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The power and pitfalls of AI: creating a just, equitable society with technology

EZRA TEFERA, MS GHPM’22, LOOKS TO TECH TO LEVEL THE PLAYING FIELD ACROSS SECTORS

BY KAREN SHIH
FROM DEVELOPING PERSONALIZED LEARNING

platforms tailored to different abilities to identifying patterns and creating interventions to decrease homelessness, artificial intelligence (AI) can be used to transform lives across the United States and around the world.

“AI has the potential to contribute toward equity and racial justice across social policy domains, such as housing, the environment, and health care,” says Ezra Tefera, MS GHPM’22, program director of the Racial Justice x Tech Policy (RJxTP) program in the Institute for Economic and Racial Equity.

A MEDICAL DOCTOR WITH A GLOBAL OUTLOOK

A medical doctor in his home country of Ethiopia, Tefera had seen firsthand how unequal access to health care caused people to suffer from preventable diseases like cholera, malaria, and HIV, which led him to enroll at Heller with the goal of making a broader impact on disadvantaged communities.

“I became really intrigued by AI’s potential,” Tefera says. “I saw how analytics could be harnessed to revolutionize and build a more equitable health system. It promised to improve accuracy, automate tasks, and reduce human errors associated with medical malpractice, all thanks to Al’s vast amount of computing power.

“However, I also recognized the need to tread cautiously,” Tefera adds. “AI can inadvertently or consciously perpetuate existing biases and disparities if not implemented responsibly and equitably.”

For example, he understood that electronic health records (EHR) reflect the existing use of health care, mostly by people who have insurance. But marginalized communities that have been excluded due to financial barriers, redlining, and housing discrimination, or other systemic issues, aren’t reflected in that data. If policymakers combine this EHR information with ZIP codes to determine health care needs, it can perpetuate and amplify racial inequities.

Now, through the RJxTP program, which takes a multipronged approach to address algorithmic bias, Tefera is working to bring together diverse researchers to tackle the impact of technology on social and health policy issues. Using one of the largest EHR data sets in the country from Sutter Health, the team’s goals include offering antiracism recommendations, combating algorithmic oppression, and promoting equitable care.

TACKLING BIAS

Launched in early 2022, RJxTP aims to build diversity and inclusivity in the STEM workforce through co-creating capacity; increase tech policy and racial justice education through micro-credentials, webinars, workshops, and other services; and transform interdisciplinary research into actionable policy.

Five research projects in the program’s incubator are focusing initially on algorithmic discriminations and biases in education, mortgage lending, health, environment, and the criminal-legal system. Tefera is involved in several of these efforts, including one that examines birth inequities in Black birthing persons, who face mortality rates three times higher than their white counterparts.

In addition, he is part of a team developing a priority-setting framework for health care sites by analyzing existing guidelines, regulations, and medical frameworks. For example, present-day AI tools are widely used in clinical practices for triaging patients, deciding who is admitted and seen first by a physician. One of his first deliverables will be an inequity index tool, which will flag potential biases in tech used by health care providers.

“I hope to contribute to a future where tech works in harmony with health and social policy to improve outcomes for all, irrespective of backgrounds or socioeconomic status … where equity, inclusion, and technology can go hand in hand,” Tefera says.
Not all WWII veterans benefited equally from the GI Bill.
WHEN MILLIONS OF U.S. SERVICEMEN AND
servicewomen returned home at the end of World
War II, the 1944 Servicemen’s Readjustment
Act, more widely known as the GI Bill, offered a
broad range of benefits for reentry to those who
served their country. But a study done by Heller’s
Institute for Economic and Racial Equity (IERE)
reveals the struggle that Black veterans faced as
they tried to obtain their GI Bill benefits, leading to
generations of inequity.

The way the GI Bill was written, its goal was to
distribute benefits in education, homeowner-
ship, and unemployment fairly and equally for all
veterans. However, the localized implementation
challenged access to these benefits for Black
service members, leaving ample room for discrim-
ination. At the same time, white service members
and their families flourished in post-war society.

UNDERSTANDING BLACK VOICES
A key part of the IERE research involved talking to
both Black and white World War II veterans and
their families. White interviewees spoke about the
opportunities that the GI Bill provided for economic
mobility. Education helped veterans pursue more
well-paying jobs so they could provide better
lives for their families, and home loan guarantees
allowed white homeownership to skyrocket.

But Black interviewees painted a different picture.
They talked about the discrimination they saw
while serving and upon returning home, and the
difficulties they faced when trying to obtain health
care and other benefits from their local Veterans
Affairs offices. Service members, both Black and
white, put their lives on the line for their country
during the war, but unlike white veterans, Black
veterans faced open hostility from the society
they had helped to preserve.

INEQUITY IN THE IMPLEMENTATION OF THE GI BILL
The research took a close look at available data
from annual VA reports and veterans surveys
collected between 1950 and 1987. According to
the data analysis, the U.S. government allocated a
similar amount of funds per person for GI benefits
to both Black and white veterans. Nevertheless,
there was a contrasting distribution pattern of
benefits overall, with Black veterans receiving
fewer home loan guarantees. This means that
Black veterans were staying in impoverished areas
instead of moving to the suburbs, as their white
counterparts did.

