Welcome to the Heller Social Policy Impact Report. This report showcases a selection of high-impact research and public engagement from the faculty, researchers, and students of the Heller School for Social Policy and Management from July 2021 through June 2022.
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The grant has been a seminal part of training in behavioral health for the PhD program at Heller for almost 30 years …

Constance Horgan

Doctoral grant in alcohol-related health services research from NIAAA renewed

The long-standing doctoral training grant in alcohol-related health services research from the National Institute on Alcohol Abuse and Alcoholism (NIAAA) was renewed in 2022 for another five-year period. Led by Professor Constance Horgan, director of the Institute for Behavioral Health and co-director of the Schneider Institutes for Health Policy and Research, the grant is entering its 29th year. It focuses on how organization, management, financing, and payment make a difference in the effective delivery of prevention, treatment, and recovery services for alcohol use disorders. Since 1994, the grant has supported nearly 90 Heller PhD students who are now involved in research, academic, governmental, and other careers that continue to advance the support of people with alcohol use disorders.

Alcohol-related health services research can lead to improved systems for prevention, treatment, and recovery services, thereby enhancing quality and reducing the adverse consequences of alcohol use disorders. Training the next generation of alcohol services researchers continues to be crucial because of the continued magnitude of alcohol use disorders in the U.S., the complexity of the alcohol prevention and treatment systems, and the rapid changes in the overall health care environment.

“The grant has been a seminal part of training in behavioral health for the PhD program at Heller for almost 30 years and has been an important developer of researchers for the addiction-services research field, many of whom have gone on to make important contributions,” says Horgan.
Modernizing the Consumer Price Index and tracking inflation

According to an expert panel consensus report from the National Academies of Sciences, Engineering, and Medicine (NASEM), the Bureau of Labor Statistics (BLS) should undertake a new strategy to modernize the Consumer Price Index (CPI) by accelerating its use of new data sources and developing price indexes based on different income levels. Among the NASEM panel members was Lisa Lynch, the Maurice B. Hexter Professor of Social and Economic Policy and director of the Institute for Economic and Racial Equity.

The CPI is the most widely used measure of inflation in the U.S. and is relied on to determine cost-of-living allowances and monetary policy. The NASEM report discusses how the index has traditionally relied on field-generated data, such as prices observed in person at grocery stores or major retailers, but these data have become more challenging and increasingly expensive to collect.

The report examined the need and feasibility for BLS to produce price indexes for population subgroups that may face different inflation rates based on the types of goods they consume — such as expenditures on health care for the elderly versus the young — and where they are able to shop if, for example, a household has limited transportation options. Such subgroup price indexes would be very useful for adjusting Social Security benefits, calibrating transfer payments of various safety net programs, and advancing research on income and wealth inequality, social welfare, and poverty.

The expert panel concluded that modernizing the CPI would help the measurement of household costs and inflation to be more accurate, timely, and useful for policymakers responding to rapidly changing economic conditions.

Twelve-month percentage change in selected categories in the Consumer Price Index as of July 2022. Not seasonally adjusted.
Leveraging real-world evidence by regulatory decision-makers

Distinguished Research Scientist William Crown is an internationally recognized expert in real-world data analysis. His work focuses on research designs and statistical methods for drawing causal inferences from transactional health care datasets, such as medical claims and electronic health records. Using health care databases to emulate clinical trials, he examines the quality of evidence that can be generated from such data.

Crown co-authored “How Can We Make More Rapid Progress in the Leveraging of Real-World Evidence by Regulatory Decision Makers?” in the journal *Value in Health* in 2022. In it, he posits that transitioning to the digital collection of real-world data (RWD) has led to increased interest in observational studies to examine the benefits and harms of medications and other medical interventions. At the same time, some decision-makers remain skeptical of the reliability and robustness of the internal validity of observational RWD studies.

Crown says some studies, such as those evaluating the effectiveness or safety of brand-new drugs, can’t be accomplished through observational data because the data don’t exist until the products are on the market. However, other types of studies, such as the effectiveness of different treatments for diseases such as COVID-19, could be carried out with observational data, which would greatly speed up the collection of evidence compared to the time it takes to plan and conduct a trial. During the first two years of the COVID-19 pandemic, a number of completed trials reached the same conclusions as observational studies — but a year later — time that researchers can’t afford to waste in the midst of a global health crisis.

Researchers can use observational studies to complement evidence from randomized trials, particularly for safety studies and studies of new uses of drugs that have been previously approved and shown to be safe and effective for their original purpose, explains Crown.

In nine of 10 studies, either the regulatory or estimate agreement success criteria were fulfilled (same sign and statistically significant).

Preliminary results of an additional 10 emulations have been publicly presented and were consistent with these results.

9

10

17

of the regulatory conclusions were equivalent when six of 10 studies were compared and the hazard ratio estimate was within the 95% confidence interval from the corresponding RCT in eight of 10 studies.
Linking historical redlining to present-day health inequities

New research by the Institute for Child, Youth and Family Policy’s diversitydatakids.org project sheds light on how to map present-day neighborhoods to redlining grades created by the Home Owners’ Loan Corporation (HOLC), paving the way for more precise future research that will examine the long-term effects of the racist federal policy.

In the 1930s, HOLC drafted maps to quantify variation in real estate credit risk across U.S. urban neighborhoods. The letter grades and associated risk ratings assigned to neighborhoods discriminated against those with Black, lower-income, or immigrant residents, and benefited affluent white neighborhoods.

An emerging literature has begun linking current individual and community health effects to government redlining, but each study faces the same measurement problem: HOLC-graded area boundaries and neighborhood boundaries in present-day health datasets do not match. Previous studies have taken different approaches to classifying present-day neighborhoods, or census tracts, in terms of historical HOLC grades.

In the article “Connecting Past to Present: Examining Different Approaches to Linking Historical Redlining to Present Day Health Inequities” in PLOS ONE, Clemens Noelke, research director for diversitydatakids.org, and his co-authors examine different approaches to classifying census tracts in terms of HOLC grades to link neighborhood redlining to current health outcomes.

“This study reviews these approaches, examines empirically how different classifications fare in terms of predictive validity, and derives a predictively optimal present-day neighborhood redlining classification for neighborhood and health research,” the authors state.

Percentage of population in census tracts with 1% or more HOLC rating coverage

<table>
<thead>
<tr>
<th>% TOTAL POPULATION INCLUDED (#)</th>
<th>HIGHEST COVERAGE</th>
<th>LOWEST COVERAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>&gt;40% (41)</td>
<td>1. BATTLE CREEK, MI: 62.8%</td>
<td>1. PHOENIX, AZ: 2.1%</td>
</tr>
<tr>
<td>&gt;30%-40% (21)</td>
<td>2. SIOUX CITY, IA: 62.4%</td>
<td>2. CONCORD, NH: 2.5%</td>
</tr>
<tr>
<td>&gt;20%-30% (32)</td>
<td>3. BAY CITY, MI: 62.0%</td>
<td>3. CHARLOTTE, NC: 4.3%</td>
</tr>
<tr>
<td>&gt;10%-20% (47)</td>
<td>4. LINCOLN, NE: 61.9%</td>
<td>4. HOUSTON, TX: 6.5%</td>
</tr>
<tr>
<td>10% OR LESS (8)</td>
<td>5. ERIE, PA: 61.8%</td>
<td>5. Poughkeepsie, NY: 7.3%</td>
</tr>
</tbody>
</table>
Increased access to rehabilitation care accrues long-term savings for patients with brain injury

A study by Heller authors published in *Frontiers in Public Health* demonstrates that the U.S. could save billions of dollars and drastically improve quality of life for millions of people with severe brain injuries by expanding access to rehabilitation services.

Authors Laura Lorenz, PhD’08, a visiting research scholar at the Heller School, and Michael Doonan, PhD’02, director of the Master of Public Policy (MPP) program, explain that increased access to care improves lives, saves money, and means less need for 24/7 supervision for patients with severe brain injuries.

The recommendations from Lorenz and Doonan aim to “tweak” the U.S. health care system so it ensures access to multidisciplinary rehabilitation following a severe brain injury. Insurance companies might not provide access to these services now because they are upfront investments, but cost-savings accrue over the long run and often for a different part of the health care system. The authors also recommend providing case management because services can be hard to access and coordinate, even with insurance coverage. They suggest a continued focus on injury prevention and support for return to work. Furthermore, establishing a national brain-injury database to inform policy decision-making around access to rehabilitation care can make a difference for patients and families and reduce taxpayer burden as well.

