Community Health Celebrates 40 Years!

Lisa Meehan ’17

On Friday, September 30, the Community Health Department celebrated its 40th anniversary. The beautiful reception held in the CLIC (Collaborative Learning and Innovation Complex) building on Boston Avenue celebrated the department’s 40 years of educating undergraduate students. The event featured guest speakers including the Dean of Tisch College of Civic Life, Alan Solomont; Dean of Arts and Sciences, James Glaser; former Director of Community Health, Professor Rosemary C. R. Taylor; and CH alum Morissa Sobelson ’09. The event was well attended by faculty, alumni, current CH students, and other notable figures of Tufts University, and was a perfect celebration of the CH department’s impact on the Tufts community and the world beyond.

Many speakers and attendees noted how much the Community Health Department has grown and evolved over the years. Considerable growth occurred under Director Edith Balbach (1999-2013). As Professor Rosemary Taylor recalled, “We started out in a few rooms in the basement of Miner Hall...It’s amazing to see how much the program has grown.” Indeed, Community Health has recently become a department, a primary major, and has added new faculty and courses. It also recently moved locations, from a small house on Packard Avenue to the new CLIC building at 574 Boston Avenue. “Having this new space is so exciting,” said Professor Shalini Tendulkar, who attended the event. “There’s so much potential for collaboration, and now that we have a designated space, I see my students much more often than before.” There are also many more students than ever before. Dr. Jennifer Allen, the current chair of the department, reported that there are now 200 declared Community Health majors, and numbers have shot up since CH became a primary major. “I have forty advisees now,” said Professor Tendulkar; “and there are 15 senior honors thesis writers. In past years, we had five thesis writers at most.”

The growth of the department reflects increased interest in looking at health and medicine from a new perspective. As Dean James Glaser remarked in his speech, “it was odd that in the past, Tufts attracted so many pre-med students, had such strong health-related graduate programs and yet didn’t offer Community Health. But, ‘if you build it, they will come.’ President Anthony Monaco mentioned that many students don’t know what CH is...
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COMMUNITY HEALTH ABROAD

Timmy Global Health: Sustainable Partnerships in Global and Domestic Health

Chloe Boehm ’18

Timmy Global Health is an Indianapolis-based nonprofit that works to expand access to healthcare and provide students and volunteers the opportunity to engage directly in global development. By pairing teams of university students with grassroots health organizations, Timmy Global Health fosters sustainable partnerships both internationally and domestically. Our fundraising efforts, which subsidize Asociación Pop Wuj, a Xela-based Spanish language school and community health center, provide resources to the communities we work with in our absence. Furthermore, Tufts Timmy is one of several college chapters that provides medical attention and relief to these same communities throughout the course of the year.

Through a series of medical brigades, Timmy aims to empower volunteers to help fight health disparities among vulnerable populations. Tufts has proudly been home to one of the organization’s most active chapters, with students investing much of their free time into the organization.

Every January, the Tufts chapter sends a group of students and medical professionals on a medical brigade to the underserved, indigenous communities surrounding Xela, Guatemala. Students have the opportunity to experience working in a mobile clinic, including triaging, translating for medical professionals, and counseling patients about their medications. In the weeks leading up to the trip, students prepare through mock clinics where they practice skills such as triage and medical translations. In addition to clinical preparation, students undergo extensive trainings on colonialism, the history of Guatemala and the complexities of global development.

The Tufts chapter places a large emphasis on providing culturally appropriate care to patients, many of whom are Mayan. While much of the illness seen in Guatemala is representative of health issues in the United States, students often see health issues endemic to certain communities – underscoring the importance of tailoring treatment to the needs of the diverse communities Timmy serves.

In the past year, Tufts Timmy Global Health has undergone a large expansion. The organization recently began a partnership with StreetCred, a Boston Medical Center program that provides free tax preparation services in the pediatric ward of New England’s largest safety net hospital. Tufts volunteers were trained as tax preparers and assisted in returning $400,000 to families during the 2016 tax season. Tufts Timmy hopes to expand upon this success in the upcoming tax season.

