



**The College of Physicians of Philadelphia**  
SECTION ON PUBLIC HEALTH AND PREVENTIVE MEDICINE

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**6<sup>th</sup> Annual Public Health Day Symposium**

Monday, April 1, 2019  
8:00am-12:30pm

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**Networking/Registration/Breakfast (8:00-8:40am)**

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**Welcome (8:40-8:50am)**

**Katie DiSantis, PhD, MPH**

*Chair, Public Health Day Symposium Committee,  
Section on Public Health and Preventive Medicine, The College of Physicians of Philadelphia*

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## Session One (8:50-9:30am)

### 1. **Increasing Breast and Cervical Cancer Screening Participation for Immigrants and Refugees through Patient Navigation**

*Topic Area:* Healthcare access, patient navigation

*Presenters:* Elizabeth Dailey, Senior Program Manager, Mature Women's Services, AccessMatters; Nichole Kang, Director for Family Services, Health Promotion Council; Oni Richards-Waritay, Executive Director, African Family Health Organization

*Description:*

This presentation will describe a pilot project in which Latina and African immigrant and refugee women were engaged in community-based patient navigation services to support their participation in breast and cervical cancer screenings available through the Pennsylvania HealthyWoman Program (HWP). The HWP, with funding support from the Pennsylvania Department of Health and the Centers for Disease Control and Prevention, provides funding, training, and technical assistance to a network of healthcare partner organizations that provide free cancer screening and diagnostic services to low and moderate income, uninsured and underinsured patients.

AccessMatters, a Philadelphia-based public health organization, administers the HWP in Southeastern Pennsylvania, and partnered with two trusted community-based organizations - Health Promotion Council (HPC) and African Family Health Organization (AFAHO) - to increase breast and cervical cancer screening knowledge and participation among Latina and African clients. Linguistically and culturally-congruent Patient Navigators from HPC and AFAHO conducted a variety of patient-specific education, engagement, and navigation activities to link clients to screenings and any necessary follow-up services. AccessMatters supported project implementation by coordinating project partners, providing topical training and informational resources for Navigators, developing data collection instruments, and conducting the project's data analysis and evaluation.

The project provides a model for collaborative, cross-agency support for community-clinical linkages. Project outcomes reinforce the existing evidence of the effectiveness of a patient navigation model in connecting medically underserved individuals with lifesaving healthcare services. The presentation will include a discussion of the major results of Navigators' barriers to care assessments, primary navigation supports provided, project outcomes, lessons learned, and program/policy recommendations resulting from this project.



## 2. The Technology Assisted Children's Home Program

**Topic Area:** Home health care, tele-health

**Presenter:** Melissa Modesti

**Affiliation:** Program Manager, Health Promotion Council, Public Health Management Corporation

**Co-author:** LaMia Bryant, Program Director, Health Promotion Council

**Description:**

The Technology Assisted Children's Home Program (TACHP) is a free program developed to provide unique, home-based and tele-health care coordination to parents with technology assisted children, ages 0-22 throughout Pennsylvania. The program is divided among two agencies in PA; the Children's Hospital of Pittsburgh serving mostly western counties, and the Health Promotion Council serving mostly eastern counties. Utilizing evidence-based strategies, TACHP aims to provide non-medical services to build capacity among family and caregivers to care for their technology assisted children with special health care needs in their home.

Technology assisted refers to the use of a medical device to compensate for the loss or diminished capacity of a vital body function; medical devices may include: feeding tubes, colostomy bags, catheters, EKG monitor and pacemakers, ventilators or cardiac shunts. TACHP services aspire to improve the health and education outcomes for technology assisted children, increase family members' understanding of each child's unique developmental need, and strengthen parent and child skills in navigating medical, educational, and social services.

Adopting the philosophy of meeting families where they are, TACHP at the Health Promotion Council offers trained and skilled navigators to assist families in their home, teaming with them to navigate the medical, educational, and behavioral systems. Navigators often attend meetings and/or appointments for the child and will continue to support families throughout the various transitions they encounter during the birth-22 range. TACHP strives to provide individualized health/health literacy education, educate parents on students/parent educational IEP rights and responsibilities, and bridge communication among all involved providers.

TACHP also utilizes a tele-health model to support ongoing long-distance communication for clients living in remote areas and with those identified to have a higher level of need. This efficient model allows us to consult with families and follow more closely the child's care in the home while providing health education on an as-needed basis. Health programs that utilize this approach create service delivery that is accessible; tele-health is family centered and encourages collaboration between caregivers and service providers. The utilization of tele-health at TACHP has allowed our Philadelphia-based staff to appropriately and effectively support families living in all of the 31 counties on an ongoing basis.