$76.5 billion

The economic cost of traumatic brain injuries in 2010 alone was estimated to be $76.5 billion in the U.S. The costs include $11.5 billion in direct medical costs, as well as $64.8 billion in lost wages, lost productivity, and non-medical expenditures.

20 million

Approximately 20 million people in the U.S. live with disabilities from strokes or traumatic brain injuries.
... while so much technology has been used in a negative way to monitor people, technology can also be used to tell their stories.

Shaping policy design through game design

As part of Heller’s Racial Justice x Tech Policy (RJxTP) initiative, which was established with a $1 million gift from the Kapor Center, an award-winning team is working with Boston youth to teach them research and policy skills through game design.

In 2018, Janelle Ridley, PhD student and RJxTP associate director, founded Transition H.O.P.E. This pilot program, through the Boston Public Schools’ Office of Social Emotional Learning & Wellness, has a holistic framework designed to ensure all system-involved youth have access to educational equity.

Alongside iThrive Games Executive Director and Chief Scientist Susan Rivers, who has a PhD in social psychology, Ridley is working with young people to create a game that combines their lived experience with societal systems — especially the justice systems — and to utilize that game to have hard conversations with policymakers. The team has won the 2021 gold medal and is the 2022 silver medal winner in the International Game Play series.

The new game examines surveillance in Black and brown communities and how that has had a negative impact since the inception of slavery in the U.S. in 1619 to the present day, Ridley says. The game is designed for computers, she adds, and while so much technology has been used in a negative way to monitor people, technology can also be used to tell their stories.

Ridley says the new game has shown her that policy work can take many forms, and the young people also gain confidence from being able to conduct research and share their experiences.

“The game has taught me that a lot of the research that we have done does not speak to the community the research involves, and that involving the young people allows them to have creativity and learn about what policy is and what it can do,” Ridley says. “They can communicate that in a language that is more receptive to their generation and their community as well, and it has been inspiring and eye-opening.”
Study shows major shortage of naloxone in nearly every U.S. state

In an article in *The Lancet Public Health*, Professor Traci Green and co-authors developed a mathematical model and companion website that generates nuanced data on naloxone needs in all 50 U.S. states. The study helps identify how much of the lifesaving medication states require to turn the tide on the ever-growing opioid overdose epidemic.

A record 100,000 people died from drug overdoses in the U.S. in 2021, the vast majority involving opioids, and increasingly from the potent drug fentanyl. Access to naloxone, which is used to reverse opioid overdoses, has expanded across communities as a key public health response to these trends.

Although naloxone is a prescription drug, many states have implemented legal mechanisms that allow pharmacies, harm-reduction programs, and community organizations to purchase and broadly distribute the lifesaving kits to people who use drugs and to others who may witness and respond to an overdose. This patchwork delivery system meant that there was no comprehensive database on naloxone distribution — so Green and the other study authors built one, collecting and compiling 2017 data from pharmacies and an array of community organizations in a partnered arrangement.

To quantify the amount of naloxone still needed, the authors identified an end goal of naloxone being available in 80% of witnessed overdoses. They found that very few states met this target, and some required more than 1,000 additional kits per 100,000 people to achieve that goal. These findings emphasize the need to significantly expand naloxone distribution in most states, ideally through community-based programs and more broadly through pharmacies, as well as the need for increased harm-reduction measures that reduce the likelihood of unwitnessed overdoses.

Authors recommend increasing the supply of naloxone, with the goal of it being available in 80% of witnessed overdoses.
Celebrating 10 years of service with the Massachusetts Health Policy Commission

Professor Stuart Altman served as the chairperson of the Massachusetts Health Policy Commission (HPC) for 10 years, from 2012 to 2022, guiding the organization in monitoring health care spending and growth in the Commonwealth and providing data-driven policy recommendations regarding health care delivery and payment system reform. The HPC’s mission is to advance a more transparent, accountable, and equitable health care system through its independent policy leadership and innovative investment programs.

Altman, the Sol C. Chaikin Professor of National Health Policy, is an economist with some five decades of experience working closely with issues of federal and state health policy within government, the private sector, and academia. He has served on numerous government advisory boards on both the federal and state levels. He was also the dean of the Heller School from 1977 to 1993 and from 2005 to 2008.

In 2012, then-Gov. Deval Patrick tapped Altman as the first person to lead the HPC board, which was created under a health care cost-control and payment-reform law. As a proponent of the “global payments system,” Altman had previous experience addressing these issues while serving with the Institute of Medicine, on the board of Tufts Medical Center, and as chair of the Health Industry Forum at the Heller School.

Altman said in a statement that he believes the work he accomplished with the HPC board and staff has “set the right path for our state to balance the financial needs of our exceptional health care system with necessary constraints on spending growth.”
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The HPC’s mission is to advance a more transparent, accountable, and equitable health care system.

Relating across differences in clinical units

Researchers at Heller are developing a diversity curriculum based on principles of relational coordination called Relating Across Differences (RAD).

Funded by the Macy Foundation, RAD aims to combine diversity, equity, and inclusion, and interprofessional practice to improve team functioning and performance outcomes. Six clinical units in three health care systems — Cleveland Clinic, Massachusetts General Hospital, and University of Washington Medical Center — will participate in the RAD intervention over a three-year period, with one system brought on board in the spring of each year.

RAD helps clinical units create a work and learning environment characterized by relationships of shared goals, shared knowledge, and mutual respect, supported by high-quality communication across professional, gender, racial, ethnic, and other characteristics. As a result, clinical units will be able to more readily leverage the rich information offered by diversity to achieve better outcomes for all participants.

Co-principal investigators are Jody Hoffer Gittell, a professor of management, faculty director and co-founder of the Relational Coordination Collaborative, and managing board member and co-founder of Relational Coordination Analytics; and Olawale Olaleye, PhD’22, a postdoctoral fellow at Heller and a human capital consultant for Deloitte. Visiting scholar Dr. Anthony Suchman, founder of Relationship Centered Health Care, brings years of experience on the effects of organizational culture on clinical care and medical education.

“We expect that interprofessional workers on participating clinical units will experience higher levels of awareness of and comfort with professional and social identity differences following the intervention compared to before,” the researchers say. “As a result, these workers will also experience higher levels of relational coordination and psychological safety across professional and social identity differences, greater job satisfaction, enhanced work engagement, reduced burnout, and increased intent to stay. We also expect that participating clinical units will be more successful in achieving their patient care goals than they were prior to participation.”
Tracking HIV resource allocation and cost in Africa

ALLYALA KRISHNA NANDAKUMAR AND CO-AUTHORS EXPLAIN HOW ACTIVITY-BASED COSTING AND MANAGEMENT CAN IMPROVE HIV SERVICES

BY ANNIE HARRISON, RABB MS'21
UNAIDS estimates 38.4 million people around the world are living with HIV as of 2021. Over 25 million are in sub-Saharan Africa.

Yet the percentage of people who have access to antiretroviral therapy in sub-Saharan Africa is less than populations in Western and Central Europe and North America.

Heller researchers are supporting a new United States President’s Emergency Plan for AIDS Relief (PEPFAR)-led, multicountry initiative, that aims to systematically track funding and cost of HIV services in sub-Saharan Africa with a view to improve quality of care and efficiency, and optimize the patient experience in treatment centers.

Known as activity-based costing and management, this effort will generate detailed information on the cost of providing various HIV services, and also track the patient experience at service points on a consistent and regular basis.

Several global health institutions, including the Office of the Global AIDS Coordinator (OGAC) and Health Diplomacy at the United States Department of State; Global Fund to Fight AIDS, Tuberculosis and Malaria; Joint United Nations Programme on HIV/AIDS (UNAIDS); United States Agency for International Development (USAID) and other U.S. agencies, banded together in 2020 to make the new initiative a reality.

BUILDING A GLOBAL COALITION

In the Bulletin of the World Health Organization (WHO), Allynala Krishna Nandakumar, director of the Institute for Global Health and Development of the Schneider Institutes for Health Policy and Research at Heller, and co-authors write that the project will help countries better understand how HIV resources are being allocated.

The initiative recognizes that country governments and global institutions need to optimize investments, especially at a time when governments are taking on increased fiscal and functional responsibility for the delivery of services. The initiative aims to provide detailed information about where current investments are directed and help shape what the HIV response should look like in the future.

“As a global coalition, the initiative will empower institutions to gather patient-level information on HIV resource allocation and then share findings through a learning collaborative model,” Nandakumar says.

TARGETING COMMUNITIES IN NEED

A multicountry effort of this scale requires a lot of coordination.