Through advocacy, fundraising and service, Tufts Timmy aims to serve and support our domestic and international partners. Tufts Timmy Global Health sees our medical brigade as a starting point in building sustainable, mutually beneficial relationships that empowers both groups in our pursuit of global health equity.

Timmy Global Health’s travel team, including CH students Pilar Bancalari ’18, Nicholas Nasser ’17, and Chloe Boehm ’18, outside a mobile clinic site near Xela, Guatemala
A native of Palo Alto, California, Lauren Augustine came to Tufts in 2008 and has been on the East Coast ever since. She doubled majored in International Relations and Community Health, with an IR concentration in Global Health, Nutrition, and the Environment. Lauren fell in love with Community Health when she took CH 1 during her sophomore year. As a French speaker, Lauren also spent her junior year abroad in France. Upon graduation, Lauren worked at MedPanel doing healthcare and science market research. Her team focused on pharmaceutical and medical device research by surveying patients and doctors. A year and a half later, Lauren decided to concentrate on patients and how they interact with our healthcare system. She transitioned to her current job at a Boston-based startup called Kyruus, which focuses on patient-provider matching out of hospitals. She loves traveling to hospitals to set up the company’s referral software. Read on for a brief interview with Lauren!

What made you decide to become a CH major?

CH 1 definitely sparked my interest. I think I have always been interested in global health. When I started majoring in International Relations, I was definitely interested in humanitarian efforts overseas. I don’t think I realized that I was drawn to health specifically until I took CH 1. CH 1 focused a lot on domestic issues, and I realized how tangible that was to me compared to overseas global health initiatives. Our health system has plenty of room to grow, and I was able to see those systems more clearly than I could see international health systems. I realized that I could have a profound impact on something domestic. The challenge is there domestically, and I found that intriguing. One of the most profound books that I read was The Healing of America. People tend to focus on health issues and disparities abroad, but reading that book made me realize how much we can learn from other countries, and that was a huge influence on me.

What were some of the things you were involved in at Tufts?

I was a Tisch Scholar. I helped start the Generation Citizen club on campus. I worked with LIFT and also at the Institute for Community Health, which is part of the Cambridge Health Alliance. We created a forum and a dialogue between the Cambridge government and teachers and social workers about traumatic events and how that affects children in school. I was running a council on that, trying to get the dialogue started there and figure out any programs that could be implemented in schools in the Cambridge area. Senior year, through Tisch, I worked at LIFT, helping elder community members. I focused on creating community-based, free healthcare resources for them. I created a huge map of Somerville, and I put all the healthcare resources on it so that people could figure out where the nearest free dental care is, where the nearest food shelter is, and so on. I also did a lot of work with helping people apply for health insurance through Medicare and Medicaid – they don’t make it easy for you.

What was your favorite part of your Tufts experience?

Moving across the country as far as I did, you meet people outside of your bubble. It was incredible. You meet people very different from where you’re from. You’re put in a room with people with such varied interests and skills and personalities. Looking back, you are rarely in an intimate setting with people so different from you. There’s definitely a “Tufts type,” but it varies across the board. After you graduate and start working, you are kind of streamlined with people similar to you. You really value the person who you would never really be friends with but you learn so much from in lecture. The Tufts campus is such a beautiful place, and I love going back, which I think is a testament to how great the campus is and the people are. It’s definitely kept me in Boston, which is more than I ever expected when I left California.

What is your favorite part of your current job?

Being in tech is something that I didn’t think would be as fun as it is. I took computer science for business my senior year, thinking it would be fun to learn those things, but I was really bad at coding. Working on a daily basis with engineers who can create things out of code blows my mind. We work very collaboratively across teams, and I think that’s also my favorite part of the company that I’m at currently. Some of these engineers are brilliant coders who don’t have much experience in healthcare, and I’m the opposite.

