In June of last year, the Community Health Program underwent a significant change with the retirement of the former director, Edith Balbach. This led many to wonder what the Community Health Program would look like without her. Fortunately, Dr. Jennifer Allen has joined the program as the new director. This October, I had the opportunity to meet with her and discuss her background and her future goals for the program.

Q: What initially drew you to the field of public/community health?

I thought that I would spend my life as a nurse --I wanted to take care of people who were ill. Specifically, I was interested in becoming a Hospice nurse and caring for cancer patients. As an undergraduate, I did internships at various cancer hospitals. During these internships, I saw things that surprised and appalled me. Things like seeing a patient with lung cancer smoking a cigarette through a tracheotomy. Or, seeing someone whose cancer was diagnosed in a very late stage and who could have been completely cured, if that person had had access to early detection services. After seeing case after case like this, I began to think differently about the kind of impact I could have as a nurse, caring for one sick individual at a time. I began to think more broadly about the conditions in which people live and work, and the enormous impact that access to care could have on a person’s health. I began to think more about preventing, rather than curing illness.

The other thing that really impacted me was an international volunteer program that I did right after graduating from nursing school. Like the Peace Corps at that time, it was a program where you sign up but are not told where you are going or what you will do. I was paired with a white mother and an African American father. Through my discussion with my brother, I realized that the two of us viewed ourselves differently. I identify as being biracial, whereas my brother, who has a slightly darker skin tone than I do, identifies as only being black. From this conversation, I began to think about the inaccuracies of data collection based on race especially when people are self-reporting. Additionally, I realized that biracial and multiracial individuals challenge our understanding of health problems based on race.

The Center for American Progress published a Fact Sheet in 2010 outlining health disparities by race and ethnicity to highlight which racial groups had lower rates of health coverage and which racial groups were more susceptible to chronic illnesses. This fact sheet divided Americans into six categories: White, Asian Americans, Native Hawaiian or other Pacific Islander, African Americans or blacks, Hispanics, and American Indians and Alaskan Natives. When I look at information such as this, I wonder where individuals who do not fit into these nicely packaged categories are counted. For example, in what category does an individual fall under with a mother who is Asian American and a father who is African American? A category and analysis of biracial and multiracial individuals has been left out of much health research and data collection. As the numbers of multiracial individuals begins to rise, analyzing data for this group of people is beginning to be...
We are now at an unprecedented time in the history of public health. Our nation’s attention is focused on the issue of how best to provide health care and to whom it should be provided. These are value-laden questions, which we as a country have struggled with over the past century.

Our field views health as an issue of social justice. That is, all human beings have the right to sufficient food, clean water, adequate shelter, and to other resources necessary to attain or maintain basic health. We know that these resources are not distributed equitably across our country, and even less so across the world. Public health’s quest is to prevent disease, prolong healthy life, and to eliminate health inequities.

The Affordable Care Act (ACA), which now sharply divides our nation, is not the perfect solution to the complex problems that we face. However, it creates strong incentives to integrate the traditionally separate fields of public health and medicine. Expanded health care coverage, as well as augmented preventive interventions, are central tenets of the ACA. At this time, the U.S. spends a mere 3% of all health care dollars on prevention and public health. Nevertheless, we know that medical services are responsible for only a small fraction of the health status of the nation. Regardless of your position on the ACA, this is an extraordinary time to be in the field of community/public health. Public health professionals will be charged with helping to shape health care delivery systems, implementing evidence-based interventions to prevent disease and promote health, and participating in policy making that will further a goal that all can agree upon—a healthier nation. Never has the demand for public health professionals been greater--or more essential.

This is a very exciting time to be at Tufts. I am delighted to have the opportunity to become a part of this exceptional program. Former director, Edith Balbach, has left an incredible legacy here. I see my role as helping to maintain that legacy, as well as growing the program to meet the expanding skill sets that are needed by students who plan to work in the field of public health.
Among the numerous courses offered each year at Tufts University, it may be fair to say that classes in the Community Health Program are by far the most popular and most highly enrolled. Examples of such classes include Intro to Community Health and Fundamentals of Epidemiology. However, what do Community Health classes on environmental health, health economics, and health policy have in common? These seemingly disparate disciplines all encompass the realm of ‘public health’. Despite drawing upon different principles and ideology, they all have something to do with the health and wellness of ‘the public’: our society, communities, families, and ourselves. This belief essentially constructs the mission statement of Public Health at Tufts (PHAT), a student-led health organization that seeks to promote education about healthy living and awareness of ongoing public health issues.