It was also found that though Black veterans
received more heavily subsidized educational
opportunities, many of these opportunities were
of low quality. Instead of enrolling in high school,
college, or graduate programs, as their white
peers did, many Black veterans registered for
vocational training programs, which offered a
lower return when it came to lifetime earnings.

A LASTING IMPACT
Many descendants of white World War II veterans
can still feel the value that the GI Bill provided
their family members. White service members
were able to obtain funding for the education
and housing needed to build a solid middle-class
foundation. Generational wealth was built upon
that, with their children, grandchildren, and
great-grandchildren feeling the repercussions of
stable, secure housing, college education, and
more, decades later.

Black veterans, however, didn’t have the oppor-
tunity to build this foundation for generational
wealth, especially in terms of homeownership,
and, as decades passed, the financial gap
widened. The research done at IERE notes that
while the descendants of Black veterans do hold
more wealth than those of Black non-veterans, the
wealth gap between the families of white veterans
and the families of Black veterans is staggering.
The researchers found that the families of white
veterans held, on average, 32 times the wealth
that Black veterans did.

With the 80th anniversary of the GI Bill quickly
approaching, the repercussions of this legislation
can still be felt today. Though the benefits of
the bill were open to all veterans, Jim Crow-era
discrimination prevented Black veterans from
receiving the same opportunities as their white
counterparts. The years and generations have
widened this wealth gap and magnified the strug-
gles that many Black Americans face today.
Heller’s Opioid Policy Research Collaborative sets its sights on drug overdoses

OPRC RESEARCHES HARM REDUCTION MEASURES TO CURB FATAL AND NONFATAL OVERDOSES

BY TONY MOORE
SINCE 1999, MORE THAN 900,000 PEOPLE IN THE U.S. have died of drug overdoses, a number nearly equal to the combined populations of Wyoming and Vermont. Even worse, more than 109,680 people died from drug overdoses in 2022 alone.

In response, researchers at the Heller School’s Opioid Policy Research Collaborative (OPRC) have placed themselves at the forefront of research and design efforts aimed at addressing the ongoing crisis, whose seemingly unabated march they hope to hinder.

“Many people don’t realize that drug overdose deaths are the largest cause of deaths among young adults in the U.S. — with rates much higher than deaths from cancer, heart disease, and other unintentional injuries,” says Mary Jo Larson, PhD’92, senior scientist at Heller’s Institute for Behavioral Health within the Schneider Institutes for Health Policy and Research. She notes that the “largely preventable” overdose crisis also contributes to already huge disparities in health status between Black and Hispanic individuals and white Americans. “And it’s getting worse. The age-adjusted death rate from drugs is increasing in the country, while death rates from cancer, heart disease, and other common causes are decreasing.”

Besides the very human toll fatal and nonfatal overdoses take, they bring with them huge financial consequences to society; drug overdoses and other unintentional injuries and deaths amounted to $4.2 trillion in the U.S. in 2019 alone. New initiatives to prevent overdoses and reduce drug morbidity often require change in local systems, updated programmatic resources, and new legislation. And at the heart of the change engine is OPRC research and its focus on harm reduction and overdose prevention.

INTerventions TO PREVENT DEATHS
One such project, a randomized trial led by Traci Green, director of OPRC, centers on interventions to increase the distribution and use of naloxone — also known as Narcan, a drug that can rapidly reverse an opioid overdose — in community pharmacies. Additionally, OPRC is collaborating with other universities on a statewide randomized trial known as MassHEAL, which is engaging with 16 communities implementing various interventions and evaluating effectiveness in reducing overdose fatalities.

“OPRC studies have contributed to great increases in distribution of naloxone, fentanyl test strips, and community drug checking that alerts communities to the composition of street drug samples. OPRC first reported on the presence of xylazine, a dangerous veterinary tranquilizer, in the Massachusetts drug supply, which is a particularly harmful combination,” Larson explains. Green further notes, “OPRC serves as a primary resource for state and federal health officials, policymakers, and private organizations, and plays prominent roles in four key areas: cutting-edge research, evidence-based guidance and recommendations, convening and collaborating, and communicating with media outlets and others.”

Through OPRC webinars, Heller researchers have trained hundreds of first responders, community health workers, and people in local law enforcement and local courts on the consequences of xylazine, and conducted intensive workshops with 10 police departments and their partner organizations to promote plans for a local response in Massachusetts, Maine, and Vermont. Bolstering OPRC’s efforts, in April 2023, the White House Office of National Drug Control Policy declared xylazine in the illicit drug supply an emerging threat to U.S. public health.

“We have been encouraged by the support of the Biden administration for local harm reduction programs, including its historic declaration of xylazine as a public health crisis,” says Larson, adding that states and municipalities are also receiving new funding — estimated at more than $54 billion — from national opioids settlements with Purdue Pharma, Teva, Allergan, CVS, Walgreens, and Walmart. “Many locales will use these funds for prevention and harm reduction activities, which we hope will bend the curve on fatal and nonfatal overdoses.”
Uncovering inequities facing disabled people of color

Teresa Nguyen launches projects to study racial disparities and reshape access to services

By Alix Hackett
FOR MANY PEOPLE WITH DISABILITIES, government-funded home- and community-based services (HCBS) are a crucial resource that allow them to live full and independent lives, whether it’s transportation to and from their work in the community, assistance with bathing and other personal care, or help modifying an apartment to be wheelchair-accessible. Through Medicaid, more than $116 billion is spent on HCBS every year, and yet information around how these services are utilized by disabled people of color remains virtually nonexistent.

