Engaging Young Men in Participatory Research

Trisha Chakrabarti, MPH’13

One of the best parts of being a student is the opportunity to create community collaborations and conduct action research with community partners. This summer, I was able to incorporate these principles into a standard component of any public health student’s learning: the capstone research project. My Applied Learning Experience (ALE) project this summer was conducted in partnership with the Get HIP program at the Southern Jamaica Plain Health Center. Get HIP is a summer program for young men of color. At its core, it is a health education program designed to provide a hard-to-reach population (young men – a group that has been shown to have little interaction with the health system) with the tools and systemic analysis to better prepare them against health inequities. Each year, the group collectively chooses a health topic of interest, and together they and health center staff design a six-week curriculum with an intentional focus on how that health issue is manifest in low-income communities of color. The guiding philosophy: that “getting hip” to the myriad ways in which racial inequities are systemized in our country provides these young men with the knowledge to know what they can do to take care of themselves, and recognize barriers out of their control.

As a student researcher, I worked with participants and staff to create evaluation tools for the program, which this summer focused on oral health inequities. In line with the mission of the program itself, and through consultation with my ALE advisors, Drs. Linda Sprague-Martinez, Assistant Professor of Public Health and Community Medicine (PHCM) and Virginia Chomitz, Assistant Professor of PHCM, I conducted a participatory evaluation of Get HIP. Community-Based Participatory Research (CBPR) gives community collaborators an equal opportunity to influence decisions such as the methods used, outcomes studied, and dissemination of results. In my (very limited) experience, CBPR is a way to prioritize the kinds of data – lived experience and community context – that are so often removed from research that privileges generalizability.

In evaluating Get HIP, I worked with the program participants to identify variables they wanted to measure. In practice, this involved asking the guys what they wanted to get out of the program, and how they anticipated changing throughout its course. I then used this information to create a validated survey that included several scales measuring such things as perceived racism, oral health habits, stress coping techniques and community engagement.

Other data tools included individual interviews with the participants and a checklist to systematize observational results. The checklist was based on group agreements and responsibilities the participants put together themselves. Questions for the interviews came directly from logic models we developed as a group before the start of the program, and really tried to get at how self-conceived racial and group identity could modify protective health be-

(Continued on page 12)
Presumably by the time you read this letter, the partial government shutdown will be behind us. That it came to pass and lasted as long as it did (day 16 as I write this), is shameless. An abrogation of the public’s trust, with thousands of federal workers furloughed. With this partial halt comes myriad consequences for public safety, the world (and our) economy, and emergency preparations at the height of hurricane season. And, yes, the shutdown represents a threat to public health. A few specific examples, in no particular order—their relative importance only becomes clear in response to real events.

First, and close to the gut, are compromises to the routine inspection of food facilities here and world-wide. While the inspections themselves continue, the lab technicians who do the actual testing are furloughed, so inspections have slowed. A large salmonella outbreak in the first week saw some of the furloughed CDC (Centers for Disease Control and Prevention) workers called back, but this is arguably no way to protect the food supply. Second are threats to the food security of a different sort: food assistance to low-income mothers and their children. While some expenditures like social security are deemed “mandatory,” programs like WIC (Women, Infants and Children) is funded by the federal government but administered through states—the government shutdown puts immense pressure on states to keep food aid flowing—causing stress to recipients and hard choices for states. Third are threats to the public health efforts that ensure worker safety. Like food safety, regular workplace inspections are nearly on-hold during the shutdown. They are exactly decimated, with just 10 percent of OSHA’s workforce not on mandatory furlough, with the agency conducting only targeted inspections at high hazard mines. Lastly, though only a partial list, the CDC’s quarantine stations have been scaled back during the shutdown, as are programs that monitor infectious disease outbreaks that cross state lines (most of them). The monitoring that accompanies the beginning of flu season is on hold as well. Other efforts, such as rapid response for vaccine preventable diseases such as measles and surveillance for emerging infectious diseases such as MERS and H7N9 are vastly scaled back.

I imagine when you read this, the government will be back to “normal,” but the cost of these interruptions to public health functions will be substantial. It’s estimated that in today’s dollars the government shutdown of the mid-nineties cost the government 2 billion dollars. The impact on the lives of individual residents, particularly the working poor, will be real, and ultimately affect population health.

Nonetheless, the first weeks of the Affordable Care Act has seen the eagerly anticipated rush of the uninsured to gain insurance. Overshadowed by the shutdown and debt ceiling news stories, the needed reforms to the system are beginning. Hundreds of accountable care organizations are emerging; these are structured to reduce health care costs through care coordination, innovative information sharing, and incentives to keep people well without unnecessary utilization. The seeds are planted and assuming the current monsoon season will pass, these “experiments” will take root, grow and bear fruit over the next decade. Or so the public health community eagerly anticipates.

Closer to home, Boston (and Tufts) welcomed the APHA (American Public Health Association) to its annual meeting in November 2013. A large complement of student, faculty, and alumni presentations contributed to the massive program (see p. 9). It also hailed our membership in the new Association of Schools and Programs in Public Health (see p. 5).

