A MAGAZINE FOR THE HELLER SCHOOL FOR SOCIAL POLICY AND MANAGEMENT

HEALTH POLICY AT HELLER:

EMERGING MODELS, NEW IMPERATIVES

BRINGING AID TO WAR-TORN SYRIAN REFUGEES

The devastation of the Syrian Civil War has rippled outward into the Middle East, as wave after wave of refugees stream into surrounding nations. At the forefront of the refugee aid effort in Jordan is Mercy Corps, led in part by Country Director Robert Maroni, MA/SID'99. He and his colleagues have constructed refugee camps, built playgrounds, organized clothing donations and developed play-based interventions to help children cope with the trauma of war. Says Maroni, "We get the kids back to doing what they should be doing: playing, learning and enjoying their lives."

Brandeis University
P.O. Box 549110, MS 035
Waltham, MA 02454-9110

Lisa M. Lynch
Dean and Maurice B. Hexter Professor of Social and Economic Policy

Samuel O. Thier, MD
Chair, Heller Board of Overseers

Chrisann Newransky, MA'05
President, Heller Alumni Association Board

Leslie C. Godoff '71
Director, Development and Alumni Relations

Sharra Owens-Schwartz, MBA'10
Assistant Director, Alumni Relations and Annual Giving

Claudia J. Jacobs '70
Director of Communications Initiatives

Courtney Lombardo
Senior Program Administrator, Development and Alumni Relations

Office of Communications ©
Brandeis University 2013 D140

Heller

CONTENTS

2 LETTER FROM THE DEAN

4 SHAPING AND EXAMINING POLICY

14 ADVOCACY AND EDUCATION

24 RESEARCH

28 HAPPENINGS AT HELLER

30 MILESTONES

36 FINANCIALS

Welcome to the newly revamped biannual Heller magazine, where we share news about exciting new developments in our academic programs and research at Brandeis University's Heller School for Social Policy and Management, as well as highlight recent accomplishments from our extensive alumni community. In this issue, we focus on Heller's prominence in health care policy, which complements our leadership in other areas, including social policy, poverty alleviation, nonprofit management, sustainable international development, and coexistence and conflict. The rich collaborations that our health care policy experts undertake with their Heller colleagues ensure that our efforts to advance the field reflect a holistic understanding of how health considerations interact with issues around disability, inequality and other factors.

The stories in this magazine provide numerous and compelling examples of how Heller faculty, students, staff and alumni are positioned at the forefront of education, research and innovation in health-related policy and management. We are proud to share these narratives with you, which demonstrate our community's leadership in advancing health care in the U.S. and improving health outcomes for populations around the world. Topics range from the rising cost of care and the social factors that influence health to impacts and opportunities resulting from the implementation of the Affordable Care Act.

On the following pages, you will see examples of our success in honoring two bedrock features of Heller's educational programs and research: a commitment to link theory, policy and practice in all that we do, and an in-depth understanding of how effective management drives that linkage. What social policies work best to promote human well-being? What are the steps that need to be taken to transform a great idea into a successful program? What constitutes an effective policy implementation, and what can that process teach researchers and managers about best practices and achieving incremental improvements? These are the kinds of questions that drive Heller's efforts in social policy and enable us to succeed as both thinkers and doers.

Heller's rich and varied offerings in health care-related disciplines constitute a significant part of the school's overall expertise in social policy. Degree options at Heller that focus on health include a doctorate with a health policy concentration, an MS in international health policy management, an MBA/MD offered in conjunction with Tufts University School of Medicine, and dual degrees that combine health policy studies with law, women's and gender studies, and other areas of specialization. The school's thought leadership in health policy is further strengthened by its nine world-class research centers and institutes, which received more than $21 million in sponsored research funding during the past year.

As always, we welcome this opportunity to share the latest accomplishments of the Heller School community with our alumni, who put the principles of Heller's educational philosophy into practice every day, and our extended community of colleagues and supporters. Please accept my personal thanks for your interest and support for the important work Heller is pursuing. I urge you to learn more about our educational programs and research across the social policy spectrum at heller.brandeis.edu.

Warm regards,

Lisa M. Lynch

Lisa M. Lynch, PhD
Dean and Maurice B. Hexter
Professor of Social and Economic Policy

REFORMING SOCIAL INSURANCE

G. Lawrence Atkins, PhD'85, president of the National Academy of Social Insurance, was recently appointed staff director of the federal Commission on Long-Term Care. He will lead a 15-member bipartisan congressional group tasked with creating a plan to improve the delivery and financing of government programs, such as Social Security and Medicaid, designed to care for older adults and people with disabilities. Atkins brings with him nearly 40 years of experience in policy analysis and health care consulting, including service under Senator John Heinz in the 1980s as staff director of the Senate Special Commission on Aging.

SHAPING AND EXAMINING POLICY

KEEPING HEALTH CARE COSTS DOWN REQUIRES STRONG MEDICINE

He has advised five U.S. presidents on health care policy, beginning with Richard Nixon in 1971 and ending (for now) with Barack Obama. Last November, he accepted his second appointment from a sitting Massachusetts governor to tackle what may be an even greater challenge: containing health care costs.

He's Stuart Altman, the Sol C. Chaikin Professor of National Health Policy at the Heller School, and he has spent the past 42 years in the thick of one of the most controversial public policy debates of modern times. Now 76, with no intention of slowing down, he is one of the nation's best-informed and most influential thinkers on the issue.

"We are fortunate to have these first-class institutions in Boston. They provide quality care and people want to use them, but for most health needs, people can get quality care from less-expensive facilities."

STUART ALTMAN, PHD, SOL C. CHAIKIN PROFESSOR OF NATIONAL HEALTH POLICY AT THE HELLER SCHOOL

"I didn't grow up with the clear intention of doing this," Altman says, a PhD economist who wrote his dissertation on the importance of women in the labor force. But his scholarship caught the eye of former colleagues in the Lyndon Johnson–era Department of Health, Education and Welfare, who recruited him to study the nation's supply of registered nurses — and the direction of his career was set. He has focused on health policy reform ever since, including during the 19 years he served as dean of the Heller School.

"Unfortunately, after all these years and all these efforts, we haven't been successful in controlling health care costs," he says. "Why? Well, health care employs a lot of people — many of whom are very well paid — and buys a lot of technology and drugs, which are expensive. On top of that, we have neither a well-functioning market in health care nor effective government regulation."

ANOTHER MASSACHUSETTS MIRACLE?

There's reason to be optimistic in Massachusetts, however, where the leadership, hospitals and insurance companies are committed to serious policy change. In November 2012, Altman was appointed by Governor Deval Patrick to chair the state's new 11-person Health Policy Commission charged with reducing the growth of health care costs.

"We are not a regulatory body, and we can't tell doctors what they can charge or whether hospitals can merge," Altman explains. "Our role is to assist the health system to change the way it is paid and organized. We're the eyes and ears of the public, speaking out for their interests.

"We are fortunate to have these first-class institutions in Boston," he continues. "They provide quality care and people want to use them, but for most health needs, people can get quality care from less-expensive facilities."

Recently, the federal Centers for Medicare & Medicaid Services released data that shows the wide disparity of costs for the same services, even in the same geographic region. The Huffington Post reviewed the data and noted in a May 8, 2013, article that treatment for chronic obstructive pulmonary disease at a hospital in New Jersey costs $99,690, while the same treatment in a Bronx, N.Y., medical center costs only $7,044.

"There is a growing number of experts who believe that patients should have more responsibility for their own health care," says

Altman. "To make it work, individuals would have to pay more themselves through a high deductible, which would force them to make decisions about what services they really need and where they should go to get them. It requires that consumers have a lot of information, and that institutions be transparent about their costs. We're far from there right now."

IS COST CONTAINMENT IN A CAPITALIST COUNTRY POSSIBLE?

The alternative, Altman notes, is what other countries do: the government puts pressure on health care institutions and dictates what they can charge. Most critics would say that is an un-American approach to cost containment.

"One of the big reasons why universal health coverage was so difficult to pass is that there are significant numbers of Americans who either don't think everyone should have health coverage or who are opposed on principle about the active role of government in such matters," he says. "The fact is, Obamacare is not as extensive as many liberals want, and it's not at all a government takeover of the health system, like many conservatives believe.

"So, few are happy with the outcome," he laments. In his 2011 book, "Power, Politics and Universal Health Care: The Inside Story of a Century-Long Battle" (Prometheus Books), co-authored with David Shachtman, Altman notes, "[F]undamental changes are needed in the way we organize and deliver care and the way we pay for personnel and services. Solutions will ultimately involve controlling both use and price. Until now, neither American consumers nor the health care industry have been willing to support such reforms."

If that continues, Altman, having recently begun his three-year term as chair of the Massachusetts Health Policy Commission, may continue to find himself as the go-to guy for the next wave of health care cost-control struggles. Says the septuagenarian, "After three years, if I still have the strength and there are more challenges out there, I'm ready to take them on."

GROWING INNOVATION IN THE LIFE SCIENCES

Massachusetts is adding life sciences jobs to the economy faster than any state in the country, thanks to visionaries such as Susan Windham-Bannister, PhD'77. The first president and CEO of the Massachusetts Life Sciences Center, Windham-Bannister is responsible for driving innovation in the life sciences and creating economic growth throughout the Commonwealth. "This intersection of policy and business combines my Heller School training with my professional experience," she says. "With every investment the center makes, I'm mindful of the mission to do well and to do good."

PREPARED FOR THE WORST, BOSTON'S MEDICAL COMMUNITY RESPONDS WITH ITS BEST

In the first minutes and hours after the Boston Marathon bombings, which killed three people and severely injured hundreds more, the city's swift and massive medical response is credited with saving many lives. The head of Boston's public health agency — Heller alumna Barbara Ferrer, PhD'94 — says years of planning and training were key.

It was one of those moments public officials await with dread. At 2:55 on a Monday afternoon, the day of the Boston Marathon, Barbara Ferrer was working in her sixth-floor office when a dozen police cars went hurtling by in the street below, their lights flashing and sirens blaring.

With a jolt, Ferrer immediately guessed that something had gone wrong during the Marathon. Her concern was well founded. As executive director of the Boston Public Health Commission (BPHC), she oversees the agency responsible for planning and coordinating the citywide response to medical emergencies, including those stemming from terrorist attacks. As such, many of Ferrer's staff, including several crews from Boston Emergency Medical Services (EMS), were working at the race that day.

"THIS IS NOT A TEST."

An urgent call to Boston EMS Chief Jimmy Hooley revealed that the worst had happened: two bombs had gone off at the finish line on Boylston Street, which, at that hour, was crowded with runners, spectators and support personnel. In a second call, to Atyia Martin, head of the Office of Public Health Preparedness, Ferrer confirmed that the medical response was already under way. Ferrer immediately jumped in her car and headed for Boylston Street, worried for her colleagues' safety and aware that years of preparing for this moment were about to be put to the test.

Arriving at the chaotic bombing scene, she was briefed by Hooley. "None of our staff was hurt, but three people had already died at the scene, and at least 90 were injured, many of them severely. Thanks to an effective triage process, the injured had all been transported to area hospitals within 30 minutes. Still, we were very worried about survival rates," says Ferrer. "It's a real testament to how well the system worked that everybody who got transported survived. Because that wasn't a certainty."

PREPARED FOR THE WORST

Held on Patriots' Day — which marks the start of the American Revolution — the Boston Marathon is an international event that attracts 20,000 runners and a half-million spectators. "The large crowds, global visibility and historic nature of the day make it an attractive target for terrorism and, therefore, a focus for disaster preparedness," says Ferrer. The cities and towns along the race route deploy a massive public safety presence, and the medical personnel who are in place to treat runners for things like dehydration and chest pains are also trained to assist police and rescue workers during an emergency.