### 3. **Safe Sleep Philly: Local Public Health Messaging to Save Infants' Lives**

**Topic Area:** Infant mortality, health communications

**Presenter:** Julia Reeves

**Affiliation:** Special Projects Manager, Philadelphia Department of Public Health, Division of Maternal, Child, and Family Health

**Co-authors:** Aasta Mehta, MD, MPP, Division of Maternal, Child, and Family Health; Akash Desai, Division of Maternal, Child, and Family Health

**Description:**

Every year in Philadelphia, 30 infants die from sleep-related deaths. These deaths are not from neglect. Rather, the baby is placed to sleep in a way that may seem safe but isn't. In September of 2017, the Philadelphia Department of Public Health launched its Safe Sleep Philly campaign: Same Room. Different Beds. Better Rest for All. The campaign's mission is to end this tragedy and help more infants in Philadelphia reach their first birthday.

Informed by focus groups and leveraging lessons learned from the Fetal and Infant Mortality Review team, the Safe Sleep Philly campaign addresses the highest risks for infant sleep-related deaths in Philadelphia as well as the need of parents to be close to their sleeping infant. The campaign team referenced data to focus the campaign message on modifiable behaviors that will reduce risks for Philadelphia infants. Equally as important, the campaign portrays Philadelphia families in their homes. Associated with the campaign, the Division of Maternal, Child, and Family Health Safe Sleep Philly Team provides free, in-person education and Pack 'n Plays to help families create a safe sleep environment for their infant.

During 2018, the campaign distributed over 90,000 materials to more than 690 health centers, daycare, recreation centers and churches in Philadelphia. Materials included family postcards, provider cards, posters and fans. Materials in Spanish have also become available since the campaign's inception. In June of 2018, the campaign released a special promotion for Father's Day to celebrate fathers' roles in practicing safe sleep and protecting infants. Over 3,900 fatherhood fans were distributed to 37 churches and recreation centers. All materials direct families and healthcare providers to [SafeSleepPhilly.org](http://SafeSleepPhilly.org) (42,803 visits) connecting families to opportunities to receive a free Pack 'n Play and Safe Sleep Instruction and linking providers to free materials in English and Spanish for reference and distribution.



#### 4. **Providing Better Care for Young Women with IUDs: A Reproductive Justice Framework**

**Topic Area:** Sexual and reproductive health, reproductive justice, adolescent health

**Presenter:** Ava Skolnik, MPH

**Affiliation:** Clinical Research Coordinator, PolicyLab at Children’s Hospital of Philadelphia

**Co-authors:** Aletha Akers, MD, MPH, PolicyLab; Diane Rubin, BSN, PolicyLab; Jenna Snyder, BS, PolicyLab

**Description:**

Contraceptive continuation rates are lower among adolescents compared to adult women. This is true for women using both short acting reversible contraceptives and long acting reversible contraceptives. We explored the personal and socio-contextual factors that influenced young women’s decision to have an IUD and how providers can best support the young women.

Between November 2017 and February 2019, we recruited women ages 14 to 22 years who had a hormonal IUD placed in the past 30 days. Participants completed a socio-demographic questionnaire and a qualitative interview within 30 days of the IUD placement. In the survey we asked participants to rate the degree to which they agreed with the statement “Getting pregnant at this time in my life is one of the worst things that could happen to me.” While 67.6% either agreed or strongly agreed with the statement, 18.9% of young women neither agreed nor disagreed, while 13.5% disagreed with the statement. Many providers when prescribing LARCs—specifically IUDs—assume that young people prioritize the IUD for its effectiveness, without considering the patient’s priorities. Emerging from our data is the theme that young people may not place a lower value on methods deemed less effective. On the contrary, there are young people who place greater value on having the autonomy for a variety of reproductive life choices—rather than the near-guarantee of avoiding pregnancy that LARCs can claim—and in turn, demonstrate a meta-level ambivalence towards pregnancy prevention. We’ve found through the in-depth interviews that young women have many different considerations when deciding on their method, and while providers may think effectiveness is the most important consideration, this may not be the case. Young people deciding to get IUDs are citing effectiveness as one of many considerations, including but not limited to menstrual management, possibility of side effects, and how the method is taken and length of time. The presentation will look to explore how clinical care can better suit the needs of young people’s priorities and grapple with the idea of priority shuffling for both providers and patients, using the in-depth interviews from young women who have had an IUD as an example.