So, the new academic year brings the Affordable Care Act as the law of the land, APHA in Boston, and membership in a new organization poised play its role in strengthening public health training. Much to get involved with.

Good wishes and good health!

Dean, Public Health and Professional Degree Programs
Support for Individuals Getting Back into Society After Prison

Jeffrey Coots, JD/MPH’13

While working in D.C. for a workforce development organization (job training for those living in poverty), Coots noticed that many of the participants were wrapped up in the criminal justice system. He observed that this tie made life more complicated for his clients. Coots stated that the government uses “incarceration as a response to societal problems of unemployment and substance use...we have a ‘lock them up and throw away the key’ mentality.” Wanting to learn more, he attended Northeastern University School of Law and worked towards becoming a public defender with a public health prospective. After his first year of law school, he learned about the Tufts Public Health Program’s dual JD/MPH program with Northeastern and decided to apply.

Coot’s fellowship was at Span Inc., a Boston nonprofit whose mission is to “assist people who are or have been in prison to achieve healthy, productive and meaningful lives”.

The Span assignment was right in line with Coot’s interests.

Throughout his fellowship, Coots helped those being released from prison become re-acclimated to society. While in prison, clients often lost touch with the outside world and were thus unfamiliar with how things had changed in Boston, from how to use a cell phone to where to find the social security office. One of his main projects was to revitalize the health workshops that Span sponsors for people returning from prison.

Coots initially observed two workshops, during which he realized that while they covered a wide array of important topics, the structure of the curriculum could be improved to create space for more interaction with the participants. Subsequently, Coots worked with Span staff to develop a more participatory atmosphere, with the education being student-driven by using a dialogue based model that could draw in all participants as active instructors. By the time his fellowship ended, Coots had successfully re-designed aspects of the program and was able to co-facilitate approximately 20 workshops.

Today Coots looks back on his fellowship as a very valuable and educational experience. He had the unique opportunity to meet regularly with his clients to learn about their interests; learn about the complexity of challenges that people face when they first come back to the community; and understand how health care might not be a priority to those who are facing problems like lack of housing or employment.

As he continues on his path towards becoming a public defender with an emphasis on public health, Coots has high hopes for the future of both Span’s workshops and society’s view of those returning from prison. For physical health issues, Coots hopes that there will be a shift into effective preventive care and an effort to overcome the challenges of talking about health with people who have other significant stressors. He also hopes that people who have not been involved with the criminal justice system will begin to view those who have in a different light. According to Coots, many people use the term “ex-prisoners,” but he would like to see more person-first language. Instead, Coots often refers to those returning from prison as “returning individuals,” or “community members.” Such language emphasizes the individuality of each person without defining them by their time in prison.

Coots highly recommends the Schweitzer Fellowship, especially for those who want to work in community-based change. “The fellowship is a valuable opportunity to engage with folks who are not public health professionals and meet people studying to be nurses, physicians, and social workers who are interested in helping similar clients. [You can] address health inequities and develop an interdisciplinary approach,” says Coots.

To learn more about The Albert Schweitzer Fellowship, visit http://www.schweitzerfellowship.org/.
The Obesity Discussion: The Unintended Effects

Sammi Gassel, MS - Health Communication’15

It is no longer news that Americans have an obesity problem. We have seen countless stories over the past decade about the “obesity epidemic” and what we can do to decrease its spread. With some sources citing that childhood obesity rates are slowly declining while others argue that these rates are either incorrect or insignificant, officials and experts have not reached consensus about whether or not the abundance of awareness is helping.

Despite the disagreement about the effectiveness of obesity awareness, we can see a trend in an increasing amount of preventive and educational strategies, from local schools to the national arena. Community-based healthy school lunch campaigns are sprouting up around the country and First Lady Michelle Obama’s “Let’s Move” campaign has seen nationwide implementation.

As talk about obesity takes center stage, many Americans are constantly struggling at the opposite end of the weight spectrum. Rates of eating disorders, particularly anorexia nervosa and bulimia nervosa, have risen every decade since the 1950s. They are commonly linked to mental health disorders rather than solely a desire to be thin, but the modern idealization of the “perfect body” certainly continues to lead many to fall into the trap of this unhealthy lifestyle.

Eating disorders can begin at any age but have often been perceived as mostly prevalent in teenagers and young adults. Recently the age of both onset and predictive behaviors have also been shown to be prevalent in young children. Children may be becoming more aware of obesity, but at what cost?

Shifts in the demographic of smart phone and tablet users may also add to this problem. Children are receiving these devices before entering their pre-teens. Some of these young users have time and content limits, but many still have easy access to applications. Dr. Lisa Gualtieri, Assistant Professor of Public Health and Community Medicine, teaches social media courses for the Tufts’ MS-Health Communication Program and has worked with students on developing applications to promote healthy eating and weight loss. “The applications could be harmful, as children have less knowledge and less perspective on healthy ways to lose weight. Celebrities and tools like these applications could promote excessive calorie counting, which could facilitate eating disorders in people who lack the knowledge and perspective to understand how this fits into their lives,” says Dr. Gualtieri.