Explaining further, Ferrer says, "There are two large medical tents at the finish line staffed by 100-plus volunteers, many of them doctors and nurses. There typically are a dozen or more Boston EMS crews standing by to transport runners who need further care to a nearby hospital. And those hospitals, which include some of the best in the world, are on alert and staffed to handle a surge in cases."

A GRIM BUT WELL-REHEARSED DANCE

Within seconds of the bombs going off, all these resources were transformed into a cadre of first responders, performing a grim but well-rehearsed dance of triage and emergency treatment at the scene, rapid transport and skilled trauma care in emergency rooms across the city and suburbs.

With the injured safely evacuated, Ferrer hurried to the nearby command post, where city, state and federal officials would direct a massive and highly coordinated response over the next 10 days. Ferrer's staff quickly shifted its focus to two major recovery tasks: coordinating support for the victims and their families and assisting out-of-town visitors. "One of our first jobs was to notify the families of the injured," says Ferrer. "People were desperate to find out if their loved ones were hurt and, if so, what hospital they had been taken to. Informing the families about injuries, which in many cases required amputation, had to be done with speed, accuracy and sensitivity while protecting everyone's privacy."

HELPING VICTIMS ADAPT TO A NEW REALITY

Within days, the city opened a Family Assistance Center, partnering with many agencies to help families of the seriously wounded prepare for a new reality. The center provided help with registering for disaster-related benefits, arranging counseling and rehabilitation services, and obtaining handicap-accessible housing. The families were also invited to a private dinner hosted by Ferrer's boss, Boston Mayor Thomas M. Menino, and a closed-door briefing with the FBI.

BPHC also coordinated assistance for thousands of out-of-town visitors who had been displaced by the bombing and subsequent criminal investigation. A temporary drop-in center provided a place where families could reunite, access trauma counseling and temporary shelter, and get help rearranging disrupted travel plans.

SHARING THE LESSONS

Since the bombing, Ferrer and her staff have been contacted by public officials from around the world, eager to learn from Boston's much-heralded medical response. She believes that three factors — partnerships, training and public support — were critical in minimizing the loss of life and shutting down any further attacks.

"The city's response to such a catastrophic event couldn't have happened without deep and tested partnerships," she says, citing the high level of collaboration among city, state and federal authorities. "The importance of everyone being willing to play together — before, during and after the attack — can't be overstated."

Training was a second factor. "For the last 10 years, we have been able to plan, train and practice together. For example, we held a three-day, citywide exercise called Urban Shield that involved all the area hospitals. These kinds of investments in preparedness are crucial."

Ferrer also marvels at the many ways ordinary citizens rose to the occasion. "The people who rushed to help the victims, using their belts and shirts as tourniquets, were first responders in every sense," she says. "And you could see the public's resilience and civic spirit in their cooperation with the lockdown, their financial support for the victims' fund and in many small acts of personal generosity."

Adds Ferrer, "We can't prevent every act of terror. We know that. But what happened in Boston shows that with the proper training and a great deal of cooperation, we can minimize the impact of such acts."

IMPROVING MINORITY HEALTH

While serving as associate dean of the College of Behavioral and Social Sciences at North Carolina Central University, M. La Verne Reid, PhD'99, has pursued her passions for teaching, research, health advocacy, community outreach, and improving health outcomes and health career opportunities for disadvantaged and minority populations. An expert in community-based participatory research, Reid has served as principal investigator or project adviser on a number of cutting-edge health promotion and human capital projects aimed at alleviating health disparities — including projects examining the health determinants for pervasive and chronic diseases such as HIV/AIDS, cancer and diabetes.

PIONEERING IDEAS, ACTIONABLE SOLUTIONS:

Heller's Health Organizations Inform Policy and Practice

To engage with the most prominent thinkers in the areas of health policy and the structure of health care organizations, many civil servants, researchers, policy advocates and health care leaders turn to three Heller School organizations: the Health Industry Forum, the Massachusetts Health Policy Forum and the Relational Coordination Research Collaborative. Founded and directed by some of the nation's most highly regarded health industry researchers and educators, each of the organizations focuses on improving health outcomes and effecting positive transformation throughout the U.S. health care system.

PROVIDING COVERAGE TO THE UNDERSERVED

Audrey Shelto, MMHS'82, was recently named president of the Blue Cross Blue Shield of Massachusetts Foundation, reprising a role that she held in interim status in 2005. A key player in the foundation's early history, Shelto helped create its initial policy and grant-making programs as well as its innovative Roadmap to Coverage. She has held a number of leadership positions in her 30-year career, including chief operating officer of Neighborhood Health Plan, and played a significant role in the development of the Boston Medical Center and the Boston Public Health Commission.

HEALTH INDUSTRY FORUM

Chaired by Professor Stuart Altman and directed by Senior Fellow Robert Mechanic, the Health Industry Forum (HIF) aims to develop practical, actionable, market-oriented strategies to improve the health care system's quality, efficiency and effectiveness. In the 2013 fiscal year, HIF staff collaborated with colleagues at the Heller School and beyond on a range of projects, including analyzing the impact of new health care payment models and delivery system reforms. (See sidebar.)

The HIF also hosted six forums focused on issues of pressing concern, including the challenges states face in controlling costs and implementing the Affordable Care Act; the expanding role of molecular diagnostics in the health care system; the challenge of holding health systems accountable for controlling health care spending; and key forces and trends that will influence the health insurance, health care delivery and biopharmaceutical sectors over the next five to 10 years.

MASSACHUSETTS HEALTH POLICY FORUM

The Massachusetts Health Policy Forum (MHPF) is a nonprofit, nonpartisan organization dedicated to improving health care in the Commonwealth by convening forums and commissioning and presenting the highest quality research to legislators, the public and other stakeholders. Directed by Assistant Professor Michael Doonan, PhD'02, the MHPF brings together health care leaders, policymakers, consumer advocates and academics to identify and clarify health policy problems and propose a range of potential solutions.

In FY'13, the MHPF hosted four forums that continued its multiyear focus on two crucial health objectives: healthy aging and curbing the state's growing obesity epidemic. In early 2013, the MHPF also brought together thought leaders to discuss the impact of the 2012 presidential election on health policy.

RELATIONAL COORDINATION RESEARCH COLLABORATIVE

Founded in 2011 by Professor Jody Hoffer Gittell, the Relational Coordination Research Collaborative (RCRC) brings researchers and practitioners together to develop, test and promote relational models of organizational change. The research provides organizations with insight into building shared goals, shared knowledge and mutual respect among coworkers, among organizations, between workers and managers, and between workers and clients — with the ultimate goal of improving quality, cost-effectiveness and sustainability in the health care industry and beyond.

During the past year, the RCRC hosted a roundtable at Dartmouth, a research colloquium at Brandeis and monthly webinars featuring academic leaders, hospital administrators and private-sector innovators who shared their personal experiences adopting relational coordination techniques. The RCRC also fostered speaking engagements and trainings in five countries and launched the RCRC Online Learning Center (rcrc.brandeis.edu) to foster active discussion within the broader community.

ALTERNATIVE STRATEGIES, COMMON GOALS

In an effort to create a payment system that aligns financial goals with clinical goals — linking payment to quality, outcomes and efficiency — Blue Cross Blue Shield of Massachusetts (BCBSMA) began to offer a five-year Alternative Quality Contract (AQC) to provider organizations on an optional basis starting in 2009.

The BCBSMA AQC is an innovative private-sector global payment model that combines a fixed per-patient payment (adjusted annually for health status and inflation) with performance incentive payments. Seven provider organizations joined the AQC in 2009 and four more joined the following year — equaling more than 1,600 primary care physicians and 3,200 specialists.

In a recent paper published in Health Affairs and the New England Journal of Medicine, Senior Fellow Robert Mechanic and a team of researchers reported initial positive results for participating providers. Their study shows that participation in the AQC resulted in a slower increase in spending compared to control groups — at a rate of 2.8 percent over two years. What's more, the quality of care compared to control groups also improved.

The team is currently performing a second evaluation of the medical groups participating in the AQC, assessing their perceptions of initial performance improvement strategies and the extent to which they have modified or expanded these strategies through the contract's fourth year.

"Many policy experts have been advocating for a payment system like the AQC for years, and we now have the opportunity to test its merit," says Mechanic. "Our study will gather provider feedback and evaluate the continued bottom-line and quality impacts of the pay-for-performance methodology."

Michael Doonan, PhD'02, Heller School assistant professor, MPP program director and executive director of the Massachusetts Health Policy Forum, recently published "American Federalism in Practice: The Formulation of Contemporary Health Policy."

The book analyzes past policies such as the Children's Health Insurance Program (CHIP), the Health Insurance Portability and Accountability Act (HIPAA) and Massachusetts health care reform, providing insight into federal-state relationships and a new framework for viewing the current health care debate. We caught up with him to learn more about the book and how he hopes it will influence people's understanding of federalism and health policy.

WHERE DOES YOUR BOOK FIT WITHIN THE CANON OF HEALTH POLICY LITERATURE?

My book takes federalism literature in an entirely new direction. It looks at the federal-state relationship across the entire policy process, from a law's passage to its implementation, which hasn't really been done before. I worked on health care reform under President Clinton, as a fellow for the U.S. Senate Finance Committee and as an analyst at the Centers for Medicare & Medicaid Services (CMS), so this book pulls together my experience at the executive, legislative and operational levels.

WHAT ARE SOME ASPECTS OF THE MASSACHUSETTS HEALTH CARE REFORM PROCESS THAT CAN INFORM THE AFFORDABLE CARE ACT'S IMPLEMENTATION?

Massachusetts showed that you can implement an individual mandate and that it works. The state has achieved 98 percent insurance coverage by asking more of individuals, of the government and of businesses. The Affordable Care Act (ACA), or Obamacare, uses the same overall strategy.

Midcourse corrections were essential in Massachusetts, but unfortunately when it comes to the ACA, Congress is unlikely to pass anything that will ease its implementation. We have gridlock at the federal level, and we need to consider alternative solutions.

ARE YOU OPTIMISTIC ABOUT THE FUTURE OF OBAMACARE?

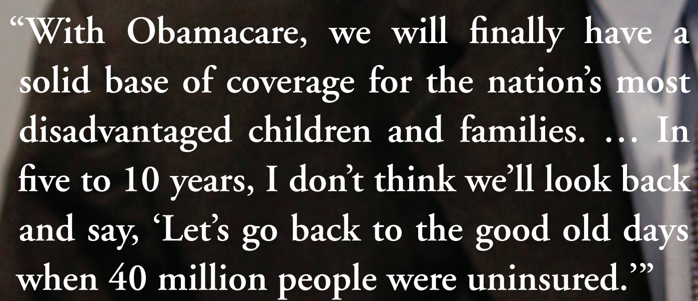
Yes, I am. History has shown, and I show in my book, that implementation is always ugly. We'll continue to hear stories about the Obama administration's failures, but we heard the same things about Medicare and Social Security.

With Obamacare, we will finally have a solid base of coverage for the nation's most disadvantaged children and families. Obama's reelection made this easier to put into place and harder to repeal. Once the reforms are implemented, the system will be fundamentally changed. In five to 10 years, I don't think we'll look back and say, "Let's go back to the good old days when 40 million people were uninsured."

HOW MIGHT YOUR BOOK CHANGE THE WAY PEOPLE LOOK AT FEDERALISM AND HEALTH CARE POLICY?

In the book, I provide new insight into American federalism and the federal-state relationship in rule making and implementation. I propose solutions based on systematic observation that some people may find uncomfortable but I believe are essential for health care reform to work.