At the national level, a steering committee made up of key stakeholders is established in each country to oversee and guide the work. A local academic or research institution is then selected to carry out the country-level activities and work closely with implementing partners.

At the international level, a global coordination committee and global technical working group have been established to both coordinate work across institutions and provide guidance on technical issues.

The effort is currently underway in Kenya, Mozambique, Namibia, Uganda, United Republic of Tanzania, and Zambia, with plans to expand beyond sub-Saharan Africa.

Dr. Ntuli A. Kapologwe, director of Health, Social Welfare and Nutrition Services at the President’s Office Regional Administration and Local Government in Tanzania, says the project will improve how countries in sub-Saharan Africa distribute resources. With more than 6,000 primary health care facilities across Tanzania, for example, he says the initiative will help the country send resources where they are needed most.

“Activity-based costing and management will help in the targeted resource allocation at the primary health care level by using a process map that allows us to know exactly where the cost-effective investment should be directed,” he says.
COLLECTING AND ANALYZING PATIENT-LEVEL DATA
The approach to activity-based costing and management is simple: Measure the costs of all resources used to care for patients with HIV as they move through the health care system, and use time as a unit of measurement when determining the cost of resources. Researchers then use the observations across all patients to estimate recommendations.

Nandakumar explains that this approach has two advantages over alternative frameworks.

First, health clinics and hospitals collect data at the patient level by directly observing and measuring interactions and movements through the health care system.

Second, the approach reveals departures from protocols, including the degree of variation in resources allocated to different patients. This is essential to program evaluation because it allows policymakers to analyze patient-level information in order to determine predictors for why some patients receive more resources than others.

“The initiative will allow participating institutions to assess how much of their investments actually reach health care facilities, as well as quantify the impact of the finances on facility-level resources and out-of-pocket spending,” Nandakumar says. “The international reach of the initiative will also allow institutions to bring together country leaders to compare and assess alternative HIV care delivery models and inform future investments.”

OPTIMIZING PROGRAM PERFORMANCE
Once patient-level data are collected and analyzed, local committees disseminate reports and other information to relevant organizations, including participating health clinics and hospitals.

“The project will provide accurate and actionable information on what it actually costs to diagnose and treat infectious diseases in low- to medium-income countries,” says Robert Kaplan, senior fellow and Marvin Bower Professor of Leadership Development, emeritus, at Harvard Business School.

Kaplan adds that this information will promote accountability to external funders, such as the PEPFAR, the Global Fund, and USAID. These data enable funders to collaborate better with ministries of health in low- and middle-income countries.

“These ministries will now be able to right-size their budgets and resources for hospitals, clinics, and villages to deliver effective and efficient diagnoses and treatments for HIV and TB,” he says.

While activity-based costing and management has been used in high-income countries primarily for cost reduction, this new approach in low-resource settings is likely to reveal situations where greater resources are needed. Whether trimming or expanding resources, the authors conclude, a main emphasis of the initiative is to strengthen the return on investment for services and optimize program performance.

“Activity-based costing and management provides health care administrators clear information to both improve quality and reduce costs,” says Michael E. Ruffner, deputy coordinator with the Office of the Global AIDS Coordinator and Health Diplomacy. “The data generated will also help the PEPFAR program integrate services into national systems and maintain the HIV gains built over the last 20 years.”
“These ministries will now be able to right-size their budgets and resources for hospitals, clinics, and villages to deliver effective and efficient diagnoses and treatments for HIV and TB.”

ROBERT KAPLAN

A report from UNAIDS on World AIDS Day 2021 estimates the global HIV data by region. Of the 38.4 million people in the world living with HIV in 2021, 20.6 million are in eastern and southern Africa, and 5.0 million are in western and central Africa.

UNAIDS also estimates that a total of 78% of people living with HIV in sub-Saharan Africa have access to antiretroviral therapy.

By comparison, UNAIDS estimates that western and central Europe and North America have 2.3 million people living with HIV.

In western and central Europe and North America, an estimated 85% of people living with HIV have access to antiretroviral therapy.
Nurses: (yet) another COVID-19 casualty

Karen Donelan studies the impact of the pandemic on the health care workforce and labor market

by Tony Moore
Imagine you’re just getting your bearings as a new nurse. You’re excited about your future, about helping people, about having a job you love. You go home at night and relax — tired, but satisfied and confident you’ve made a positive difference in your patients’ lives.

But it’s early 2020...

... and you have no idea that the COVID-19 pandemic is about to hit.

When it lands in the U.S., you wonder how it will affect your job and your life. But you don’t have to wonder for long. The virus is soon in your hospital, your nursing home, your urgent care clinic.

People are sicker than you’ve ever seen before, and they’re dying — so many and so fast that managing death has become a bigger part of the job than managing patients’ health. The fallout: By summer 2022, more than 88 million Americans have contracted COVID-19, and more than a million of those people have died, according to the Centers for Disease Control and Prevention (CDC).

And you’re no longer working as a nurse.

Neither are a few hundred thousand other nurses who left the practice in droves during the pandemic.

“You just don’t expect to enter a profession and see so much death and dying,” says Karen Donelan, the Heller School for Social Policy and Management’s inaugural Stuart H. Altman Professor and Chair in U.S. Health Policy. “When you trained, probably everybody said, ‘What a great job, what a great profession you’re entering.’ And then you find out that in a pandemic, you don’t have as much control, and you’re probably doing a very different kind of work than you expected.”

A former associate professor of medicine at Massachusetts General Hospital and Harvard Medical School, Donelan studies the health care workforce and labor markets, including labor shortages and the impacts of workforce organization on quality of care. Having designed and conducted hundreds of national and international surveys, she’s probed the experiences of thousands of patients and professionals in health care systems.

Now she’s turned her sights to the nursing shortage in the U.S. that began in 2020, a crisis that reverses a long-running upward growth trend in the field.

“What do people do when there aren’t enough nurses?”

Donelan asks this rhetorically, noting that research shows that many nurses took a break from nursing, went back to school, left the profession entirely, or became traveling nurses.

“One thing some facilities do is increase the number of patients nurses who remain on are expected to care for,” Donelan says. “But we know that’s not popular with nurses, nor is it always safe — especially for very sick patients.”

And it really mattered when health care facilities were bearing the brunt of the pandemic. Fueled by numerous COVID-related factors — stress, burnout, increasing or new mental health issues, or hostile workplace environments — nurses disappeared, and nursing-related job vacancies increased by up to 30%.

What’s more, in early 2021, when more nurses than ever were needed, the workforce was 13% smaller than when the pandemic began.

“In long-term care, it really has not recovered.”

“Especially hard hit are our licensed practical nurses, who typically have been a major part of the nursing workforce,” says Donelan, adding that many losses have come from nursing homes.
Donelan notes that there are more people trained to be nurses than actual nurses in the workforce, which fluctuates as economic and personal needs push people in and out of the profession. Now, though, the ebb and flow seems to just be an ebb, and that trend troubles Donelan, especially as COVID-19 wanes.

“We would have expected the nursing-home piece to start bouncing back a little better by now,” she says, noting that nursing homes tend to hire more new nurses, but these nurses are leaving the field. “If you graduated with a nursing degree and you’re working in a nursing home — it’s a very challenging scenario for anyone, let alone someone in their first job out of college.”

During the pandemic, nurses absorbed patients’ fear, anger, and frustration in nonstop waves. And their own mental health challenges — exacerbated by, or a result of, the pandemic — have been noted as a cause for the exodus, which has also contributed to historic problems of representation in the industry.

“We’re seeing tremendous interest in health care from people of color, but I think we still have so far to go,” says Donelan, who goes on to say that a recent study shows that the nation has lost ground in terms of Black students — particularly men — entering medical school and academic medical centers. “If we want a workforce that reflects our population, and we absolutely do for so many reasons, we just have to get better at this.”

**So what does the future hold?**

Donelan says facilities are focusing on how to retain workers, as well as on what steps might be necessary to bring back people who have left. They want their workplace to live up to the expectations of the field.

“I think most people enter the health professions because they really do care and they really do want to be in the middle of it when people are
sick and need help," Donelan says. "So if we can give them proper equipment, the proper support, the proper wages, people will see that this is still a good job that allows people to serve others in meaningful ways."

As of summer 2022, a few bills are moving through Congress to address the nursing shortage. The Nurse Staffing Standards for Hospital Patient Safety and Quality Care Act; and the Workplace Violence Prevention for Health Care and Social Service Workers Act both would mandate improvements in the workplace setting. In addition, several states have similar legislation progressing.

The legislative efforts won’t affect those on the verge of retirement, which is nearly 20% of all nurses. But for young nurses, an improved workplace environment might help reestablish the upward trend in staffing.