## 5. **Racial Disparities in Adverse Events in Children with Type 1 Diabetes**

**Topic Area:** Health disparities

**Presenter:** Terri Lipman, PhD

**Affiliation:** Assistant Dean for Community Engagement, University of Pennsylvania School of Nursing

**Co-author:** Colin Hawkes, MD, PhD, Attending physician, Division of Endocrinology and Diabetes and Clinical Director of the Diabetes Center, Children's Hospital of Philadelphia

**Description:**

Background: There are racial disparities in the incidence, treatment and outcomes of children with type 1 diabetes (T1D). Patient SES has been proposed as a factor to explain the disparities. The purpose of this study was to compare missed diabetes appointments, emergency department visits and hospital admissions in African American (AA) versus white children with T1D, using health insurance status as a surrogate for SES.

Methods: White and AA children <18 yrs, with T1D >1 yr, attending a large diabetes center in the US were included in a record review. Prevalence rates for missed appointments, ED visits and hospital admissions were examined for each race, with data stratified by insurance status.

Results: 1792 children [922 (51%) male; 315 (17.5%)AA] with a mean (+SD) age of 13.2 (3.6) years and T1D duration of 5.9 (3.7) years, were included. Among those with public insurance- a higher proportion were AA (57% v 19%,  $p<0.001$ ), more AA children missed diabetes visits (78% vs 54%  $p<0.001$ ) required ED visits (16% v 10%,  $p<0.001$ ) and were admitted to the hospital (18% vs 8%,  $p <0.001$ ). Similarly, in those with private insurance, more AA children missed diabetes visits (60% v 40%,  $p<0.001$ ) required ED visits (15% v 4%,  $p<0.001$ ) and were admitted to the hospital (11% v 4%,  $p=0.002$ ).

Conclusions: Racial disparities in adverse events of children with T1D persist, even for those with private insurance. Disparities in diabetes treatment, as well as the impact of racism on health, should be explored when studying factors that contribute to these disparities.



## 6. **Adverse Drug Tiering Practices in Pennsylvania for Hepatitis B Treatment**

**Topic Area:** Access to care, Hepatitis B

**Presenter:** Michaela Jackson, MS

**Affiliation:** Public Health Program and Outreach Coordinator, Hepatitis B Foundation

**Co-authors:** Chari Cohen, DrPH, MPH, Hepatitis B Foundation; Catherine Freeland, MPH, Hepatitis B Foundation; Kate Moraras, MPH, Hepatitis B Foundation

**Description:**

The hepatitis B virus (HBV) is the world's leading risk factor for liver cancer. In the United States, an estimated 2.2 million individuals are living with a chronic hepatitis B infection and approximately 50,000 of those chronic cases are in Pennsylvania. HBV disproportionately impacts African immigrants, Asian Americans, and Pacific Islanders. As there is no cure for hepatitis B, those infected often rely on long-term antiviral medications to help control the infection. First-line treatment typically involve daily antiviral pills that help to suppress the virus and must be taken for an extended period of time, often over the span of several years. Currently, there are 12 hepatitis B drugs that have been approved by the U.S. Food and Drug Administration (FDA). Barriers to access, including high costs, can cause patients to forego needed treatment, stop treatment prematurely, or seek unapproved and potentially damaging treatments.

To reduce health risks for patients, it is vital for insurance companies to address drug access for all groups. Pennsylvania is known for having one of the most robust and competitive insurance markets in the country. However, despite the provisions of the Affordable Care Act, health insurance carriers still find ways to bypass consumer protections and discourage individuals from choosing their plans. This can come through the form of high drug tiering, coinsurance-based cost-sharing designs, and making patients regularly seek physician approval to access medications for hepatitis B and other conditions. We conducted an analysis of Pennsylvania's on-exchange silver level plans for 12 hepatitis B treatments to help illustrate the issue of adverse tiering practices within the insurance system. In Pennsylvania, most insurance companies placed at least one generic drug on a high tier and first-line treatments were consistently placed on the highest tier or not covered at all. Without affordable treatment options, chronic HBV patients can be at increased risk for developing cirrhosis or liver cancer. Stopping treatment or taking it sporadically can cause the infection to flare. We must find ways for individuals with chronic hepatitis B to access affordable treatment.