There's no magic fix, and progressives need to stop waiting for FDR or LBJ to walk through the door. Real change often begins at the state level: Massachusetts foreshadowed health care reform, California was the first to require fuel efficiency standards for cars, New York pioneered food labeling at fast food restaurants, and they all influenced national standards. With Washington in a stalemate, progressives need to do a better job of pushing their agenda at the state and local levels in order to ultimately create more equitable opportunity nationally. National health care reform, while it still has a ways to go, is an example of a progressive intergovernmental dynamic that will result in the coverage of millions of the most vulnerable.



"With Obamacare, we will finally have a solid base of coverage for the nation's most disadvantaged children and families. … In five to 10 years, I don't think we'll look back and say, 'Let's go back to the good old days when 40 million people were uninsured.'"

MICHAEL DOONAN, PhD'02, ASSISTANT PROFESSOR AND MPP PROGRAM DIRECTOR

Bar

by Race/Ethnicity

SPANIC BLACK AND NON-HISPANIC

Print / PDF /

Non-Hispanic Asian/Pac. Islander

0.0% 1.3% 2.7%

Chicago-Naperville-Joliet, IL-IN-WI

4.7%
5.5%
7.0%
12.1%

4.3%
5.3%
5.8%
10.5%

4.3%
6.2%
6.4%
10.7%

4.7%
7.1%
6.9%
11.7%

ADVOCACY AND EDUCATION

ON THE GROUND AND AT THE PODIUM: THE WORK OF THE INSTITUTE FOR CHILD, YOUTH AND FAMILY POLICY

From the effect of housing policy on children's health, to the implementation of nutrition standards in schools, to strategies for training home health care workers, researchers at the Heller School's Institute for Child, Youth and Family Policy (ICYFP) continue to explore issues that are critical to the health and well-being of the nation's most vulnerable.

THE RACIAL AND ETHNIC HEALTH DIVIDE

Although the overall quality of health care in the U.S. has improved dramatically over the past several decades, health outcomes still differ greatly among racial and ethnic groups. African-American mothers, for example, are at higher risk of giving birth to preterm babies than white women. While access to adequate health care explains some disparities, it doesn't account for them all. ICYFP Director Dolores Acevedo-Garcia, Heller's Samuel F. and Rose B. Gingold Professor of Human Development and Social Policy, has spent the better part of her career exploring the social factors that influence health.

"It is completely unacceptable that there are such significant health disparities in the U.S. despite the fact that they have been recognized for decades," says Acevedo-Garcia.

"Very early in my doctoral education I realized that housing has a significant impact on health," she continues. "Housing means not only the house or apartment children live in, but also the kind of neighborhood they grow up in, the kind of school they go to, and whether or not they have access to open spaces and good, healthy, affordable food."

According to Acevedo-Garcia, studies suggest that the urban centers in which health disparities are the most pronounced are also those with the highest degree of housing segregation. What's even more remarkable, she notes, is evidence that even the neighborhood environment a child's grandmother grew up in plays a role in the child's health. "Better housing policies could potentially go a long way toward reducing health disparities," she says.

BETTER DATA, BETTER RESULTS

Acevedo-Garcia is currently a member of the MacArthur Research Network for How Housing Matters for Children and Families, which is supported by the John D. and Catherine T. MacArthur Foundation. Comprising 10 researchers from a number of organizations, the network is studying the effects of housing quality and affordability on the well-being of children in four urban centers in the United States — Cleveland, Dallas, Denver and Seattle — with a focus on child developmental and health outcomes.

"Child welfare should be at the heart of housing-related policy decisions," says Acevedo-Garcia. "With a better understanding of how housing influences child development, policy advocates and government leaders can develop sound and effective affordable housing policies."

Getting useful information into the right hands is a major focus for Acevedo-Garcia, who is the director of diversitydata.org, a website dedicated to gathering and disseminating statistics on the social determinants of health and health outcomes for the major racial and ethnic groups in all U.S. metropolitan areas. The site posts data — organized by geographic region as well as by race and ethnicity — on everything from birth weight and home ownership to employment opportunities. "In terms of health," says Acevedo-Garcia, "our hope is to bring the racial disparities to light and enable public health leaders to target the regions and populations most in need of intervention."

POSITIVE DEVELOPMENTS

While the slowness of the public and private sectors in addressing health disparities may be disheartening to some — especially those who've been exploring the issue for decades — Acevedo-Garcia remains optimistic. One reason she cites is that many health care leaders, including major insurance companies, are becoming more engaged in the conversation.

Acevedo-Garcia recently delivered a keynote presentation on health issues important to the Hispanic community at a convention organized by the Aetna Foundation, which hopes to increase private philanthropy to organizations focused on improving public health for minority groups. She called attention to the main social determinants of health within the Hispanic population, including the role played by immigration.

"There is much more recognition today than there was a few decades ago of health disparities, the social determinants of health and the importance of social policy — not just health care policy — in improving health outcomes," says Acevedo-Garcia. "Housing policy and health policy experts are collaborating more than ever before. It's an exciting time to be working on these issues."

ASSESSING THE IMPACT OF NUTRITION STANDARDS ON SCHOOLS AND STUDENTS

In 2010, the Massachusetts state legislature passed one of the country's most comprehensive bills on school nutrition. The new standards, which public elementary, middle and high schools were required to adopt by August 2012, are based on Institute of Medicine recommendations to limit calories, portion sizes, saturated and trans fats, sugar content and sodium in "competitive" foods and beverages — those that students can purchase à la carte in school cafeterias and vending machines but are not offered as part of school lunch.

Have schools been successful in implementing these changes? Do students reject the healthier foods? Have these changes impacted the schools' financial health? These are some of the questions that ICYFP Senior Scientist Lindsay Rosenfeld, ScD, ScM, seeks to answer through the NOURISH (Nutrition Opportunities to Understand Reforms Involving Student Health) study, funded by Harvard Catalyst and the Robert Wood Johnson Foundation and conducted in collaboration with researchers at the Harvard School of Public Health, Northeastern University and the Massachusetts Department of Public Health.

The research team, led by principal investigator Eric Rimm, ScD, of the Harvard School of Public Health, and Brandeis PI Rosenfeld, began visiting schools across the state in spring 2012 — before the new regulations took effect — to collect data on the school food environment, food and beverage product availability, and student diets. The team is currently returning to these schools to assess their compliance with the new standards and determine whether the changes have impacted students' eating habits, the food products available to them and the bottom lines of the schools' food service departments.

"By determining which strategies have been most successful in implementing the new standards," says Rosenfeld, "we hope to provide useful data to other Massachusetts schools, to states considering adopting similar policies and to the federal government as it reassesses nutrition guidelines for schools."

EXPLORING TRAINING PROGRAMS FOR HOME HEALTH CARE WORKERS

According to Heller School Senior Scientist Pam Joshi, PhD'01, studies indicate that health aides who provide direct, home-based care to patients are sometimes asked to perform tasks that are beyond their training — and their pay grade — and are potentially dangerous for them and their clients, such as dispersing medicine, providing emotional support and working incredibly long hours. What's more, the majority of homecare workers are minority and immigrant women, many of whom have limited formal education and may have difficulty communicating with their clients, other care givers and employers.

Given the national policy shift toward home-based health care, ICYFP researchers, including Joshi, Acevedo-Garcia and Lisa Dodson, PhD'93, are determined to expand understanding of the demands of homecare work and pinpoint effective training approaches for this segment of the workforce. They are embarking on an in-depth case study of the enhanced role of homecare workers and the training approaches that are often undertaken in conjunction with the 1199SEIU Training and Upgrading Fund, a joint labor management project that offers training to unionized health care workers. This research study will assess approaches to skill development and to meeting the complex needs of the home health care workforce, including better communication skills, balancing work and family obligations, improved wages and upward career mobility.

With its focus on better training, says Joshi, "the Affordable Care Act has opened up the possibility to look at these issues in a new way and for greater collaboration among family and health care policy scientists." Joshi and her team plan to expand their study to additional training programs in an effort to determine best practices for improving and supporting the home health care workforce.

RESPONSIVE RESEARCH: INFLUENCING DISABILITY HEALTH POLICY IN REAL TIME

When Wisconsin Congressman Paul Ryan put forth his 2012 budget proposal, one of his plans was to dramatically reduce funding for Supplemental Security Income (SSI), a financial assistance program for poor families who take care of disabled children or adults. The proposal specifically targeted families with more than one disabled child or adult, based on Congressman Ryan's assertion that such families could realize economies of scale when it came to disability health services.

Working as part of a broader coalition of public interest law firms and advocacy groups, the Lurie Institute for Disability Policy quickly crunched some numbers in defense of SSI — just one recent example of the institute's commitment to responsive and socially relevant research, a commitment that is shared throughout the Heller School.

"My team did some very fast analyses to show that hardship and deprivation are significant in families who are raising kids with disabilities, and particularly deep for families with two or more kids with disabilities," explains Susan Parish, director of the Lurie Institute and the Nancy Lurie Marks Professor of Disability Policy. "Now this is not rocket science. Two logical human beings sitting in Starbucks could have sorted this out on their own. But I think what was needed here was someone to say empirically, 'This is what the research says.' We gave data that informed the advocacy, and the program was, in fact, not cut."

ILLUMINATING HEALTH CARE SERVICE GAPS

The work of Lurie Institute researchers helps to frame current health policy debates and decisions, directly affecting the well-being of people with disabilities and their caregivers. The institute's ongoing research on children with autism, for example, began several years ago in reaction to the rapidly

growing number of children diagnosed with the disease. The most recent statistics from the Centers for Disease Control and Prevention indicate that one in 88 children in the U.S. has an autism spectrum disorder, an increase of 78 percent from six years ago. More diagnoses mean more children and families who are accessing (or trying to access) health care and other services related to autism, which also means more potential for issues related to care quality and access.

Since 2012, Parish and her research collaborators have published no fewer than six studies looking at health care services for children with autism from multiple perspectives: racial and ethnic disparities in quality of care (see sidebar), family financial burden and state Medicaid reimbursements, and the transition from youth to adulthood. Their findings, which have been widely published in scientific journals such as the Maternal and Child Health Journal and the American Journal on Intellectual and Developmental Disabilities, have illuminated many gaps in the health care system for children with autism and their families.

But illuminating is only part of the process when you're a research center focused on policy. "Part of what we do is put together very short and much more readable study briefs that are designed for advocates, reporters and policymakers," says Parish. These briefs become part of the communications toolkit for advocacy groups and news outlets, essentially disseminating what was once "scientific speak" into the broader world in a form that is easily understood and critically impactful.

PROMOTING POSITIVE CHANGE

The next few years are expected to bring big changes to disability health services in light of ongoing implementation of the Affordable Care Act (ACA), which Parish calls "overwhelmingly the most positive thing to happen in the disability community since passage of the Americans with Disabilities Act in 1990." Not only is the ACA expected to close the insurance gap for many disabled people who currently fall through the cracks, but it also emphasizes a coordinated care model that is particularly relevant for those with disabilities given the high complexity of their health care needs.

Helping to ensure that this landmark bill achieves its stated intentions for the disability community is high on the priority list for researchers at the Lurie Institute. "There's a lot of work that remains before people with disabilities have access to the same quality of care as non-disabled folks," says Parish. "That's what drives us."

