). He received his BS in Molecular Microbiology from Clemson University in 2004, a diploma in Media Studies from Birkbeck College, University of London in 2006, an accelerated-Associates of Science in Nursing (ASN) from Our Lady of the Lake College in 2010, and his BSN from Louisiana State University in 2012. Extensive international travel deepened in global health disparities. His long-term interests focus on cross-cultural communication; the use of audiovisual messaging for behavior change, research translation, utilization, and dissemination; and community-based participatory approaches that emphasize community building, partnership, and empathy.
Wednesday, December 9, 2015
Biomedical Research Building II/III Room 251
421 Curie Boulevard

2:15 pm
Emily-Earl-Royal
Mentors: Frances Shofer, PhD & Daniel Holena, MD

Characteristics of traumatic injury in older adults:
A statewide analysis from 2011-2014

Abstract:
Traumatic injury is a leading cause of death and disability in adults age 65 and above, but there are few epidemiological studies addressing this issue. The aim of this study was to assess how characteristics of blunt traumatic injuries in adults age 65 and above vary by age. This retrospective review examined injured patients age 65 and above admitted to a trauma center in Pennsylvania between 2011 and 2014 (n=38,562). Patients were stratified into three subgroups (65-74; 75-84; ≥85). Demographics, injury, and system-level variables were compared across groups. Female sex, white race, and non-Hispanic ethnicity increased with age. As age increased, the proportion of falls (69.9% vs. 82.1% vs. 90.3%), in-hospital mortality (4.6% vs. 6.2% vs. 6.8%), and proportion of patients arriving to the hospital via ambulance also increased (73.6% vs. 75.8% vs. 81.1%), while mean injury severity (10.3 vs. 10.1 vs. 9.6) and the proportion of level one trauma alerts decreased (10.6% vs. 8.2% vs. 6.7%). There was no observable trend between age and patient transfer status. This descriptive study provides a framework for future research on the relationship between age and traumatic injury in older adults. While many of these findings are consistent with previous literature, the study highlights several new areas for further exploration such as the decrease in trauma alert level with age, the increase in mortality with age, and the decrease in demographic diversity with age among older adults receiving care at a trauma center.

Emily is currently completing an Master of Public Health and her Doctorate in Medicine from the Perelman School of Medicine at the University of Pennsylvania. She graduated magna cum laude from Smith College with a BA in comparative literature. Upon graduating, she plans to pursue residency training in emergency medicine.

2:45 pm
Cary Hilbert
Mentor: Ricardo Castillo Neyra, PhD, DVM

Modelling intestinal helminth-microparasite coinfections and associated factors among children of Peru’s northern coast

Abstract:
Long-term infection with intestinal parasites is common in areas where water, hygiene, and sanitation quality is poor. Concurrent infection with different parasites can increase immune susceptibility, infection duration, transmission risks, and clinical symptoms. Experiencing parasites continuously throughout childhood can cause impaired physical and cognitive development and may perpetuate the cycle of poverty. However, there are few community-based parasitological surveys examining helminth-microparasite coinfection. This study analyzes the individual and community burden and geographic distribution of coinfection among children. Stool specimens were collected from 14,834 children aged 0 to 15 years in 115 villages across the north coast region of Peru. Socio-demographic and environmental data were collected by means of a structured questionnaire presented to the participants' guardians. Stool specimens were analyzed for 20 different species from 4 classes of parasites using the spontaneous sedimentation technique in tube (SSTT). Infection and exposure data were modelled using multivariate logistic and Poisson regression. Geographically weighted regression and spatial correlation were used to model geographic distribution. Eighty-five percent of participants had at least one intestinal parasitosis, and 54% of these were infected with more than one. Significant associations were found between numerous coinfecting parasite species. The site of defecation was associated with increased odds of infection and intensity. Spatial distribution of parasite burden, both at the individual and at the village level, showed high variability, with increasing intensity among northernmost villages. Coinfection of children by multiple parasite species is common in under-resourced areas, but the importance of such multiparasitism to global health efforts is only recently beginning to receive recognition.

Cary is completing his Master in Public Health this fall. Cary’s mission is to contribute to better understanding infectious diseases of poverty that receive comparatively little funding and attention from the global health community. Sometime next year he hopes to find himself doing this as a data analyst in infectious disease epidemiology, whatever city or country that may be in.
3:15 pm

Maureen Pickarski
Mentor: Frances Shofer, PhD

Emergency department usage patterns by women in early pregnancy frequenting urban emergency departments