Teresa Nguyen, director of the recently launched Community Living Equity Center, housed within the Lurie Institute for Disability Policy at Heller, is determined to change that. This past year, her team launched five disability-led research projects aimed at understanding racial equity within HCBS while providing much-needed data to policymakers and disability advocates.

“We’ve found that race is a pretty difficult topic to link to services, so this research is about creating space for those conversations,” says Nguyen. “I’m hoping the findings will help contribute to policy and program design so that services can become more culturally and linguistically competent for the folks who need them.”

DATA WILL ILLUSTRATE ACCESS AND USE OF HCBS
All five research projects will focus on how disabled people of color nationwide access and utilize HCBS. For the access portion, Nguyen is eager to find out why an individual might not be using a service that could benefit them: Is it because they aren’t aware of it, indicating a potential disparity in community outreach; is the program or service not available in their language; or is it another reason altogether?

The team’s first published data, scheduled for release in the fall, will be in the form of a dashboard showing who needs HCBS and who actually receives them, stratified by different categories, including race and ethnicity. Other projects underway include a qualitative study involving interviews with disabled people of color who have been institutionalized in nursing homes and then transitioned back into the community, and a mixed-methods project looking at outcomes among individuals who have self-directed their own care by hiring their own service providers.

“We’ve found that race is a pretty difficult topic to link to services.”
TERESA NGUYEN

“The cultural aspects of self-direction are really important,” explains Nguyen. “If you know you’re able to hire family members who can speak your language, that’s a huge help.”

STRATEGIC COLLABORATIONS
The center has formed partnerships with external organizations on its two remaining projects: one analyzing existing peer support models that could help people of color access and utilize HCBS, and another developing policy recommendations to improve access to services for those who have been incarcerated.

On every project, Nguyen and her staff are thinking carefully about inclusion and accessibility. Surveys will be administered in person and via Zoom, with language interpretation available, in order to reach the widest possible range of participants. In addition, all five studies are being designed and conducted by researchers who are themselves members of the disability community, lending credibility and knowledge that Nguyen hopes will bolster community participation and lead to richer outcomes.

“Equity is a complex area of research, and the data we’re hoping to collect rely on trust and accessibility of the research team,” she says. “Oftentimes, research is missing that lived experience lens when we interpret our own findings, so I’m really excited for that aspect.”
The "fissured workplace" and child labor

DAVID WEIL SHINES A LIGHT ON BAD ACTORS WHO PERPETUATE CHILD LABOR PRACTICES

BY TONY MOORE
IN THE PAST YEAR, DEPARTMENT OF LABOR investigations, as well as reporting by The New York Times, 60 Minutes, and Reuters, have revealed an outbreak of child labor in the U.S. Those cases include children, some as young as 13, cleaning machines in the middle of the night using hazardous chemicals on the kill floors of leading meat-processing companies.

“When I started to learn more about the recent outbreak of child labor in industries where we thought it no longer existed — auto manufacturing and meat processing, in particular — I was deeply disturbed and wanted to know more about what was driving it,” says David Weil, former dean and current professor at the Heller School, and a senior faculty fellow at the Harvard Kennedy School’s Ash Center for Democratic Governance and Innovation. An expert in the multifaceted world of labor, Weil has written five books and published more than 125 articles, dedicating his academic career to understanding what drives conditions at work and how they can be improved.

A CLUSTER OF CIRCUMSTANCES

During his tenure as the head of the Wage and Hour Division of the U.S. Department of Labor in the Obama administration, Weil translated his scholarly work into action. He saw firsthand the extent of wage theft — employers failing to pay what is required by law — particularly for low-wage and vulnerable workers. But the more recent findings of children working in settings that have been outlawed since the Fair Labor Standards Act passed 85 years ago still shocked him.

When asked, “Why here, why now?” Weil cites factors such as industries facing continued worker shortages in the wake of the pandemic and the presence of hundreds of thousands of unaccompanied minors currently awaiting asylum being drawn into the workplace due to the absence of adequate social and economic support. But his research focuses on a third factor, one that exacerbates the first two.

“‘In all of the major cases involved in manufacturing, we find what I call the ‘fissured workplace’ setup,” he says. “Big, well-known companies — in these cases, Hyundai, Frito-Lay, and others — have outsourced production jobs to secondary players, who in turn subcontract the recruitment and hiring to local staffing agencies of, let us say, dubious character. All of this is a formula for the heartbreaking child-labor stories we see.”

FIXING A HOLE IN THE OCEAN

Building on his work as a scholar and in government, Weil conducted research over the last six years that has focused on the growth of the fissured workplace, drawing on his most famous book, which bears the term as its title. He sees the use of outsourcing as a leading cause of violations of core labor standards while also undermining the wages and working conditions of all employees in affected industries.

“There are ways to address it through revisions in employment and labor laws at the federal and state levels, through how we implement our laws, and by changing norms about how we expect people to be treated when they work,” Weil notes. “There are many proven ways we can undertake enforcement of our laws more strategically to deal with the holes created by the fissured workplace.”