## 7. **Community Partnerships to Increase Access to Oral Health Care: The Role of the Academic Partnership**

**Topic Area:** Oral health care

**Presenter:** Joan Gluch, PhD, RDH, PHDHP

**Affiliation:** Division Chief and Professor, Clinical Community Oral Health

**Co-author:** Mark Wolff, DDS, PhD, Morton Amsterdam Dean, School of Dental Medicine, University of Pennsylvania

**Description:**

World-wide, millions of people of all ages live with disabilities that are developmental or acquired, physical or intellectual. They suffer inordinate disparities in access to oral healthcare and a reduced quality of life. Too many routine oral health treatments are routed to operating rooms because of a dearth of well-trained dental practitioners and due to a shortage of community-based facilities capable of delivering necessary care.

Delay in receiving preventive or urgent dental care can foster progression of disease and compound the cope and cost of care. Patients can wait for 6-9 months for access to an operating room, and hospitals are increasingly reluctant to devote resources to oral health care when reimbursement is higher for other cases. Further, delivering care under anesthesia fails to address the root causation of the diseases with the care givers and patients.

This presentation will raise awareness of the current status and need for accessible and affordable dental care services for persons with disabilities. Proper dental care is essential to overall good health, especially for disabled individuals. We also believe there is an urgent imperative for dental schools to offer more training and experience with this population to students training them to competence in care delivery. Few dental schools in the U.S. have a dedicated care center that is constructed and equipped to accommodate patients with disabilities of all ages where all students receive extensive training.

As part of the session, we will challenge participants to consider, discuss and develop a wide range of solutions to ensure oral health equity. Presenters will share their experiences in best practices in oral health education and dental care, including University/community-based partnerships and collaboration with advocacy groups and health care facilities. We will also showcase plans for the new Dental Care Center for Persons with Disabilities that will meet a critical need and enable Penn to address the urgent imperative for dental schools to offer more training and experience with this population to students at all levels, and to our alumni and other practicing dentists through continuing education opportunities, publications and other means.



**8. Spit Spreads Death: The Influenza Pandemic of 1918-1919**

**Topic Area:** Public health history, influenza pandemic

**Presenter:** Beth Uzwiak, PhD

**Affiliation:** Research Director, Ethnologica

**Co-author:** Nancy Hill, Special Projects Manager, The College of Physicians of Philadelphia

**Description:**

In 2019, the Mutter Museum will launch a multifaceted exhibition entitled “Spit Spreads Death: The Influenza Pandemic of 1918-1919.” This global flu pandemic killed between 20-50 million people worldwide; Philadelphia endured the highest mortality rate of any major metropolitan area in the United States, partially due to the Liberty Loan Parade the city held on Sept 28, 1918 to raise money for WWI troops. Despite warnings from public health officials and medical experts about contagion, the city proceeded with parade, which drew more than 200,000 people to Center City. All hospital beds in the city were filled within 72 hours of the parade.

This presentation will provide a brief overview of the “Spit Spreads Death” project and its various components, which include an interactive exhibition, the research and cataloguing of more than 20,000 death certificates to provide comprehensive death toll and associated data, interviews with public health experts, performance art in a reenactment of the 1918 Liberty Loan parade, creation of an original film, social mapping and peer interviewing with youth, and community engagement in neighborhoods that suffered the highest mortality rates. The purpose of this presentation is to share details about the project and to invite participation from Philadelphia’s public health community in upcoming events that allow us, as contemporary public health researchers and museum professionals, to think about city preparedness if a flu pandemic of this magnitude were to happen now.

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**Session One Roundtable Discussion (9:30-10:15am)**

**Break (10:15-10:30am)**



# The College of Physicians of Philadelphia

SECTION ON PUBLIC HEALTH AND PREVENTIVE MEDICINE

## **Public Health Recognition Award Ceremony (10:30-10:40am)**

**Amy Leader, DrPH, MPH**

*Chair, Public Health Recognition Awards Committee*

*Section on Public Health and Preventive Medicine, The College of Physicians of Philadelphia*

For their outstanding dedication to improving the public health of Philadelphia, The Section on Public Health and Preventive Medicine will recognize:

*Public Health Recognition Award, Organization:*

**Public Citizens for Children and Youth**

*Public Health Recognition Award, Individual:*

**Jose Benitez, MSW**



## Session Two (10:40-11:30am)

### 1. **Intersection of Pediatric Obesity and Food Insecurity**

*Topic Area:* Obesity, food access

*Presenter:* Samantha Pierpoint

*Affiliation:* American Academy of Pediatrics, Pennsylvania Chapter

*Co-author:* Amy Wishner, MSN, RN, APHA-BC, Director, EPIC Pediatric Obesity: Evaluation, Treatment and Prevention in Community Settings

*Description:*

What has been learned from 8 years of physician-registered dietitian teams presenting live programs to health professionals across Pennsylvania on pediatric obesity? How does obesity intersect with food insecurity? What are the implications for future directions of work? This presentation will answer those questions and discuss local collaboration between primary care and food security resources.

