The Tufts University Community Health Department recently launched CHAMP, the Community Health Alumni Mentoring Program, with a kick-off event and reception on October 2nd to introduce mentors and mentees. CHAMP is a new initiative that connects Community Health alumni with undergraduate students in the department.

The Community Health Department has over 1,200 alumni. Department Administrator, Yolanta Kovalko, noted that 130 alumni expressed interest in serving as mentors for current undergraduate community health students. Jennifer Allen, Department of Community Health Chair, said it was alumni interest that inspired the program. Mentors and mentees will be working together over the academic year to discuss professional goals, develop a plan to meet the goals, and to network with those in mentees chosen field. Individuals were matched via information from mentor surveys and student applications. Applicants were matched based on common field of interest, professional goals, geographic location, and other factors. Jennifer Allen said, “It’s part of our overall effort to stay connected with our alumni. The number of alumni that want to support the department and our students is incredible.

Meet the CHAMP Advisory Committee

Yolanta Kovalko
Dept. Administrator

Jasmine Bland
Mentor, Alumni 2015

David Meyers
Mentor, Alumni 2013

Olivia Japlon
Mentor, Alumni 2013

Distinguished CH Alums Speak on End of Life Care

On Monday November 13, 2017, the Departments of Community Health and Occupational Therapy had the pleasure of hosting three Community Health alums as part of CHAMP. The three CH alumni presenters, each of whom graduated from Tufts in 1989, have focused their careers on end-of-life care and come from a variety of disciplinary perspectives and settings.

Anne Jacobs is the Managing Director of Navigant, a healthcare consulting company. She has experience in designing, implementing and managing government healthcare programs with a focus on Medicaid managed care programs and Medicaid long-term services, supports and reform initiatives. Howard Young is lawyer and partner at the global law firm Morgan Lewis and Bockius in Washington, DC. Howard has over 25 years of focused legal, regulatory and enforcement experience and counsels a wide variety of healthcare providers, including many large and small hospices, home

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COMmUNITY HEALTH ABOAbD

Comprehensive Approaches to Address Child Malnutrition in Tucumán, Argentina: Research During a Semester Abroad

Allison Kanaan ’18

In Spring 2017, I spent a semester abroad in Argentina with the School for International Training (SIT). In addition to exploring the city of Buenos Aires, spending time with my host family, and practicing Spanish, I took several public health classes. SIT programs incorporate a significant amount of experiential learning so at any given moment our group could be found meeting with clinic staff at a local community health center, visiting a third-tier hospital, or speaking with elderly Argentinian in a senior center about the accessibility of Buenos Aires. In May, my classmates and I each conducted a month-long independent research project of our choice in Spanish.

Earlier in the semester, we visited Tucumán, Argentina, a small province in the north of the country. Following Argentina’s economic crisis of 2001, Tucumán received significant media attention for several severe cases of child malnutrition. In May, I returned to the capital of Tucumán province to study the ways in which organizations in the city approach the prevention and treatment of child malnutrition. Specifically, I focused on how their programs are community-based and integrate nutrition with child development.

Through conversations with professionals at a policlinica (polyclinic); a Centro Integrador Comunitario (Integrated Community Center); an Argentinian NGO called el Centro CONIN; and the governmental team that coordinates the Centros de Daido and Nutrition Infantil (Centers for Child Care and Nutrition) in Tucumán, it was clear that child malnutrition is addressed through a variety of strategies. The organizations are integrated in many ways: the clinics coordinate care between nutritionists and pediatricians and the recreational programs combine nutrition with activities that stimulate child development and learning. The teams of staff at each organization are highly interdisciplinary, which is not unusual in Argentina. Unlike the United States, all primary care facilities in Argentina employ a diverse team of professionals that include doctors, psychologists, nutritionists, and many others.

Each organization highlighted the role of families, specifically mothers, in the prevention and treatment of child malnutrition, and each organization prioritized the integration of families into their work. The Centro CONIN was particularly intriguing example. Founded by an Argentinian doctor named Dr. Abel Albino in 1993, CONIN currently has approximately 80 centers all over Argentina that are dedicated specifically to addressing child malnutrition in the first five years of life. Each week, mothers and their children come to the center for three hours. After having a clinic meal together, the mothers attend skill-based workshops while their children take part in activities.

The children’s care is also coordinated with pediatricians, speech therapists, and educational psychologists in order to prevent the developmental problems that many malnourished children are at risk of at a young age. Centro CONIN’s comprehensive approach ensures that mothers develop the skills and confidence to promote their child’s development and that their children get the care that they need.