I also love travelling to hospitals. Meeting with patients and hospital administration is the bulk of my work right now. My current clients are based in Massachusetts and in Texas. Going down there and seeing the difference between an academic medical center like Mass General and a small community hospital in Texas has helped me understand the system across the US.

CONTINUED ON PAGE 7
40th Anniversary Celebration!!

Greg Zhang ’16 and Professor Keren Ladin

Philip Ramirez ’11, Anna Longo ’14 and Prof. Rosemary Taylor

Emma Rosenbluth ’14 and Olivia Japlon ’13

David Meyers ’13 and Laura Corlin ’13

Sabina Carlson ’10, Kimberlee DeCrescenzo, European Center and former CH staff, Laura Pinkham, CH staff.

Sarah Danly ’12 and Emily Anderson ’12
when they start college. They come in as pre-med and then Community Health grows on them. One pre-med Community Health senior at the event, Kevin Lindell, was a perfect example of this trend. “I had never heard of Community Health until my freshman orientation leader told me to take the intro class,” Kevin said. “Community Health is now my second major, and it has shown me a completely different side of medicine. In my future career I’ll now know to think about the community as a whole and the big picture instead of just the patient in front of me. I’ve only been here for 4 of the department’s 40 years, but I’ve learned a whole lot.”

From current students to alumni, from Community Health professors to deans to the president of the university, attendees of the anniversary event expressed their appreciation for the Community Health department and their passion for its future growth. Here’s to the next 40 years!
Looking back to your college years, can you share with us a little bit about that experience? What did you choose to study? And why did you choose to study in those fields?

I just went to my ten year college reunion, so I’ve had a little bit of time to reminisce on college recently, which I went to a couple of miles away at Harvard. I started college thinking I would do biochemistry, biochemical sciences as it is called at Harvard. I was thinking of doing that as my major but pretty soon after I got into the routines of problem sets, taking math courses, chemistry, and biology, I felt like I was missing out on learning about people and the world. I had this opportunity to be in a wonderful liberal arts college with huge voluminous libraries and so many linkages to the world especially in a place like Boston, I decided I wanted to spend my college years expanding my mind, expanding my experiences, and so I decided to do something more social science oriented. So I majored in this program called Social Studies which is basically a critical look at social issues through an interdisciplinary lens. The way I put together my own program of study was sort of a mixture of public health, human rights, and studies of issues affecting what they call developing societies. But throughout all of that, a strong interest in public health, especially public health for some of the most marginalized populations in the world and in the country was a constant focus of my time, my attention, and my studies. For my senior thesis, I traveled to Uganda, East Africa and I did a couple of months of research there on the role of faith based NGOs in addressing the AIDS orphan crisis. When I first got to Uganda, my research question was totally different. I wanted to study how different international agencies such as USAID, WHO, and other UN agencies, considered gender in the allocation of funds for HIV prevention programs because there was a big gender difference when it comes to risk of infection, particularly risk within a relationship. Women were much more vulnerable to HIV infection within relationships than men. So I set out to see if there were any specific differences being paid to gender, but when I got there, I realized churches from outside of Uganda were playing a surprisingly large role in caring for children who were orphaned due to HIV/AIDS, and also delivering programs that were specific to religious teaching. For example, many of the faith based organizations wouldn’t distribute condoms and provide prevention education because it was against the religion. So some of it was definitely concerning and that’s why I wanted to explore this relationship across cultures, across faiths, across rich and poor. One of the first ways I started looking into HIV/AIDS was in my freshmen year; soon as I got on campus, I took a seminar called Explaining HIV and AIDS which focused on this issue in the United States and internationally and it was definitely eye-opening in terms of how it revealed factors such as poverty, racism, inequalities, and how they all sort of come to bear on individual risk on something like HIV. This basically set me on the path to continue to study health inequalities and to study the social and the political determinants of health.