PHAT, a well-established student group on campus, seeks to maintain its outstanding record of student engagement and community involvement. One of the unique aspects of PHAT’s work is its ability to utilize creative ways to interact with students. For instance, in recognition of World Mental Health Day on October 10th, PHAT came up with a yoga study break to help students relax while preparing for midterms. An upcoming “Public Health Mentor-Mentee Night” will take the form of “speed dating”, as underclassmen will have the opportunity to meet and talk with upperclass Community Health majors about classes and opportunities in public health. Beyond the Tufts community, PHAT has partnered with the Shape Up Somerville to support its efforts to promote healthier lifestyles for all Somerville residents and Tufts students through nutrition and exercise. PHAT will continue this ambitious agenda into the spring.

Healthy Week, Spring 2014

Each Spring semester, PHAT collaborates with various on-campus health groups to organize and facilitate “Healthy Week”, a weeklong effort to engage students and faculty with various activities and events related to health. The planning process for Healthy Week begins months in advance in order to successfully develop and advertise events. In the past, Tufts students have attended career panels hosted by PHAT, participated in cooking classes led by Balance Your Life, and attended lectures organized by the Pre-Medical Society. Although the activities and health groups involved with Healthy Week may change from year to year, the objectives of Healthy Week remain the same: to promote healthy living and improve understanding about the role that health plays in daily life.

For the officers of PHAT, there is more to Healthy Week than just creating and sponsoring events. In a sense, organizing Healthy Week carries an important meaning: this annual campus-wide occasion is truly a team effort. Healthy Week helps to foster collaboration and dialogue between health organizations and to educate and empower Tufts students, especially those aspiring to change the world through healthcare. This commitment continues to be at the forefront of PHAT’s agenda this year as the officers start to think big and plan ahead for another successful Healthy Week in 2014. Be sure to be on the lookout! For updates, feel free to email phat.tufts@gmail.com!

*** Alumni Spotlight ***

Marisa Morgan, MA, MBA
CH alum from the class of 1999

- Program Manager
- Project ECHO
- Beth Israel Deaconess Medical Center

Marisa is a CH alum who graduated from Tufts in 1999. Following Tufts, Marisa received her MA in Health Communication from Emerson College in conjunction with the Tufts University School of Medicine. She then went on to get her MBA with a concentration in Health Sector Management from Boston University School of Management. She has worked for the Office of the General Counsel at Partners HealthCare System, and as the Education Administrator for the Departments of Emergency Medicine at Brigham and Women’s Hospital and Massachusetts General Hospital.

Marisa is currently Program Manager at Beth Israel Deaconess running a new community health/telemedicine program called Project ECHO. This program uses videoconferencing to connect specialists at the BI with primary providers in the community to help educate and support them in their own communities. This allows them to treat their patients themselves, rather than requiring the patient to travel to the hospital for treatment.

Project ECHO has a program for patients with Hepatitis C working with providers at community health centers around Massachusetts. They also run a program with Long Term Care providers for patients with dementia/delirium and other psycho-behavioral issues. And they just started a slightly different use of technology/program to connect with Skilled Nursing Facilities to discuss patients who have been recently discharged from the hospital. Project ECHO aims to connect the care team and a regular team of specialists at BIDMC with the team at the skilled nursing facility. They then also connect this team to the primary care physician when patients are ready for discharge to home. It’s an exciting new field and a great use of technology to expand healthcare in the community.

CHP is delighted to hear from CH alums! Write to us with an update: chp@tufts.edu.
Internship Spotlight

Energize Everett

Samantha Lund

Most Tufts students know the small city of Everett for the Target, Costco, and MetroRock climbing gym. But just a little further down Route 99 is a bustling city jam packed with people, businesses, and ideas. I entered Everett on the 104 MBTA bus being wholly unprepared for what Everett had in store for me.

