From the director

The CBUHP is committed to working to reduce health inequities through the intertwined arms of education, research, and community engagement. This year we have wonderfully expanded our ability to do this with new partners, new opportunities, and new connections, developments described here in our Spring 2015 newsletter.

The importance of this work has never been greater, as Philadelphia continues to suffer disproportionately from health disparities, despite being home to a collection of high quality medical centers. It remains our mission to seek creative linkages between the public and these institutions and providers. As society continues to focus on containing the costs of healthcare, it is important to remember that the only true means of saving money in medicine is to make people healthier.

We are thrilled to have you with us in this work.

Kathy Reeves, MD
Community Engagement Update

Dr. Norma Alvarez, head of our Community Engagement endeavors, has had an incredibly busy Winter and Spring, connecting our MA Urban Bioethics students and TUSM students with service and research projects around North Philadelphia.

UBTH Community Engagement Course Update:
One of the sites for the year-long Community Engagement course was Hope Partnership for Education, a Charter school within Norris Square. In the Fall, the students learned that the community was in need of increased safety measures and of general health and well-being information. The students worked with the School to get Drug-free zone signage around the school to support a safer area and created a pamphlet of available health care resources for the community, and gave educational presentations at community meetings. They also updated the school’s database of students with health information, vaccines, and screenings and presented it to the state.

"Who felt the brain last week?"
Diana Huang, MD/MA Urban Bioethics student, asked this question of the 9th graders at Building 21, a new North Philadelphia High School. Diana worked with the school as a “studio leader.” Studios are electives the students can take, each focused on a different competency based curricula. Diana led the studio designed to introduce students to biology, anatomy, medicine, and bioethics, helping them to see and become excited about opportunities in the health professions. Kudos to Diana for inspiring an incredible group of young people! (For more on Building 21, see http://goo.gl/YWRZ8d and http://goo.gl/7zpXqj)

APM Health Fair:
In March, Drs. Alvarez and Reeves, with MA Urban Bioethics and TUSM LMSA students, worked with APM on health screenings for North Philadelphia residents.

The CBUHP Grand-Aides Program:
The Grand-Aides program is a novel intervention designed to improve post-discharge management of patients with congestive heart failure. The study tests an intensive post-discharge intervention for CHF patients, characterized by community outreach workers' facilitation of tele-health in patients' homes, against the current standard of post-discharge care. Funded by the Temple University Health System Foundation. Juan Franco, one of the Grand-Aides, and a MAUB student, was featured in the Spring 2015 Temple Health Magazine! (Read the story here: http://goo.gl/kjJLFw)
Drs. Nora Jones and Matthew Lucas have had lots of success this past Winter and Spring with the MAUB program, helping it to achieve two milestones this past Spring. First, our student enrollment hit a new high, with 60 students involved in our program, at either the MAUB, Certificate, or ‘trying us out’ stage of coursework. We’re really thrilled to have this rising diversity among our student body.

The second milestone is that we successfully graduated our 2nd class! Congratulations to: Yasmeen Bruton, MA, August 2015 Thesis: Mother Knows Best: Mother’s Perceptions of Grandparent’s Approaches to Snacking and its Influence on Parental Autonomy (Advisor: Dr. Nora Jones)

Seneca Harberger, MD, MA 2015 Thesis: Lessons in Primary Care for Underserved Populations (Advisor: Dr. Kathleen Reeves)

June Park, MD, MA 2015 Thesis: Heart Failure Admissions in a North Philadelphia Hospital and Their Bioethical Implications (Advisors: Drs. Mary Segal and Nora Jones)

Angela Silverman, MD, MA 2015 Thesis: The Ethics of Student Run Clinics (Advisor: Dr. Nora Jones)

Sarah Sodhi, MD, MA 2015 Thesis: Trauma Stories: How Talking about Trauma Affects Mood (Advisor: Dr. Nora Jones)

Liz Steele, DPT, is a student in our MA Urban Bioethics courses. This is her final essay for the Spring 2015 Seminar, an assignment that asked the students to use bioethical principles to make an ethical argument about the nature of health care and health. It exemplifies much of the social justice orientation of the program.

Health Care: An Unalienable Right

The Declaration of Independence, the foundation of the separation of the United States from Britain, states that citizens of the US are endowed with unalienable rights of life, liberty, and the pursuit of happiness. An unalienable right is one defined as a right that is unable to be taken away. In modern US society, the first fundamental right, life, is greatly supported, maintained, and sustained through appropriate health care. Therefore, according to the Declaration of independence, the entire US populace is entitled to health care in order to protect and preserve their unalienable right of life. For the purposes of this paper, “health care” will be defined via Oxford Dictionary as “the maintenance and improvement of physical and mental health, especially through the provision of medical services.” Freedom to live life, and one could argue a healthy life, is a crucial foundation in the formation of the United States as an individual country.

