Community Food Security through Campus Sustainability
Thomas Cunningham ’16

Every year 40% of food grown for consumption in the United States goes to waste. At the same time, 48.1 million Americans live in food insecure households with women and children experiencing a disproportionate amount of the burden. Unfortunately, for many people living in Somerville, food insecurity is not an abstract concept. Alongside affordable housing, access to affordable, healthy, and culturally appropriate food is among the central issues confronting our host community.

The past two years, I have worked for the Shape Up Somerville Mobile Farmer’s Market traveling around Somerville in a produce truck selling locally grown, organic, and heavily subsidized produce at low-income housing developments. Through my conversations with customers, two things have become readily apparent: first that both cost and access are major barriers to healthy eating for low income communities and second that the nutritional content of children’s meals is suffering as a result.

In response to this exposure to the impact of food insecurity, I began to work with a community partnership manager at Food for Free in order to address instances of crisis food insecurity for students in Somerville. As a result, we created an Emergency Meals Program repackaging prepared hot-bar food rescued from Harvard dining halls into nutritious, ready-to-eat meals for students in Somerville.

Working with local school counselors, district level officials, and graduate students from the Friedman School of Nutrition, we created a replicable model to address hunger through prepared food donations. Currently, students at Kennedy Longfellow School in Cambridge are preparing meals through this system which are being distributed to high need families in Somerville. As a result of this successful proof-of-concept, Food for Free has started a Family Meals program, using this model of meal preparation to provide more than 400 meals every week for homeless families living at the Day St. Hotel in Boston.

Recently, Tufts has started to donate surplus prepared food from Dewick and Carmichael dining halls to Food for Free. This relationship represents an exciting first step in an effort to help address food insecurity in our host community by making strides to ensure good food does not go to waste. In order to reduce strain on the Tufts dining staff and further support the relationship with Food for Free, the Tufts Food Rescue Collaborative was formed to bring together stakeholders from food justice and sustainability related clubs on campus. Through this collaborative, students are able to volunteer at the dining halls packaging donations going to Food for Free, directly supporting the Hotel Family Meals program. If you are interested in volunteering, or learning more about this initiative, email Tufts.FRC@gmail.com.
a very harsh perspective. In almost every developed country, health care is thought of as a human right. The only country that has failed to adopt this perspective is the US.

It’s one thing to be at Tufts, sitting in CH2 and learning about US policy, but it’s another thing to be thrown into a completely different environment and be asked to explain and defend that policy. The government here is expected to play a much larger role in the wellbeing of its citizens than in the US. Things that are taken for granted in Spain constantly surprise me, and then my Spanish friends are always surprised that I am surprised. For example, the other day, I accompanied my host brother to the hospital to get a complicated test for his heart defect. I asked him if it was stressful to afford all those tests, and he gave me a funny look and said, “don’t you have insurance in the US?” Later that week, my host parents were complaining about a recent governmental budget cut. Apparently all medications used to be free, and now upper and middle-class people have to contribute a nominal co-pay. It’s been an outrage, but all I can think of is the money I need to spend every time I get a bad cold.

The message I’ve been receiving is clear: people in Spain grow up and live in a different environment than I do and this shapes their opinions. Having grown up in the increasingly right-wing political climate of the States, it is sometimes easy to forget how absurd the reality we live in is. Studying in Spain has been wonderful, but it has made me even more motivated to come back to the US and start trying to change the system we live in.

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A flyer for a new meal program sponsored by Food for Free

SIGN UP for Feastworthy: A FREE Prepared Meals Program!
Healthy, delicious food delivered to the Days Inn every week!

- Prepared meals delivered once a week, directly to the motel
- Food delivered will include a meal for every day of the week
- Receive a meal for every family member
- Available starting mid-March!

SIGN UP TODAY! Sign up with ABCD Case Coordinator in room 319 or call at 617-549-9119.

Available mid-March!