### 2. **Best Practices for Promotion of SNAP Incentive Programs**

*Topic Area:* Food access, community health programs

*Presenter:* Jonathan Delp, RD

*Affiliation:* Food Bucks Project Coordinator, The Food Trust

*Co-author:* None

*Description:*

Capacity building is key to The Food Trust's efforts in making sure everyone has access to healthy, affordable food and accurate nutrition information. In conjunction with our internal SNAP-Ed staff, The Food Trust piloted a new Community Nutrition Ambassador Program, to combine food access with nutrition education. Here working professionals, graduate students, and others were selected, trained, mentored and placed at cross departmental sites to facilitate nutrition education.

A subset number of Community Nutrition Ambassadors (CNA's) were assigned to one of five Fresh Grocers locations, in which we currently offer our Philly Food Bucks program, for individuals that rely on SNAP. Here, the ambassadors interfaced with consumers in the produce department around nutrition topics like, reducing sodium, whole grains, and beverages all centered around the USDA's MyPlate. A healthy recipe was paired with each lesson, to nudge individuals towards purchasing fresh fruits and vegetables. Recipes include Tangy Collard Greens, Spinach Dill Avocado Salad, and Stone-Fruit Salsa. In this same breath, promotion of the Philly Food Buck Program (For every \$5 you spend on fresh produce, receive a \$2 Food Bucks to use on more fresh produce) was critical in sharing how individuals take part in the program, earn and redeem Philly Food Bucks at the Fresh Grocer. Further development of our CNA program will continue to lift up our efforts in improving food access and nutrition information for all.



### 3. **A Nationally-Unique Approach to Reducing Consumption of Sugar-Sweetened Beverages**

**Topic Area:** Obesity, health policy

**Presenter:** Tara Tracy

**Affiliation:** Research Coordinator, University of Delaware, Center for Research in Education and Social Policy

**Co-author:** Allison Karpyn, PhD, Senior Associate Director, University of Delaware, Center for Research in Education and Social Policy

**Description:**

This presentation will discuss the results of the baseline evaluation of the City of Wilmington, DE's healthy beverage ordinance. Sugar-sweetened beverage consumption is a growing public health concern in Delaware and beyond. For example, and in 2011, 40% of Delaware's children, ages 2-17, were overweight or obese.

In October 2018, the City (population: approximately 70,800) joined a small group of 12 other government entities, when it adopted a healthy beverage ordinance for restaurants. Specifically, the City's ordinance applies to any restaurant that serves a packaged group of meal items, at a single price and prepared on-site, to children. The ordinance requires that the children's meal beverage, by default, be: (1) one of several types of water without added sweetener; (2) regular or lower fat milk, including flavored or alternative milk products; or, (3) eight ounces or less of 100% fruit juice combined with water without added sweetener. The purchaser may request a substitute or alternative beverage at their discretion.

The University of Delaware's (UD) Center for Research in Education and Social Policy (CRESP) conducted a baseline evaluation of the City's restaurant environment. After securing all necessary approvals from UD's Institutional Review Board, CRESP staff and students: (1) examined an initial restaurant sample (n=420) generated by Standard Industrial Classification codes; (2) identified all restaurants within City limits using BatchGeo maps; (3) separated fast food from all other restaurants; (4) called each non-fast food restaurant to determine if it offered a children's meal; and, (5) identified, using field visits, those fast food restaurants that offered children's meals. The resulting baseline evaluation consisted of: (1) photographing all children's meal menus at fast food and non-fast food restaurants; (2) surveying, both direct and observational, of purchasers of children's meals at fast food restaurants; and, (3) entering and analyzing collected data.



#### 4. **Gun Violence among Aged, Depressed, and Demented Individuals**

*Topic Area:* Gun violence, older adults

*Presenter:* Ilene Warner-Maron, PhD, RN, NHA, FCPP

*Affiliation:* Philadelphia College of Osteopathic Medicine

*Co-author:* Katherine Galluzzi, DO, FCPP, Philadelphia College of Osteopathic Medicine

*Description:*

Gun violence has become a significant focus of public health professionals, largely concentrating on the impact on children and adolescents in urban areas. An under-recognized group vulnerable to firearm violence is the growing population of older adults who tend to be a larger cohort of gun owners than their younger counterparts. Older adults also have a higher incidence of depression and dementing illnesses. The combination of access to firearms in individuals with dementia and or depression increases the risk of self-inflicted harm as well as gun violence against family members, caregivers and others in the community.