PUTTING AUTISM RESEARCH INTO ACTION FOR LATINO FAMILIES

When Heller School alumnus Sandy Magaña, PhD'99, met Susan Parish at the University of Wisconsin-Madison, they were both post-docs with a shared research interest in the cultural context of disability health services. Nearly a decade later, that shared research interest has blossomed into a highly productive working relationship, with numerous co-published studies to show for it. Their collaborative research on health care disparities among Latino and African American children with developmental disabilities helped lay the groundwork for a community-based intervention project that Magaña is spearheading for Latino parents of children with autism. After a successful pilot in Wisconsin, Magaña — now a professor at the University of Illinois at Chicago in the Department of Disability and Human Development — is applying for funding for a larger-scale intervention program that will be offered to communities in both Chicago and Los Angeles.

The program relies on community health workers, referred to in Spanish as *promotores de salud*, who are trained by Magaña's team in areas such as parental advocacy skills and strategies for supporting autistic children's development and learning. The *promotores* then schedule home visits with the parents enrolled in the program to impart their knowledge. Although the promotores model itself is not a new concept, Magaña's program is unique in that those being trained are themselves Latino parents of children with autism. "That was a really important aspect when we did our focus groups afterward," says Magaña. "The mothers felt like the promotores could identify with them. They were not only from their own community and spoke Spanish, but they also understood what it was like to have a child with autism."

INCREASING DIVERSITY TO REDUCE HEALTH DISPARITIES

Cultural and language differences between health care providers and patients can create a gulf in understanding and trust, potentially affecting health outcomes. Thanks to a team from the Heller School, health care employers in New Hampshire will soon have the information they need to strategically diversify their workforce, expand job opportunities for minority and immigrant populations — and eventually improve health care delivery throughout the state.

The "Study of Employment and Advancement of Racial, Ethnic and Linguistic Minorities for New Hampshire Health Profession Opportunity Project" is a partnership between the New Hampshire Office of Minority Health and Refugee Affairs (OMHRA) and the Institute on Assets and Social Policy (IASP) at Heller, funded through the Administration for Children and Families. The goal of the four-year project is to improve understanding of health care employer and worker diversity needs, opportunities and challenges to inform workplace and workforce development.

Emerging evidence strongly suggests that the benefits of "concordance" (racial and linguistic similarities) between patients and health care providers are many, including lower mistrust of the health care system, improved treatment adherence, increased use of needed services and fewer ER visits.

The Heller team includes Principal Investigator Janet Boguslaw, associate director of the IASP; co-PI Sandra Venner, the IASP's policy director; and Heller Senior Scientist Laurie Nsiah-Jefferson '80, PhD'06.

GAINING AWARENESS OF THE PROBLEM TO CREATE NEW SOLUTIONS

"Our research focuses on understanding the workplace environment," says Boguslaw. "The question we seek to answer is how can we apply new organizational and workforce development practices to help health care organizations hire, retain and advance more minority individuals?"

Adds Nsiah-Jefferson, "New Hampshire has historically been a racially and ethnically homogenous state with very little diversity within the health care industry. Yet New Hampshire's minority population is increasing, including immigrants and refugees from a number of countries who would benefit from careers in health care and from access to minority health care providers."

For the project, which is slated to run until September 2015, the team has interviewed senior managers, executives and incumbent workers at hospitals, long-term care facilities, community health centers and home health care providers. What they're learning will help identify and create solutions to address the challenges that health care organizations face in meeting both their mission and their bottom line.

According to Nsiah-Jefferson, "If people come to a health care setting and there isn't someone there who can speak their language or who knows how to engage them in the health care process from a culturally appropriate perspective, then they may not return to care until they experience a health crisis. Without adequate preventive care, they may land in the emergency room, which is an inefficient use of costly health care resources."

PROVING OUTCOMES, IMPROVING ACCESS

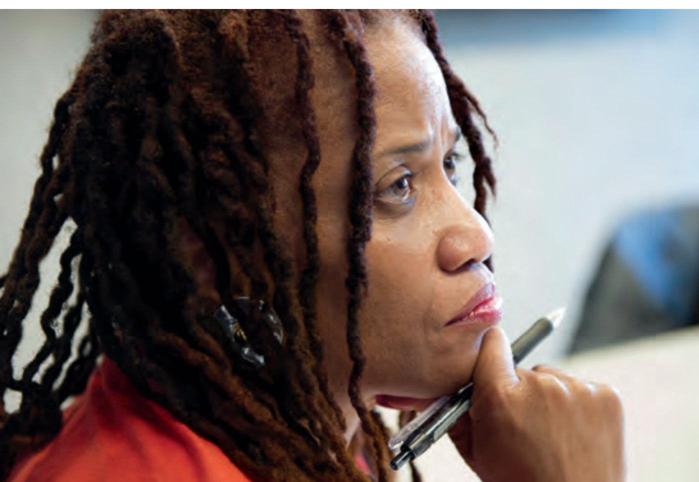
"We found that employers are seeking to hire someone with not only the technical skills, but also the ability to work as part of a team," says Venner. "Yet they don't look at other qualities that a candidate might bring to the table, such

as language skills or a background that reflects the patient population. Even if the employer doesn't have a diverse client population right now, trends suggest that they will in the very near future. So they need to begin building and training a diverse workforce."

The team reports that there is still a long way to go in terms of developing the research to quantitatively demonstrate that a diverse workforce not only improves a health center's bottom line, but also reduces health disparities and improves patient care and satisfaction. Yet the emerging evidence strongly suggests that the benefits of "concordance" (racial and linguistic similarities) between patients and health care providers are many, including lower mistrust of the health care system, improved treatment adherence, increased use of needed services and fewer ER visits.

"We find that employer leadership makes a big difference in helping to retain and advance minority workers," says Boguslaw. "Effective leaders make sure their mission statements value diversity and that their staff incorporate the perspectives and experiences of all co-workers, improving teamwork and, ultimately, patient care."

When the project is completed in 2015, the team hopes the findings will point the way to eradicating health disparities for minority patients, while also providing new high-value career opportunities for minority workers — a satisfying outcome for Heller School researchers committed to social justice and equity in the heath care system and the workforce.



MEETING THE NEEDS OF AN AGING POPULATION

Nearly one in five older adults in America has one or more mental health or substance use (MH/SU) conditions. Yet the health care system is ill equipped to meet their needs. Health care workers generally have very little training in geriatric MH/SU, and an inadequate number of individuals are choosing to specialize in this field.

Given that the number of adults over 65 is projected to climb from 40.3 million today to 72.1 million by 2030, researchers and policy advocates are urging health care leaders to take action. Among those researchers is Heller School Atran Professor of Labor Economics Christine Bishop.

Bishop recently contributed to an Institute of Medicine report for the Department of Health and Human Services that outlines the need for a larger, better-prepared and more diverse geriatric MH/SU workforce. The report, "The Mental Health and Substance Abuse Workforce: In Whose Hands?" recommends steps that federal agencies and educational organizations can take to provide the opportunities, training programs and financial incentives for individuals to pursue geriatric MH/SU careers. The report also points to evidence-based treatment methods that utilize current personnel in innovative ways.

Bishop and her team call for a multipronged approach that requires the efforts of a range of government agencies. Among its many recommendations, the report urges Congress to fund the National Health Care Workforce Commission, which was authorized under the Patient Protection and Affordable Care Act, so that it can carry out its mission to meet the national need for health care workers.

"It would be nearly impossible to educate enough specialty-trained geriatric MH/SU personnel to meet the growing demand for such services," says Bishop. "Our research committee focused on improving MH/SU competencies in the health personnel already treating older adults, and on teaching general MH/SU personnel about the special needs of geriatric patients. Team-based approaches that integrate MH/SU services with primary and chronic geriatric care can expand our nation's capacity to meet the MH/SU needs of older adults. It's up to payers and regulators to make this expansion possible."

ACADEMIC INNOVATIONS

THE INTERSECTION OF MANAGEMENT AND MEDICINE AT THE HELLER SCHOOL

Running a safe, efficient and patient-centered health care organization is a complex undertaking. In addition to managing people — which can include physicians, nurses, researchers, specialists, managers and more — health care leaders must keep up with new technologies, changing federal and state policies, and the constant call to deliver high-quality care at lower cost.

For the past 20 years, the Heller School has been a leader in educating a new breed of physician, one with strategic management capabilities and the foundations to become effective clinical leaders in hospitals, universities and other health care settings.

THE SCIENCE OF GOOD MEDICINE

In 1995, the Heller School, along with Tufts University School of Medicine, launched the groundbreaking dual MBA/MD degree program. The move helped to establish the new academic field of medicine and management science, which now has a strong foothold. Today U.S. medical students can choose among more than 60 MBA/MD degrees throughout the country, whereas only six were available two decades ago. The Heller/Tufts collaboration remains one of the only to allow students to complete both degrees in four years, accelerating the time it takes to put their medical and management skills into practice.

"The Heller School has always believed that training medical professionals to become leaders in health care management could result in better-run institutions," says Jon Chilingerian, faculty member and founding director of the MBA/MD program. Chilingerian also directs the school's executive education program and doctoral training program in health services research (funded by the Agency for Healthcare Research and Quality). "Health care organizations are stunningly complex. Our accredited MBA program helps young physicians develop the conceptual, analytical and managerial capabilities to innovate and improve the quality, efficiency and cost-effectiveness of health care service delivery."

EXTENDING LEADERSHIP

Not long after launching the MBA/MD, the Heller School extended its management education to seasoned physicians by establishing the Brandeis Leadership Program in Health Policy and Management, a six-day residential executive development program sponsored in part by the American College of Surgeons and the Thoracic Surgery Foundation for Research and Education. Each year, Chilingerian, former dean Stuart Altman, and a team of Heller School faculty teach 30 to 35 physicians the latest health policies and management techniques, and valuable real-world skills and lessons.

Employing a mix of lectures, discussions, case studies, group work and in-class simulations, physicians learn strategies for leading and implementing change effectively, techniques for improving care quality and reducing patient wait times, and the importance of a using an inclusive model of leading. Session topics include health economics, leadership styles, the physics of patient flow, relational coordination, financial literacy and negotiation skills that enable physicians to deal with the full range of professionals and personalities they encounter in the health care industry.

"Heller School researchers, analysts and educators are at the center of health care policy development and the movement toward patient-centered care," Chilingerian says. "Chairs of surgery, chiefs of transplant departments, clinical research directors — they are all attracted to the Heller School because of its depth of expertise and strong research credentials."

NEW DIRECTIONS

Determined to extend management education to more physicians, Chilingerian has helped to grow the school's executive education program, recently establishing a leadership academy in Maine in partnership with the Daniel Hanley Center for Leadership. The academy brings innovative management education and a national perspective to Maine to help the state government achieve its goal of training 10 percent of the state's physicians, many of whom practice in small organizations and rural environments. Since the program launched in May 2012, health care leaders in other states, including Vermont and New Hampshire, have expressed interest in establishing similar partnerships with Heller.

Global reach is no less a priority for Chilingerian, who has also focused on establishing leadership courses for physicians in the Middle East and other parts of the world, based on a successful Europe-based program that he directed for Johnson & Johnson for 14 years. "We currently offer programs for international physicians on the Brandeis campus, and it's clear that there's so much to learn from other countries in terms of health care best practices," says Chilingerian.

"My main focus at the Heller School," he continues, "is to not only teach the concepts and tools physicians need to improve the performance of the health care system, but to honor the school's mission to advance social justice. We educate excellent clinicians who understand management and know how to lead innovative organizations. The physician as evangelist for and collaborative leader of patient-centered care programs may soon become the norm — and the quality of care could improve dramatically when that happens."

SOCIALLY CONSCIOUS MANAGEMENT

"My primary challenge is to apply social justice concepts to my professional role as a manager," says Louise Anne Borda, MBA'10, who as chief administrative officer for the Department of Orthopaedics at the University of California, Irvine oversees more than 65 faculty, staff, researchers and medical residents. Borda is currently focused on using her MBA degree, skills as a certified professional coder and more than 20 years of experience as a hospital administrator to prepare her department for the federally mandated changes that will impact every area of the health care field.