Anorexia and bulimia are serious yet often undiagnosed dangers to the currently obese population. As obese or overweight people begin to rapidly lose weight, many around them incorrectly attribute the weight loss to a better diet or increased exercise, and compliment them on their success. This may further perpetuate the disorder and encourage those who are suffering to continue down an unhealthy path.

The obesity discussion may also have psychological consequences for those who are currently obese. There is a serious question we must ask ourselves: How can we continue promoting healthy lifestyles, and raising awareness about the dangers of obesity, without alienating and shaming those who are obese? Dr. Aviva Must, Dean of Public Health and Professional Degree Programs at Tufts and a nationally recognized researcher in the area of obesity, offered two ideas in response to this question. “One way is to move the focus away from the individual. There are few conditions where the social determinants of health are at work more than for obesity. The notion that individual responsibility is the easy or obvious solution to this public health crisis is misguided. How one disseminates the ecologic perspective is certainly a challenge, but health care and public health professionals play an important role in communicating this message. Also important is the notion that one’s weight status is a snapshot in time—the person before you who is 25 pounds overweight, may have just successfully lost 10 pounds and is (at the individual level) a success.”

In short, there is a multitude of factors influencing the chances of young men and women developing eating disorders. Every message may not be able to be thwarted, but there are some that can be controlled. The answer is certainly not to stop the public discussion on obesity or to limit eating and exercise interventions. Rather, as obesity efforts and awareness campaigns continue, we need to be aware of the possibility of unintended negative psychological and physical effects. We must proceed on the fight to limit obesity, but we must also proceed with caution. After all, we are walking a very thin line.
The Tufts University School of Medicine’s Public Health Program (MPH, DrPH) recently joined the new Association of Schools and Programs of Public Health (ASPPH) as a founding member. ASPPH is the voice of accredited public health education, representing member schools and programs accredited by the Council on Education for Public Health. ASPPH was formerly ASPH (Association of Schools of Public Health), but recently expanded to include accredited programs. The ASPPH works to strengthen public health schools and programs and improve global health by advancing public health education, acting as an advocate for the interests of academic public health and working to empower the ASPPH through strategic partnerships.

Anthony Schlaff, MD, MPH, Director of the Public Health Program at Tufts University School of Medicine, noted that for too long there has been a schism in public health education between programs and schools of public health. The structural difference between schools and programs is simply that the dean of a school reports to a university official such as a provost or president and the dean of a program reports to a dean of a school within the university. He went on to add that although schools and programs have more that unites them than separates them, they have been held apart by differences in history, traditions, and in the national organizations that represent them. In changing from the ASPH, ASPPH has stepped forward to try to end this schism. Dr. Schlaff offers, “There is some legitimate ambivalence among the programs about this. Many think ASPH has a history of being unnecessarily divisive in putting the interests of schools over that of public health higher education generally, and only time will tell if programs, which do have some unique needs and different perspectives from the schools, will be well served by this new organization.” Nevertheless, Dr. Schlaff thinks that the effort and the intent should be applauded, and Tufts Public Health Program has decided, as have many programs, to join ASPPH and work with the new organization to create an institution that will truly represent public health education in all its diversity.

Some of the ASSPH member benefits the Tufts Public Health Program will have access to include:

- Communication tools for informing the public health community and building the field
- Data collection and reports to guide advocacy activities, inform schools and programs about trends
- Fellowships and internships for students and recent graduates
- Leadership retreats and online collaborations
- Tools to help recruit and support students
- SOPHAS: Centralized online admissions application for public health schools and programs
- Pre-approved provider status for offering CPH (credentialing Public Health) recertification credits

“We saw many benefits of joining this new organization, from the lofty to the practical. As a member of the key organization representing academic public health, we will have a seat at the table in shaping the future of accredited academic public health and its role in training the public health workforce, promoting public health science and advocating for its critical importance in achieving health of the population, and advancing the advocacy voice and public policy influence of academic public health” says Aviva Must, PhD, Dean of Public Health and Professional Degree Programs.

To learn more about ASPPH, go to www.aspph.org.

**PHPD Blogs**


The Tufts Public Health blog is not the only or the first PHPD blog. The MS – Pain Research, Education and Policy (PREP) Program also has a blog, PREP-AIRED. The blog focuses on news and topics related to pain. Pamela Ressler, MS, RN, HN-BC, Adjunct Lecturer for Public Health and Community Medicine is the author.