#### 5. **Untreated Trauma as a Means of Violence Transmission**

*Topic Area:* Youth violence

*Presenter:* Betty Lee Davis, PhD, LCSW

*Affiliation:* Independent behavioral health practitioner

*Co-author:* None

*Description:*

In December 2014, the Institute of Medicine's Forum on Global Violence Prevention held a workshop entitled, "Means of Violence," which focused on violence by lethal means, primarily firearms. In a public comment, this presenter asserted that untreated trauma, and its neurophysiological effects, specifically resulting from homicide in communities permeated by violence, is a means of violence transmission and asked that the Forum consider holding a workshop focusing on the neurophysiological effects of trauma, which it did in July/August, 2017, through the National Academies of Sciences, Engineering, and Medicine, in a workshop entitled "The Neurocognitive and Psychosocial Impacts of Violence and Trauma." In a testimony at the Pennsylvania House of Representatives Education Informational Hearings in July 2011, as a member of the Education Committee of the Pennsylvania Branch of the NAACP, this presenter provided the clinical underpinnings for what, in 2013, became Pennsylvania House Resolution 191, "Declaring Youth Violence as a Public Health Epidemic and Supporting Statewide Trauma-Informed Education." In that testimony, she reconceptualized youth violence from a law enforcement problem to a medical problem, Posttraumatic Stress Disorder, and in a subsequent testimony in August 2011 at the "Flashmob Hearings," she called on the public health community to intervene and apply the epidemiological method to the treatment of trauma at the community level.



In 2013, at the House of Representatives Democratic Policy Committee hearings in Harrisburg on “Youth Violence as A Public Health Epidemic” she presented a model for a community level intervention for the treatment of trauma in communities permeated by homicide, which she has carried to other venues, including to the Center for Disease Control’s Director of Global Violence Prevention; a former Philadelphia Public Health Commissioner; and two of the Committee Meetings of the Institute of Medicine’s “Military Trauma Care’s Learning Health System and Its Translation to the Civilian Sector.” All had positive responses.

This presentation will present highlights from the presenter’s “youth violence as a public health epidemic” journey into the public health and policy arenas, both new avenues in her career, and end with news from the Center for Disease Control about a possible role in Philadelphia for it resulting from the tragic, escalating rise in homicides.

## **6. Survey Methods for Adverse Childhood Experiences (ACES): ACEs Are Higher in Response to Interviewers Compared to Self-Administration**

*Topic Area:* ACES

*Presenter:* Gabriella Grimaldi

*Affiliation:* Drexel University, Dornsife School of Public Health, Health Management & Policy Department

*Co-authors:* Emily Brown, MSW, Dornsife School of Public Health; Pam Phojanakong, MPH, Dornsife School of Public Health; Félice Lê-Scherban, PhD, MPH, Dornsife School of Public Health; Mariana Chilton, PhD, MPH, Dornsife School of Public Health

### ***Description:***

Background: The Adverse Childhood Experiences (ACEs) survey measuring self-reported childhood exposure to 10 types of abuse, neglect and adverse household circumstances is associated with multiple negative health outcomes. Research is limited on differences in ACEs reporting by method of administration (interviewer-administered vs. self-administered on paper or computer-assisted). This study seeks to determine if method of survey administration is associated with differential reporting of ACEs. We hypothesized that participants will report more ACEs on a self-administered survey due to the increased privacy. Audio Computer-Assisted Self-Interview software (ACASI), where participants use headphones to listen to recorded questions while reading them on a screen and privately select responses, is generally used to administer sensitive survey questions.

Methods: Researchers administered the ACE survey in 2013-2018 as part of a larger national study among caregivers of children <4 years in a pediatric emergency department in Philadelphia, PA. Interviews were administered in English and Spanish. The sample was restricted to biological mothers (N=2,391). The ACE survey was administered via interviewer, self-administration on paper, or ACASI based on participant preference. There were no significant differences in the



distribution of ACEs reported between self-administered responses on paper and ACASI, so self-administered was created as a single category. Differences between categories were assessed with Pearson's chi-squared tests.