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As the healthcare field expands in the United States, so does the range of services offered for improving health conditions. Unfortunately, when it comes to certain diseases or disorders such as the autism spectrum disorders and downs syndrome, there is often no clear and comprehensive remedy. Rather, there is an extensive range of methods for reducing symptoms and improving cognitive and social functioning, thus addressing an individual’s quality of life and connection to the world. To ameliorate the side effects of behavioral disorders like autism, cerebral palsy and downs syndrome, modern therapy is beginning to find clinical value in incorporating animals into rehabilitation activities. Despite the unconventional nature of this method of intervention, it can be incredibly beneficial because of the positive influence that animals have on the mental and physical health of individuals.

This semester, I am taking a class in the Child Development department called Human-Animal Interaction, which focuses on the diverse range of relationships (both positive and negative) that we humans have with animals. With my time in this class so far, I am quickly realizing that animals are so much more than merely a companion. Working with dogs in animal-assisted therapy sessions can work wonders for individuals facing obstacles in their daily routine. The role that the dog plays in the activities is not as involved as one would expect, yet there is still a great deal of evidence showing the success of counseling with an animal present (Kruger and Serpell 2010). Individuals with behavior disorders often benefit from the intervention because the presence of the therapy dog instills a sense of comfort that promotes the ease of socialization. The human-animal bond that forms breaks any preexisting tension and allows individuals to work on skills that can be translated back into the external world (Maujean et al., 2015).

Another mode of combining therapeutic activities with animal interactions is through equine-assisted therapy and hippotherapy. Although the name of the latter might be misleading, both techniques involve the integration of horses in treatment. As a way to improve fine motor skills, develop a sense of confidence and improve their capacity to focus, children take part in equine-assisted therapy and hippotherapy through games and activities while sitting on horses (Keino et al., 2009). The benefits of these activities can be as simple as allowing children to become less distracted as they are focusing on one task in an isolated environment. The activities often do not involve actual horse riding but rather focus on honing coordination skills while perched on a higher level. The sessions sometimes involve children sitting on the horses backwards with their arms extended to work on their balance. What is remarkable is the sensation that results from horse movement for the individuals with sensory weaknesses. The movement of horses mimics that of humans walking and can therefore provide children with

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Assessing Community Engagement (ACE) at the Dimock Community Health Center, Roxbury MA

In 2014-2015, a group of students taking part in the Community Health Theory and Practice course engaged in a yearlong community-based participatory research project called ACE. The project aimed to assess patient engagement in health and nutrition services at the Dimock Community Health Center in Roxbury, MA. The research team, consisting of nine students, one faculty member (Dr. Shalini Tendulkar), and one community partner (Dr. Nandini Sengupta), created a two-part research project to investigate the engagement from both a provider perspective and a patient perspective. The first part included conducting a series of key-informant interviews with healthcare providers at Dimock using a structured interview protocol created by the research team. The transcripts from the interviews were then coded and key themes were extracted from the data. The second part of the research project consisted of developing and administering a patient survey, assessing both patient engagement and quality of care at Dimock. We concluded that both care and engagement could be improved through greater continuity of care via increased inter-provider communication. As students, we also learned more about CBPR and the process of conducting research in partnership with community members.
CONGRATULATIONS!
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As an undergraduate, I majored in American Studies and Community Health and was active in the Tisch Scholar and Writing Fellows programs. My connections in all four of these programs were crucial to my future opportunities. Upon graduating in 2013, I spent the summer temporarily coordinating the Tisch Summer Fellows: MA program and then served an AmeriCorps VISTA term facilitating STEM-related campus-community partnerships for Tisch College.

During this time, I continued my service on the YUM: A Taste of Immigrant City planning committee for The Welcome Project, my first Tisch Scholar placement. Shape Up Somerville is a partner on the event due to their healthy restaurant program and a representative sits on the planning committee, which is how I made a personal connection to the program. The coordinator position opened up towards the end of my VISTA term, and I was accepted.