To check out the blogs go to [http://sites.tufts.edu/publichealth/](http://sites.tufts.edu/publichealth/) and [http://sites.tufts.edu/prep/](http://sites.tufts.edu/prep/)
Welcome New Faculty: Drs. Fernando Ona & Thomas Stopka

Dr. Ona's passion for exposure and sanitation research has led him to conducting research in several areas of the globe. In the Dominican Republic, he studies pesticide exposure among Haitian farm workers, as well as the workers' health, well-being, and access to health services. He is also part of a multi-city study of sanitation, specifically in the area of waste management, in informal settlements. The study spans Bogota, Colombia; Dakar, Senegal; Manila, the Philippines; Harare, Zimbabwe; and Varanasi, Uttar Pradesh, with a possibility of expanding into Guatemala City, Guatemala. Dr. Ona’s work in these cities is primarily in informal settlements, or “slums,” and revolves around studying how residents navigate the health system and access health care, nutritious and affordable food, social services, and employment.

Dr. Stopka will be co-teaching an introductory epidemiology and biostatistics course to first year medical students, teaching MD/MPH and DVM/MPH students about public health research methods, and developing a class on GIS in public health and spatial epidemiology. He was drawn to Tufts because of the balance between research and teaching, the strong connection to applied research, and the “tight-knit” group comprising individuals with a diverse set of experiences and interests. Dr. Stopka is also happy to be back in New England, where he and his wife can take their three children on road trips to see the autumn scenery.

Dr. Ona joins the Tufts faculty with a MPH from Tulane University School of Public Health and Tropical Medicine, and a PhD in Medical Anthropology from the University of California, Berkeley and San Francisco. He was introduced to the world of public health at a young age. While growing up on a farm he developed a familiarity with pesticide exposure and uneven access to health services for rural citizens. Although he initially wanted to become a farmer, these insights led him to his interests in unpacking environmental and sociocultural determinants of health.

Dr. Stopka received his MHS in International Health at the Johns Hopkins Bloomberg School of Public Health where he did extensive work in food survival training in Kenya. His research was used to help develop a peer educational model for improved infant feeding and breast feeding processes.

Much of Dr. Stopka’s recent work has involved spatial epidemiology and GIS (Geographic Informational Systems) to study how the environment interacts with risk factors, disease status and health outcomes. Over the past few years, he has studied nutrition and access to nutrition programs in California, HIV and HCV distribution in San Francisco, and access to HIV prevention programs. He calls the field “fascinating,” stating that, “not a lot of people in the public health field are using GIS technology, but it is definitely increasing. It feels like a research area that is ripe for development as it can help us to look at many complex public health issues in new ways, in more comprehensive ways.”

Working across the globe has led Dr. Ona to become increasingly more interested in other areas of public health. “Part of my resilience work has brought me into the realm of global mental health, the challenges of global mental health...how we engage in cultural ideas of mental health and how you balance that with our dominate ideas around mental health from the west or global north.” As he continues his research, he hopes to learn more about characterizing mental health in a global set-

(Continued on page 9)
Mireille Aramati, MPH, Assistant Professor of Public Health & Community Medicine (PH&CM), has been appointed to the Steering Committee for the United Nations Association for Greater Boston Women’s Forum. In honor of International Women’s Day, she was one of three panelists to present and discuss women’s health issues relating to global human trafficking following a screening of the film “Not My Life.”

Odilia I. Bermudez, PhD, MPH, Assistant of Professor of PH&CM, in September 2013 she gave a presentation, “Identifying Key Food Sources of Vitamin A, Iron and Zinc and Potential Food Fortification Vehicles in Bangladesh” during a symposium at the World Congress of Nutrition held in Granada, Spain.

In August 2013, Marcia Bounil, MA, MS, JD, LLM, Associate Professor of PH&CM, co-authored an article in the New England Journal of Medicine (NEJM) with Gregory Curfman, Executive Editor of NEJM, entitled “On Access and Accountability: Two Supreme Court Rulings on Generic Drugs”. One of the new Supreme Court cases addressed the patenting of generic drugs under the Hatch-Waxman Act; the other addressed the liability of generic drug makers for injuries caused by generic drugs.

Ten students, community and faculty members affiliated with the “Community Assessment of Freeway Exposure and Health” study directed by Doug Brugge, PhD, MS, Professor of PH&CM, attended the Environment and Health Conference in Basel, Switzerland in August 2013. They presented 8 talks and 6 posters on a range of analyses.

Daniel Carr, MD, MA, Professor of PH&CM and Director of the MS Pain Research, Education and Policy (PREP) Program, was appointed to the Oversight and Professional Education Committees of the National Institute of Health’s Interagency Pain Research Coordinating Committee.

Virginia Chomitz, PhD, Assistant Professor of PH&CM, was a panelist at the September 2013 Boston University School of Public Health's Public Health in Action Forum. The forum presented different viewpoints on the Massachusetts Department of Public Health's policy that mandates that public schools collect BMI (body mass index) information and report the information back to families.

Lisa Gualtieri, PhD, ScM, Assistant Professor of PH&CM has been named Director of the new Tufts’ Certificate Program in Digital Health Communication, which is now enrolling for July 2014. The certificate, which can be completed in one year, starts with one week on campus and continues with online evening courses.