Results: Participants had mean age 26.5 years (range 15-50), were 53% Hispanic, 37% Black, 7% White, and 3% other race/ethnicity, and predominantly reported low income. Fifty-three percent of surveys were interviewer-administered; 47% were self-administered. Higher rates of self-administration were observed in Spanish-language interviews and interviews with participants with higher education levels ( $p < .0001$  and  $p = .009$ , respectively). A greater proportion of participants reported high ACEs when an interviewer administered the questions compared to self-administration (18.7% vs. 13.5%,  $p < .001$ ). With respect to specific ACEs, participants who responded to interviewer-administered surveys were more likely to report emotional and physical neglect, witnessing domestic violence, and parents' substance use and mental illness ( $p < .0001$  for each).

Conclusions: There are significant differences in ACEs reporting by type of survey administration. Consistent with literature on trauma measures, participants may feel more inclined to disclose ACEs to an experienced interviewer.

## 7. “Sorry, we don’t have it in stock” – Barriers to Accessing Opioid Use Disorder Medications at Community Pharmacies

**Topic Area:** Opioid use disorder, access to care

**Presenter:** Daniel Ventricelli

**Affiliation:** Assistant Professor of Clinical Pharmacy, Philadelphia College of Pharmacy, University of the Sciences

**Co-author:** Sharon Larson, PhD, Research Professor, Jefferson College of Population Health and Executive Director, Main Line Health Center for Population Health Research at Lankenau Institute for Medical Research

### **Description:**

Background:

Misuse of prescription and illicit opioids has contributed to a major public health crisis in the United States claiming approximately 115 lives each day. Harm reduction, commonly described as a set of practical strategies aimed at reducing negative consequences associated with drug use, includes everything from supervised consumption facilities to providing medications that help reduce the risks associated with opioid substances. Patients engaged in office-based opioid use disorder (OUD) treatment can obtain prescriptions for a medication called buprenorphine, which is subsequently dispensed by community pharmacists. Unfortunately, buprenorphine for the



treatment of OUD can only be prescribed by specially trained prescribers and many areas of the country lack the capacity needed to care for all of the patients seeking this treatment option.

Expanding access to buprenorphine has become a national public health emphasis. In fact, it was also one of the major recommendations to come out of “The Mayor’s Task Force to Combat the Opioid Epidemic in Philadelphia.” More and more physicians continue to obtain the special training required to prescribe pharmacotherapy for OUD and in 2016, new federal regulations increased the patient limit for qualifying physicians while also expanding eligibility to physician assistants and nurse practitioners. Although these policy changes may help increase the likelihood a patient will be able to obtain a prescription for buprenorphine, they may fail to address the needs of community pharmacists who could ultimately prevent the medication from getting into their hands. Patients frequently encounter challenges to identifying a pharmacy willing to fill their buprenorphine prescription and, in some instances, feel stigmatized for trying to obtain the medication in the first place. Failing to address pharmacy specific barriers may result in decreased access and utilization of these medications.

This presentation will discuss the role of OUD pharmacotherapy from a harm reduction perspective and as an evidence-based treatment strategy. Results from two qualitative studies involving buprenorphine prescribing physicians and community pharmacists revealed surprising challenges encountered by patients attempting to obtain these medications at community pharmacies. Presenters will discuss these results and their implications to public health efforts aimed at reducing overdose deaths.

## **8. Mobile Clinics as a Model for Delivering Medication Assisted Treatment in Underserved Areas**

**Topic Area:** Opioid use disorder, treatment

**Presenter:** Harry Holt

**Affiliation:** Assistant Professor, West Chester University of Pennsylvania

**Co-authors:** Whitney Katirai, PhD, West Chester University; Matin Katirai, PhD, West Chester University

**Description:**

This study assesses Medication Assisted Treatment (MAT) services in rural and urban Pennsylvania. MAT services may include vivitrol, suboxone, methadone and other medications, combines behavioral therapy and medications to treat substance use disorders and is one option in a comprehensive service delivery system used to address addiction. We use Geographical Information Systems (GIS) modeling to determine patient access to MAT services to both brick and mortar and mobile clinics. The relationship between opioid abuse, death rates, and access to MAT services is assessed. Based on our analysis of GIS data, rates of opioid abuse, and overdose deaths, recommendations are made regarding target areas in underserved in Pennsylvania for



MAT services through mobile clinics or construction of additional treatment centers. Changes in regulations for mobile clinics due to the Governor's Public Health Emergency Declaration are evaluated. The Mobile Clinic as a model for delivery of MAT services in underserved areas in Pennsylvania is explored.