You recently completed a PhD program at Harvard! Can you explain to us what this process was like? What did you look for in these postgraduate programs that made you want to decide on a particular school?

Great question! You’re taking me on a stroll down memory lane. First of all, I was at a juncture where I was weighing whether to do a Master’s or JD, or a doctorate in public policy or health policy. So after I finished undergrad, I spent most of the time working in Washington D.C where I worked for a HIV prevention organization doing evaluation and public policy work. I worked as a consultant on a project to train employees of the PEPFAR (President’s Emergency Plan for AIDS Relief) fund. It was initially launched by President Bush in 2003 but was reauthorized right at the cusp of President Obama’s term. I was doing policy work...my passion... and I was working on HIV/AIDS, both in policy and programming. So getting a sense of what that landscape was like, I realized that I wanted to influence change from the vantage point of academia. I think that is sort of an ideal place to be located because at the university there is access to world class resources and a good number of people to collaborate with thinking about how to push knowledge forward on health policy and public health in general but in particular as it relates to health inequalities. So rewinding back to thinking about what path to take, I actually made a document where I listed the pros and cons of doing a JD vs PhD (laughs) and I think that helped me to quickly realize that I wanted to do the PhD because really the truth was that I had no interest in being a lawyer. It was sort of a thought because many people around me that I went to college with were doing JDs. A lot of people didn’t have any intentions of being lawyers but they said it’s useful to know about the law. I really didn’t have much interest so it became apparent pretty soon. And so in looking through different PhD programs, I applied to a few across the country and the Health Policy program at Harvard won out primarily because of the resources, faculty, and the chance to look at politics in health policy since not every school offered that.

How would you describe the field of community/public health to others? And why do you think everyone should care about this topic?

It’s that broad concern coupled with that very intimate and personal concern with the communities that surround you including the people that we live and work with everyday but sometimes are unfortunately invisible because they are the working class, poor, homeless, people of color, people who are being marginalized on a number of dimensions including sexual orientation, gender, and class. And to have a program that is making sure that their voices don’t get lost, and their lives aren’t forgotten is really important. The department shows a genuine concern for the welfare of vulnerable populations and that is what is needed.

Within community health, where do your interests lie? How do you think this particular subsection of CH is beneficial to the whole community?

Again, my work is at the intersection of politics and health policy. Another way to describe that is to say that I look at the
Looking back to your college years, can you share with us a little bit about that experience? What did you choose to study? Why did you choose to study these fields?

As an undergraduate, I was a psychology major. For a while, I thought I wanted to be a clinical psychologist focusing on research. Then in the summer before my senior year, I discovered public health and I decided that this fit better with my interests which were how the social context impacts the individual. I was frustrated sometimes with psychology because it wouldn’t take the social context into account. So, I decided not to apply to clinical psychology programs, worked for a little bit and then applied to a public health degree program.

Since many of us will be leaving Tufts this year as seniors, what advice would you give to those of us who are looking into figuring out our next steps. What were some things you learned as you were also figuring out your own way?

To be open to other options. I think I could have gotten into a good clinical psychology program, but that didn’t stop me from exploring something new. I am so grateful because I was so much happier with my master’s in public health degree than I would have been if I had gotten the clinical psychology degree. If you discover something that you’re really passionate about while you’re exploring, go for it. Don’t be confined by what you planned to do.

So you pursued a Master’s of Science in Public Health and then did a PhD in Social Policy. What was this process like? What did you look for in these postgraduate programs?

While I was looking at programs in public health, the term “social determinants of health” was just beginning to be discussed. I remember looking at the catalogs of schools (now you can do it all online!) and based on the descriptions, I chose the program that I felt met my needs. For many of the Public Health degrees, I think it’s a good idea to work a little bit before applying. In fact, once I decided to change into public health, many of the programs said they were looking for people with work experience. After my Master’s, I thought I’m never doing a PhD! However, six years later, I decided I needed to get a PhD to be able to lead my own research. Another lesson I learned, is never say never! I decided I wanted to be in a policy program because I wanted to learn more about how to affect change. That is what attracted me to the social policy degree at Brandeis. I could still focus on health since they have a very strong health services component. My research and training was in health services and I was also able to carve out my interest which was on racial inequalities.