FROM GENERATION TO GENERATION

Weil is working on projects that seek to test new ways to improve worker protections, among them, a new book on how workplace norms come to be and how that can inform labor policies. And as he considers the future of work, Weil also looks back, to where his interest in the subject was first awakened.

“My father was a physician and got involved in President Johnson’s War on Poverty,” he says. “Hearing about that at the kitchen table while I was growing up — and from my grandmother who immigrated to the U.S. around 1906 and worked in the garment industry — put child labor, and the broader issue of treatment at work, in my mind for a very long time.”
Increasing access to community-based mental health care

MARY BROLIN, PhD'05, AND HER TEAM STUDY A BEHAVIORAL HEALTH MODEL THAT ENABLES PATIENTS TO GET THE CARE THEY NEED

BY ALIX HACKETT
IN FEBRUARY 2023, THE CENTERS FOR DISEASE
Control and Prevention released sobering
statistics on the worsening mental health of
adolescents in the United States. The data,
collected in 2021, showed that 42% of high school
students felt persistently sad or hopeless, 22% had
seriously considered ending their lives, and
18% had made a suicide plan.

Mental health among adults has also reached a
crisis level, with one in five adults experiencing
mental illness and an average of 132 suicides
occurring every day.

MENTAL HEALTH NEEDS REACH A CRISIS POINT
Mary Brolin, PhD’05, a senior scientist within
Heller’s Institute for Behavioral Health who has
studied substance use and behavioral health for
three decades, attributes the alarming numbers to
a range of factors, including long-term inequities
for vulnerable populations and traumatic events
like the Ukraine War and the Jan. 6 uprising.
The COVID-19 pandemic “just multiplied all of it,”
she says.

The question of how to improve care for this
growing pool of patients is at the core of Brolin’s
research, and it’s never been more urgent. Based
on work led by professor Dominic Hodgkin, Heller
colleagues have reported that, across the country,
a shortage of mental health resources has led to
months-long wait times at clinics and overcrowded
psychiatric wards in local hospitals, where
patients are sometimes held in the emergency
room until a bed becomes available. Patients
suffering from mental illness and substance use
disorder are also often forced to travel to multiple
facilities for care, increasing their burden
even further.

CARE WHEN AND WHERE YOU NEED IT
For the past five years, Brolin and her team have
been studying a potentially transformative solu-
tion: the Certified Community Behavioral Health
Clinics (CCBHC) model, a government initiative
administered by the Substance Abuse and Mental
Health Services Administration. Through the
program, established health care providers can
apply for CCBHC designation, and accompanying
funding, by satisfying a list of criteria. Among
other requirements, CCBHCs must offer 24-hour
crisis stabilization services, outpatient mental
health and substance use disorder treatment, and
primary care screening and monitoring.

“The result is an integrated system where a client
can walk in one door and get the full range of
services,” says Brolin of the model, “and there are
stringent criteria around how these services are
built to make sure it’s quality care.”

In addition to offering nine different services,
either directly or through partner organizations,
CCBHCs are required to treat anyone who
requests treatment, regardless of insurance
coverage, and adhere to a slew of quality assur-
ance measures. Since the model was introduced
in 2014, more than 500 clinics in 46 states
have applied for and received the designation,
increasing residents’ access to comprehensive,
quality behavioral health care.

WIDENING ACCESS TO PATIENT SERVICES
Brolin’s team is partnering with Palmira Santos,
PhD’01, and her Heller team to expand the CCBHC
model even further by helping states like Rhode
Island and New Hampshire establish CCBHC
programs and policies while also partnering with
clinics across the country to evaluate their oper-
ations and infrastructure to see if the designation
would be a good fit. They’ve already seen the
impact of their work in the form of reduced wait
times for patients seeking treatment (in one case,
from six months to two weeks) and expanded
access to services and evidence-based practices.

“It’s a strong model, it’s proven, and there’s funding
behind it,” Brolin says. “When we’re helping states
and individual providers to become stronger, the
ultimate goal is the ripple effect that comes from
that: helping people lead healthier lives by being
able to access the services they need to get there.”
RESEARCH IMPACT HIGHLIGHTS
“Bringing in data that’s much broader, we can begin to understand people’s risks of developing different types of health problems.”

BILL CROWN

Improving health outcomes with AI

From ChatGPT’s uncanny conversations to self-driving vehicles, artificial intelligence (AI) has begun to proliferate throughout society. These increasingly complex computations can be used in health care and health policy as well, potentially improving outcomes for patients across the country.

These new methods are “really great for prediction and classification,” says Bill Crown, distinguished research scientist at the Heller School, such as for health plans that “want to identify patients who are at risk of having a cardiovascular event so you can intervene before bad things happen.”

Crown first employed AI and machine learning methods to predict the onset of Alzheimer’s disease when he was chief scientific officer at OptumLabs. Today, he’s leading efforts among researchers at Heller’s Schneider Institutes for Health Policy and Research to build machine learning methods into applications for research funding. For example, a recent proposal uses these techniques to study the effectiveness and safety of pain treatments prescribed for military personnel and their family members.

Crown says, “This is now an area with a lot of interest by regulatory authorities, such as the Food and Drug Administration, as well as the National Institutes of Health, which has interest in AI and machine learning in areas ranging from genetics and clinical discovery to racial health disparities.”