The MS – Pain Research, Education and Policy Program’s course, Ethical and Social Aspects of Pain, taught by Pamela Katz Ressler, MS, RN, HN-BC, Adjunct Lecturer for PH&CM was selected to pilot the Tufts iPads in Education Project during Summer 2013.

Sabrina Kurtz-Rossi, MEd, Adjunct Clinical Instructor for PH&CM, moderated a Health Literacy Association Open Forum Discussion at the October 2013 Health Literacy Research Conference in Washington D.C. The session reviewed steps taken to-date to explore the concept of forming a health literacy professional association and propose a vision for moving forward.

William Lancaster, MA, Adjunct Instructor for PH&CM, was invited in September by the Communications University of China to participate in an international forum called “Global Development of Higher Education in Media and Communication: the Age of Multimedia.” The forum examined a variety of media topics including “cutting edge business practices in the multimedia era,” “reform and the expression of rights in a multimedia era,” and “international cinema and television education.”

Amy Lischko, DSc, MSPH, Professor of PH&CM, co-authored an article for the Journal of Health and Biomedical Law (Vol IX 2013) titled “Understanding State Resistance to the Patient Protection and Affordable Care Act: Is it Really Just Politics as Usual?” She was also recently awarded a grant from the Department of Health and Human Services’ Administration on Aging Agency to evaluate the impact of the Senior Medicare Patrol program which empowers seniors through increased awareness and understanding of healthcare programs.

Aviva Must, PhD, Morton A. Madow Off Professor and Chair of PH&CM, was a speaker at the American Academy of Pediatrics’ 2013 National Conference in Orlando. Her talk was entitled “Vulnerable Populations and Obesity: What Do We Need to Know?” She was also an invited discussant to a “Health Disparities Roundtable” hosted by the National Institutes of Dental and Craniofacial Research in June 2013 in Washington D.C.

Mkaya Mwamburi, MD, PhD, MA (Econ), Associate Professor of PH&CM, is overseeing the creation of the new Tufts Center for Global Public Health (Tufts-CGPH) that is strategically invested in current and future global health issues. As Director of Tufts-CGPH, Dr Mwamburi will lead the center towards collaborative capacity building in research, research education, and implementation science in multiple countries. The official Tufts-CGPH launch will be in late fall.

Anthony Schlaff, MD, MPH, Professor of PH&CM, Director of Public Health Program, is serving on an American College of Medical Colleges task force, Educating and Training Systems Thinking Clinicians, which is charged with identifying methods whereby future health professions’ students can master the systems-based practice competencies now expected of all physicians being trained in U.S. accredited residency programs.
New MS in Development & Regulation of Medicines and Devices

For people who wish to broaden their intellectual base and enhance their career options through training in the broad array of disciplines that contribute to the development and regulation of human therapeutics and medical devices, Tufts University School of Medicine has a new professional degree program, Master of Science in Development and Regulation of Medicines and Devices (DRMD).

The DRMD integrates uniquely focused pharmaceutical disciplines with existing, traditional academic courses that will not only be taught by Tufts Medical School faculty, but practicing industry professionals. What sets the program apart from similar programs is that it offers breadth and detail not found in other programs, and provides a deep and extensive learning experience for students that can lead to job opportunities in the life sciences field. The program is tailored for working professionals who want to attend classes on a part-time basis in the evening and consists of twelve credits to be completed over two academic years, including a summer session.

The life sciences sector is broad and includes pharmaceutical, biotechnology, vaccine, medical device, and in vitro diagnostics companies as well as related industries e.g. regulatory agencies, contract service provider organizations, intellectual property and consulting firms etc. There is a long-standing and immediate need for programs such as the DRMD and industry leaders have expressed considerable excitement and enthusiasm about such a program.

The MS-DRMD Program is closely aligned with the activities of the Tufts Center for the Study of Drug Development (CSDD), an internationally recognized and renowned academic center that develops and provides strategic information to help developers, regulators, and policy makers improve the efficiency and productivity of biomedical innovation.

The program requirements includes didactic and elective course work with exposure to the core disciplines of pharmaceutical, biotechnology, medical device, in vitro diagnostics, and regulator sciences. Students are also required to complete a capstone project that will enhance their learning experience and prepare them for careers in a range of disciplines. The DRMD foci include: clinical, regulatory affairs, safety, manufacturing and devices, R&D management and business and policy.

With the breadth and detail of the Tufts DRMD program, it stands to be at the forefront by offering advanced training for individuals interested in careers in applied life sciences. To learn more about the DRMD Program visit go.tufts.edu/ms-drmd.

New Digital Health Communication Certificate Program

As the number of people using the web and mobile devices to research health information continues to grow, today’s health communicators are faced with the challenge of understanding digital communication tools and knowing how and when to use them for maximum outreach. Tufts University’s Health Communication Program addresses these concerns with the introduction of a new certificate program in Digital Health Communication. A leader in the field, Tufts introduced one of the first master’s degrees in health communication in 1994; the certificate program builds upon this existing expertise.