While the type of malnutrition I studied in (Spanish, “desnutrición”) does exist in Argentina, obesity (or “soberalimentación”) is a rapidly growing problem, as it is in many other parts of the world as well. Even in the brief time that I was there, I was able to appreciate how Argentina tackles the public health issues that it faces with the recognition that health is not just something should be treated in the doctor’s office, but something that must be maintained through the ways that one lives, works, and plays.

My students arefanatical about three things, in no particular order: listening to Maroon 5, finding a soul mate, and smoking Furongwang Class A cigarettes. I first came across this popular brand of cigarettes when I caught my students passing packs back and forth on the basketball courts after class. When I asked why they started smoking cigarettes, most students informed me that their family members, friends, and teachers had smoked since they were young and it served a social purpose in Huaron. It came as a surprise if someone didn’t smoke. The vast majority of my students come from families who have spent generations fishing on the Yangtze River or plowing the tobacco fields that consume the landscape of northern Hunan. More recently, many of these fisherman and farmers have left the countryside, making the long trek to one of China’s many booming factory cities in the hopes of finding better paying jobs. As a result, the children of these countless migrant workers stayed behind in rural villages and towns such as Huaron to live with elderly relatives or take up residence in one of the school’s dormitories.

In the classroom, my students show an unparalleled enthusiasm and dedication to learning. Viewing their high school education as a means for a life beyond fishing and farming, these students prioritize their education over rest, socializing, and sometimes even personal health. As a teacher who is the age of some of these students’ older brothers and sisters, I have the privilege of being both a mentor and a friend to my students. They come to me not only with questions about English reading passages and present perfect verb tenses but also with worries about family situations, dreams about their futures, and of course, weekly gossip about who is dating who in the class. Despite being completely overwhelmed at first by the sheer number of my students, combined with my frustrations with the town’s intermittent electricity and running water, I have found myself completely inspired by the determination of these young individuals.

Teaching has been one of the most difficult, but most rewarding things that I have ever experienced. Working with these young minds has given me both a sense of urgency and hope for tackling the educational and health challenges I’m observing every day in my students. My time in college studying Community Health gave me theoretical and practical knowledge to approach these obstacles, and now, teaching in rural China has brought me opportunities to put knowledge into practice with a unique community experiencing both the dilemmas of high school dating and the growing pains of economic development.
Somerville Council on Aging

Sahil Shah ’17

This summer, I completed an internship with the Somerville Council on Aging. The mission of this site is to provide access to activities that support the healthy aging of older adults and connect the surrounding community with resources that help them live better lives. The activities offered include fitness classes, health programs, wellness activities, opportunities for socialization, educational programs, access to transportation, and support services.

As an intern, my primary role was to help run the fitness class. Operating under the title “Fit-4-Life”, this program is offered multiple times a week in 1-hour sessions as an opportunity for group exercise to promote healthy living. I led the group through a routine that incorporated exercises for both upper and lower body, which adds to a full workout experience. Dumbbells, ankle weights, and chairs were used during the workouts. Aside from workouts, I tried to incorporate new elements such as dancing, which is a fun and exciting way to keep the group exercising.

In addition to running fitness classes, I helped teach nutrition classes. Offered twice a week, these classes selected various topics in nutrition and healthy eating to educate the elderly on how to cook healthy meals and stay away from junk foods that can be harmful to their health. These sessions had opportunities for questions so that participants could get the most out of their class time.

I also had the opportunity to work in collaboration with Kieran Reid at the Tufts Jean Mayer USDA Human Nutrition Research Center on Aging, where I assisted with ongoing research projects that assess the effectiveness of exercise programs on elderly wellness and mobility. The research conducted thus far has shown that regular exercise shows significant improvement in mobility and happiness compared to those who do not exercise. Specific indicators, such as oxygen saturation and heart rate, are key in determining the effects of exercise on improving quality of life.

By understanding the mission and work conducted at the council, I saw how community health principles are put into practice and the importance of prevention and healthy living to increase quality of life for the elderly. I have also had the opportunity to run frailty surveys to assess mobility between participants who exercise versus those who do not and look for significant differences. I could conduct data analysis of the survey results in Excel and present the findings to my supervisor. I also had the opportunity to observe clinical aging research going on at the Tufts HNRCA in Boston with researchers working in conjunction with my supervisor. I was able to observe muscle biopsies, blood draws, mobility tests, triage intake, and protocols of current research studies. Overall, this internship was a very pleasant and enriching experience for me. The goals that I established going into the internship were to improve my communication skills, apply what I have learned in community health in the real-world setting, and understand/participate in research focused on aging. Having the opportunity to independently lead exercise and nutrition classes helped me develop a relationship with the older adult population at the council on aging, which has strengthened my communication skills.