“It may just be that all of this was a couple of years’ phenomenon, and we’ll adjust and we’ll smooth it out in the long run,” says Donelan. “I think that it’s a really good job, despite how hard it’s been in the pandemic. And we know there are more people interested in nursing than can be accommodated at current nursing programs, so I don’t think interest among people who aren’t working in the profession has waned very much.”

As for her students ...

... Donelan sees reason to be optimistic on the policy side, as a hopeful future takes shape at Heller every day.

“One of the things I love about being at Heller is that so many people care about these issues and are trying to figure out how to make it better,” she says, adding that her students are dedicated to finding solutions and understanding the policy challenges. “I taught an undergraduate capstone course last year, and that filled me with a kind of optimism I have not had for a long time.”

Donelan comes away from the classroom with a hopeful message for disillusioned workers. She stresses that she and her colleagues and students care — about nurses and other health care professionals, their patients, and the future of health care, something they’re all dedicated to improving.

“If you’re in the health workforce and you feel sort of down or overburdened, there’s a lot of optimism and energy coming out of schools like this,” she says. “And I’m very, very happy to have students who are so committed to change.”
Improving health care for pregnant people with disabilities

Monika Mitra shines a spotlight on the disparities that many people with disabilities face in their journey to becoming parents

By Alix Hackett
LIKE MOST QUANTITATIVE RESEARCHERS, Professor Monika Mitra focuses her work around data, but in 2010, it was an absence of evidence that caught her attention. In her position at UMass Chan Medical School’s Center for Health Policy and Research, Mitra was working on a paper concerning violence against people with disabilities around the time of pregnancy. She began searching for existing research on pregnancy and disabilities, but nothing came up.

“It was a void,” she recalls. “As disability researchers, especially at that time, we were used to blank slates, but I still couldn’t understand it.”

More than a decade later, Mitra has made it her mission to fill that void, shining a spotlight on the disparities many people with disabilities face in their journey to becoming parents. Today, as the Nancy Lurie Marks Associate Professor of Disability Policy and director of the Lurie Institute for Disability Policy at the Heller School, Mitra works to influence public policy, improve clinical practice, and mentor the next generation of disability researchers.

OVERCOMING STIGMA
Roughly 4.1 million people with disabilities in the United States are parents, and yet historically, researchers have ignored them in favor of studies focused on children with disabilities raised by non-disabled caregivers. Mitra attributes this to a persistent societal bias — tracing back to the eugenics movement of the late 19th and early 20th century — that assumes people with disabilities are either unable, or unfit, to become pregnant.

“It’s a very pejorative attitude toward disabled people that says they are not able to take care of other people because society is taking care of them,” she explains. “When children with disabilities get older, it’s as though they disappear from maternal and child health research.”

Nicole Lomerson has experienced this societal bias firsthand. In 2016, she gave birth to her daughter at 33 weeks and spent the next 40 days in the NICU. When a nurse told Lomerson, who has cerebral palsy and uses a wheelchair, that staff had met to discuss her daughter’s care without her presence, she was alarmed, but not surprised.

“I’m a health services researcher, so I was aware of the stigma and I knew how to speak to providers,” she says. “But I still found myself in the NICU with a tiny little baby and everyone was questioning my ability to take care of that baby.”

Lomerson confronted her social worker about the implicit bias she was facing, armed with printouts of data produced by Mitra’s team. Her advocacy was successful, but the trauma of the experience stayed with her. In spring 2022, she joined the Lurie Institute as a research associate.

IMPROVING CLINICAL CARE
Mitra first began researching pregnancy and perinatal health among women with disabilities in 2012. With no body of evidence to draw from, she and her colleagues at UMass looked for data anywhere they could find it, combing through hospital discharge records and using diagnostic codes to identify disabled patients. Their methods, while imperfect, yielded the first-ever window into the experiences of pregnant people with disabilities, and the view was disturbing.

Among women with intellectual, developmental, and mobility disabilities, and deaf and hard-of-hearing individuals, Mitra’s team found significant disparities both in pregnancy and birth outcomes and in maternal health. Disabled women were more likely to experience complications during birth, and to deliver babies with low birth weight. They were also admitted to the emergency room before and after delivery at a higher rate than non-disabled women.

When Mitra’s team began interviewing parents with disabilities about their health care experiences, more troubling data emerged. Deaf women reported going through birth without an interpreter present, while some people with physical disabilities said they were never weighed over the course of their pregnancies. Many faced dismis-
sive attitudes from clinicians, nurses, and office staff, who would sometimes talk over them during exams if a non-disabled person was present. Even in cases where birth went smoothly, parents reported returning home from the hospital to calls and visits from child welfare workers.

“If a disabled parent, even during pregnancy, speaks of their need for support, this is often seen as their inability to be a parent,” says Mitra. “As a result, they live with this fear that their child will be taken away from them.”

Today, Mitra and her team are focused on disseminating their research findings in a way that’s accessible to stakeholders — both clinicians and people with disabilities — so they can be used to improve clinical care. The team has interviewed many medical providers who say their training never covered the needs of disabled people, and who aren’t sure where to access scientific answers to patients’ questions.

“They have to utilize information either meant for non-disabled women, or do a patchwork mechanism in order to fill the gap,” Mitra says. “As a result, disabled women have lower rates of health literacy because they’re not getting adequate information that is accessible and speaks to their needs.”

In addition to publishing information on its website, the Lurie Institute regularly hosts research-based training for clinical providers and staff. In June, Lomerson moderated a webinar for NICU staff to hear from parents with disabilities about their experiences. The response was overwhelming, with more than 130 providers logging in. Lomerson is now regularly in touch with clinicians looking for tangible ways to improve care for patients with disabilities, and has been invited to speak at several hospitals.

**FUTURE IMPACT**

Evidence-based research, Mitra believes, is the key to impacting public policy. Since her entry into the field of disability research, she’s been a vocal advocate for increased public funding for studies related to pregnancy and disability, giving talks on the Lurie Institute’s findings, and working alongside public agencies like the National Institutes of Health to shape inclusive funding priorities. Over time, she’s seen the topic gain an increased presence in academic journals and at conferences, contributing to a growing body of research in the once-vacant field.

At Heller, Mitra has observed similar growth in the number of students involved with the Lurie Institute, whether as graduate research associates or undergraduate fellows. Some have gone on to pursue careers involving disability rights, representing the next generation of researchers, policymakers, and practitioners fighting to correct the injustices Mitra’s team has exposed.

“They are passionate about this area and will make things happen when there’s a vacuum,” says Mitra. “Being able to mentor people who are interested in this work, many of whom are disabled researchers themselves, is a core part of almost everything we do.”

The Lurie Institute continues to grow in both size and prominence, now encompassing several centers of excellence, including the National Center for Disability and Pregnancy Research; and the National Research Center for Parents With Disabilities. And Mitra’s team continues to push forward with groundbreaking research, recently receiving a four-year grant to study the obstacles facing disabled women of color during the perinatal period. Right now, they’re training peer researchers — women with disabilities who are Black or Latinx — to assist with every aspect of the project, from designing the study to recruiting participants.

“They are an integral part of this process, and I think that’s both innovative but also incredibly important,” says Mitra. “This work cannot and should not be done in an ivory tower setting. We work both inside and outside, with advocates and activists — that’s how we can effect change.”
New textbook better equips those studying social entrepreneurship

February 2022: Sage published “Social Entrepreneurship and Innovation,” written by Carole Carlson, the director of the Heller School’s Social Impact MBA program. This comprehensive textbook examines the rapidly growing field of social entrepreneurship, outlines best practices, and uses real-world examples to educate students and fill a vital market gap.

PEER-REVIEWED JOURNAL ARTICLES


EDITORIALS AND COMMENTARY


REPORTS


BOOK CHAPTERS


BOOK REVIEWS


Professor Thomas Shapiro is awarded grant for “The Legacy and Impact of the Black Farmers’ Lawsuits”

Shapiro, in partnership with the Institute for Economic and Racial Equity at the Heller School and the Federation of Southern Cooperatives, was awarded a grant from the W.K. Kellogg Foundation for research on the impact that the Pigford Settlement had on Black farmers. Pigford v. Glickman (1999) was a class-action discrimination lawsuit between the U.S. Department of Agriculture and Black farmers who claimed the agency had discriminated against them on the basis of race and failed to properly respond to complaints. This project is the first national effort to study the implications of these historic cases on farmers and their families.