For my Community Health internship, I was an intern at Energize Everett, a Mass in Motion community. Mass in Motion is a statewide initiative to reduce obesity with improved access to healthy food and physical activity through policy, systemic, and environmental change. Everett has embraced the program and is supported by the City of Everett, the Cambridge Health Alliance, and many non-government organizations in the city. Everett is unlike anywhere I have ever worked. The city used to be populated by Irish and Italian immigrants. In the past two decades, a large demographic shift has brought Haitians, Salvadorean, Brazilians, and more to Everett’s 3.5 square miles. There are 52 languages spoken in the high school! Energize Everett has a unique role in working with this diverse population, the city government, and various civic organizations.

As an intern I benefited immensely from this collaborative program housed on the second floor of City Hall. My supervisors were the director of Energize Everett and the director of Public Health which let me examine the program from several different angles. I worked with coordinators from Mass in Motion, community members, and city employees on several projects. Principally I focused on the healthy markets program which aimed to help corner stores offer and advertise healthier food options. My work let me spend my days walking all over Everett meeting with store owners, assessing their stores, working on goals, and actually seeing progress in the markets. I felt by the end of the summer I really knew the stores, their owners, and their customers and could see the fruit of our work affecting people’s lives.

I worked on many other projects for Energize Everett and the Health Department as a whole, but one in particular seems to exemplify my experience. Everett has a growing movement supported by a small, but passionate group of citizens for urban agriculture and community gardens. Though community gardens are not directly part of Energize Everett’s eight main initiatives, it is supported in collaboration with a Latin American community organization, La Comunidad. The first gardens were at a park and an elementary school. They are maintained by the community members and school but there has been increasing demand for more garden beds. I took on the project of constructing three more beds in the park, in addition to looking for a second garden location. The effort involved people from all corners of Everett. We received the wood from the high school and the carpentry teachers agreed to cut prepare it for the beds. The soil provided more of a challenge. I worked with city services, the city planning department, local landscaping companies, and home improvement big box stores. After many emails, phone calls, and let downs I finally secured high quality soil for the gardens from the city. To have all the moving pieces finally come together, Energize Everett, La Comunidad, city services, gardening community leaders, and the health department all communicated and collaborated. I am proud to say the beds were constructed and given to people this summer and the gardens provided a lovely harvest.

This project, like most of Energize Everett’s work, did not operate in a silo. It involved many government departments, nongovernment community organizations, and private companies to accomplish a common goal. I believe this was possible because Everett is a small community. The primary actors and beneficiaries work in the same building, the walk to the gardens and corner stores is easy and enjoyable, and I personally knew most of the connections needed. I do not know if this is unique to Everett, but it certainly was exciting for me to collaborate with so many different groups. I found that people in Everett are passionate about their community and willing to pitch in to help their city. Not everything is perfect, of course. There are many roadblocks to success. The garden project took much of the summer to orchestrate, though it seemed on paper to be a small undertaking. Everett’s government is highly political, as many small towns likely are, and the bureaucracy runs deep. At times I would be so frustrated with the pace of progress. I wanted to charge ahead, seize the energy, and have a tangible result. Slowing down and taking the time to make the personal connections ended up being rewarding for many reasons and eventually productive. I met many amazing individuals, worked with many admirable organizations, and believe that the work we did had an effect for the people of Everett.
The first time I heard “health communication,” I thought it was just a group of government employees tasked with telling everyone to get their flu shots every year. Until I enrolled at Tufts, I had no idea that health communication was the basis of so many of my own life decisions. From D.A.R.E. to the VERB campaign, health communication has been influencing my life from childhood. Even now, when sitting on the T or watching television, health communication surrounds us with messaging.

We’ve all seen the messaging, quoted the taglines, and thought about the lessons we’re supposed to learn. We know the “Truth” behind the tobacco companies, and how “It Can Wait” when someone texts us while we’re driving. Even athletes are sending us health communication messages as they don pink gloves and shoes for October’s Breast Cancer Awareness Month.

These messages aren’t just products of a Don Draper-type sitting in a corporate office, these are strategic communication initiatives from various organizations aimed at improving the wellbeing of targeted audiences. Corporations, hospitals, health plans, nonprofits, and government organizations all play a part in the production of health information and dissemination.