While the pioneers of the US envisioned a land of equality and unalienable rights, historically, with respect to health care, this has not been the case. American health care developed as a fee for service system within a free market economy, and therefore access was limited to those with the ability to pay for services. Health insurance was established and accessible to individuals that are employed, and further concessions were made for targeted populations (i.e. – the elderly, poor, and disabled) through legislation to maximize insurance coverage by the 1950s. Moving forward from this time period, there were clear gaps in insurance coverage due to a significant percentage of the population not conforming to the necessary descriptors of those with access to coverage (employed, poor, elderly, and disabled). In apparent response to this gap over coverage, the 1986 Emergency Medical Treatment and Active Labor Act allowed emergency access to all individuals, whether or not these individuals have the ability to pay for services. While this act drew the American public closer to the concept of the unalienable right of life, it ignores the full concept of health care defined as maintenance and improvements to health, and ultimately provides temporary solutions of potentially lifelong illnesses to individuals unable to access health care due to lack of insurance. At this point, the US was not fully compliant at supporting the unalienable right of life. A counter argument to this proposition could state that existing is life, and that every living person is partaking in this unalienable right. Nevertheless, the right to life can be immediately revoked by a health crisis that could have been prevented with adequate medical care.

In 2010, the implementation of the Patient Protection and Affordable Care Act (ACA) was ultimately aimed at closing the gaps in health care and providing access to all US citizens. This act protects the right to have health insurance, and financially penalizes all individuals who do not purchase a plan. While the past has dictated that those without insurance have had decreased access to health care, the ACA has not addressed all of the gaps existing that limit an individual’s ability to seek medical care. While ideally insurance leads to improved access to care, regulations of an individual’s insurance (including health care network, deductibles, co-payments, etc.) put inherent limitations on the utilization of this insurance, particularly within those persons that make up the gap this act was intending to fill.

Returning to the foundational, unalienable rights of the United States of America, we must recall that these are the rights to life, liberty, and the pursuit of happiness. The Oxford Dictionary defines liberty as “the state of being free within society from oppressive restrictions imposed by authority on one’s way of life, behavior, or political views.” One could argue that the initial infrastructure of the US trickle-down/supply-demand economic system forced upon US citizens is a class system resulting in upper, middle, and lower class, therefore imposing “oppressive restrictions” of socioeconomic limitations on the lower class. Geronimus notes that there is significant correlation between poverty and mortality, and that “long term poverty is more devastating than short poverty spells, both for children and adults.” Hence, the ideals upon which the United States was founded appear to inherently contradict the society in which we live, particularly with respect to the unalienable right to liberty.
While one can argue that the intention of the economic infrastructure of the US is that every individual has the basic ability to work hard to elevate himself from lower to upper class – and the ability to work out of the gap in which health insurance continues to be a financial burden – this argument is based solely in idealized economics and completely disregards social determinants of health. This fallacy is rooted in Geronimus and Thompson’s concept of economism, in which assumes “that all adult human beings... [are] self interested and competitive, and... are mainly motivated by economic considerations5. “Economism ignores historical oppression that lead to an infrastructure of racism and classism within legislation and development of US society. When looking at the entire picture it is apparent that those individuals that have difficulty accessing health care (even with insurance) experience oppressive restrictions to health care access due to inherent societal structures, and are hence restricted in their right to liberty.

While the goal of the ACA was to increase the total number of US citizens with access to healthcare, thus far it has further promoted societal dissonance with the first two unalienable rights to life and liberty. Lastly, health care's impact on the pursuit of happiness must be explored. The ability to pursue happiness assumes an intrinsic functional capacity to do so; functional capacity (and capabilities) is directly impacted by state of health. Thus, the ACA has in theory increased access to health care by necessitating that every US citizen has insurance, which would ultimately maximize the ability of every person to pursue happiness. However, the marginalized individuals that are now insured but cannot access health care due to financial and societal structural reasons are further marginalized from their right to pursue happiness. It is crucial to recall that health care is defined by maintenance and improvement of health, and that those newly insured may have uncontrolled pre-morbid conditions that have never had access to maintenance care, and will have to strive longer to improve their health care now.