Mary Brolin (PI) “Quaboag Valley Rural Transportation Project; Quaboag Connector for Sustainable Rural Transit”; Funder: The Health Foundation of Central Massachusetts

Joe Caldwell (PI) “Strengthening the Collaboration Between Aging and Disability Networks to Better Support Individuals With Intellectual and Developmental Disabilities”; Funder: U.S. Department of Health and Human Services/Administration for Community Living; subcontract to Brandeis from National Association of Councils on Developmental Disabilities

Susan P. Curnan (PI) “Evaluation of the 2021 Cyber Foundations Academy”; Funder: National Cyber Scholarship Foundation

Joel Cutcher-Gershenfeld (PI) “Addressing Structural Barriers in Labor Markets: What Third-Party Neutrals Need to Know”; Funder: National Academy of Arbitrators Research and Education Foundation

Karen Donelan (PI), Traci Green, Mary Jo Larson, Cindy Parks Thomas, Constance Horgan “Behavioral Health Workforce Investment Programs: Understanding and Bolstering the Harm Reduction Workforce in Massachusetts”; Funder: RIZE Massachusetts
Traci Green (PI) “Preventing Overdoses Involving Stimulants (POINTS)”; Funder: Centers for Disease Control; subcontract to Brandeis from Brown University

Dominic Hodgkin (PI) “Medications for Alcohol Use Disorder: Unfilled Prescriptions and Treatment Trajectories”; Funder: National Institute on Alcohol Abuse and Alcoholism (NIAAA); subcontract to Brandeis from Harvard Medical School

Dominic Hodgkin (PI) “Psychiatric Patient Boarding in Hospital Emergency Departments in Massachusetts”; Funder: Center for Health Information Analysis (Massachusetts)

Meelee Kim (PI), Jennifer Perloff, Joanne Nicholson, Mary Brolin, Mary Jo Larson “Evaluation of School-Based Telebehavioral Health Pilot”; Funder: Massachusetts Department of Public Health Office of Sexual Health and Youth Development

Ravi Lakshmikanthan (PI) “The Joint Japan/World Bank Graduate Scholarship Program”; Funder: International Bank for Reconstruction and Development

Mary Jo Larson (PI) “One2One: Engagement to Recovery Utilizing a Novel Police Intervention”; Funder: Office of National Drug Control Policy; subcontract to Brandeis from University of Baltimore Center for Drug Policy and Prevention

Rebecca Loya (PI) “Evaluation of Boston Area Rape Crisis Center Case Management Program”; Funder: U.S. Department of Justice; subcontract to Brandeis from University of New Hampshire

Tatjana Meschede (PI) “G.I. Bill Repair Act”; Funder: Providence Strategic Growth Partners L.L.C.

Monika Mitra (PI) “Disparities in Perinatal Care and Outcomes Among Black Women and Latinas With Physical Disabilities”; Funder: National Institutes of Health/National Institute of Child Health and Human Development

A.K. Nandakumar (PI) “Analytic Support to the Activity-Based Costing and Management Work by PEPFAR and the Global Fund”; Funder: The Global Fund to Fight AIDS, Tuberculosis, and Malaria; subcontract to Brandeis from Palladium International

Joanne Nicholson (PI) “Engaging Mothers With Intellectual and Developmental Disabilities and Behavioral Health Conditions in Research”; Funder: Patient-Centered Outcomes Research Institute

Joanne Nicholson (PI) “I-Corps: Evidence-Based Intervention Software Platform for Autistic Individuals”; Funder: National Science Foundation

Clemens Noelke (PI) “Linking the Child Opportunity Index 2.0 to Clinical and Survey Data”; Funder: Harvard T.H. Chan School of Public Health; subcontract to Brandeis from the Chan Zuckerberg Initiative

Sharon Reif (PI), Robert Dunigan, Meelee Kim, Constance Horgan “Advancing Recovery From Alcohol Use Disorders Among Black Men and Women”; Funder: NIAAA

Kate Giapponi Schneider (PI) “Planning for an Evaluation of the Relationship Between Massachusetts’ Child Care Subsidy Payment Rate and Family Co-Payment”; Funder: U.S. Department of Health and Human Services/Administration for Children and Families; subcontract to Brandeis from Trustees of Boston University

Maureen Stewart (PI), Constance Horgan, Rachel Sayko Adams, Cindy Parks Thomas “Alcohol Treatment in Medicaid Managed Care Plans: Disparities in Policies and Outcomes”; Funder: NIAAA

Gail Strickler (PI), Mary Brolin, Eunjung Jee “Evaluation of Open Sky Community Services Community Mental Health Center Program”; Funder: Substance Abuse and Mental Health Services Administration; subcontract to Brandeis from the Bridge of Central Massachusetts Inc., d/b/a Open Sky Community Services

Cynthia Tschampl (PI) “Economic Evaluation of Ban on Sale of Diet Pills to Minors”; Funder: Harvard T.H. Chan School of Public Health
David Weil presents keynote speech at the Ex4OSH 2021 Conference

December 2021: Weil, former dean of the Heller School, gave a keynote address titled “The Impact of Workplace Reorganization on Worker Well-Being” at the Expanded Focus for Occupational Safety and Health International Conference, a collaboration between the National Institute for Occupational Safety and Health and the University of Texas School of Public Health, and focused on physical and psychological well-being in the workplace.

KEYNOTE ADDRESSES


Mechanic, R. “Challenges in Targeting the Right Patients for Care Coordination in Value-Based Care.” Keynote presented at the Chess Health Solutions Move to Value Summit, Virtual, May 2022.


HIGH-IMPACT CONFERENCE PRESENTATIONS


Campos, S., Green, T.C., Woodruff, J., and Noblit, S. “Fentanyl Test Strips for Harm Reduction and Overdose Prevention: Research and Legislative Update.” Poster presentation at the Rx Drug Abuse and Heroin Summit, Atlanta, April 2022.


Dixon, P. “Transitional Justice: From the Margins to the Mainstream and Beyond.” Presented at the International Studies Association Annual Conference, Virtual, April 2022.

Eaton, S. “Spotlight on Local Histories of Segregation.” Presented at the Othering and Belonging Institute, University of California, Berkeley, Virtual, March 2022.


Joshi, P. Panelist, “Integrating Racial/Ethnic Equity Into Policy Assessments: Application of a New Framework to Anti-Poverty Programs.” Presented at the Association for Public Policy and Management (APPAM) Annual Research Conference, March 2022. Dolores Acevedo-Garcia and Abigail N. Walters were co-authors of the paper.


at the 70th Annual Conference of the American Society of Tropical Medicine and Hygiene, Virtual, November 2021.

Tschampl, C.A. Opening Remarks for the Annual Thomas Q. Garvey Public Health Lecture, hosted by the Global Tuberculosis Institute at Rutgers University, Virtual, March 2022.


COMMUNITY ENGAGEMENT

Dassin, J. Presenter, “Digital Media for Community Development.” DePaul University Global Conversations, April/May 2022. DePaul University, in collaboration with over three dozen partner institutions, hosted a series of nine dynamic and dialogical discussions on global issues, connecting over 2,000 students with more than 170 faculty members and industry experts.

Noelke, C. Presented the Child Opportunity Index at Children’s Hospital of Los Angeles Neonatology Speaker Series, August 2021; Harvard T.H. Chan School of Public Health’s Maternal and Child Health Seminar Series, March 2022; and Tufts University Brown Bag Lunch Seminar, April 2022.


Simón, L. “Rethinking Caste in Higher Education.” Speaker at event sponsored by the India China Institute of The New School, Virtual, April 2022.

TRAININGS AND WEBINARS


Lempereur, A. “Leading Mediation Through the Unexpected.” Sponsored by Negotiation Strategies Institute, Nazareth, June 2022.


Loya, R. “Building Hope and Opportunity: Philanthropy’s Role in Catalyzing Children’s Savings Accounts.” Presented at the Campaign for Grade-Level Reading, April 2022.

Noelke, C., and Hardy, E. “Opportunity by the Numbers: Powerful New Data Tools and Data-Driven Strategies for Advocacy.” Presented at the Alliance for Early Success webinar on how data can be used as an advocacy tool to advance equitable early childhood policy, October 2021.


AWARDS AND HONORS

Anita Hill wins 2022 Silver Gavel Award
May 18, 2022: The American Bar Association has awarded Hill, University Professor of Social Policy, Law, and Women’s, Gender, and Sexuality Studies, a 2022 Silver Gavel Award for her book “Believing: Our Thirty-Year Journey to End Gender Violence.” The award recognizes outstanding work that fosters the American public’s understanding of law and the legal system.