I have been in the Shape Up Somerville position for almost two years now, and I’m still always learning. The Community Health program allowed me to see many sides of the field both in the classroom and in practice through the internship requirement (I did mine at Community Change Inc., a racial justice organization) and hands-on classes, so I feel like I was prepared for the shift from college to career. There’s always a shift, no matter how many classes you take or internships you do, but having a well-rounded and intensive experience like the one through Community Health helps make it a little bit easier. I know some things that work and don’t work in public health as well as, perhaps more importantly, an understanding of how to move forward when I have no idea what to do next.

I now host Community Health interns at Shape Up nearly every semester. I try to pull from my own internship experience to better supervise my students and make appropriate, fulfilling, feasible projects. Hosting Community Health students helps Shape Up Somerville reach higher.

**Strides in Solidarity: Walking for the Global Right to Health!**

PIH Engage organized a walk in April called Strides in Solidarity. Participants walked to raise funds in solidarity with community health workers all over the world, who work every day to improve the health and wellbeing of others. Donations supported PIH’s movement for the global right to health. Participant teams walked in solidarity around the residential quad and enjoyed great music, food and raffles. They raised over 2,300 dollars for Partners In Health’s work to prevent and treat tuberculosis worldwide.
The Community Action Agency of Somerville (CAAS), a private non-profit agency founded in 1981, is the legally designated anti-poverty agency for Somerville. CAAS’s mission is to “reduce poverty among local families and individuals while working to counteract, and whenever possible eliminate, the social conditions that cause and perpetuate poverty.” CAAS serves thousands of Somerville community members through a variety of services. These include, but are not limited to, providing comprehensive early education and medical screening to children from low-income families in Somerville and Cambridge, assisting households to apply for SNAP and fuel assistance, preventing homelessness by providing emergency legal assistance to households at risk of eviction, securing funds for households to pay rent or security deposits, and resolving landlord-tenant disputes. In a community facing an affordable housing crisis, CAAS assists Somerville residents in keeping their homes and preserving affordable housing in the city. With a large portion of CAAS’s clients being Latino and Haitian immigrants, the organization connects these clients to public services and emphasizes accessibility to housing for all Somerville residents. CAAS promotes accessibility to services for fair treatment of low-income residents in a rapidly changing community.

Thus far, my experience with CAAS’s Homelessness Prevention Program has been transformative. Every experience I have had with the organization has been different, which has made the internship all the more exciting. I have observed how advocates interact with a diverse group of clientele and handle emergency situations regarding immediate eviction, court cases, landlord-tenant disputes, and power shutoffs. In addition to going to advocacy training at Cambridge and Somerville Legal Services and studying the housing/eviction process, I have also started to involve myself in updating the organization’s client database and designing a web interface. The functions of the client database and web interfaces are to provide housing advocates access to housing waitlists and resources, track client information, and share best practices. In addition to these tasks, I am also beginning to organize resources for a housing search by contacting other social service agencies, public and subsidized housing providers, landlords, and real estate agents. Encountering the successful and not-so-successful outcomes of each client interaction and casework, I have developed a more holistic perspective of the role of advocacy non-profits and have truly come to admire the passion for housing rights and the dedication that the staff show toward each client. My internship with the Homelessness Prevention program has grounded my academic learning in the practical application of prevention-focused services.

The work of the Homelessness Prevention Program at the CAAS embodies the movement to eliminate health inequities. CAAS works to keep Somerville residents in their homes and makes sure that low-income community members have access to food, utilities, healthcare, and other social services. CAAS has served as a mainstay for the Somerville community for many years, and will continue to serve as one that provides services to support residents strongly affected by the neighborhood’s gentrification.