Abstract:
Emergency departments (ED) provide a significant source of care to the US population. ED visit rates continue to climb at rates that exceed expectations based on population growth. The Affordable Care Act expanded Medicaid coverage and extended health insurance eligibility of young adults. With increased access to primary care, ED utilization was expected to decline as visits are often for non-urgent conditions. Abdominal pain remains the top complaint which may indicate early pregnancy complications. Many pregnancy-related complications can be dangerous and even fatal to the mother. Pregnancy rates in Philadelphia are decreasing yet remain consistently higher versus Pennsylvania rates. Much of this disparity can be attributed to high teen pregnancy rates. In this study, the usage patterns of women frequenting three urban EDs from 2009-2014 are described, specifically those in early pregnancy. As a whole, the majority of patients was covered by public insurance (48%) and was black, non-Hispanic (67%). The percentage of women in early pregnancy remained stable overall the study period (11.3%). However, the rate of young women in early pregnancy (aged 12-22) seen in the ED has significantly declined from 172.3 to 135.7 per 1000 persons, a relative change of 21.2% ($p<0.0001$), while rates of other age groups have remained constant. A concomitant change was seen in declining rates of public insurance coverage for young pregnant women whereas insurance coverage characteristics for non-pregnant women stayed the same. Interestingly, rates of young women presenting to ED with STDs and STD associated diseases have risen significantly despite an overall decline in Philadelphia rates for the same diseases. A large cross sectional picture of how pregnant women present to an urban ED is important to determine how best to support women in early pregnancy, avoid unnecessary ED visits and direct women into early prenatal care. This information could guide prevention and/or management of symptoms, improve pregnancy outcomes and increase quality of care.

Maureen will complete her Master of Public Health this fall. She has a Bachelor degree in biology from University of Scranton and Master of Science from University of Rochester. She is a basic science researcher at a pharmaceutical company studying novel mechanisms of action for an osteoporosis drug in Phase III clinical trials.

4:15 pm

Bobby Harris
Mentor: Rosemary Frasso, PhD, MSc, CPH

Barriers to care for injection drug users with soft skin infection

Abstract:
Self-reported heroin use in the United States has increased dramatically over the past 15 years. High risk injection practices expose people who inject drugs (PWID) to a variety of harms, including skin and or soft tissue infections (STI). These infections are a common and costly morbidity in this population. However, relatively few studies have explored this harm for PWID. There is especially limited research regarding the barriers to and facilitators of healthcare utilization among PWID with injection-related STI. Leveraged by a partnership with Prevention Point Philadelphia (PPP), which provides clinical and case management services to PWID in North Philadelphia, the student investigator performed semi-structured interviews with PPP clients in order to expand upon the lived experience of PWID with an injection related STI. Free-listing was deployed to inform the development of an interview guide. The interviews were audio-recorded and transcribed. The resulting data was analyzed with an iteratively and collaboratively designed codebook for resonant themes. Preliminary findings confirm prior research about the risk environment for injection drug use and add new insights into PWID perspectives on preventing and treating STI.

Bobby is completing joint Masters degrees in Public Health (MPH) and Nursing (MSN) this fall. He previously completed BAs in International Relations and Spanish from Beloit College and a Bachelor in Nursing Science (BSN) at UPenn. Bobby spent four years in Peru working on projects aimed at increasing access to health care and three years in Boston working at a federally qualified health center. A licensed registered nurse, Bobby plans on providing primary care in to uninsured and underinsured communities in Baltimore as a family nurse practitioner.
4:45 pm

Sara Grossman
Mentor: Karen Glanz, PhD, MPH

Urban African American men’s perspectives on prostate cancer

Abstract:
African American men experience high prostate cancer incidence and mortality and may lack accurate information about prostate cancer. This study explored African Americans’ knowledge, attitudes, and beliefs to inform prostate cancer community engagement, education, and dissemination strategies in Philadelphia. Seven focus groups were conducted in community locations with 69 participants aged 40-70. Most participants were male (88.4%) and had not completed college (80.3%). Focus group summary transcriptions were coded and analyzed for emergent themes. Key themes included: lack of prostate cancer knowledge and awareness; “mentality of black men” as a barrier to seeking care; preference to receive information from a direct source; and strong patient-physician relationships as facilitators of patient engagement. Study findings highlight the need for basic prostate cancer education and community outreach to African American men in urban settings. Strategies should convey personal relevance and prepare men for meaningful conversations with their physicians.

Sara will complete her Master of Public Health this fall. She is a research coordinator at the UPenn Prevention Research Center and Center for Health Behavior Research. Sara's interests include health disparities, community engagement, and expanding evidence-based public health policy and programs.

5:15 pm

Julia Hill
Mentor: Barbara Riegel, PhD, RN

First heart failure hospitalizations: An integrative review of treatment and adherence practices

Abstract:
Heart failure (HF) is a complex and progressive disease that affects almost 6 million U.S. adults. Acute episodes of worsening heart failure frequently require hospital treatment. Hospitalizations for these episodes are very common and are a marker for poor disease outcomes and death. While HF treatment is complex, there are evidence-based interventions that may reduce the number or frequency of acute HF episodes. However, studies evaluating preventive interventions do not specifically target first HF hospitalizations. Identifying effective interventions at this unique point of the HF progression may help break the cycle of hospital readmissions and death frequently seen with this condition. This presentation reports on the findings of an integrative review of the scientific literature evaluating existing treatments and interventions used at or after a first HF hospitalization. A primary database and supplemental grey literature search were conducted to identify eligible sources. Included papers were analyzed using NVivo 10 software. Twenty-five papers met the eligibility criteria. These included observational studies conducted in eight different countries. Medication utilization, provider specialty, patient adherence, and non-medical interventions are evaluated in the identified literature.