APPOINTMENTS TO PROFESSIONAL ASSOCIATIONS, JOURNAL EDITORIAL BOARDS, REVIEW COMMITTEES

Dolores Acevedo-Garcia was appointed to the Societal Experts Action Network, a committee of the National Academies of Sciences, Engineering, and Medicine, launched in response to the COVID-19 pandemic to bring timely, actionable guidance to the critical and complex questions facing decision-makers.

Susan Eaton began a two-year term as a National Advisory Board member of Boston Bridges Initiative in September 2021.

Andrew Kolodny was appointed president of Physicians for Responsible Opioid Prescribing.

Joanne Nicholson is guest editor of a special issue of the journal Frontiers in Psychiatry, “Parents With Mental and/or Substance Use Disorders, vol. 2,” with Anja Wittkowski, Joanne L. Riebschleger, and Jean Lillian Paul. Thirty-four papers have been accepted so far, reflecting the work of 151 authors in 15 countries, with over 45,000 online views to date. The first volume, published in 2020, has had nearly 160,000 online views.

Joanne Nicholson was invited to join the SAMHSA (Substance Abuse and Mental Health Services Administration) Advisory Committee for Women’s Services. This committee advises the associate administrator for women’s services and the SAMHSA administrator on appropriate activities to be undertaken by the SAMHSA
Centers with respect to women’s substance abuse and mental health services.

Alexandra Piñeros-Shields, PhD’07, was elected to the Board of Directors of the American Civil Liberties Union of Massachusetts.

Sheryl Seller ’11, MA’13, was appointed to the program committee of Philanthropy Massachusetts.

Laurence Simon was appointed by the provost of Boston University to the Review Committee of the Global Development Policy Center, a policy-oriented research center working to advance financial stability, human well-being, and environmental sustainability across the globe.

Cynthia Tschampl, PhD’15, was voted chair-elect of Stop TB USA in February 2022. In February 2024, she will take office as chair.

SPECIAL AWARDS FOR PUBLICATIONS

The Child Opportunity Index interactive mapping platform of diversitydatakids.org was awarded a 2021 Data Viz Award by the Association of Public Data Users. The award recognizes “creative and meaningful graphic designs that use publicly available data (for example, data from the Census Bureau or Bureau of Labor Statistics) to convey a compelling point or story.”

A paper by Traci Green, with co-authors Jeffrey Bratberg and Deborah S. Finnell, earned the Substance Abuse Journal’s 2020 Award for “Most Downloaded Manuscript.” As of December 2021, the paper, titled “Opioid Use Disorder and the COVID-19 Pandemic: A Call to Sustain Regulatory Easements and Further Expand Access to Treatment,” had been downloaded 7,021 times since its publication in April 2020.

“Negotiated Sharing of Pandemic Data, Models, and Resources,” a 2020 research paper by the Stakeholder Alignment Collaborative, which includes Joel Cutcher-Gershenfeld and Rajesh Sampath, was among Negotiation Journal’s top 10 most-downloaded papers in the 12 months following its publication in October 2020.

CAREER ACHIEVEMENT AWARDS

Lisa Lynch was presented the 2022 Lifetime Achievement Award from LERA (the Labor and Employment Relations Association) at the LERA 74th Annual Meeting, Virtual, June 2022.

Alexandra Piñeros-Shields, PhD’07, was honored at the White House’s Fourth of July Celebration (2021) for her work in defending the rights of immigrants and promoting humane immigration reform.

FELLOWSHIPS

In the summer of 2021, Lindsay Rosenfeld was selected to the inaugural cohort of the Harvard Public Health Review Fellowship, where she produced a blog (“Engaging Health Equity”) with written and audio content focused on health equity in everyday practice for the public.

CONFERENCE PLANNING COMMITTEES

Karen Donelan was on the planning committee for the June 2022 Bozeman (Montana) Nursing Workforce Conference, “Anticipating and Preparing for the Longer-Term Implications of the COVID-19 Pandemic on the Nursing Workforce.” She also gave presentations on the results of a pre-meeting survey of participants and an overview of surveys of the public, nursing executive leaders, and registered nurses.
Public Engagement

**Lawmakers cite IERE’s work in letter to President Biden**

**Op-eds**


**Pamina Firchow** and her colleagues from Everyday Peace Indicators published an Aug. 20, 2021, op-ed in *The Conversation* titled “How Photography Can Build Peace and Justice in War-Torn Communities.”


**Ari Ne’eman** authored a July 20, 2021, op-ed in *Bloomberg* titled “People With Disabilities Need Services in the Community.”

**High-profile media coverage**

Research by **Rachel Sayko Adams, PhD’13**, was cited in a Sept. 8, 2021, article in *Newsweek*, “Study
Finds People Suffering Traumatic Brain Injuries Are More at Risk of Opioid Abuse.”

Karen Donelan was quoted in a Dec. 6, 2021, article in The Washington Post, “As COVID Persists, Nurses Are Leaving Staff Jobs — and Tripling Their Salaries as Travelers.”

Susan Eaton’s research on the Boston-based voluntary school-desegregation program, METCO, was featured on an Oct. 29, 2021, segment of the WCVB-TV news program “Chronicle,” “How METCO Changed Education in Massachusetts.”

Traci Green was quoted in an Aug. 2, 2021, article in Buzzfeed, “The Biden Administration Is Rejecting ‘the War on Drugs’ and Turning to ‘Harm Reduction.’”

In August 2021, InStyle magazine recognized Anita Hill as one of its “Badass 50,” women who are making the world a better place.

Anita Hill was interviewed for a Sept. 25, 2021, New York Times piece, “Anita Hill Has Some Perspective to Offer.”

Andrew Kolodny was featured in the following:
• NPR, Sept. 10, 2021, “Black Opioid Overdose Deaths Increase Faster Than Whites, Spurring Calls for Treatment Equity.”

Maria Madison was quoted in a Nov. 11, 2021, article in AP News, “Veterans Day Legislation Targets G.I. Bill Racial Inequities.”


Moaven Razavi, MS GHPM’06, PhD’11, was interviewed by the BBC World Service in May 2022. He discussed the WHO report, “14.9 Million Excess Deaths Associated With the COVID-19 Pandemic in 2020 and 2021.”

Rajesh Sampath and Laurence Simon were interviewed for WGBH’s March 14, 2022, article and news segment, “‘Hidden Discrimination’: California University Joins National Trend to Protect Against Caste Bias on Campus.”

Thomas Shapiro spoke to WBUR for its July 8, 2021, segment, “$8: The Complicated Story Behind One of the Most Repeated Statistics About Boston.”

Cindy Parks Thomas, PhD’00, was quoted in a Feb. 2, 2022, article on “Marketplace,” “Mark Cuban’s Cost Plus Drug Company Offers Discounted Drugs, But Can It Change the Pharmaceutical Industry?”

David Weil was quoted in a Feb. 7, 2022, article in The New Republic, “How the Economy Got Restructured to Screw Workers.”

HOSTING A LARGE EVENT/CONFERENCE WITH EXTERNAL STAKEHOLDERS

On Oct. 12, 2021, the Community Living Policy Center; the Lurie Institute for Disability Policy; the Brandeis Legal Studies Program; Brandeis University Press; and the International Center for Ethics, Justice, and Public Life presented a conversation at the Judge Rotenberg Center with author Jan Nisbet on the use of pain as treatment for children and adults with disabilities. Ari Ne’eman, visiting scholar at the Lurie Institute and co-founder of the Autistic Self Advocacy Network, served as moderator.

health care spending. **Robert Mechanic**, senior fellow at the Heller School and executive director of the Health Industry Forum, presented “Recent Experience and Future Outlook for ACOs and Bundled Payments.”

The **Institute for Behavioral Health (IBH)** of the **Schneider Institutes for Health Policy and Research** hosted the annual Addiction Health Services Research National Conference in October 2021. **Sharon Reif**, PhD’02, served as chair of the conference, and IBH director **Constance Horgan** and senior scientists **Maureen Stewart**, PhD’09, **Rachel Sayko Adams**, PhD’13, and **Mary Brolin**, PhD’05, served on the executive planning committee. Presentations by Heller faculty and researchers included:

- **Traci Green**, Plenary Presentation, “Harm Reduction Services and Research in the Age of Fentanyl and COVID-19.”
- **Cindy Parks Thomas**, Maureen T. Stewart, Cynthia Tschampel, Kumba Sennar, Neto Coulibaly, Daniel Schwartz, and Judith Dey, Poster Presentation, “Emergency Department Interventions for Opioid Use Disorder Treatment.”
- **Cynthia Tschampel**, Melissa Canuto, Diliana De Jesús, Melinda D’Ippolito, Micaury Guzman, Mary Jo Larson, Emily Stewart, and Lena Lundgren, Poster Presentation, “Overdose Risk, Adverse Childhood Experiences (ACEs), and PTSD Among Predominantly Latinx Treatment Users, 2019-2020.”