RESEARCH

MONITORING BEHAVIOR: A LONG-TERM LOOK AT HOW PRIVATE HEALTH PLANS ARE DELIVERING BEHAVIORAL HEALTH SERVICES

The past five years have seen rapid change in the field of behavioral health due to the passing of two landmark bills: the Mental Health Parity and Addiction Equity Act of 2008, and the Affordable Care Act of 2010. What do these bills mean for the millions of Americans dealing with mental illness and substance abuse? And how do they play out in terms of medical appointments, referrals, prescriptions and the myriad other components that make up our nation's health care system?

Researchers at the Institute for Behavioral Health at the Heller School are working to answer those questions through a series of national health plan surveys that began in 1999. Funded by the National Institute on Alcohol Abuse and Alcoholism and the National Institute on Drug Abuse, the health plan surveys monitor how alcohol, drug and mental health services are provided from an administrative and clinical perspective and, just as important, how they've changed over time.

KEY FINDINGS AND TRENDS

The most recent survey, conducted in 2010, noted key changes in the way behavioral health services are administered. While most health plans previously contracted with outside behavioral health organizations to provide services such as detoxification and counseling, plans have moved to a more integrated approach referred to by the Heller research team as "hybrid internal." This arrangement describes how more than two-thirds of the nation's health plans deliver behavioral health services today (see graph on next page).

This positive shift toward integration also extends to clinical care. "More plans said they were doing medical homes [team-based, patient-centered care] or using health risk assessments and health coaching, things that were indicative of plans offering services for behavioral health in a more integrated manner," says Constance Horgan, ScD, principal investigator of the survey project and director of the Institute for Behavioral Health. Horgan and her research team relate this trend to the Affordable Care Act's emphasis on primary and preventive care, which had only just been introduced in 2010. "We expect that in 2014 that trend will be much more dramatic," says Horgan.

Photo courtesy of Laura Seitz, Deseret News

ADVANCING SEX EDUCATION

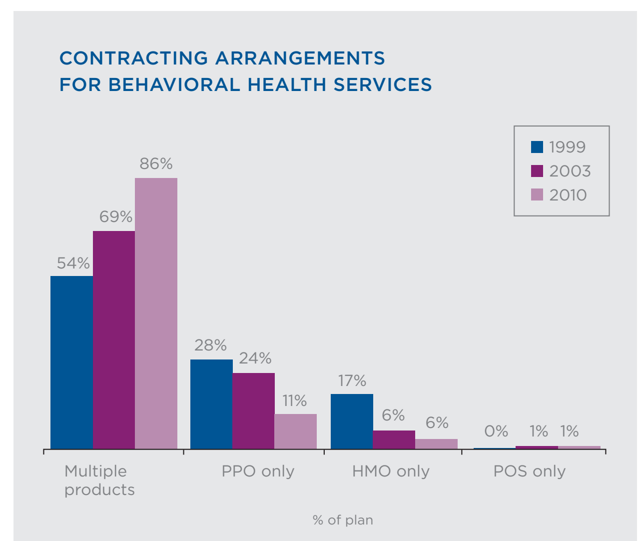
"I have always been deeply committed to working toward equality for women," says Annabel Sheinberg, MM'98. She's putting that commitment to work as the director of education at Planned Parenthood of Utah, advocating for women's rights to health care and contraception. Sheinberg has also been an advocate for the LGBTQ community, developing the award-winning Safe at School anti-harassment curriculum for educators. "I'm proud that I've been able to provide quality sex education and birth control to people in need," says Sheinberg. "These resources are crucial to ensuring a healthier future for young people and their families."

The survey also noted a marked decline in the use of prior authorization for behavioral health care. Whereas patients historically needed approval from their health plans before they could receive outpatient substance abuse or mental health services, most health plans have now eliminated that requirement altogether.

PLAYING THE ROLE OF BENEVOLENT WATCHDOG

While Horgan's research team is focused on just that — research — their work promotes greater transparency among private health plans that, in turn, helps inform responsible health policy. "Identifying gaps in the access to and quality of behavioral health services is a huge part of what we do," says Horgan. "Monitoring what is happening over time is also really important, because it lets us see how things are moving in the right direction and improving — or not."

As the government works out final regulations for the Mental Health Parity and Addiction Equity Act (due later this year) and as the Affordable Care Act continues to roll out, more changes will undoubtedly occur in the provision of behavioral health services. How the new regulations and policies affect those with substance abuse and mental health issues in practice and not just theory could signal a sea change in the nation's awareness and treatment of behavioral health issues, making the health plan survey results scheduled for 2014 more critical than ever.



SUBSTANCE ABUSE IN THE MILITARY

Mary Jo Larson, PhD'92, a senior scientist in the Heller School's Institute for Behavioral Health, has been studying the problem of drug and alcohol abuse on the part of combat veterans who have returned home from serving in Iraq and Afghanistan. As the principal investigator of a four-year study funded by the National Institute on Drug Abuse focusing on Army personnel, she is looking at the correlation between early identification and treatment of behavioral and psychological problems, and positive health outcomes. Larson was also a co-author of a report by the Institute of Medicine that identified substance abuse as a major public health crisis within the U.S. military as a whole.

ECONOMIC BURDEN OF DENGUE IN MALAYSIA

Dengue is a viral infection that is particularly pervasive and devastating in tropical and subtropical regions of the world, where the number of cases has increased four-fold in the last 30 years. Donald Shepard of the Schneider Institutes for Health Policy at Heller recently led a team in quantifying the economic burden of dengue illness in Malaysia, an epicenter of infection. Understanding the economic burden will help to set health policy priorities and inform the deployment of therapies to control the illness. Using a range of information sources and a formula in which the burden would equal the number of cases per year multiplied by the direct and indirect costs per case, Shepard's team conservatively estimated the economic burden of dengue in Malaysia to be US$56 million per year.

EVALUATION OF WISCONSIN SENIORCARE

Before Medicare Drug Benefit (Part D) was implemented in 2006, Wisconsin SeniorCare was the only source of pharmacy coverage for low-income seniors not covered by Medicaid. Cindy Parks Thomas, PhD'00, and Donald Shepard, both faculty members of the Schneider Institutes for Health Policy at Heller, conducted an evaluation of major components of Wisconsin SeniorCare and compared them to Medicare Part D in terms of coverage and out-of-pocket spending. Their study showed that SeniorCare is a popular program increasingly being used as a wrap-around for Part D, and that it is an efficient program offering lower out-of-pocket costs: Prices for many drugs are 31-77 percent lower in SeniorCare than the midpoint cost for Part D plans.

PATIENT SAFETY IN AMERICA'S HOSPITALS

Recent studies have shown continued high rates of medical harm in America's hospitals. One study showed more than 25 instances of injury to patients per 100 admissions; another found that 13 percent of hospitalized Medicare beneficiaries experienced serious trauma, permanent harm or death. The Centers for Medicare & Medicaid Services launched the Partnership for Patients (PfP) program in 2011, in which hospitals, employers, health plans, physicians, nurses, patient advocates and government officials pledge to reverse this trend. Palmira Santos, a senior research associate at the Heller School, advised several hospital systems in constructing their PfP proposals. She is also working with Ascension Health, the nation's largest Catholic and nonprofit health system, to evaluate patient safety at 104 hospitals across the country.

HELLER VALUES 2013-2014

COLLABORATION
Cooperation not competition
Put to Practice: Positive words and actions. Using our diversity to bring strength.

JUSTICE
Each of us is a tipping point. We will tip the scales of justice.
Put to Practice: Use our faculty and each other to create positive change in this world.

DIVERSITY
Visible and non-visible identities that make one unique.
Put to Practice: Recognize the lens by which we view the world. Learn about different lenses to see multiple perspectives to better address the populations we want to serve.

UNITY
Harmonious diversity with a common purpose.
Put to Practice: Accepting diversity and striving for oneness.

RESPONSIBILITY
Owning your own perspective. Standing up for what you believe in. Looking out for people in our

EQUALITY
Everyone having the same opportunities and access.
Put to Practice: Everyone having a voice. Equality in every language.

SERVICE
Social responsibility to help people's well being.
Put to Practice: Volunteering, working and giving time and knowledge to others.
We all have different experiences; sharing among peers.

PEACE
A state of harmony. The end product of all the other values.
Put to Practice: Peace begins with peace with ourselves; from there we promote peace with others. Genuinely accepting others and confronting our own biases.

INTEGRITY
Always let your conscious be your guide. Know your moral compass.
Put to Practice: Our work is our own. Give credit where credit is due. Take Heller into account after Heller.

RESPECT
Recognizing that everybody has a different

ORIENTATION FOR A NEW ACADEMIC YEAR

As the end of August rolled in and fresh excitement buzzed throughout the halls, Heller faculty and staff welcomed 228 new students from 44 countries to our community. This year's orientation had a new flair that was planned and facilitated by the student-initiated Heller Student Association (HSA). President Frederick M. Lawrence and Dean Lisa Lynch welcomed all new Heller students to Brandeis before the HSA kicked off an all-campus scavenger hunt to encourage students to make connections with each other regardless of academic concentrations. Students divided into teams that were each identified by a value, such as collaboration, diversity or equality. At the end of the exercise, participants discussed the significance of their team value to the Heller experience. The day culminated with a barbecue lunch and the chance to socialize with new friends and classmates.

TUESDAY TALKS

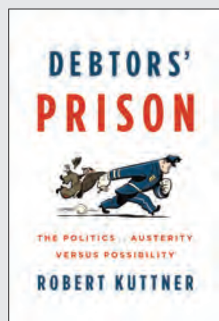
The Heller community's rich and diverse group of researchers and faculty offers an abundance of topics for the ongoing series Tuesday Talks. This venue provides the opportunity for colleagues from across the school to share their expertise and current research and to exchange of ideas and perspectives. The fall 2013 talks include "Learning from Outliers" by Jon Chilingerian on Oct. 1; "Implementing Health Reform — Tales from the Front Lines" by Rob Mechanic, Palmira Santos and Darren Zinner on Oct. 29; "International Perspectives on Work-Family Policies" by Alison Earle on Nov. 12; and "The Commission on Long-Term Care: Search for a Consensus Policy Space" by Christine Bishop on Dec. 5. Each talk is available at youtube.com/hellerschoolbrandeis.

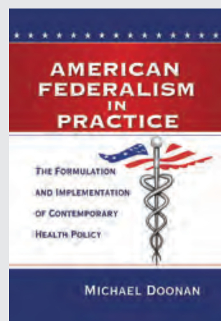
THIRD ANNUAL LURIE LECTURE

Glenn T. Fujiura, PhD, was the featured speaker at the Lurie Institute for Disability Policy's annual distinguished lecture on Oct. 29, 2013. Fujiura is a professor of human development in the Department of Disability and Human Development at the University of Illinois at Chicago, and he is the editor in chief of the journal Intellectual and Developmental Disabilities. His lecture, "The Political Arithmetic of Disability and the Family," focused on research and policy trends in family support, which is the underfunded service system intended to assist parent and sibling caregivers of people with disabilities.