Community Health celebrates 40 years!
Save the Date!
Homecoming Weekend Fall 2016

TO RECEIVE INVITATION GO TO:
Tuftsalumni.org/tufts-online-community
Harm reduction is one of the first things we learn about in CH1, and to me, it was one of the coolest. When I was looking for an internship last semester, the application of harm reduction techniques and strategies was something I wanted to explore. Luckily, I found The Cambridge Needle Exchange and Overdose Prevention Program. The program’s goals are to decrease the transmission of HIV and hepatitis C among intravenous drug users by providing free, sterile needles to those enrolled in the program. This is done in the hopes of stopping the dangerous practice of sharing needles. The Exchange also works to prevent heroin overdoses by training individuals in the administration of Narcan, a completely safe and non-addictive opioid overdose reversal drug. Both the staff and willing clients can be trained to administer Narcan to someone experiencing an overdose. The Exchange then provides refills of Narcan at no cost to those who have had this training. These basic tenets of harm reduction were what drew me into the internship, but I learned that they were just the beginning for the staff and clients at the Exchange.

In addition to providing clean needles and free Narcan, we were able to provide clients with dozens of other resources to meet their needs. A few that I worked most closely on were providing referrals to doctors in the area that accepted MassHealth Insurance, updating a detailed list of emergency and long-term housing centers in the area, disseminating information about treatment and treatment centers, and providing essentials like hats and gloves in the winter or basic toiletries. These services went beyond what I had expected a place like the Needle Exchange would be able to offer, and to me, they are what makes it such a special place.

The Needle Exchange is not just about taking care of the AIDS epidemic; it is about taking care of whole people. The staff does their best to help with whatever problems a client may be facing whether it's finding a warm place to sleep at night or just needing to talk to someone. The drop-in area provides a great place for people to escape the cold and relax and watch some TV or get a quick meal that they might not otherwise be able to afford. This space was my favorite part of working at the Exchange. Each day, I got to talk with the clients about their experiences and really build relationships with these people, some of whom came in every single day. I was able to learn so much about what they were facing in their lives and how we could help by spending a little time each day talking to them. All of the staff members I worked with also made it a point to talk with clients whether it was just a little small talk or working together to solve a problem. This really allowed the clients to have a say in what the Exchange looked like. If they needed something and we didn't have it available, we would work to make it available or at the very least find somewhere else that had it.

In my time at the Exchange, the organization was constantly evolving to include more resources, and I was lucky enough to have been involved in many of those projects. For example, one of the clients was really into drawing which then led me to facilitate an Art Group which eventually evolved into an Art Therapy Group. I believe that the Needle Exchange is a true accomplishment and example of Community Health in action. It is able to address the most pressing needs of a vulnerable community like emergency housing and infectious disease prevention, while also helping to connect this population to outside services that could help them with long-term needs like methadone or suboxone clinics. It was such an incredible experience to be able to use the skills I had learned in CH and see firsthand how much of an impact they could make on a community in need. I hope to apply the philosophy of harm reduction along with the skills I have gained throughout the rest of my career in public health work.
cerebral palsy or other disorders a chance to move with a sense of ease (Maujean et al., 2015). Individuals benefiting from equine-assisted therapy are given an opportunity to exercise muscles that they would ordinarily have a great deal of difficulty moving.

Benefits from working with animals include increased self-esteem or confidence, improvement in balance and motor skills and an overall enhanced quality of life (Silkwood-Sherer & Warmbier, 2007). These services help individuals with behavioral disorders to connect and interact with the world in a way that they are most comfortable. However, animals can do even more than just that. Integration of animals into the health field can be applied to other conditions as well. Animal therapies can help reduce stress and blood pressure and improve the side effects of various cardiovascular diseases. Animal assisted therapy can significantly improve mental health by improving sentiments of loneliness and depression. For some individuals, the compassion and sense of comfort that an animal provides is somewhat unparalleled by the counseling that humans provide alone (Kruger and Serpell 2010).

As we explore more unconventional practices of medicine, we should consider all of the available outlets to provide treatment to others.

REFERENCES