The **Massachusetts Health Policy Forum** held the following virtual forums during the 2021-22 school year:

- **Student Forum**. This annual event is designed to give advanced graduate students in public health, medicine, and health policy direct access to the workings of state government. Jan. 6-7, 2022.

The **Master of Public Policy** program sponsored a talk by **Robert Kuttner**, Meyer and Ida Kirstein Professor in Social Planning and Administration, on April 28, 2022, in which Kuttner discussed his book “Going Big: FDR’s Legacy, Biden’s New Deal, and the Struggle to Save Democracy.”

The **Schneider Institutes for Health Policy and Research** presented the Sixth Annual Stanley Wallack Distinguished Memorial Lecture on Jan. 20, 2022, with special guest speaker Richard Frank, Margaret Morris Professor of Health Economics Emeritus at Harvard Medical School. Frank discussed “Prescription Drug Affordability and the Supply of Cures.”

The **Eli J. & Phyllis N. Segal Citizen Leadership Program** sponsored these events for its constituents:


**RESEARCH CONTRIBUTIONS TO A POLITICAL PLATFORM, POLICY PROPOSAL, OR GOVERNMENT INITIATIVE/COMMITTEE**

On May 26, 2022, **Dolores Acevedo-Garcia** spoke about the importance of including children in immigrant families in family tax credits at a briefing to congressional staffers titled “The Overwhelming Benefits of Extending the Monthly Refundable Child Tax Credits: Key Findings on the Poverty-, Hunger-, and Inflation-Fighting Power of the CTC.”

In October 2021, **Christine Bishop** developed a memorandum on costs of Medicaid Adult Day Health services and presented it to the Massachusetts Center for Health Information and Analysis, supporting rate relief for adult day health providers.
A bill proposed in California (AB-2832) recommended the Institute for Child, Youth and Family Policy’s Child Opportunity Index as a potential screening tool for collecting data on racial and economic equity in order to provide the state’s highest-need communities with additional investments for early childhood infrastructure and resources.


CONGRESSIONAL OR LEGAL TESTIMONY

Andrew Kolodny presented testimony to the Massachusetts State Legislature on Nov. 8, 2021, regarding H.2068 — An Act Relative to Overdose Notifications for Opioid Prescribers.


Alexandra Piñeros-Shields, PhD’07, presented legislative testimony to the Special Joint Committee on Redistricting Hearing for Cities and Towns in the Massachusetts 6th Congressional District in July 2021.

COMMUNITY ENGAGEMENT

Our Generation Speaks fellows pitch 17 startup ideas
Summer 2022: Our Generation Speaks’ 30 Israeli and Palestinian fellows pitched 17 innovative startup ideas. In the process of developing and launching their startups, the cohort built trust and made lasting connections, adding to a growing cross-border community of 125+ entrepreneurial leaders dedicated to shaping a more peaceful future. As a leader in social impact, the Heller School is a natural home for OGS at Brandeis.

In March 2022, Peter Dixon facilitated “Restorative Justice in Concord,” a reconciliation dialogue between a local private school and The Robbins House, a local museum run by interim dean Maria Madison, around the history of slavery in Concord, Massachusetts.

Alain Lempereur served as a designer, leader, facilitator, and faculty member for the Global Executive Leadership Initiative (GELI), a new negotiation program for leaders from U.N. agencies, NGOs, and the Red Cross and Red Crescent Movement. GELI’s programs are developed in collaboration with the Harvard Humanitarian Initiative and the London School of Economics and Political Science, and GELI is hosted by the U.N. Office for Project Services. Lempereur led sessions on responsible negotiation and related topics during 2021 and 2022 in Dakar; Nairobi; Ramallah; and Dubai.

Walter Leutz, PhD’81, professor emeritus, leads a community-based participatory action research initiative called Waltham (Mass.) Connections for Healthy Aging. On May 20, 2022, Connections hosted the Waltham Healthy Aging Summit, whose purpose was to gather information from seniors on additional ways to make Waltham more age-friendly and to bring seniors together with agency leaders and public officials to discuss the issues and how to address them collaboratively. The focus areas were outdoor spaces, intergenerational programming, and inclusion of immigrants.

Maria Madison’s article, “The Underground Railroad: Black Heroes at the Wayside,” was published in the Fall 2021 issue of Discover Concord (Mass.) magazine.

Maria Madison’s blog post, “America’s Black History Month and Its Global Relevance,” was published on the Boston Network for International Development on Feb. 19, 2022.
Study highlights stress-related disorders in family members of COVID-19 ICU patients

June 2022: Masami Tabata-Kelly, a doctoral student in the Health concentration, was one of the authors of a study published in *JAMA Internal Medicine* titled “Stress-Related Disorders of Family Members of Patients Admitted to the Intensive Care Unit With COVID-19,” which examines the psychological impact of those who have had a family member admitted to the ICU with COVID-19. This study has been mentioned in 110 news stories from 95 different sources, including CNN, USA Today, and NBC News.

**PUBLICATIONS**


Morgan, J., and Ruggles, D. “Toward a Gender-Based Violence Research Agenda.” Presented at “Gender-Based Violence and Politics” Session, the Midwest Political Science Association Annual Conference, Chicago, April 2022.

“... I think for generations to come, members of our community can be like, ‘I, too, can be the mayor of Boston.’”

SAM HYUN, MPP/MBA’22, THE CHAIRPERSON OF THE MASSACHUSETTS ASIAN AMERICAN AND PACIFIC ISLANDERS COMMISSION, ON CAMPAIGNING FOR MAYOR MICHELLE WU THE BOSTON GLOBE
AWARDS AND HONORS

Phillip Aitken, MA COEX’22, Ruya Akar, MA SID/COEX’22, Gabriella Lanzi, MA SID/COEX’22, and Whitney Wehrle, MA SID/COEX’22, received Boren Awards to further their international and language studies. Making use of these grants, Phillip studied Portuguese in Cabo Verde; Ruya studied Arabic in Amman, Jordan, and Gabriella in Rabat, Morocco; and Whitney continued her studies of Armenian, which she began in country as a Peace Corps volunteer in 2018.

Samantha Berlus, MPP’23, and Armando Vizcardo, MPP’23, were among the recipients of the 2022 Harvard Kennedy School Rappaport Public Policy Fellowship. During the summer of 2022, Samantha worked with the Massachusetts Department of Transitional Assistance and Armando worked in the Massachusetts Office of the Treasurer and Receiver General’s Office of Economic Empowerment.

Jamie Morgan, PhD candidate, was invited to join the ANSIRH (Advancing New Standards in Reproductive Health) Abortion Researcher Incubator at the University of California, San Francisco. The program includes a membership in the Scholars Strategy Network, as well as participation in an intensive on-site session in San Francisco.

Ian Moura, PhD student, received a grant for a one-year research project from the Social Security Administration’s Analyzing Relationships Between Disability, Rehabilitation, and Work (ARDRAW) Small Grant Program. His project is titled “Identifying Autistic Perspectives on Support for Employment Success: Analyzing Data From the Autism and Employment Experiences Survey.”

Masami Tabata-Kelly, PhD student, and her co-authors (Hu, F., Johnston, F., Walling, A., Lindvall, C., Bernacki, R., Pusic, A.L., and Cooper, Z.) received the American College of Surgeons Owen Wangensteen Excellence in Research Award at the American College of Surgeons Annual Clinical Congress, October 2021, for their paper, “Surgeon-Reported Factors Influencing Adoption of Quality Standards for Goal-Concordant Care in Patients With Advanced Cancer.”

PUBLIC ENGAGEMENT

Muhammad Azam, MA SID’23, published two pieces in International Policy Digest: an April 18, 2022, article, “Understanding a Radicalized Pakistan,” and a May 3, 2022, article, “Revenge Politics Takes Newer Forms in Pakistan.”

Sandy Ho, MPP’22, co-wrote an article for the Winter 2022 issue of the Stanford Social Innovation Review, “Time for Philanthropy to Confront Ableism.” She argues that if philanthropy is to build a more just and equal society, it must combat ableism in its own institutions and practices.

Sam Hyun, MPP/MBA’22, was the subject of a Dec. 15, 2021, profile in The Boston Globe, “Sam Hyun Is Tireless in Amplifying Long Silenced AAPI Voices.”