Health communication is so much more than telling someone to get a flu shot. You’re a scientist, advocate, researcher, journalist, public relations specialist, and health educator. You have the ability to truly make an impact while expressing your creativity.

The MS HCOM program at Tufts teaches students the power we have as communicators to craft a campaign, from development with underlying theory and formative research to the implementation and evaluation of intervention effectiveness. Students are given the skills to jump in anywhere on the continuum from development to evaluation of a program.

MS HCOM at Tufts offers its advantages: no two students have the same background. We are a smattering of every type of student, from my beginner status to people who have PhDs or extensive public health experience already. The beauty of the program is that your background doesn’t matter. Brand new or veteran, the courses are designed to enhance your knowledge and teach you new skills. One highlight of the program is the Applied Learning Experience (ALE), where students work with an organization to apply health communication principles.

I did my ALE with Healthy Waltham to help a high school increase the number of students buying healthy lunches in the cafeteria. Through an environmental scan, key informant interviews, and focus groups, I was able to help the students communicate their needs to school administrators. For my deliverable, I came up with recommendations for the school. Using these recommendations, the school was able to receive a $10,000 grant to implement my project’s findings. These results weren’t groundbreaking or completely unattainable, and I didn’t have to create a giant campaign to encourage healthier lunch consumption.

Being a health communicator is really about listening to your target audience, taking what you hear, and using communication as a tool to change a belief or behavior. In this case, it was recommending environmental changes to the school that the students unanimously believed they lacked.

With a degree in health communication, you can find yourself as a program director for a nonprofit, a public relations specialist, a research associate at a hospital, a mobile health app designer, a health reporter, a program evaluation specialist, a policy advocate, a social media specialist, or even a marketing associate at a health care technology and analytics firm—where I find myself now.

Remember that the degree is about the skills you’re looking to acquire. In the health communication program you’ll learn epidemiology and biostatistics, survey methodology and design, communication theory and application, public relations, risk communication, and marketing strategies—and these are only the basics. You have opportunities to augment your education with medical, social media, and health literacy courses. I recommend this program for creative students with a passion for communication.

Brianna Lieberman, MS
MS HCOM ’13
blieberman@veriskhealth.com
For more information on the BA/MS HCOM Program
contact linda.martinez@tufts.edu

Where are our Interns?
Community Health Internship Sites Summer 2013

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imperative as the race in the United States is continuing to change.

It has been noted that in years from now, the United States will be a majority minority country as this country has had a “‘biracial baby boom’” in the last few decades.2 Throughout United States history, racial categories have been constructed, deconstructed, and reconstructed following the racial and political climate of the time. For centuries, data collection on race has been done through a census to provide a statistical measurement of the current racial climate of the country. Although government employees primarily filled out the census, there was a transition for individuals to self-report their race. The census has undergone many changes with the representation of different categories of race and ethnicity, asking people to identify themselves in the boxes of the questionnaire that the government decided were important enough to include. In 2000, the United States Census Bureau made the greatest change thus far. In contrast to centuries’ old practice of permitting respondents to classify themselves as a single race, the 2000 census permitted individuals to identify as multiracial.3

The United States census is rooted in white supremacy; the counting of people can be traced back to slavery, governance, and conquest. It would seem that the eradication of counting racial categories would be the next step to achieving racial equity but, there are many reasons why the acknowledgement of race and the data collection on race have been important to our understanding of health inequalities, disparities and injustices.

Data on mixed-race individuals changing

“Only 2.3% of the population—about 7 million—identify themselves as being of more than one race, according to recent Census surveys. That figure has remained constant since 2000. But mixed-race marriages have jumped 20% to 4.5 million, or 8% of the total.”4 Children currently make up the largest proportion of mixed-race Americans which will lead to future generations of multiracial individuals. Mixed-race individuals challenge the dichotomy present in the United States as white individuals versus people of color. William Frey, a demographer at the Brookings Institution, reported, “It’s showing that tomorrow’s children and their children will in fact be multiracial…”5 With the number of multiracial individuals rising, it is important to question how this will affect the field of public health.