HELLER AUTHORS SERIES

The fall semester featured the opportunity to hear two Heller professors speak about their recently published books. On Sept. 24, Michael Doonan, PhD'02, assistant professor and MPP program director, explained how he traces the history of contemporary health policy in America in his book "American Federalism in Practice." Always an important topic, the issue holds special currency today given the prominence of health care in the present political and economic landscape. Robert Kuttner, the Meyer and Ida Kirstein Visiting Professor in Social Planning and Administration, blends economic theories with historical contrasts of political responses to debt in his recent book "Debtors' Prison: The Politics of Austerity Versus Possibility." On Oct. 17, he met with students, faculty and Heller Overseers to discuss his challenge to a tenet of current financial orthodoxy — that spending less (austerity) is the solution to the current, persisting economic crisis in Europe and the United States.





SID POSTER SESSION

Each fall, Heller holds a reception to celebrate our global community. The Sustainable International Development program's poster session on Friday, Sept. 27, showcased the professional experiences that incoming MA/SID and MS students have had in international health and development organizations.

SAVE THE DATE
HELLER AT
55
September 12-14, 2014
CONFERENCE AND REUNION
heller.brandeis.edu/55

REDUCING THE COST OF CARE

Taroon Amin, MA'11, a current PhD candidate at the Heller School, is helping to lead the charge in America's struggle against rising healthcare costs and programmatic inefficiencies. As a director of the National Quality Forum, Amin aims to rewrite the method that the healthcare industry uses to measure resource consumption and the efficiency of care delivery. His current work focuses on decreasing the cost burden created by Medicare on taxpayers and beneficiaries by streamlining the program's use of resources.

NEW JOBS/DEGREES/DIRECTIONS

Sarah Appleby, MBA'11, and **Stefanie Archer, MBA'12,** have launched Archer and Appleby LLC, a Boston-based consulting firm dedicated to helping nonprofits and social enterprises streamline operations to increase their impact and effect greater social change. (sarah@archerappleby.com, stefanie@archerappleby.com)

Rachel (Bernacki) Auteri, MA/COEX/SID'12, has transitioned from the Afghanistan region at Chemonics International to the West Africa and Haiti region. She will be working on the USAID Watershed Initiative for National Natural Environmental Resources project in Haiti. (auteri.rachel@gmail.com)

Jackie Braunthal, MMHS'84, works in marketing and geriatric care management and has consulting/advisory responsibilities for a small home care and home staffing agency, Sterling Care LLC in Greenwich, Conn. Sterling Care provides in-home care that offers patients continuity from hospital to home that is vital to ensuring a smooth transition into at-home living (jacqueline.braunthal@sterlingcare.com)

Nir Buchler, MA/MPP'11, started a new job as a development officer at the Jewish Federation of Palm Beach County in Florida.

Ariella Camera, MA/SID'13, is now a 2013 Presidential Management Fellow with the Centers for Medicare and Medicaid Services. She works with the Center for Consumer Information and Insurance Oversight in the verifications policy and operations branch on implementation of the Affordable Care Act in the Washington, D.C., area. (ariella.camera@gmail.com)

Lee Cohen, MA/SID'10, now works as the deputy director of education at USAID/Jordan in Amman. (lee.cohen@gmail.com)

E. Belle Evans, MSW'73, PhD'76, graduated in May 2012 from the University of Rhode Island with a master's degree in nursing. (eevans@ric.edu)

Mary E. Gilfus, PhD'88, has been appointed director of the Master of Social Work Program at Simmons College School of Social Work after having served on the faculty since 1993. (gilfus@simmons.edu)

Celeste Suzanne Gregory, MA/SID'10, transferred to the Catholic Relief Services (CRS) Afghanistan program in June 2013. As head of office, Ghor Province, she is responsible for ensuring high-quality livelihoods and education programming as well as overseeing all management functions, including finance and administration. Gregory most recently spent three years with CRS Sudan in West Darfur as a program manager. (celeste.gregory@crs.org)

Malka Jampol, MA/MPP'10, joined the Rennie Center for Education Research and Policy as a research and policy analyst. She previously worked for two years as a research analyst for the Joint Committee on Education at the Massachusetts State Legislature. She married fellow Brandeis alum **Joseph Travaglini, MSF'11,** on Sept. 29, 2013, at the Willowdale Estate in Topsfield, Mass., in an interfaith ceremony. (mjampol@renniecenter.org)

Jim Lurie, MMHS'82, PhD'86, has recently taken a new position as senior researcher at the Regional Centre for Child and Youth Mental Health and Child Welfare, as well as holding a faculty of medicine position at Norwegian University of Science and Technology.

R. William Lusenhop, PhD'10, has joined the University of New Hampshire Social Work Department as a lecturer for this academic year. He is teaching "The History of Social Policy in the U.S." and "The Practice of Policy Making," along with clinical courses. He is very excited to put to work all that he learned at Heller. (wlusenhop@gmail.com)

Bernie McCann, PhD'11, was recently appointed as a development consultant by the Employee Assistance Research Foundation (EARF). The EARF seeks to influence the power of employee assistance programs to transform individual lives and maximize employees' contributions to the success of work organizations by funding and disseminating research of the highest scientific quality. (mccannbag@gmail.com)

Ricardo A. Millett '68, MSW'70, PhD'74, was appointed to the National Advisory Council at the Hogg Foundation for Mental Health at the University of Texas at Austin.

Darlene (Dee) O'Connor, PhD'87, is currently vice president for strategic planning at JEN Associates, a Cambridge-based firm specializing in analyzing Medicare, Medicaid and other health data. She oversees federal and state contracts, strategic partnerships and development activities. She is also author of a play on elder suicide,

"Talking with Dolores," that has been widely performed in English and Spanish for professional and nonprofessional audiences. O'Connor also maintains a faculty appointment as associate professor of family medicine and community health at the University of Massachusetts Medical School. (dee.oconnor@jen.com)

Malini Sekhar, MA/SID'06, has recently launched a business-social venture named 2Lokas with her partner Kyra Khanna. They are working on a project to produce a multicultural children's book series for very young readers (ages 0-4), and they are hoping to launch their first book by late fall. (malini.sekhar@gmail.com)

Lawrence Sticca, MA/SID'01, started working with the government of Bermuda as training coordinator in the Ministry of Works after returning from Singapore, where he spent the past two years teaching at a private international college. As training coordinator, Lawrence organizes training-specific courses, evaluates the training conducted and supervises apprenticeships as well as employees in government bursary programs. (caribbermuda@yahoo.com)

Joel Thompson, MA/SID'11, recently joined Alva Group as a consultant analyst. Alva, a corporate reputation firm based in London, provides insight into the reputation of its clients, as well as providing risk management solutions. (kwo@gmx.com)

Julio Urbina, PhD'01, was re-elected as a trustee of the Tuckahoe Union Free School District Board of Education and will serve a second three-year term. Following the general election, Urbina was again appointed as president of the Board of Education by his fellow trustees. (jurbina@samuels.org)

Emily Wilson-Hauger, MA/SID'12, recently accepted a position with AmeriCorps in her West Virginia mountain community in Tucker County Development Authority and New Historic Thomas/Woodlands Development Group. She will support community and economic development efforts, including designing and implementing a building reuse study and organizing economic and cultural resources for businesses and residents, among other significant responsibilities. (emily.wilsonhauger@gmail.com)

PUBLICATIONS/MEDIA

Michael Bloom, MA'01, recently published his first book, titled "The Accidental Caregiver's Survival Guide: Your Roadmap to Caregiving Without Regret." The book serves to guide caregivers and health and human services leaders to stay energized and committed to work that has never been more important or vital than it is today. (michael@bloomforcoach.com)

Jack Hansan, PhD'80, and his wife, Ethel, were interviewed on NPR about participating in the August 28, 1963, March on Washington, D.C., for Jobs and Freedom.

Kathleen Kautzer, MMHS'82, PhD'88, recently published "The Underground Church: Nonviolent Resistance to the Vatican Empire." This book is part of a series titled "Studies in Critical Social Sciences" and is sponsored by the Center for Critical Research on Religion. (kathleen.kautzer@regiscollege.edu)

Armand Lauffer, PhD'69, recently published his 20th book, "Understanding Your Social Agency." This volume draws on current and emerging social science concepts in addressing management and program

Heller welcomes short letters relating to articles or items that have appeared in past issues of the Heller Magazine. Please send your remarks to the editor at godoff@brandeis.edu. Letters may be edited for clarity and length.

TO THE EDITOR:

It is a privilege to be featured in the Summer 2013 "Citizen Leadership" issue of the Heller Magazine. And it was even more amazing to have Heller launch me into a phase of life where making the world a better place was in my dreams.

So it is with a heavy heart that I write with a criticism: the repeated use of the word "citizen" (defined as "a legally recognized subject or national of a state or commonwealth, either native or naturalized"), especially as Dean Lisa Lynch opens her letter with pride about 180 graduates from 46 countries. One could argue that we are all citizens somewhere, but many are not. Many are refugees with no status — for example, Palestinians. I served in Peace Corps Belize where entire villages are Central Americans without citizenship anywhere. Just look at our "Dreamers" who are being deported to countries they never knew and often are unable to speak the language where they are sent. Earlier visionaries spoke of "citizens of the world," and I am among those who would love to see status for all and an end to war-causing borders. In the meantime, we are all residents somewhere but citizens not. I really feel it is a poor word choice given the extraordinary Heller record.

Dena Fisher, PhD'91

CORRECTION

The summer 2013 Heller Magazine "Citizen Leadership" profile of Karen Feinstein, PhD'83, erroneously stated that Feinstein "approached" the Pittsburgh Regional Health Initiative for help. In fact, she formed the Pittsburgh Regional Health Initiative with the help of Paul O'Neill, then CEO of Alcoa. Heller's Office of Development and Alumni Relations apologizes for this and any other errors, omissions or inaccuracies in the Heller Magazine.

design issues common to public and nonprofit organizations. Lauffer has been a senior consulting editor for Sage Publications since 1977 and credits his interest in writing to the encouragement received from Brandeis professors **Arnold Gurin**, **Maurice Schwartz** and **Wyatt Jones**. Since retiring from the University of Michigan, Lauffer and his wife, Rochelle, moved to Israel, where he designed a number of academic programs and consulted on community development. (alauffer@umich.edu)

BIRTHS/MARRIAGES

Rachel (Bernacki) Auteri, MA/SID/COEX'12, married Gabriel Auteri on July 7, 2012. In attendance at the wedding were fellow Heller staff and Heller alumni **Jamie McCarthy**, **Mandy Paust, MA/SID'11**, and **Clay Westrope, MA/SID'11**. (auteri.rachel@gmail.com)

Steven Byler, MBA'08, and his wife, Christine, celebrated their son Tate's first birthday on Aug. 18, 2013. (smhbyler@gmail.com)

Sue Doucet '96, MBA'12, married John Mynttinen on July 20, 2013. After honeymooning in Mexico, the couple is moving to Nantucket, Mass. (scasey@brandeis.edu)

Emilia Carolina Garcia, MA/MPP'10, welcomed Kathryn Luz Garcia-Cameron to her family on 12-12-12! (mimi.garcia@gmail.com)

Miriam (Lipson) Hodesh, MBA'07, and Jacob Hodesh are the proud parents of Naomi Rose Hodesh, born July 3, 2013, at 7 pounds, 6.5 ounces and 19 inches long. (miriam@hodesh.com)

Summer Jackson, MA/SID'13, recently got engaged to Luke Tarbi (The Fletcher School, MALD'11). They met while Tarbi was in graduate school and Jackson was working at the Massachusetts State House of Representatives. They're looking forward to planning an Arizona wedding, but, in the meantime, have moved to Washington, D.C., where Summer recently started working as a program analyst in the Bureau of Near Eastern Affairs, Office of the Middle East Partnership Initiative at the State Department. Jackson is enjoying connecting with Heller Alumni in the area and seeing her classmates **Ariella Camera, MA/SID'13,** and **Kristen Pancio, MA/SID'13,** for happy hours. (summerj@brandeis.edu)

Jennifer Lauren Lewis, MPP'11, married William Buell at the National Museum of Women in the Arts in Washington on May 11, 2013. Jennifer is a senior policy analyst at Abt Associates.