Through machine learning, researchers can draw not only on traditional health claims data, but also on 650 social determinants of health from the federal government’s Agency for Healthcare Research and Quality, including housing, food security, and household poverty status.

“Bringing in data that’s much broader, we can begin to understand people’s risks of developing different types of health problems, as well as their access to health care and their outcomes,” Crown says.

He introduced a machine learning class in spring 2023 for Heller doctoral students, part of an effort to familiarize more researchers with machine learning methods. He hopes the students and policymakers can use the new approaches to guide faster decision-making, such as understanding the effectiveness and safety of alternative treatments during crises like the COVID-19 pandemic.
Disabled parents are at high risk of losing their kids. Inadequate housing makes things worse.

It is widely known that parents with disabilities are overrepresented in the child welfare system. Bias, oversurveillance, and lack of systematic support have led to disabled parents losing custody of their children at far higher rates than non-disabled parents. Lurie Institute for Disability Policy researcher Miriam Heyman wants to know how housing plays into this disparity, particularly for Black disabled parents. Says Heyman, “Due to ableism and discrimination, disabled parents and their families experience disproportionately high rates of child welfare involvement. Children of disabled parents are more likely to be taken away from their homes, and disabled parents are more likely to ultimately lose custody of their children.” She adds, “Inequities like this persist across other areas of the child welfare system as well.”

While analyzing outcomes of families within the child welfare system, Heyman and her research team found that parents with disabilities are over three times more likely to experience inadequate housing than non-disabled parents, and Black disabled parents experience nearly four times the risk of inadequate housing compared to Black parents without any disabilities. Says Heyman, “Inadequate housing is a risk factor for adverse child welfare outcomes, like losing custody, even when parents are referred to the child welfare system for reasons unrelated to housing.”

Heyman’s findings support the urgency of addressing the housing crisis plaguing the United States. “The research informs efforts to provide adequate and accessible housing for all families,” notes Heyman. “This study is a critical step toward understanding the housing circumstances and housing needs of disabled parents involved in child welfare agencies, including Black and Brown disabled parents.”
By 2019, the work led Brandeis to become the first university in the U.S. to incorporate caste into its nondiscrimination policies.

Center for Global Development and Sustainability leads anti-caste discrimination efforts in U.S.

Caste is a concept unfamiliar to most Americans. It encompasses all socially constructed identities assigned at birth and is embedded in hierarchical cultures that constrain human development and deny human rights. Caste is found today not only in South Asia, but in far-flung and diverse cultures such as Senegal, Brazil, and Japan, among others.

The Center for Global Development and Sustainability (GDS), in collaboration with the Brandeis Library, founded CASTE: A Global Journal on Social Exclusion, Brandeis’ first open-access journal, to advance peer-reviewed scholarship and incorporate caste studies in American universities. The journal is read by thousands throughout the U.S., U.K., EU, and South Asia. While that is the foundation of the center’s academic efforts on caste, GDS hoped to further use its research to influence policy and law.

Thus, GDS began in 2015 to study caste on campuses, beginning at home. By 2019, the work led Brandeis to become the first university in the U.S. to incorporate caste into its nondiscrimination policies. Through major media attention, this set off conversations across American higher education, with universities studying caste on their own campuses and adopting protections against discrimination. These sites include small private institutions like Colby College in Maine as well as the 22-campus California State University system. Brown, Columbia, and Harvard all recently followed suit.

Now, city and state governments have begun to act, with the Seattle City Council passing the nation’s first law establishing caste as a protected class in employment, public places, housing, and contracting. The California State Senate and California State Assembly recently passed a measure to include caste as a form of ancestry, and if the bill had been signed, it would have extended protection within the state’s anti-discrimination statute to become the first state to do so. However, the governor vetoed it.

As a testament to the public policy impact of GDS, the chief justice of India accepted an invitation to be the keynote speaker at the center’s Conference on Caste at Heller in October 2023.
Coming to a consensus on closing the opportunity gap for young children

Inequities in child opportunity loom large. Over the last two years, the National Academies of Sciences, Engineering, and Medicine (NASEM) convened a multidisciplinary group of scholars to review the evidence on opportunity gaps among young children — defining what these gaps are, where they exist, and for whom — to come to a consensus on what can be done to change them.

Senior scientist and Institute for Child, Youth and Family Policy (ICYFP) associate director Pamela Joshi, PhD’01, served on the NASEM committee that conducted this study. In May, the committee’s final report, “Closing the Opportunity Gap for Young Children,” found that resources and experiences are distributed inequitably across most realms of child development — from education to physical health to socioemotional development — and in every ring of support: families, neighborhoods, and policies. The findings are disheartening, although not surprising.

The report describes inequities in child opportunity by factors that include race and ethnicity, immigrant status, socioeconomic status, disability, and geography. The focus on immigrant status is particularly noteworthy for ICYFP, whose recent research has spearheaded conversations about how children in immigrant families are disproportionately excluded from the social safety net. Joshi joined selected committee members to brief staff at federal agencies, foundations, and Congress about the opportunity gaps that children face.