The CH department’s internship program has been a valuable part of my Tufts education which has prepared me with the real-world skills necessary to succeed beyond college and have opportunities to make a difference in the surrounding community.

Massachusetts General Hospital Disparities Research Unit

Bailey Sibeir ’18

For my Community Health Internship, I interned at the Disparities Research Unit of Massachusetts General Hospital. The unit, which we call the DRU, focuses on researching the disproportionate burden of mental illness and lack of access to quality mental health care that are experienced by marginalized communities. The communities that we study and work with are mostly Latino and in the Boston area but our studies tend to include many other racial and ethnic groups as well. While the efforts are honed in on Boston, partner hospitals in other parts of the country (Los Angeles, New York City, Puerto Rico) and around the world (Madrid) are also contributing to the DRU’s research.

A unique aspect of the DRU that I have appreciated is the composition of the staff -- nearly every DRU member is a bilingual woman of color. The group is interdisciplinary and therefore include members that are psychologists, psychiatrists, data analysts, health economists, and others. The Chief of the unit is Dr. Margarita Alegria, who oversees all DRU projects from early grant phase to the final submission of papers. Other major investigators at the unit include Sheri Markle, Esther Velasquez, Ora Nakash, and Kiara Alvarez. Assisting these investigators are clinical research coordinators and research assistants.

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If you studied Community Health at Tufts, we want to hear from you!

If you didn’t receive our alumni survey via email, here is the web address! Your information is vital to our program! We appreciate your input!

https://tufts.qualtrics.com/jfe/form/SV_00Y9RqwilQo8Yst
Rachel Lai ’19

Adolfo Cuevas

What did you study in college? How and why did it impact your decision to further your education in the field of community health?

I studied psychology in college, but my journey was nonlinear. I was really interested in life in general and I took a variety of different classes. I happened to register for a class because of the interesting title. It was called, “Acculturation, Immigration, and Enculturation.” I had no idea what acculturation and enculturation were. I just knew what immigration was because my parents are immigrants from the Dominican Republic. This class ended up really changing my perspective on how I viewed the world. This class taught me about how important the age of emigration is in shaping one’s perspectives and experiences over time. The topic I found the most fascinating was the topic about generational differences among Hispanics. Researchers often see Hispanics as a monolithic group, but there is so much diversity, especially generationally. Second-generation Hispanics have values, perspectives, and experiences that are significantly different from their parents. It had me thinking: how do these differences, overall, affect health? A lot of studies have shown that second-generation Latinos have poor health compared to the first generation. And so, the question was, why is that the case? I was moved by this class because it shaped my views personally and professionally.

I majored in psychology in undergrad, and I moved on getting a doctorate in community psychology. A lot of the work I eventually did was trying to understand how psychological factors influence racial/ethnic minorities’ quality of care and health outcomes. I was particularly interested in understanding how perceptions of unfair treatment can debilitate people’s health over time.

What compelled you to come to Tufts? Have there been challenges to making the move to Tufts? Have there been rewards?

Great question! What attracted me the most was the interdisciplinarity of community health overall. I always knew that Tufts was a really great academic institution, known for its academic rigor. Given that my work is very multidisciplinary, I was afraid that once I wrap up my postdoctoral program at Harvard, that I would not be able to find an institution that fostered collaboration and a department that was interdisciplinary. When I saw the opportunity at Tufts in Community Health, and saw the work people were doing here, I thought this would be a great home. I was not wrong about that. I made a great choice!

Some of the challenges I have encountered is more of a challenge of trying to - and this is a fun challenge - trying to understand what some of the needs of the students here are, and how can my work address student needs? I have noticed a lot of the students here are into social justice, and finding solutions to help disparities. A lot of my work is trying to tackle those questions. Right now, the challenge is, how can I meet the needs of the students with regards to my work, and at the same time, how can they give back to research and the community with the lens I am able to give them?

Some of the rewards, is Semolina is right next to me! Some of the best rewards has been the collaborations. I have already cultivated relationships with a lot of people from different departments. There are going to be really interesting collaborations in the near future. With a lot of the work that I do on discrimination and health, I am able to bring in different scholars who have different perspectives, and find unique ways to reduce the impact of discrimination on health in the United States.

What courses will you be teaching and why should students be interested?