Kate Ryan, MBA'09, and her partners Matt Ryan and Tom Amoroso welcomed a new member to the family with the birth of their son, Alexander Miles Ryan, on March 19, 2013. Kate has been with the Office of the State Auditor for the Commonwealth of Massachusetts since April 2012 as a policy and communications analyst. In this position, she evaluates state policy for effectiveness and develops recommendations to make state agencies and programs work better. (katherine.ryan@pobox.com)

Matt Saxton, MS/MBA'09, and his wife, Sara, welcomed their daughter, Anna, born March 17, 2013. (matthewsaxton@hotmail.com)

Stacey Stein '99, MBA'05, and her husband, **Garen Corbett '96,** welcomed their daughter, Zoey Charlotte Corbett, on May 19, 2013. They are living happily in the Bay Area in California. Stein will return to her position as a health center director for Planned Parenthood in Marin County in late fall. (staceystein@gmail.com)

Sarah (Zipkin) Zoen, MA/SID'06, welcomed Keanu Zoen to her family on March 4, 2013. She has also changed her name to Sarah Zoen. (szipkin@gmail.com)

FACULTY/STAFF NOTES

David Gil published "Confronting Injustice and Oppression," updated with a new preface. Columbia University Press, 2013. (gil@brandeis.edu)

IN MEMORIAM

Sarah Lynn Taub, **MMHS'96,** died at her home on Aug. 3, 2013. Taub, a senior policy specialist, had worked for Human Services Research Institute (HSRI) of Cambridge since 1996. She was the project director of the National Core Indicators (NCI) Program. Prior to joining HSRI, Sarah worked for the Newton Wellesley Weston (NWW) Committee for Community Living, which serves individuals with intellectual and developmental disabilities and their families, and subsequently served on the NWW board. She was the author of many peer-reviewed professional publications and received awards for her outstanding research.

HELLER DONORS FY'13

The growing list of Heller donors reflects a confidence and commitment to the school's mission of knowledge advancing social justice. Every gift to Heller strengthens the school's ability to provide financial aid to our students and helps sustain the quality of our academic programs and the cutting-edge research of our institutes and centers.

This section of the Heller Magazine provides an opportunity to acknowledge the valuable support of alumni, friends, colleagues and students who have made gifts of $100 or more during this past fiscal year (July 1, 2012-June 30, 2013). For a full list of donors during the past year, please visit the online version of this magazine at heller.brandeis.edu.

INDIVIDUAL DONORS

SUSTAINING PARTNER ($25,000+)

Stuart H. Altman
Ellen Hassenfeld Block +
May H. Futrell, PhD'76
Nancy Lurie Marks
Susan + and Daniel Rothenberg ^
Lynn C. Schneider +
Carl J. and Ruth Shapiro ^
Edward '52 and Nancy P. Stavis

FLORENCE HELLER CIRCLE ($10,000-$24,999)

Moses Feldman '62
Michael G. and Linda Frieze +
Leonard C. Goodman +
Judith L. '57 and Sherwood L. Gorbach '55
Marty W. Krauss, PhD'81 +
Amanda H. Milstein '06, MPP'10
Eli J. '64 ^ and Phyllis N. Segal +
Adam J. Sheer '92 +
Jason M. Sheer
David F. + and Patricia R. Squire
Rhonda S. + and Michael J. Zinner

DEAN'S CIRCLE ($5,000-$9,999)

Anonymous
Neal F. Bermas, PhD'81 +
Tushara Canekeratne +
Steven S. and Nancy F. Lear
Bryna Sanger, PhD'76 +
Samuel O. + and Paula Thier

SOCIAL JUSTICE LEADER ($2,500-$4,999)

George H. and Harriet Berkowitz
Eric E. Cahow, PhD'04
I. Bruce Gordon '59
Jonathan D. Katz, PhD'81 +
Lisa M. Lynch

SOCIAL CHANGE AGENT ($1,000-$2,499)

Anonymous (2)
Clark C. Abt
G. Lawrence Atkins, PhD'85 +
Joan B. Callahan
Stuart Carter, PhD'91
Eric B. and Stacey D. Chaikin
Karen Chaikin
Stephen M. Coan '84, MMHS'90, PhD'97
Irene E. Cramer, PhD'99
Ronald C. and Joan P. Curhan
Diane M. Disney, PhD'89
Austin P. Egan, MBA'09
Anne and Daniel Ferguson
Len Fishman +
Lillian L. Glickman, MSW'71, PhD'81 *
John E. Hansan, PhD'80
Edward F. Lawlor, PhD'85
David R. Pokross Jr. and Laurie S. Gill
Samuel Reslinger
Gail K. Robinson, PhD'80 +
Julie A. Rosen, MMHS'89
Chris Sabourin and Eileen McCarthy
Judith and Armand Sabourin
Michael Sabourin and Ann Kelly
Alan C. Shakin '69 and Maya Reiser

FELLOW ($500-$999)

Anonymous (5)
Linda J. Adler and Steven C. Fischer
Doris T. Axelrod '63, PhD'99
Betty J. Cleckley, PhD'74
Paul F. Creighton, MMHS'81
Alejandro Garcia, PhD'80
Leslie C. Godoff '71
M.C. Terry Hokenstad, PhD'69
Lynne Man, MA'05, PhD'08
Eva Marx, MMHS'80
Jane Mattson, PhD'94
Paula A. Paris, MMHS'79 +
Kathryn A. Piper, MA'13
Deborah K. Polivy, MSW'72, PhD'78
Margo L. Rosenbach '78, PhD'85
Barbara S. Safran, PhD'83
Jason A. Soloway, MA'01, MM'01
Jose Suaya, MA'02, PhD'06, and Chrisann Newransky, MA'05 + *
Mary Ann Wilner, MMHS'81, PhD'86

SUPPORTER ($250-$499)

Anonymous (2)
Jessie E. Babcock, MBA'09
Lawrence N. Bailis and Susan L. Shevitz
Mary E. Belgard, MMHS'91
Mary F. Brolin, PhD'05
Thomas G. Broussard, PhD'06
Andrew F. Coburn, PhD'82
Joel M. and Pamela G. Cohen
Judith Cohen '54
Marc A. Cohen, PhD'87
Jennifer K. Coplon, PhD'94
Gerben DeJong, PhD'81
Almas Dossa, PhD'07
Dan Finkelstein, PhD'05
Ruth I. Freedman '69, MSW'71, PhD'82
Lori B. Gans '83, MMHS'86
Lynn Garvin, MA'11
Mitchell Glavin, PhD'01
Arturo N. Gonzales, PhD'83
Elaine S. Gould, MSW'71
Lori R. Griswold, PhD'93
Denise D. Hallfors, PhD'93
Linda Holiner, MMHS'89
Colin Holmes, MA'07 *
Christina Jameson, PhD'81
Shanti K. Khinduka, PhD'68
Eric R. Kingson, PhD'79 *
Bruce W. Lagay, PhD'73
Walter N. Leutz, PhD'81
Laura S. Lorenz, MA'06, PhD'08 *
Carl G. MacMillan, MMHS'88
Diane F. Mahoney, PhD'89
Danna Mauch, PhD'90
Vincent Mor, PhD'79

Susan E. Perlik, PhD'84
Jeffrey H. Richard, MA'96, MMHS'96 *
Marian F. Ryan, MA'07, PhD'10
Robert B. Seidner '98, MBA'03
Nina M. Silverstein, PhD'80 *
Jennifer M. Taylor, MBA'12 *
Yvonne E. Thraen, PhD'77
Michael G. Trisolini, MA'00, PhD'01
Julio A. Urbina, PhD'01
Nancy M. Valentine, PhD'91
Ione Vargus, PhD'71
Elizabeth A. Walsh, MA'09
Roberta W. Walsh, PhD'89
Angela W. Walter, MA'10, PhD'13
Robert F. Wooler, MMHS'80
Dinah Zeltser-Winant, MM'00, MA'00

CONTRIBUTOR ($100-$249)

Anonymous (7)
Arnaa Alcon, PhD'00 *
Fozo R. Alombah, MS'07
Laura S. Altman, PhD'88
Christiana Atuaka, MS'09
Mary A. Bell and William S. Joplin
Samuel Berger
Amy Bernstein, MMHS'98
Brenda J. Bond, PhD'06
Mary Bouchard, MBA'05
J. K. Boynton, PhD'80
Ruth A. Brandwein, PhD'78
Richard O. Brooks, PhD'73
Katharine V. Byers, MSW'71
Lois C. Camberg, PhD'85
Mady E. Chalk, PhD'90
Deborah E. Cohen, PhD'84
Maura C. Colling, MMHS'79
Barbara N. Crawford, PhD'84
Mary E. Davidson, PhD'75
Lynn C. Davis
Virginia A. and Harry M. Davis
Taletha M. Derrington, MA'07, PhD'12
Michael T. Doonan, PhD'02
Michelle S. Dworkin, MA'07
Efrat Y. Eilat, MBA'00, PhD'13
Carol H. Ellenbecker, PhD'89
Betty A. Farbman, MMHS'81
Virginia M. Fitzhugh, MM'03
Murray W. Frank, PhD'74 *
Sandra J. Frawley, PhD'77
Linda K. Frisman, PhD'87
Cara Fuller, MBA'05
Hollis N. Gauss, MA'01, MM'01
Jack W. Gettens, MA'06, PhD'09
David G. Gil
Andrew I. Ginsberg, MA'08
Shirley A. Girouard, PhD'88
Elizabeth L. Glaser, MS'08, MA'11
Raymond E. Glazier, PhD'99
John T. Gleason, MMHS'93
Deborah L. Goldberg-Antin, MMHS'82
James C. Gorman, MSW'73, PhD'78
Carolyn M. Gray, PhD'92
Katherine Green-Murphy, MBA'06
Robin Gregg, PhD'92
Celeste S. Gregory, MA'10
Gail S. Hanssen, PhD'97
Wayne M. Harding '70, PhD'92
Oscar W. Harrell, PhD'95
Cariann G. Harsh, MBA'04
Evelyn B. Hausslein, MMHS'84
Cornelius M. Hegarty, MMHS'80
Lois E. Horton, PhD'77
Anne M. Howard, PhD'90
Michael J. Hunter, MMHS'82
Clare L. Hurley, MM'05
Claudia J. Jacobs '70
Otis S. Johnson, PhD'80
Frances A. Kanach, PhD'89
Erika Kates, PhD'84
Judith M. Kaye and Bruce A. Phillips
Kathleen A. Keck, MMHS'97, MBA'02
Sylvia and Seymour Kelin
Margaret Kennedy, MM'01
Sanford L. Kravitz, PhD'63
Michelle Lackie, MBA'03
Ann C. Lee, MMHS'95
David R. Leslie, MMHS'84
Nancy E. Lightman, MM'02
Nancy L., PhD'77, and Roger A. Lohmann, PhD'75
Linda Long-Bellil, MA'00, PhD'07 *
David A. Mangs, PhD'87
Margaret E. Martin, PhD'90
Nancy E. McAward, MMHS'84
Dwight N. McNeill, PhD'03
Jacqueline R. Michelove, MMHS'81
Ricardo A. Millett '68, MSW'70, PhD'74
William R. Miner, PhD'76
Susan E. Moscou, PhD'06
Ann E. Mowery, PhD'92
Edward Newman, PhD'68
Tung N. Nguyen, MBA'10
Sharra N. Owens-Schwartz, MBA'10
Sylvia B. Perlman, PhD'85
Elizabeth M. Petheo, MA'06
Barbara A. Pine, PhD'91
Avis Y. Pointer, PhD'74
Janet Poppendieck, MSW'71, PhD'79
Margaret A. Post, MA'05, PhD'08
Maureen E. Power, MSW'71, PhD'79
Thomas P. Quinn, MBA'10
Jessica C. Ratey, MBA'10
Tzvi M. Raviv, MA'11, MBA'11
Megan B. Reilly, MBA'03 *
Cecilia Rivera Casale, PhD'79 *
Daniel E. Rodell, PhD'76
Beatrice L. Rogers, PhD'78
Thomas Sannicandro
Arthur H. and Barbara A. Sheer
Raelene V. Shippee-Rice, PhD'90
Trilby D. Smith, MM'98 *
Andrew M. Sokatch, PhD'02
Abby N. Spector, MMHS'80
William D. Spector '67, PhD'81
Sam D. and Ina F. Starobin
Emma J. Stokes, PhD'78
Cindy L. Thomas, PhD'00
Rev. Thomas E. Tobin, PhD'94
James W. Trent, PhD'82
Cameron V. Tucker, MMHS'83
Denise A. Tyler, MA'06, PhD'07
Evelyn R. Ullman '03
Jonathan Wasserman '92, MBA'08
Janet B. Wasserstein, MMHS'90
Rachael L. Weiker
Joel S. Weissman, PhD'87
Eileen Whiteside, MMHS'86
Jean S. Whitney, MM'01
Connie Williams, PhD'89
Steven K. Wisensale, PhD'83
Assunta Young, PhD'79
Jessica Zander, MMHS'94
Leona R. Zarsky, MMHS'78 ^
Maria E. Zuniga, PhD'80