The certificate program gives graduates the skills for creating effective health communication messaging and campaigns using digital media, including the web, social media, and mobile technologies. Given the explosion in the world of digital communication, this program will provide a tailored skill-set that can be used across organizations of all types and sizes, including consulting and public relations firms, hospitals and healthcare systems, pharmaceutical and biotechnology companies, government agencies, and public health departments.

The Tufts certificate is one of the few graduate-level programs of its kind. Designed for working professionals, the certificate can be completed on a part-time basis in one year. Program begins with a week-long on-campus summer session, Digital Strategies for Health Communication, and continues with an additional four online courses offered evenings using synchronous technology. These courses are: Writing for Health and Medicine, Seminar in Health Literacy, Social Media and Health, and Mobile Health Design.

To learn more about the program visit go.tufts.edu/digitalhealthcommcert.
2013 American Public Health Association Presentations

Virginia Chomitz, PhD
Assistant Professor of Public Health & Community Medicine (PH&CM)
Poster: “Role of Fitness in Racial Disparities of Weight Status Transition among Elementary and Middle School Youth”

Bruce Cohen, PhD
Adjunct Assistant Clinical Professor of PH&CM
Panel: “Supporting Health Data Needs for Community Driven Change”

Steven Cohen, DrPH, MPH '03
Adjunct Assistant Professor PH&CM
Presentation: “Rural Health and Depression in Older Adults: Does Choice of Rurality Measurement Matter?” and “Challenges and Barriers to Preventive Behaviors in Alaskan Older Adults: Evidence from a National Survey”

Martelle Esposito, MS/MPH ‘11
Presentation: “From WIC to Table: Using a Journey Map to Identify Policy and Programmatic Innovations to Increase Cash Value Voucher Redemption Rates”

Susan Gallagher, MPH
Assistant Professor of PH&CM & Director, MS – Health Communication Program
Moderator: “Training a Public Health Workforce for the Future”; Topics in Injury and Violence”

Lisa Gualtieri, PhD, ScM
Assistant Professor of PH&CM
Presentation:” Doctor as the Second Opinion, and the Internet as the First”; “Integration of Evidence-Based Guidelines and Transtheoretical Model of Change into Mobile Health App Design”

Kristie Hubbard, PhD, MS/MPH’11, RD
Presentation: “Impact of a Smarter Lunchroom Intervention on Food Selection and Consumption Among Adolescents and Young Adults with Intellectual and Developmental Disabilities in a Residential School Setting”

David Leader, DMD, MPH ‘13
Delta Omega Poster: “A Survey of Dentists’ Attitudes and Knowledge of Treating Scleroderma Patients: Discovery of an Access to Care Issue”

Barry Levy, MD, MPH
Adjunct Professor of PH&CM
Presentation: “Impact of Armed Conflict on Non-Combatant Civilians”

Jessica Marden (Daniel), MPH ‘11
Presentation: “Associations between Lifetime Experiences of Discrimination and Lifetime Suicide Attempts among a Cross-Sectional Sample of Adult Latino Males: Findings from the National Epidemiologic Survey on Alcohol & Related Conditions (NESARC)”

Emily Morgan, MS/MPH ‘11

Fernando Ona, PhD, MPH
Assistant Professor of PH&CM
Presentation: “Migration/Occupation/Access: The Use of Chosen Family to Access Health Services among Overseas Filipina Workers Living in Europe”

Purvi Patel, JD/MPH ‘10

Sara Rattigan, MS – Health Communication ’09
Poster: “Using Data to Guide Occupational Injury Prevention Strategies for Young Adult Hispanic Workers in Massachusetts”

Becca Rector, MPH ‘12
Poster: “Multilingual Youth for a Healthy Boston: A Medical Interpreter Training Program for Youth of Haitian Descent”

Ellyson Stout, MS – Health Communication ‘09
Poster: “Substance Abuse Prevention is Suicide Prevention: Building Connections between Our Fields to Save Lives”; Presentation: “Sustainability Outcomes among Suicide Prevention Grantees One-Year Post-Federal Funding”

Aliza Wasserman, MS/MPH ‘09
Presentation: “Leveraging Local Efforts for National Scope: How the City of Boston Is Shifting the Food System to Promote Health Equity”

Konstantina Yantsides, MPH ‘13
Presentation: “Prescription Drug (PD) Misuse Associated With Increased Risk of Heroin-Use”

New Faculty

(Continued from page 6)

We are very excited about the new additions to the PHCM faculty and look forward to bringing them into our community.

inge, especially in challenging settings such as informal settlements. As a new faculty member, Dr. Ona will be teaching classes to students in the MPH Global Health concentration and first year medical students, while continuing research on food systems and sanitation-related diseases. He is excited about working at an institution that has an intimate connection to students, and is looking forward to mentoring students and sharing his research experiences. Throughout his work at Tufts, he hopes to be able to work with students and faculty on Tufts’ other campuses in Medford and Grafton.
Alumni Notes

MPH:

Clancey Bateman, MS-Nutrition/MPH '12, of Berkeley, CA, recently started as a Consultant in John Snow, Inc.'s (JSI) San Francisco office after working in their Boston office for the past 2 years. Her work involves research related to nutrition, obesity prevention, and health care reform.