Julia will complete the a Master of Public Health and a Master of Nursing in the Family Nurse Practitioner program this fall. Throughout her Masters’ programs she has worked closely with her Capstone mentor, Dr. Barbara Riegel, on studies examining self-care behaviors of individuals with heart failure. This work was the inspiration for her MPH capstone.
6:15 pm

Cadence Bowden, MSW
Mentor: Heather Klusaritz, PhD, MSW

Men in Philadelphia: Contraception and conception

Abstract:
Unintended pregnancy is a public health problem given much attention, and intention to conceive has been linked to contraceptive use. Despite having half of the biological responsibility for conception, men are not often consulted in this research regarding their beliefs about contraception and conception, their intention to conceive and how it effects their employment of contraceptive methods. Semi-structured interviews were conducted with twelve low-income men aged 18-26 who reside in Philadelphia. Interviews were analyzed using common coding techniques and themes about contraception and conception emerged. Men in our study had distinct beliefs about the effectiveness of birth control methods and when (or with whom) to employ them. Most participants used condoms and expressed a mistrust and/or misunderstanding of female contraceptive methods. Condom use appears to be driven by the risk of STDs and/or HIV contraction, which was discussed with fear, as opposed to the risk of pregnancy, which was often discussed with ambivalence. Situational influences on condom use were prevalent, such as whether or not their sexual partner seemed promiscuous, or if they felt trusting in their sexual partners. These situational factors seemed to provide a greater influence on contraceptive use than previous experience, family or friends' influence, or individual intention. Men discussed feelings of pregnancy ambivalence similar to previous findings from women. Men's beliefs about the effectiveness of contraception and their ideas about conception are important in the reproductive realm and should be considered when thinking about interventions to prevent unintended pregnancy.

Cadence is completing her Master of Public Health degree this semester. She graduated from the School of Social Policy and Practice with her Master of Social Work degree in the spring of 2015.

6:45 pm

Alexis Singh
Mentors: Sarita Sonalkar, MD, MPH & Veronica Chavez, BA

Reproductive health care needs in women with physical disabilities: The patient perspective

Abstract:
The objective of this project was to explore the experiences of women with physical disabilities in accessing reproductive health care. Women with physical disabilities were recruited from two teaching hospitals. Participants completed 30-minute in-depth, semi-structured interviews. Transcribed transcripts were uploaded to NVivo 10.0 for data analysis. The investigators identified and tracked common themes. The research team interviewed 27 women with physical disabilities. Many patients felt that they had to instruct their providers in alternative positions to achieve a gynecologic exam. Patients appreciated detailed teaching relevant to their care and staff who were accommodating to their needs. Patients repeatedly discussed the difficulty in maneuvering within small exam rooms, and difficulty with transfers on and off gynecologic exam tables. They also expressed that there needs to be more clinical and sensitivity training for staff and providers, so that they can better assist women and address their healthcare needs as it relates to their disability. Formal provider training for ob/gyn providers in the care of women with physical disabilities is lacking. Medical facilities should be better equipped to accommodate women with physical disabilities. This research will inform future quantitative observational research as well as interventions to improve the reproductive health experience for women with disabilities.

Alexis will complete her Master of Public Health degree this spring. She previously completed an undergraduate degree in Public and Community Health. Alexis is passionate about improving sexual and reproductive health. She hopes to stay in Philadelphia and expand STD testing, contraceptive counseling and pregnancy planning.
The relationship between the Medicaid fee bump and Medicare Part B billing

Abstract:
It is an exciting and turbulent time in healthcare policy. Over the last few years, there have been numerous and diverse reforms aimed at increasing the affordability, accessibility and quality of healthcare in the United States. In this paper, we examine two of these reforms. The first is the public release of Medicare Part B billing data. These data, which are currently available for 2012 and 2013, measure the utilization of inpatient services for millions of Medicare enrollees. These data were released to improve transparency about the costs and frequency of covered services and to combat fraud. The second reform is the increase in Medicaid payment for primary care— or the Medicaid Fee Bump, as it is commonly called— which went into effect on January 1st, 2013. Many providers serve Medicaid and Medicare Part B patients. We compare trends in Medicare Part B utilization before and after the Medicaid Fee Bump to determine if the latter influences billing and utilization behavior. To strengthen our inferences about any observed differences in Medicare Part B billing, we rely on natural variation in the effect of the Medicaid Fee Bump: some states are not affected because their Medicaid fees already equal or exceed Medicare rates. We use these unaffected states, which we match one-to-one based on geographic proximity, as a control population. Preliminary results suggest that the Fee Bump may be changing provider behavior in expected directions given prevailing economic theory about cost-shifting.

Chris will complete his Master in Public Health this fall. While at Penn, Chris completed his fieldwork as a data analyst for the Leonard Davis Institute of Health Economics and was co-author of several data briefs focused on the ACA. He also served as a Wharton Social Impact fellow, where he worked with a capital investment firm to assess the opportunity for impact investing within the health care market. Being at Penn has turned Chris into a data geek and as a result he now makes his living in the field of health care informatics.