CORPORATION AND FOUNDATION SUPPORT

AARP
Aetna Inc.
American Medical Association
Artists for Humanity
Ascension Health
Asset Funders Network
Association of American Medical Colleges
Blue Cross Blue Shield Foundation
Blue Cross Blue Shield of Massachusetts
Booz Allen & Hamilton
The Boston Foundation
Boston Scientific Corporation
Bridgewood Fieldwater Foundation
California Health Care Foundation
CareFirst of Maryland Inc.
Center for Enterprise Development
Commonwealth Fund
Compass Working Capital
Connecticut General Life Insurance
EmblemHealth Service LLC
Estes Park Institute
Fairview Health Services
Paul and Phyllis Fireman Foundation
FIRST (For Inspiration & Recognition of Science & Technology)
Ford Foundation
Bill & Melinda Gates Foundation
Geisinger Health Systems
Genentech USA
GlaxoSmithKlein
Harvard Pilgrim Health Care Foundation
Harvard Vanguard Medical Associates
Health Foundation of Central Mass
Highmark Inc.
Conrad N. Hilton Foundation
Hyams Foundation
Jewish Healthcare Foundation
Robert Wood Johnson Foundation
Johnson & Johnson
Kaiser Permanente
W.K. Kellogg Foundation
Kresge Foundation
Learning by Giving Foundation
Medtronic
Charles Stewart Mott Foundation
National Pharmaceutical Council Inc.
NCMIC Foundation
Nellie Mae Foundation
Noonan Memorial Research Fund
Novartis Pharmaceuticals Corporation
Open Society Institute
Partners HealthCare Systems, Inc.
Pathfinder International
PEW Charitable Trusts
Pfizer
Public Partnerships LLC
Michael Reese Health Trust
Sanofi Pasteur S.A.
Save the Children Fund
Share Our Strength
Skillman Foundation
Alan B. Slifka Foundation & Slifka Family Enterprises LLC
Levi Strauss Foundation
Tomorrow Foundation Inc.
Tufts Health Plan Foundation
UNAIDS
United Way of Allegheny
Walmart Foundation
Washington Area Women's Foundation
World Bank
xG Health Solutions Inc.
YouthBuild USA

HELLER DONORS FY'13

* FY'13 Heller Alumni Association Board Member
\+ FY'13 Heller Board of Overseers Member
^ Deceased

ALUMNA MAY FUTRELL, PHD'76, SHARES THE REASONS BEHIND HER RECENT GIFT TO HELLER:

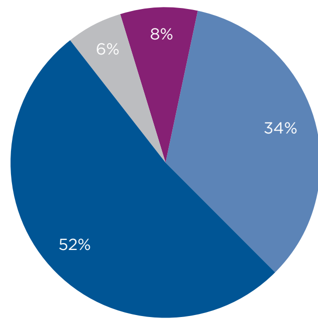
"My appreciation for the education I received at Heller, the school's mission statement — knowledge advancing social justice — and my respect for Brandeis University have all been important factors in my estate planning decisions. Health care and education are two topics that interested my sister Gloria and me throughout our lives, helped to determine our careers and were instrumental in my decision to endow the Dr. Gloria Holmes and Dr. May Futrell PhD'76 Endowed Fellowship in Health Policy following my sister's death. The timing of this gift is a combination of family circumstances, my confidence in Heller's continued commitment to addressing the social policies of our time and a desire to witness its benefit to students during my lifetime. I hope this gift will encourage other alumni to consider a planned gift to Heller and to experience the pleasure of making such a gift while they are living."

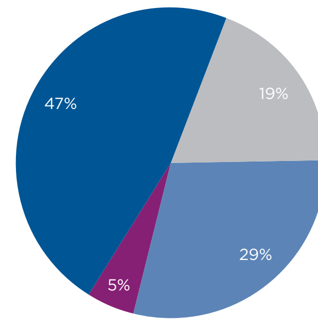
FINANCIAL OVERVIEW

HELLER SCHOOL FOR SOCIAL POLICY AND MANAGEMENT FISCAL FACTS
FOR THE YEAR ENDED JUNE 30, 2013 (IN MILLIONS)

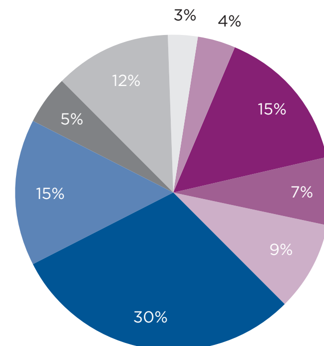
REVENUES	
Gross Tuition & Fees	13.9
Sponsored Research Revenue	21.1
Current Use Gifts	2.6
Endowment Support	3.2
Total Revenue	40.8

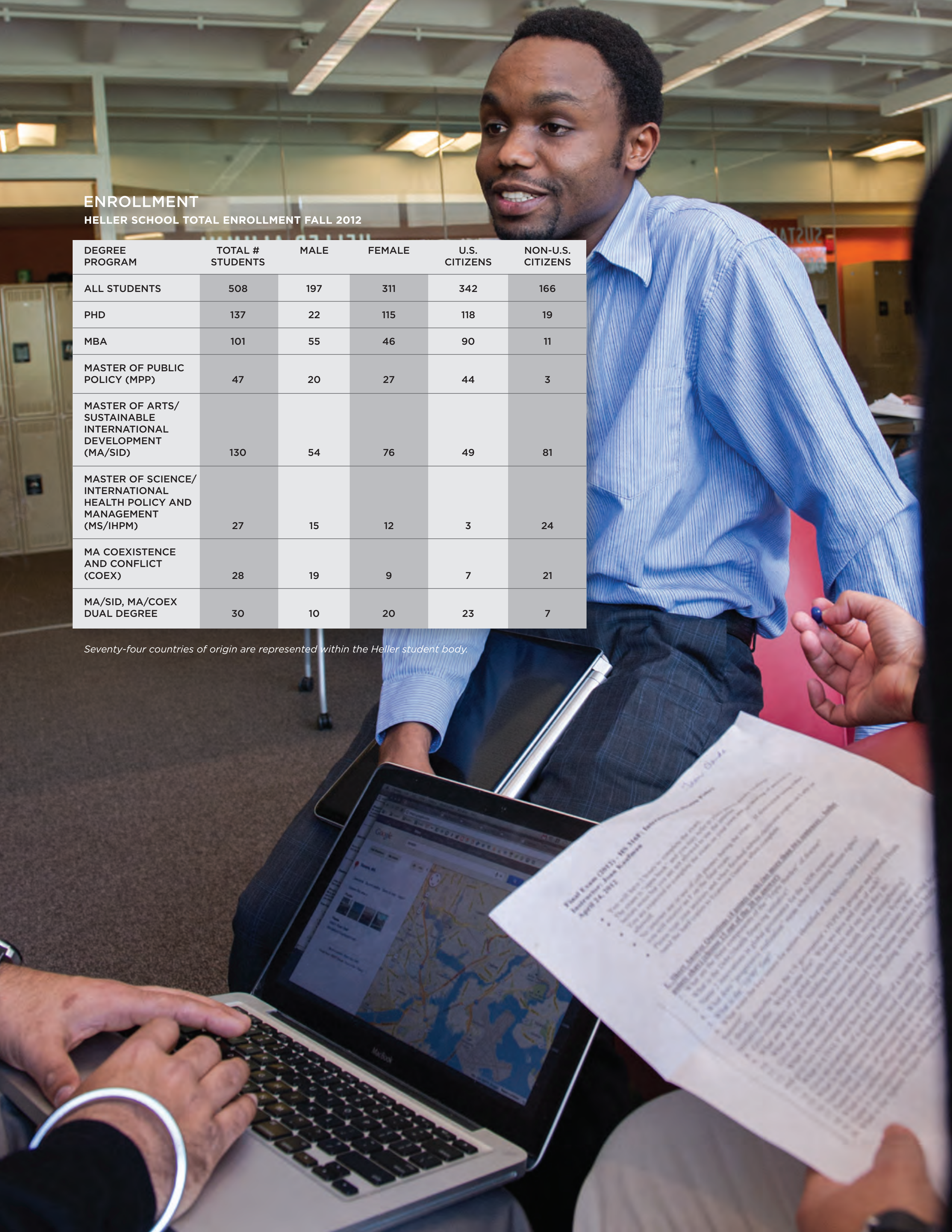
EXPENSES	
Financial Aid	7.1
Salaries, Wages & Fringe	11.2
Operating Expenses	1.8
Sponsored Research Expenses	18.2
Total Expenses	38.3
Contribution to Brandeis University for Overhead Cost	2.5





SOURCES OF SPONSORED RESEARCH REVENUE FY13
TOTAL $21.1M





ENROLLMENT

HELLER SCHOOL TOTAL ENROLLMENT FALL 2012

DEGREE PROGRAM	TOTAL # STUDENTS	MALE	FEMALE	U.S. CITIZENS	NON-U.S. CITIZENS
ALL STUDENTS	508	197	311	342	166
PHD	137	22	115	118	19
MBA	101	55	46	90	11
MASTER OF PUBLIC POLICY (MPP)	47	20	27	44	3
MASTER OF ARTS/ SUSTAINABLE INTERNATIONAL DEVELOPMENT (MA/SID)	130	54	76	49	81
MASTER OF SCIENCE/ INTERNATIONAL HEALTH POLICY AND MANAGEMENT (MS/IHPM)	27	15	12	3	24
MA COEXISTENCE AND CONFLICT (COEX)	28	19	9	7	21
MA/SID, MA/COEX DUAL DEGREE	30	10	20	23	7

Seventy-four countries of origin are represented within the Heller student body.

BRANDEIS UNIVERSITY

The Heller School
FOR SOCIAL POLICY AND MANAGEMENT

P.O. Box 549110, MS 035
Waltham, MA 02454-9110

Nonprofit Org
U.S. Postage
Paid
Permit #15731
Boston, MA