In data collection, there are different ways that researchers analyze multiracial individuals when race is a factor of a study. The most common way that multiracial individuals are classified is based on the non-white racial category that they identify with (if the individual identifies as being both white and of a non-white group).6 Although some multiracial individuals identify as being of only one of their racial backgrounds, health surveys have yet to provide information about groups who do identify as being from multiple racial backgrounds. I have witnessed from experience the inconsistencies with being asked of my race, reporting multiple races, and then seeing the data from the study lacking information for multiracial individuals.

The future of public health

One aspect of public health is to decrease health disparities through fighting for health equity. Many health disparities and inequities can be traced back to race which leads to the question of how public health will address and analyze health disparities as the United States may become more multi-racial in the future.

Time and time again, it is said that race is a social construct, not merely just a meaningless category used to classify individuals based on their skin tone and aesthetic differences. Racial disparities arise because of the meaning associated by allowing certain races to be seen as ‘superior,’ creating societal institutions and structures that benefit some races over others. Understanding racial categories leads to a more in-depth analysis of differences in health based on these categories.

Through research, theories, and history, public health is able to assess the challenges that affect population health which can then lead to policy changes and interventions. It is of the utmost importance to begin to collect data on multiracial individuals because of the projection that in the future, this country will have a huge population that is mixed-race. The question begins with how to start collecting information about this group of people and how to analyze the historical, social, environmental and intrapersonal factors that can lead to health outcomes related to this group of people.

Researchers have found that multiracial individuals have the lowest chance of finding a bone marrow match, according to the World Donor Marrow Association and the Nation Marrow Donor Program (NMDP). Current researchers are conducting psychological studies on the impact that race plays in an individual’s life. There hasn’t been a great representation of research or data in the health field of biracial and multiracial individuals. As said before, these individuals weren’t even considered a group in the breakdown of American categories in the 2010 health disparities fact sheet. The lack of data collection today can pose a problem for the future of understanding health as it relates to race and ethnicity. Will the dichotomy of understanding health problems between the white population and populations of people of color turn into a spectrum of understanding how race is related to health?

The study of race as it relates to health has been researched as a pathway to understanding health disparities. To achieve a more integrative view of health disparities, race becomes a target point which researchers can explain why outcomes exist that may seem unfair, unjust, or misunderstood by people. Policies and interventions can be made by using data on racial disparities that affect a population’s health outcomes. Understanding how race and ethnicity affect certain individuals in positive ways and others in negative ways is important for public health practitioners.

I end with questioning the future of public health in addressing health disparities and health inequities as they relate to race. Many difficulties will arise with the lack of research on multiracial individuals. This group of people challenges the dichotomy of understanding health problems for white-identifying people and people of color. In a few generations from now, if the projection is correct, there will be a huge group of multiracial individuals whose experience in the health field has been poorly researched thus far. In the future, will race be a mute argument when addressing public health policy and creating interventions or will race become a more important category? How can public health make the transition to understanding the importance that multiracial individuals play today in providing information that may help the future of understanding race and health in the United States? Is this a transition that public health is ready to make?

I arrived in Kingston, Jamaica, thinking that they would surely put me to work in a clinic or hospital, given that so few had access to health care. Instead, they told me, “You are going to be a teacher.” I thought about all of the clinical skills I had to offer, but I was told that an education was more important for helping people to rise out of poverty. That was a new thought for me. During that time, it became very clear to me that educational attainment is strongly related to life expectancy.

Another pivotal moment for me was counseling a diabetic woman with awful ulcerative sores on her feet while I was in Kingston. After doing what I had been trained so well to do with regard to diabetic foot care, I saw this woman days later, selling sugar cane from a small wheel barrel, walking without shoes in the sewage-filled streets of Kingston. At that point, I realized that there was no way she could have possibly taken any of the information I had given her and applied it to her life. It hit me that there was no way that she could successfully manage her diabetes in this context. I knew that within years, she would be facing an amputation (or worse) as a result of some infected sores, which would only worsen due to the lack of sanitation, limited food choices, and lack of footwear to protect her feet.

It became increasingly apparent to me that our society (locally and globally) is constructed in such a way that confers advantage to some and disadvantage to others. In fact, the same infrastructures, policies and institutions that give some of us privilege are the exact same that seriously underprivilege others. I began to think about how we would have to change major aspects of our society to really create equal opportunities for health for all. I realized that, for me, I wanted to have more of an impact than serving the individual patient in front of me; I wanted to have an impact on the things that give people the opportunity for health and I wanted to change the inequitable distribution of risks that make people ill.