One key conclusion in the report is the need for robust equity-focused data infrastructure and evaluations of child-related federal policies and state programs. ICYFP’s flagship project, diversitydatakids.org, seeks to fill this need by monitoring the state of opportunity and equitable access to policies and recommending policy improvements. The Child Opportunity Index, a product of diversitydatakids.org, is endorsed in the report as one tool to target underserved areas for additional funding and programming. Other recommendations to close the child opportunity gap include improving parents’ working conditions and advancing equitable access to policies like SNAP (Supplemental Nutrition Assistance Program), Head Start, Medicaid, and family and medical leave.

“The report advances a bold vision of recommendations to reduce the opportunity gap in the face of these many compounding inequities across some children’s worlds,” says Joshi. “Little fixes may not be enough.”
Studying the social and economic consequences of RSV in infants

Recent research at the Heller School has looked closely at respiratory syncytial virus (RSV) in infants. According to this work, most infants under age 1 are susceptible to RSV, with around 50,000 hospitalizations annually. Some 82% of these hospitalizations occur in otherwise healthy, full-term infants for whom immunization has only recently been approved.

Heller professor Donald Shepard led a group of Brandeis faculty, staff, and alumni — including Lauren Buckley; Bill Crown; Raissa Gervasio, MS GHPM’19; Elizabeth Glaser, MS GHPM’08, PhD’16; Dhwani Hariharan, PhD’23; Yara Halasa-Rappel, MS’06, PhD’18; Senthil Kumar; and Katie Rowlands — in examining the burden, cost, and prevention of RSV in infants.

The team’s publications quantified for the first time the loss of quality of life among full-term infants with RSV and other lower respiratory tract infections, as well as the burden on their caregivers, across inpatient and outpatient settings. Notably, the burden per case in outpatients proved to be as high as for inpatients. The group’s economic analysis found that RSV treatment costs the U.S. health care system $710 million annually, or about $187 per birth. Medicaid-insured infants are hospitalized for RSV at twice the rate of commercially insured infants. Public sources, like Medicaid, pay for more than half of infants’ RSV medical costs, creating a serious financial challenge.

The Heller team’s work has already resulted in real-world progress. This year, the Food and Drug Administration approved nirsevimab, a single-dose monoclonal antibody, to prevent RSV. Citing Brandeis’ research, the Centers for Disease Control and Prevention then recommended use of the product for infants under 8 months during their first RSV season.

Doctoral research done by Dhwani Hariharan, PhD’23, confirmed the cost-effectiveness of infant immunization against RSV. She found that if a dose of nirsevimab were priced comparably to current childhood vaccines, the product would be highly cost-effective. For infants born in the RSV season (October through March), administering nirsevimab during the birth hospitalization (like the current application of the hepatitis B vaccine) would maximize equity and health benefits for all newborns in the U.S.
Working to stop the spread of tuberculosis in its tracks

Tuberculosis (TB) is the number one infectious killer of adults around the world. It disproportionately affects people living in poverty and often strikes down those in the prime of their lives. Because of this, tuberculosis can drive poverty, killing a family’s breadwinner and generating catastrophic health care costs. This airborne disease spreads rapidly — millions of cases are reported worldwide every year, and several thousand annually in the U.S. alone. The good news is that, with a course of treatment, most cases will resolve.

Cynthia A. Tschampl, PhD’15, a research scientist at the Heller School, has been deeply involved in learning more about the spread of tuberculosis — especially among mobile populations — and the health outcomes of the disease. Tuberculosis treatment requires months of toxic medicines, and migrant workers, for example, often follow seasonal crops, moving from one area or state to the next as crops mature and they can secure work as harvesters. This means that a difficult treatment course is even more likely to be interrupted. TB is extremely good at developing resistance to available drugs, and if treatment isn’t completed, it is frequently deadly.

The goal of Tschampl’s work is to help eliminate TB in the U.S. and worldwide by studying how the disease impacts people and which health and public health policies can make a difference. For example, diabetes is a key risk factor for TB, suggesting that joint screenings should be considered by public health officials. Tschampl has looked closely at the health inequities, economic costs, and social demands related to TB. Elimination of the disease is defined as one case per million people per year, both in the U.S. and globally. In 2022, according to the Centers for Disease Control and Prevention, there were still 8,300 active cases, as well as an estimated 13 million people living with TB infection in the U.S. alone, so there is still much work to be done.

Tuberculosis can drive poverty, killing a family’s breadwinner and generating catastrophic health care costs.

Examining the lasting impact of COVID-19 on group home workers

Group homes are vital in helping those with serious mental illness and intellectual disability integrate into society. They offer a supportive environment where adults with these disabilities can build important life skills and foster independence. Since staff working in these group homes are essential to making sure the institutions run smoothly, a collaborative team of health services researchers funded by the nonprofit Patient Centered Outcomes Research Institute (PCORI) understood the importance of measuring workers’ health and well-being, especially during the COVID-19 pandemic.

Heller’s Karen Donelan, Stuart H. Altman Chair in U.S. Health Policy, and Carie Michael, senior research associate, led the survey effort, working with Vinfen Corporation and Massachusetts General Hospital to examine the experiences of Massachusetts group home workers during the pandemic. In the first year, the team surveyed 1,468 workers from 415 group homes to gather data on work, health, and vaccine completion among the cohort, nearly two-thirds of whom were Black, Indigenous, and people of color (BIPOC).