Arielle Carpenter, BA/MPH '11, of Cambridge, MA, recently moved back to the Boston area after spending two years in Paris, France. She is currently managing marketing and communications for Withings, a digital health company that creates smart products and apps to help people around the world take control of their overall health and well-being.

Melissa Cunningham, MS/MPH '08, of Carrboro, NC, just entered her second year in the Nutrition Intervention and Policy PhD program at the University of North Carolina after completing a Public Health Prevention Service Training and Fellowship, with the CDC (Centers for Disease Control and Prevention). This past summer she also got married in her home state of Massachusetts.

Allison Dempsey, MPH '12, of San Diego, CA, is currently working in clinical trial feasibility research at a contract research organization.

Congratulations to Kristin (Noonan) Dorfman, MS/MPH '08, of Boston, MA, who was married on June 22, 2013 to Cody J. Dorfman. Kristin currently works as an Epidemiologist at the Massachusetts Department of Public Health investigating cancer clusters and their relationship to environmental contaminants.

Ashley Grant, MPH '11, of Baltimore, MD, is a Research Program Manager at the Institute for Global Tobacco Control (IGTC) for the Johns Hopkins Bloomberg School of Public Health in Baltimore, Maryland. Ashley is the Institute's liaison to the working groups for Brazil and Mexico within the Bloomberg Initiative to reduce tobacco use, and leads the technical assistance work for environmental air quality monitoring projects.

Congratulations to Alia (Hastings) Hayes, BA/MPH '08, of Haverhill, MA, on her marriage to Matthew Hayes. The couple was married on October 7, 2012.

Melanie Hyman, BA/MPH '09, of Atlanta, GA, started a PhD program in Epidemiology at Emory University in Atlanta, GA in the fall of 2012 and is focusing on environmental epidemiology research. Melanie recently became engaged to Andy Jacobson and will be married in September 2014.

Jyotsna Jagai, PhD, MS/MPH '05, of Aurora, IL, started a new position as an Assistant Professor at the University of Illinois at Chicago, School of Public Health in the Division of Environmental and Occupational Health Sciences.

Rachel Jervis, MPH '05, of Denver, CO, joined the Colorado Department of Public Health Environment as the Integrated Food Safety Center of Excellence (CoE) Epidemiologist in March 2013. The Colorado CoE is one of five sites designated by CDC to identify and evaluate best practices for foodborne disease surveillance and outbreak investigation.

Meghan Johnson, MS/MPH '13, of Washington, DC, accepted a job as a Communications Specialist at JBS International, Inc. and became a blogger for the American Society for Nutrition: http://www.nutrition.org/our-members/students/2013-14-student-bloggers/

David Leader, DMD, MPH '13, of Boston, MA, presented his MPH applied learning experience "A Survey of Dentists' Attitudes and Knowledge of Treating Scleroderma Patients" to the Massachusetts Dental Society's Council on Access, Professionalism and Inter-Professional Relations in October and at the Delta Omega Poster Session at the 2013 American Public Health Association Annual Meeting in Boston.

Natasha Massoudi, MPH '09, of Woburn, MA, authored a chapter, "Maison de Naissance: A Community Birthing Home in Haiti", within the recently released textbook "Global Case Studies in Maternal and Child Health" (2012 Jones and Bartlett Learning).

Denesia Parris, MPH '13, of Derrywood, MD, began a new job as an ORISE Fellow with the U.S. Department of Health and Human Services, Health Resources and Service Administration Bureau of Health Professions.

Congratulations to Nick Prenta, MPH '11, and Brooke Beek of Ashland, OR, who welcomed daughter Mia Ann Rhoads Prenta on August 18th, 2013.

Diana Redwood, MS/MPH '03, of Anchorage, AK, recently successfully defended her PhD dissertation entitled: "Use of Family History to Improve Colorectal Cancer Screening Outreach Among Alaska Native People." Diana works at the Alaska Native Tribal Health Consortium in Anchorage, AK as a Senior Epidemiologist.

Allison Roditi, MPH '02, of Port Washington, NY, started a new position as Service Line Administrator for Surgery and OB/GYN at South Nassau Communities Hospital in Oceanside, NY. Allison is responsible for organizing the overall surgical and OB/GYN services into coordinated service lines with the objectives of improving quality of care for patients, promoting physician multidisciplinary interaction, increasing market share, and setting the strategic and clinical
Alumni Notes

direction for the departments' programs and services.

Deepa Shanadi MS/MPH '02, of Canton, OH, is currently an evaluator at the Research and Evaluation Bureau at Kent State University. She is involved with evaluating health, education, and human services programs. She is also leading the efforts to expand the Bureau’s evaluation portfolio to include international program evaluation. She would like to get in touch with other MPH alumni in the northeast Ohio area.

Nadia Stegeman, DVM/MPH ’08, of Corvallis, OR, is a PhD student at Oregon State University with a dual major in toxicology and wildlife science. Nadia works with zebrafish as a biomedical research model.