I must say that there is never a day when I question if I’m in the right field or if I have made the right choice for my career. I feel very lucky.

Q: Could you describe your background? What did you do before coming to Tufts?

Right before coming to Tufts, I was on the faculty of the Harvard Medical School and the Dana-Farber Cancer Institute. I have been working in the field of community-based intervention research for cancer prevention and control among underserved audiences for 25 years. Before that, I spent several years on the faculty at Boston College, teaching and developing an undergraduate curriculum in community health. I received a bachelor’s (1986) and master’s (1991) degree from Boston College in Community Health nursing, and a master’s (1992) and doctoral (1997) degree in Public Health from the Harvard School of Public Health.

Q: What role do you see yourself playing as the director of the program?

I have always had great admiration for the Community Health Program at Tufts. In fact, a few years ago, I had a mutual friend introduce me to Edith. Edith and I met several times and shared our visions for an undergraduate education in community/public health. I was very impressed with all of the things that had been accomplished here at Tufts and the program Edith had helped to create, with Rosemary Taylor and the other faculty.

I have very big shoes to fill, as I know that Edith is much beloved. The Community Health program has fantastic faculty and outstanding students; the program is already in great shape. I see my role as maintaining and expanding the legacy that has been built here.

Q: What do you see happening in the future of the community health program? Any major changes?

The number of undergraduate public health programs has grown exponentially over the past ten years. There is a serious projected shortage in the number of public health workers. The Institute of Medicine recently estimated that we will need about quarter of a million new public health practitioners to fill existing and new jobs. Most people in front line public health jobs do not have formal public health training. This is a problem, because we face increasing complex challenges in public health, yet we have an aging and (largely) untrained workforce. There is tremendous potential for people, within the context of a liberal arts education, to get the foundational skills they need in public health and to get great jobs.

We’re going through a process now of looking at all of our courses, along with the new accreditation standards for undergraduate programs, to make sure that we are aligned with the new standards. We’re doing a lot of work together to think about new, innovative ways of teaching and how to get students even more involved with both community-based research and community service.

There are many exciting opportunities for our program. This is a program that I could see growing substantially, given the incredibly talented faculty and students, and the increasing demand for public health practitioners. I talk with a lot of students who may be interested in community/public health, but they haven’t heard of it or don’t know what its called. I can see that there is room for a lot of growth in the program; Tufts offers a very unique and high quality undergraduate education in community/public health.

Q: Do you have any advice for current community health majors or students pursuing a career in public health?

One of the unique aspects of this program is the opportunity (and indeed, requirement) to participate in an internship. Thanks to the hard work of our faculty and internship staff, we have developed relationships with more than 200 organizations that are willing to take our students. Having been one of those organizations [Dana Farber] and having had Tufts students as interns, I can tell you that it’s an incredible experience both for the mentors and also for the students. It’s a great opportunity to explore what you’re interested in and to think about what setting you want to work in. It’s also a great networking opportunity. I recommend that students be very thoughtful about what they may want to try out in an internship and the setting that they want experience in. We do a lot of work finding good internships for students; opportunities that fit with the desires and goals of students.

I also really encourage students, especially in their first years of a liberal arts program, to take a few courses that are outside of their “comfort zone;” things they might not have considered taking if they were not in a liberal arts environment. There are really
exciting ways in which public health is becoming more integrated
with engineering, environmental health, food policy, arts, music,
technology and other things you wouldn’t ordinarily think of as
being related to public health.

We’re also going to organize open houses this year to increase
the opportunities for students to interact with faculty. The faculty
are doing really interesting, cutting-edge research, and they
welcome student involvement. These research opportunities offer
ways for students to get to know the faculty, and additional ways
of exploring their interests, inside and outside of their classes.

We also plan to offer periodic “Community Service Days”
throughout the year. There are many organizations in our host
communities that need our help. That being said, our students can
really benefit from getting involved in these activities. We call this
‘service,’ but it is also a great learning and networking opportunity
that benefits our students and faculty, alike.

Attention Alums!!!
Please update us with your current email and address at chp@tufts.edu.
We would love to hear what you are doing!