The study, published in *JAMA Health Forum*, found that many of these workers experienced detrimental effects on physical and mental health, and had reduced access to needed health care services. Almost 20% of workers reported needing support for loneliness and isolation, and more than 25% of those surveyed reported needing support for basic health needs. BIPOC workers were significantly more likely to struggle with COVID impacts; persons with lower educational attainment were less likely to avail themselves of early vaccination.

The pandemic has created many unforeseen struggles for people working in all industries. With the data gathered from this study, employers of group home workers can better address the needs of their staff so these workers can continue to provide vital support for the residents of group homes.
It formulated the idea that inequality wasn’t just about a person’s or a family’s income; it was about the wealth they build over time and how it can be traced back for generations.

A study that catapulted a movement

When Heller professor Thomas Shapiro and his co-author Melvin Oliver published their book “Black Wealth/White Wealth: A New Perspective on Racial Inequality” in 1995, they had no idea how large an impact it would have in the years to come. It was the first book to closely examine the relationship between race and wealth in a typical American family.

The publication of “Black Wealth/White Wealth” shifted the way our society thought about inequality. It formulated the idea that inequality wasn’t just about a person’s or a family’s income; it was about the wealth they build over time and how it can be traced back for generations.

Though the book debuted nearly 30 years ago, it forms the foundation for how we view racial wealth inequality today. In 2014, Ta-Nehisi Coates cited Shapiro and Oliver’s book in his landmark article “The Case for Reparations,” published in The Atlantic. The data that Shapiro and Oliver collected for their book took on new prominence. Their research showed that Black families held only a fraction of the wealth that white families did, and this gap had been centuries in the making. Initiatives that were designed to bolster American prosperity (such as the New Deal and the GI Bill) were also devised to omit Blacks.

In June 2023, as the Supreme Court was in the process of dismantling affirmative action in college admissions, Supreme Court Justice Ketanji Brown Jackson published a powerful dissent that cited “Black Wealth/White Wealth” and its groundbreaking notion that an intergenerational wealth gap puts Black Americans at a distinct disadvantage.

Nearly three decades ago, “Black Wealth/White Wealth” shed light on the link between institutional racism and wealth inequality, and the work continues to serve as a foundation for those looking to create a more equitable society for Black Americans.
Charting the expanding wealth gap in Boston and beyond

Over the past 30 years, the divide between rich and poor people has grown increasingly wider. Sylvia Stewart, MPP’18, research communications director for the Institute for Economic and Racial Equity (IERE) at the Heller School, has been at the forefront of understanding trends in wealth disparity both nationally and locally in Boston.

Stewart knows that wealth shapes societies, provides opportunities, and affects the accessibility of goods, resources, and services for the residents of Boston. Her research has been collected in the “Racial Wealth Equity Chartbook,” published in May 2023. The report examines national and local data regarding wealth inequity from 1992 on. The data show an alarming trend: The wealth gap is continuing to swell as time goes by, and racial wealth disparities are getting larger. The top 1% of earners are getting richer, but the more pressing fact is that the bottom 10% of earners have actually seen their wealth diminish.

The data in the report look at both income and wealth ratios among races, showing that while the income ratio among white and Black and Latino households has stayed relatively steady over time, the wealth gap has skyrocketed. Though whites make, on average, 1.7 times more than their Black counterparts, they hold nearly nine times more wealth. Stewart’s ongoing work examines why this happens and how societal factors like educational opportunities, homeownership, and how wealth moves generationally play a role.

Understanding the implications of wealth disparity can help inform policy at all levels of government. It can work to bridge the gap between the wealthiest members of our society and the most marginalized, creating more opportunities for people in Boston and around the country to gain equal access to generating family wealth.

Net worth by income quartile and race, 2019

United States. Dollar values in 2019 USD.
New study reveals disparities in economic self-sufficiency
August 2022: In research published in The Russell Sage Foundation Journal of the Social Sciences, Pamela Joshi, PhD’01, Abigail Walters, Clemens Noelke, and Dolores Acevedo-Garcia found that 35% of U.S. families working full time struggle to cover essential needs. They also discovered significant disparities within that population, with more than half of Black and Hispanic families who work full time earning insufficient incomes.

PEER-REVIEWED JOURNAL ARTICLES


NIAAA awards grant to study telehealth in alcohol use disorder treatment

Constance Horgan, along with Harvard principal investigators Haiden Huskamp and Alisa Busch, received a grant from the National Institute on Alcohol Abuse and Alcoholism (NIAAA) to investigate the impact of telehealth on access, disparities, and care quality on treatment for alcohol use disorder. The research employs a mixed-methods approach to reveal longitudinal patterns and associated long-term outcomes for patients, providers, and communities.

Susan Curnan (PI) “Validating and Amplifying FIRST Global’s Impact”; Funder: International FIRST Committee Association d/b/a FIRST Global


Karen Donelan (PI) “Hospital Elder Life Program (HELP) vs. Family-Augmented HELP (FAM-HELP) for Prevention of Delirium”; Funder: Hebrew SeniorLife

Karen Donelan (PI) “Nurse Corps Supplemental Funding Evaluation”; Funder: Westat, Inc.