Alison E. Turnbull, DVM/MPH '06, of Baltimore, MD, recently passed her doctoral defense in Epidemiology at Johns Hopkins Bloomberg School of Public Health. Following conferral in December she will leave on a month-long backpacking trip in Arizona with the National Outdoor Leadership School.

Alyssa Ursillo, BA/MPH ’12, of Watertown, MA, works for Boston Medical Center’s Section of Infectious Diseases on two CDC funded evidence-based behavioral interventions. The goals of the programs are to prevent transmission of HIV/AIDS and viral Hepatitis and empower people living with HIV/AIDS and those at high risk for contracting the virus to take care of their health.

Jenna Usedom, MPH ’12, of Somerville, MA, is working as a Systems Analyst at Mongan Institute for Health Policy.

Aubrey Wasser, BA/MPH ’10, of Boston, MA, began a new job in October 2013 at Human Care Systems, a biotech/pharma consulting firm.

Andrew Wilson, MPH ’11, of Somerville, MA, is currently a doctoral candidate and an Agency for Healthcare Research & Policy Fellow in Health Services Research at Brandeis University’s Heller School of Social Policy. Andrew is also working as a researcher at the Health Care Incentives Improvement Institute.

MS - Health Communication (HCOM):

Sara (Spurr) Cushing, MS-HCOM ’07, of Marstons Mills, MA, recently joined Cape Cod Healthcare’s Marketing Communications Department as a program manager and copywriter. She is also currently running unopposed for a seat on the Barnstable Town Council.

Amanda Marr, MS-HCOM ’04, and Kate Perch, MS-HCOM ’12, of Washington, DC, are putting their skills to work collaboratively by supporting several projects for the Health and Human Services Office on Women’s Health (OWH). The duo most recently worked to promote OWH’s African-American breastfeeding campaign, It’s Only Natural, during World Breastfeeding Week in August.

Congratulations to Lauren Parks, MS-HCOM ’12, of Roxbury, MA, who was married on September 7th to Joe Cleveland in Fairlee, VT. Lauren is working as a Senior Research Assistant for the Hood Center for Children and Families at the Geisel Medical School at Dartmouth College.

Sara Rattigan, MS-HCOM ’09, of Malden, MA, was awarded the Outstanding Poster Presentation Award in the category of Environmental Health/Occupational Health/Injury at the national 2013 Annual Conference for the Council of State and Territorial Epidemiologists. Her presentation was titled ‘Using Data to Guide Work-related Injury Prevention Strategies for Hispanic Young Adult Workers.

MD/MBA:

Hung K. Do, MD/MBA ’04, of Dorchester MA, is in private practice with offices in Lowell, Boston, and Quincy. The name of the practice is HKD Treatment Options and specializes in addiction medicine in the treatment of opioid and alcohol dependence with suboxone and vivitrol.

Shirley Huang, MD/MBA ’04, of Boulder, CO, is changing jobs to hospice and palliative care and will start in October, which will allow her to see and have dinner with her daughter every day.

Holly Khachadoorian-Elia, MD/MBA ’02, practices general OB/GYN at Massachusetts General Hospital where she is the Associate Clerkship Director for 3rd year Harvard Medical students. Holly resides in Needham, MA with her husband, Chris, and two children, Jack, age 6, and Vanessa, age 2.

MS-Pain Research, Education & Policy:

Kai-Yin Hsu, MS PREP ’10, of Watertown, MA, is a Research Assistant.

Jessica Peck, MS PREP ’12, of Waterboro, ME, and husband Robert Lindsey welcomed a beautiful baby girl on February 10th 2013. Aurelia Lindsey at 8 months is laughing at her big brother, Brayden’s antics and clapping when she’s happy.

MBS:

Justin Rice, MBS/MPH ’09, of Los Angeles, CA, graduated from Albany Medical College in May 2013 as the president of his class and matched to the University of Southern California for combined internal medicine/pediatrics residency.
Engaging Young Men

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haviors and also individual capacity for action. Conducting those interviews was simultaneously enlightening and incredibly emotionally intense. The guys spoke repeatedly about the need for more spaces like Get HIP, where they could build racial solidarity, and how important that solidarity was to their overall capacity for self-care.

In the classroom, we study health care as a system, in constant interaction with other systems – education, economic, judicial, etc. But we never really talk about how health inequities can be understood as interactions between those different systems, and what it means to be at the intersection of the marginalized subset of several of those systems. Never before had I thought of how little access to health care matters, in the face of systemic inequities in education, earnings, legal rights and neighborhood services. For example, conversations with the guys about visits to the dentist seemed to always hinge on confusion about what is and is not covered by Mass Health’s dental provisions, and frustration that conventional dental insurance was so costly. To be truly working for the public’s health, my work this summer helped me understand that I need to work towards change in all of these systems.

For more information on Get HIP, watch their group-created public service announcement: http://www.youtube.com/watch?v=GMQOyzqiJY4.