## 9. **A Comprehensive Approach to Provide Safe Needle Disposal in Kensington**

**Topic Area:** Opioid use disorder, harm reduction

**Presenter:** Margaret Carter

**Affiliation:** Urban Health Policy Fellow, Philadelphia Department of Public Health

**Co-author:** Allison Herens, PDPH

### **Description:**

Discarded drug syringes have become a major public health concern in Philadelphia, likely as a direct result of the opioid crisis. Used syringes can contribute to the spread of HIV, hepatitis C, and other infectious diseases within injection drug using populations. They also pose serious safety risks to the community and pollute the environment. Beginning in October 2018, The City of Philadelphia, through the activities of the Resilience Project and the Department of Public Health, implemented a three-pronged strategy to reduce discarded syringes and drug-related litter.

The first approach involved increasing public access to safe syringe disposal options. The Philadelphia Department of Public Health began by installing seven syringe collection kiosks along Kensington Avenue where discarded needles are most common. To date over 2,500 used syringes have been collected in the kiosks, which have been viewed favorably by neighborhood residents. More kiosks will be placed in 2019, and their location will be informed by data collected by City agencies and community partners.

The second part of the City's strategy is the Kensington Initiative for Needle Disposal (KIND), which launched in November 2018. KIND is a collaboration between Prevention Point Philadelphia and Impact Services designed to clean up discarded syringes in Kensington. People with lived experience are employed to safely dispose of needles on the street and also educate community members on safe needle disposal, naloxone use, and neighborhood resources. In the first four months, KIND has collected over 1,000 syringes and provided over 20 naloxone kits to community members.

Thirdly, as part of the Philadelphia Resilience Project, the City undertook two large-scale cleanups along Kensington Avenue and the surrounding neighborhoods. Volunteers and staff from multiple city agencies worked to clean the streets of trash and drug-related litter. More cleanups are planned for the spring of 2019.



Each safely discarded syringe is one less syringe on the street or in a park, and together these efforts have removed thousands of used syringes in Kensington. They have empowered people with lived experience and helped address a concern expressed by community members who strive to keep their neighborhoods clean and safe.

## 10. **Supervised Injection Facility: Will it See the Light of Day in America?**

**Topic Area:** Opioid use disorder, harm reduction

**Co-Presenters:** Vishesh Agarwal, MD, Christiana Care Health System and Jeanette Bowles, DrPH, MSW, Executive Director, Safehouse Philadelphia

**Description:**

Background - Traditional interventions and treatment programs have shown limited success in addressing the opioid epidemic. Supervised Injection Facility (SIF) is a controversial model of harm reduction which has shown to be beneficial in several countries based on published research. While no such facility currently exists in United States, several cities are advocating this model in an attempt to get a grip on this public health crisis.

Methods - Review of scientific reports and published literature on SIFs.

Results - More than 70,000 people died from drug overdose in 2017 in the United States, with one opioid related overdose death every eleven minutes! People Who Inject Drugs (PWID) have higher risk of death from acute (fatal overdose) and chronic diseases (human immunodeficiency virus (HIV) and hepatitis C (HCV)). SIFs are hygienic sites where PWID have access to sterile injection equipment to safely use illegal drugs they previously obtained without risk of prosecution. More than 100 SIFs are in operation across Europe, Australia and Canada (only one).

Discussion - The idea of establishing a SIF in United States is surrounded by controversy. Published research from other parts of the world has consistently shown positive impact by increased treatment utilization and reducing drug-related overdose death rates, among other benefits. In United States, there is significant public and political opposition to establishing SIFs, and additional moral and legal concerns. While an uphill battle lies ahead in the establishment of the first SIF in United States, such a site could provide critical information and potentially lay path to address the worst addiction epidemic in American history.

## **Session Two Roundtable Discussion (11:30am-12:15pm)**

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# The College of Physicians of Philadelphia

SECTION ON PUBLIC HEALTH AND PREVENTIVE MEDICINE

## Questions & Concluding Remarks (12:15-12:25pm)

**Amy Leader, DrPH, MPH**

*Section on Public Health and Preventive Medicine  
The College of Physicians of Philadelphia*

Membership in The College of Physicians Section on Public Health and Preventive Medicine is open to everyone.

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Please join us for our next Philadelphia Public Health Grand Rounds

### **Hypertension Prevention and Control**

May 15, 2019, 5:30pm

Register at [www.collegeofphysicians.org](http://www.collegeofphysicians.org)