Megan Madison, PhD candidate, was interviewed on a Sept. 21, 2021, segment of “CBS Mornings,” “How Parents Can Navigate First Conversations About Race and Gender With Young Kids.”

PhD student Janelle Ridley was quoted in a Sept. 28, 2021, Boston Globe story about The Run Around, a tabletop game about the juvenile justice system that is designed to be impossible to win.
Evaluating the impact of U.S. state immigrant inclusion policies on immigrant health and well-being: Priya Agarwal-Harding, PhD candidate

How Did You First Become Interested in Immigration Policy as a Topic for Your Dissertation?

I’ve always been really interested in the concept of inclusion, and I got my master’s in human rights policy from University College London, where I did some research on inclusion through semi-autonomous governance for Indigenous populations in Indonesia.

Prior to coming to Heller, I worked for several years on health equity and inclusion of poor and marginalized groups through a large Cambodian health-sector project connected with the World Bank. I had also spent time right out of college working to help refugees resettling in the Baltimore area, which had a profound impact on my understanding of immigrant experiences.

When I came to Heller, I knew I wanted to study how to make health systems more inclusive, but I wasn’t sure which groups I wanted to study. Over the past few years, I got more involved with a couple of research projects looking at migrant health. That was when it really clicked, and I got more interested in migration.

On a personal level, I grew up living all over the world — in Ghana, India, Thailand, Indonesia, the U.K., and the United States. I think I really related to immigrant experiences, and it felt intuitive for me to study those issues.

Tell Me About Your Dissertation.

My dissertation attempts to study broader contexts around immigration by looking at state-level policies on immigrant inclusion, and how these impact self-reported health outcomes — by legal status, and by race and ethnicity.
“There are structural forces that constrain that access, like social hierarchies and government policies, and I want to study that.”

PRIYA AGARWAL-HARDING, PhD CANDIDATE

There hasn’t been a lot of research on structural determinants of health and immigrant experiences, especially research that goes beyond studying access to care. There are structural forces that constrain that access, like social hierarchies and government policies, and I want to study that.

Researchers have mainly looked at immigration enforcement and access to public benefits, and I’ll be building on an exciting data source from the Urban Institute that tracked immigration policies between 2000 and 2020 across three domains: integration, public benefits, and enforcement. It’s a robust source that I’m hoping to add to.

I’ll also be looking at some social policy measures, like labor market, housing, and nondiscrimination laws. I want to build out a measurement of how we can look at inclusion at the state level and make a connection to health outcomes. I’ll also look at the impact of the Affordable Care Act’s Medicaid expansion of 2014, which was seminal in health policy for its overhaul of the health insurance system and how it impacted immigrant experiences and state policy in regard to who gets what benefits. I’m hoping to understand how that impacted immigrant inclusion and health outcomes.

WHAT HAVE YOU UNCOVERED SO FAR IN YOUR RESEARCH?

I’m in the process of writing my proposal and will be defending it soon, but I feel like I’ve been working on my research for two years already. I came into the program and slowly, through my coursework and research projects, I started doing preliminary analysis for my proposal and have looked more deeply into that Urban Institute data resource, which tracked policies over time. I wanted to make sure that my ideas about inclusion would hold up to investigation, and I was really happy with what I found.

The analysis I’ve undertaken so far supports my hypothesis that state policies flowed from being restrictive or exclusionary to inclusive, showing up as either negative or positive based on the Urban Institute data. Preliminarily, that does seem to hold up as an aggregate measure of inclusion, which I am excited about. Of course, the bulk of my research will happen after my proposal is defended.

HOW DO YOU HOPE TO INCORPORATE YOUR RESEARCH INTO WORK YOU’LL DO IN THE FUTURE?

My concentration is in global health, and my past work has also been in this area, so I see myself going back into that field. While my dissertation focuses on the U.S., I can really see the issue globally. How health systems can best integrate and promote inclusion for different migrant groups is a universal matter. I see it again and again in countries like the Democratic Republic of Congo (DRC), in Colombia, in Jordan, and in Bangladesh, and I’d love to keep working on these issues, both in the U.S. and globally.

Right now, I’m focused on getting my dissertation done, but hopefully I’ll soon be looking at opportunities to continue my research around the world.
Connecting communities and decision-makers to enhance peacebuilding policies: Peter Dixon

Research scientist Peter Dixon studies peace, conflict, and justice in the United States and abroad as part of the Conflict Resolution and Coexistence program (COEX), where he co-leads the Everyday Justice and Policy Innovation projects. He received Heller’s Early Career Investigator Award in 2022 for his work on how local experiences around peace and conflict shape policy. Here, he discusses his major research interests at Heller.

TELL ME ABOUT YOUR WORK ON THE PEACE PROCESS IN COLOMBIA.

I’m working with Professor Pamina Firchow from COEX and a team of researchers to understand how peace and conflict are experienced and understood locally in Colombia, with a focus on the 2016 peace agreement between the government and FARC (Fuerzas Armadas Revolucionarias de Colombia).

We are researching what peace means in everyday life versus how it is defined and implemented through state institutions. Peace agreements are an important part of peacebuilding, but they’re only one part. How peace is understood locally is often left out because countries like Colombia are highly centralized. I want to know how exclusionary or inclusive policy processes impact sustainable peace differently.

HOW DOES THIS WORK RELATE TO YOUR RESEARCH IN THE UNITED STATES?

I appreciate that the COEX program brings together students from the U.S. and abroad in ways that help make the world feel smaller. Peace and conflict studies can sometimes feel relevant only for “other” countries, but we’re seeing a real understanding that the issues we work on abroad are the same we are working on here. The United States is not an exception.
“Peace and conflict studies can sometimes feel relevant only for ‘other’ countries, but we’re seeing a real understanding that the issues we work on abroad are the same we are working on here.”

PETER DIXON

In Oakland, California, my work is motivated by a lot of the same questions about how to bridge community and elite voices through policy. I’m interested in how local experience and voice can make a difference in decisions around policing, criminal justice, and public safety, among other areas of interest.

For example, the national conversation around alternatives to policing and traditional public safety requires a parallel conversation around what we are measuring to identify priorities and determine success. Policymakers typically pay attention to crime statistics, but these only tell part of the story. How can we get policymakers to care about the upstream causes of violence when they are only measuring the downstream effects? One way is to bring communities together to define the indicators themselves, translating real-life experiences into the technocratic language of indicators that policymakers pay attention to. This is our first U.S.-based project at Everyday Peace Indicators, and we are working to develop more like it.

In Oakland, we work with community organizations because we want this research to be locally productive and yield useful data. Our partners have expressed interest in using the data to support their programming, advocacy, and grant writing. While cities invest in policing, we can provide this information and data on public safety that speak to the importance of promoting access to jobs, mental health services, community resources, and so much more.

HOW HAVE YOU BEEN INVOLVED IN RESEARCH ON REPARATIONS?

I had worked on issues of reparation at the International Criminal Court and elsewhere internationally, but never in the United States, until recently. In the wake of the Black Lives Matter protests in 2020, I was contacted by Human Rights Watch and got involved in their efforts to advance legislation on reparations for slavery through H.R.40 [the Commission to Study and Develop Reparation Proposals for African Americans Act]. This is by no means a new movement, but the confluence of the pandemic, the protests, and living in the age of social media brought wide-scale recognition to two truths: that Black and brown Americans face regular acts of extreme violence, and that these acts are linked to broader systems and legacies that the country has not dealt with.

If passed, H.R.40 wouldn’t provide reparations; rather, it would establish a commission to study the effects of slavery and explore what reparations could look like in practice. This is an important difference. I remain skeptical whether it will pass, unfortunately, but the bill has gotten farther than ever before — and that’s a great sign. Reparations would be an important part of the U.S. confronting and dealing with its past, and the fight for reparations could lend valuable support to the broader struggle for civil rights.
RESEARCH ACTIVITY
JULY 1, 2021- JUNE 30, 2022

108
NEW PROPOSALS

204
ACTIVE PROJECTS

10
RESEARCH INSTITUTES AND CENTERS

100+
RESEARCH STAFF

TOTAL FUNDING:
$18+ MILLION
NEWLY TENURED HELLER FACULTY

In January 2022, the Brandeis University Board of Trustees granted tenure status to three exceptional Heller School faculty members.

Karen Donelan
Stuart H. Altman Chair in U.S. Health Policy, Schneider Institutes for Health Policy and Research

Monika Mitra
Nancy Lurie Marks Associate Professor of Disability Policy and Director, Lurie Institute for Disability Policy

Pamina Firchow
Associate Professor, Master’s in Conflict Resolution and Coexistence Program