I will be teaching two courses! One of the courses is one that has been taught at Tufts before. It is “Race, Ethnicity and Health.” Students should be interested in taking this class because, despite different technology and interventions that have been implemented for decades, there is still a racial and ethnic gap when it comes to health. This suggests that there are a lot of unanswered questions. Some of it can be genetic, some of it can be environmental, and some of it can be social. Or, an interaction of all three. We just don’t know. For this class, we tackle what we know so far, and what we don’t know. I’m hoping that students leave with more than just answers, that they can, then, move forward with trying to address some of the questions that we come up with.

The second class I am going to be teaching is a new class called, “Stress and Health in the Community.” This class is going to be looking at how stress gets under the skin. Although it is not often discussed, there is a huge epidemic of high stress in the United States. We do not know the main reason behind this. Physiologically, stress is essential to human function. The challenge of stress can be debilitating to your health. I guide students on how stress can toxically lead to disease. I wrap up the class with evidence of promising interventions at the individual and community level strategies for reducing stress in targeted communities.

Can you give a brief description of your background?

I grew up on the south shore of Massachusetts, so I’m from the Boston area. I do have the accent, but I try not to let it out very often. I attended college in Pennsylvania and graduate school at the University of New Hampshire. I don’t have a degree in public health; my degrees are in sociology with a concentration in health and illness, which fits really nicely with public health. I’ve always worked interdisciplinarily, and in graduate school I worked with our equivalent of the Community Health department at the University of New Hampshire. I’m interested in how people understand their health and healthcare. For me, that means finding a disciplinary home with other people who are interested in answering the same questions as I am.

Is there a specific event or period of your life that made you decide to go into Community Health?

My interest in health and healthcare started when I was a kid. My mom is a nurse, and my grandfather passed when I was very young, and my mom became the child of the patient and, on another room to talk about what was going on with the doctors. For me, seeing my mom as both being the child of the patient and, on the other hand, the nurse who understood more about the health care system and insurance, set up an interesting dynamic for me.

You mainly studied sociology in school. Have you faced any challenges when applying concepts in sociology to health and illness?

I think one of the most difficult and also most exciting things is transcending the theoretical boundaries of the same page and using the same language and figuring out where the conceptual and methodological differences and similarities are. I think the sociological perspective is very complimentary to the paradigms of the people I’ve worked with in the past. It’s also sometimes difficult for people to understand that sociologists can actually be quantitative people; we’re not all qualitative people. I can do qualitative research, but I also sit with Stata a lot.

Outside of Tufts, what do you enjoy doing during your free time?

Watching sports and I am very family-oriented. I talk in class about my two-year-old nephew who is totally “toddlering” right now. He’s adorable, and fun, and he’s got some health stuff going on. That’s one of the reasons I bring him up in class – to remind all of us that there are real people being impacted by the topics we’re discussing.

What advice do you have for current CH students?

Figure out what you’re interested in. You don’t need to know exactly but try to narrow it down. Whether it’s healthcare or behavioral health, a little bit of focus can go a long way. There’s also a lot of overlap. If you’re talking about the healthcare system or delivery, you’re going to be talking about behavioral health and physical health. Also, don’t be afraid to come and chat with us. We love to chat with students about their career goals and offer advice about good reading related to topics of interest. I’m personally not an extrovert, so it was hard for me to feel comfortable going to my college faculty with questions. What I’ve noticed from this side of the desk is that I really want to be able to reach out to those students who aren’t necessarily coming to me. I’m still working on how best to figure that out!

Michelle Stransky

The challenges to making the move to Tufts? Have there been usual sources of care over time. Similar to something like insurance churn, we might actually have usual sources of care. That might be more dangerous than people who don’t have usual sources of care across time.

Can you give an example of a current or recent research project you worked on?

My post-doc was on people with disabilities and interactions with healthcare. Right now, I’m doing a project with some colleagues in Denver on people with communication disorders (speech, voice, or language).

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health agencies, hospitals, physician groups, pharmacy chains as well as pharmaceutical and medical device companies. Dr. Keith Lagnese is a physician consultant with Weatherbee Resources, Inc. and has over 20 years of healthcare experience with 15 years in hospice and end-of-life care. Dr. Lagnese also serves as the Chief Medical Officer for the largest not-for-profit hospice in Pennsylvania, Family Hospice and Palliative Care.

The End of Life Panel was moderated by Dr. Keren Ladin of the Community Health Department and Occupational Therapy Department. At the start of the event, the three panelists answered questions regarding past and present health care policies affecting the quality of end of life care. The second part of the event, moderated by Lauren Celano, CEO of Propel Careers, gave students a chance to hear advice about career paths, courses of study, finding a true passion and how Community Health has played a role in the lives of these alums after graduation from Tufts.

Congratulations
Community Health
Class of 2017.
Welcome to the
Alumni Network!