How would you describe the field of community/public health to others. Why do you think everyone should care about this topic?

I think our department is very similar to public health in that we’re looking at the social determinants of health, and not just the individual or the medical aspects of health. We’re looking at how the community could be facilitators of health or sometimes negatively impacting health.

I think we tend to have more of a grassroots feel than other areas of health because there has been a movement of community advocacy and empowerment to change things that doesn’t just deal with traditional health interventions but also deal with topics such as housing, school, access to good quality health care, and others. I also think community health is a lot about caring for equity in health, and our goal is for there to be equity in opportunities for people to be healthy.

Within community health, where do your interests lie? How do you think this particular subsection of CH is beneficial to the whole community?

My specific interests lie in substance use and addiction, particularly issues related to the treatment system. This topic is getting a lot of attention right now. It’s been there all along but I think finally we’re at the point where we’re paying attention to it and how it impacts not just the individual but the community, families and so many aspects of people’s lives. Within that, I’m also really interested in understanding racial/ethnic inequality in access to quality of addiction services, and issues related to improving the treatment system.

What was the decision to come to Tufts like? What has been one of the biggest challenges to this move? What makes you happy about this move?

When I came for the interview, I was impressed with the work people were doing, and also that they seemed to be situated in this warm, caring and supportive environment. The people I met had the same values that are important to me in terms of caring about and addressing inequities, not just as related to our field but also in terms of the commitment to students. It wasn’t a hard decision to come here once I got the offer! The transition hasn’t been too hard since I had over a month to get settled in the office and learn the system before the students came. What makes me happy about this move is my students! They’re super smart, committed, and just a pleasure to work with. I feel very fortunate to be part of this community.
political determinants of health in the context of extreme inequalities in health. So for instance, a project I’m working on now looks at the landscape of hospital care and why hospitals are more likely to close in communities that are mostly serving vulnerable populations including communities that are majority non-white and concentrated with poverty. Right now, I’m analyzing connection between state level politics and hospital closures. We are very well-versed in health inequalities and disparities by race, socioeconomic status and geography. We know that people in Appalachia have some of the worst health outcomes in this country. We also know that Native Indians living on and off the reservation are also suffering. We know that a history of oppression and genocide responsible for that. But these days, we talk a lot about the social determinants of health, and we have a good sense of that but even though we all want to know where the actionable steps in our democracy are where we can conceivably intervene to turn the tide of health inequalities. We don’t exactly know where that is because I think we throw up our hands since we are overwhelmed and say ‘oh well, there’s too much influence of big money and politics, everything is corrupt, poor people don’t vote so what are we gonna do’. But if enough people actually study the connections between politics and health policies, then we would have a clear sense of where we might be able to intervene, or what steps we can take now.

Outside of working here at Tufts, what do you find yourself doing with your free time? How do you find or maintain balance with work and life?

That’s a healthy question! Outside of work, I definitely do a lot of exercise including cycling. Unfortunately, I haven’t gotten much of a chance to play tennis since I’ve been here but hopefully soon, I’ll be able to find a partner. So for now, mostly cycling and some running. I did join a team sport recently but I don’t know how far that’ll go. Outside of that, I enjoy music. I am a huge music person of many genres. I listen to a lot of jazz and hip hop, and reggae. Music sort of gives me life in a lot of ways. I also enjoy nature, hiking, going to the mountains, visiting friends, you know just normal stuff. Those are the ways I keep balance and making sure not to overwork. If I find myself up on a Friday night or a Saturday night working at like 11… well let’s say I hope to not find myself working that late. I just try to keep balance and make sure that I’m getting enough sleep.