Although life, liberty, and the pursuit of happiness are considered the unalienable rights upon which this country was founded, it is apparent that the development of legislation has bred within it a limitation to whom these rights are actually unalienable. While health care should be considered one of these fundamental rights, it becomes apparent that societal infrastructure views it more as a privilege. Currently, as legally all US citizens must be insured, there are still “levels” of insurance that have better and worse coverage, implying that some individuals have more of a right to life, liberty, and the pursuit of happiness than others. With health and wellbeing so deeply rooted in these unalienable rights, it is apparent that all US individuals should ethically be entitled to all aspects of health care (not just health insurance), from prevention through treatment.

Though the infrastructure of the US seems to limit its inhabitants from truly unalienable rights, there has been progress made over the last several decades. The ACA specifically addresses the need for all people to be able to participate within the healthcare system (as either patient or consumer3), but still does not fully regard health care as a right, as some individuals are still financially limited to access of specialists as well as general practitioners. Williams, McClellan, and Rivlin propose that there is more to health than health care alone, that a reformation of early childhood development programs, nutrition education, promoting healthy communities, and addressing the obesity epidemic would vastly improve the general health of the US population as a whole6. Not only would these changes address the discrepancy between which rights are unalienable, but it would also “achieve annual average savings of $1 trillion in health care expenses”.

Ultimately, considering the unalienable rights of the Declaration of Independence, it is apparent that life, liberty, and the pursuit of happiness are unattainable goals without a foundation of good health for all US citizens. Because the right to health care was not initially considered one of these rights, legal policy has developed leading to limitations on access for all people to these rights. To promote the basis of what this country stands for, there must be change to establish equal access and quality health care to all citizens as a basic right, despite costs. Since the 1900s, various acts of legislation have begun this conversation, and it is crucial moving forward that we keep in mind that the current infrastructure of society must be broken down and rearranged to assure equity to all to participate in life, liberty, and the pursuit of happiness.

References:

6Williams, DR, McClellan MB, Rivlin AM. Beyond the Affordable Care Act: Achieving Real Improvements in Americans’ Health. Health Affairs. 2010; 8: 1481-1488
Philadelphia CeaseFire Marks National Youth Violence Prevention Week

Philadelphia CeaseFire marked the week with a series of events under the banner of “Our Future Matters.” In April, Philadelphia CeaseFire joined with the Philadelphia Youth Commission and Philadelphia Eagles All-Pro linebacker Conner Barwin to award Shaidae Boyd, a senior at the Philadelphia Military Academy, with $500 for winning the hashtag competition. Her entry was #ItStartsWithUs, and she wrote, “I want to be a pediatrician. I expect to help children. I can’t do that if innocent people are being killed. The future for me is what I make out of my life.” Congratulations Shaidae!

Additionally, as part of the Youth Violence Prevention activities, on April 8, CeaseFire organized a summit meeting at Dobbins High School with the 2015 Philadelphia Mayoral Candidates.

Building Communities of Trust Roundtable
On January 16, 2015, Ms. Davis-Bellamy and Mr. Robert Warner, Director and Program Coordinator of Philadelphia CeaseFire, joined Attorney General Eric Holder here in Philadelphia for a roundtable discussion aimed at developing trust between law enforcement and the communities they serve. (http://goo.gl/kGojeV)

CeaseFire Recognized!

Marla Davis-Bellamy, JD, MGA, on behalf of Philadelphia CeaseFire, accepted the 2015 Community Service Award from the Philadelphia Commission on Human Relations –

Congratulations to Ms. Davis-Bellamy and the entire CeaseFire team!
CBUHP Facebook page

If you are on Facebook, ‘like’ the CBUHP Facebook page to keep up with stories about health, health care, and health inequities in our city of brotherly love, as well as hear about public events of interest to our community.

www.facebook.com/CBUHP

Please like it, post to it, and add to our discussion!

We also have a CBUHP LinkedIn group – if you are a linked in user, please also consider joining the group, and we’re on twitter – many ways to engage!

Dr. Irwin Schatz – rare Tuskegee Study critic (1932-2015)

Note only rare, but relatively un-talked about. Let’s change that.

In 1964, Dr. Schatz wrote a 3-sentence letter to the editors of Archives of Internal Medicine in response to Rokewell et al’s article “The Tuskegee Study of Untreated Syphilis: The 30th Year of Observation.” Dr. Schatz wrote:

“I am utterly astounded by the fact that physicians allow patients with potentially fatal disease to remain untreated when effective therapy is available. I assume you feel that the information which is extracted from observation of this untreated group is worth their sacrifice. If this is the case, then I suggest the United States Public Health Service and those physicians associated with it in this study need to re-evaluate their moral judgments in this regard.”

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The Tuskegee Study of Untreated Syphilis

The 30th Year of Observation

DONALD H. ROCKWELL, MD; ANNE ROOF YOBS, MD; AND M. BRITAIN MOORE, JR., MD, ATLANTA

year 1963 marks the 30th year of the m evaluation of the effect of un-syphilis in the male Negro conducted tion such as this offered an unusu- tunity to follow and study the dise long period of time. In 1932, a tot...
CBUHP in the Print and in the News

Dr. Norma Alvarez was interviewed by Liz Shriver, of the Philadelphia Higher Education Network for Neighborhood Development (PHENND), about the CBUHP, the numerous partnerships that the center has formed with local schools and agencies, and the importance of community engagement for medical students. (http://goo.gl/FWIw6h)

Dr. Nora Jones participated in a panel on the public health, economic, and social and bioethical implications of the Ebola outbreak with faculty from La Salle University’s Public Health program on Dom Giordano’s WPHT 1210 morning radio program.

MD/MA Urban Bioethics student Diana Huang was featured in the Spring Temple Health News Digest for her work with Building 21-Ferguson, a new Philadelphia public school. Diana developed and ran a “Mini Medical School” as an 10-week elective course for freshman. (http://goo.gl/Fn6vQY)

Marla Davis-Bellamy is featured in Leading Healthy Change in Our Communities 2015, the fourth Healthy Newsworks book in a series focused on leaders who work to make our communities healthier and safer.

Events and Conferences

On April 6, Marla Davis-Bellamy, along with Criminal Justice PhD student Hannah Klein and Associate Professor Caterina Roman, presented “Violence Reduction through Conflict Mediations” at the College of Physicians’ Section Public Health Day Symposium.

The CBUHP was well represented in a panel discussion on Health Policy and the Social Determinants of Health at the 2015 ACP Health Policy Symposium, held at TUSM last February.

Publications

Dr. Miriam Solomon, Professor of Philosophy and Affiliated Professor at the CBUHP, has authored the newly published Making Medical Knowledge, available from Oxford University Press. Dr. Solomon offers both practical and theoretical suggestions to improve medical knowledge and to approach medical controversies. Congratulations Dr. Solomon! (http://goo.gl/RB8awO)

Drs. Lucas and Jones, with others, published “Expectations for Function and Independence by Childhood Brain Tumor Survivors and Their Mothers” in the Winter issue of the journal Narrative Inquiry in Bioethics.

New MD/MA graduate, Dr. Sarab Sodhi, published a reflection on ER resuscitation in the journal Academic Emergency Medicine (22, 4:496).
Fall 2015 Course Offering

The CBUHP is offering the UBTH 5101: Urban Bioethics I course in the Fall semester. This 3-credit graduate level course is open to staff and faculty of Temple University, TUSM, and the Health Systems.

Taking a course is a great way to add to your skill set and ease back into school if it’s been a while. Our certificate and MA program can provide a set of conceptual tools that can help you be better at what you’re already doing, or can help propel a career shift.

Classes are low stress, conducted in a small seminar setting, with a mix of other working professionals and graduate students.

And our courses are covered by Temple’s employee tuition remission program.

Please email cbuhp@temple.edu for more information!

To submit an event announcement or other contribution to upcoming CBUHP newsletters, please email: CBUHP@temple.edu

CBUHP Faculty & Staff
Kathleen Reeves, MD, Director

Educational Core:
Nora Jones, PhD, Assistant Professor, Bioethics
Matthew Lucas, PhD, MBE, Graduate Program Coordinator

Community Engagement Core:
Norma Alicea-Alvarez, DNP, PNP-BC, Director of Community Engagement
Tariem A. Burroughs, MSODL, Consultant/Instructor
Cornelius (Neil) D. Pitts, PharmD, Consultant

Civic Policy/Engagement Core:
Marla Davis-Bellamy, JD, MGA Director of Philadelphia CeaseFire
Ann Reed, CeaseFire Community Outreach
Robert Warner, CeaseFire Program Manager

Research Core:
Mary Segal, PhD, Director of Health Equity Research
Juan Franco, BA, DRMI, Outreach Worker
Walter Wilkerson, BS, Outreach Worker

Affiliated Faculty
Raul A. DeLa Cadena, MD, TUSM Assistant Dean for Recruitment & Retention of Underrepresented Students in Medicine
Miriam Solomon, PhD, Professor of Philosophy

Welcome to Sheila Kelly!
Sheila Kelly is a research coordinator from the University of Pennsylvania and is here at Temple working on a study evaluating the effectiveness of Healing Hurt People, a hospital-based violence intervention program. She completed her BA in Economics and English at Brandeis University and received her Masters in Public Health from Boston University, with a focus on community health sciences. Past research training and experience has focused on various forms of interpersonal violence and substance misuse.