Ricardo Godoy (PI) “Solving the Participation Puzzle: Understanding Mechanisms Behind Causal Effects of Randomized Controlled Trials in Conservation”; Funder: Purdue University

Traci Green (PI) “Massachusetts Drug Supply Data Stream and Continued Rapid Assessment of Consumer Knowledge”; Funder: Department of Public Health, Commonwealth of Massachusetts

Traci Green (PI) “Rapid Measurement of Novel Harm Reduction Housing on HIV Risk, Treatment Uptake, Drug Use, and Supply”; Funder: National Institutes of Health
Anita Hill (PI) “Imagining Equality for the 21st Century”; Funder: Ford Foundation

Meelee Kim (PI) “Navigating to Emotional Wellness”; Funder: Wayside Youth and Family Support Network

Andrew Kolodny (PI) “Development of a Low Threshold Comprehensive Opioid Addiction Treatment Model”; Funder: New York County District Attorney’s Office

Mary Jo Larson (PI) “Responding to Xylazine (R2X): A Public Health-Public Safety Initiative Amidst the Overdose Crisis”; Funder: University of Baltimore


Tatjana Meschede (PI) “Rising Wealth Disparities in the U.S.: Summarizing Existing Data and Trends (Boston Indicators)”; Funder: The Boston Foundation

Monika Mitra (PI) “Addressing Sexual and Reproductive Health Care Disparities and Barriers Among Adolescents and Young Adults With Disabilities”; Funder: National Institutes of Health

Monika Mitra, Joe Caldwell (Co-PIs) “Community Living Equity Center”; Funder: Administration for Community Living (ACL)/National Institute on Disability, Independent Living, and Rehabilitation Research (NIDILRR)

Joanne Nicholson (PI) “Health Outcomes Framework in Individuals With Intellectual and Developmental Disabilities”; Funder: Institute for Exceptional Care

Palmira Santos (PI) “Certified Community Behavioral Health Clinic Technical Assistance Activities”; Funder: State of Rhode Island

Palmira Santos (PI) “Readiness Study for Certified Community Behavioral Health Clinics”; Funder: New Hampshire Department of Health and Human Services

Thomas Shapiro (PI) “Predatory Marketing and Poor Outcomes in the For-Profit Educational System”; Funder: Lawyers’ Committee for Civil Rights Under Law

Sylvia Stewart (PI) “Community Wealth Building Frameworks Scan”; Funder: Foundation for a Healthy St. Petersburg (Florida)

Cindy Parks Thomas (PI), Maria Madison, Moaven Razavi “Tufts Clinical and Translational Science Institute”; Funder: National Institutes of Health; subcontract to Brandeis from Tufts University

Cynthia Tschampl (PI) “Mi Camino - My Pathway to Economic Independence Program”; Funder: Casa Esperanza, Inc.

Cynthia Tschampl (PI) “Tu Bienestar: Culture, Health, and Empowerment”; Funder: Casa Esperanza, Inc.

Marji Erickson Warfield (PI) “Examining Education Award Attainment at YouthBuild AmeriCorps Programs”; Funder: Corporation for National and Community Service; subcontract to Brandeis from YouthBuild USA

Marji Erickson Warfield (PI) “Smart From the Start Evaluation Phase I”; Funder: Smart From the Start, Inc.
Presenting on “The Current State and Future Needs of the Massachusetts Harm Reduction Workforce”

October 2022: Karen Donelan, Carie Michael, Laura Michelson, and Traci Green partnered with RIZE Massachusetts to conduct a review of the harm reduction workforce in Massachusetts. The findings, presented during an October 2022 webinar led by Donelan and featuring prominent voices in harm reduction, shed light on this crucial aspect of substance use treatment.

KEYNOTE ADDRESSES


**Simon, L.** “Dr. B.R. Ambedkar and the Movement Against Caste Discrimination in the USA.” Keynote presented at the annual Ambedkar Memorial Lecture, Jawaharlal Nehru University, New Delhi, India, April 2023.

**High-Impact Conference Presentations (Academic or Professional Organizations)**


**Green, T.C.** “A Six-Site Evaluation of Innovation-Enhanced Harm Reduction Programming to Augment Services and Link to Care.” Presented at the AMERSA (Association for Multidisciplinary Education and Research in Substance Use and Addiction) Annual Conference, Boston, November 2022. This presentation won the Best Research Abstract Award — Runner-Up from AMERSA.

**Green, T.C., and Jarczyk, C.** “Massachusetts Drug Supply Data Stream: Implementing a Statewide Public Health and Public Safety Partnership to Check Drugs.” Presented at Rx Drug Abuse and Heroin Summit, Atlanta, April 2023.

**Green, T.C., Silcox, J., and Bolivar, D.** “Intervention to Improve Naloxone Dispensing, Non-Prescription Syringe Provision and Buprenorphine Accessing Community Pharmacy Settings: Initial Results From a Multi-State Randomized Trial.” Presented at the 2022 American Public Health Association Annual Meeting, Boston, November 2022.


**Jarczyk, C., and Green, T.C.** “Street Check: A Mobile Application Supporting Community Drug Checking.” Presented at the 13th National Harm Reduction Conference, San Juan, Puerto Rico, October 2022.


**Kolodny, A.** “Voice From Civil Society Organizations: What and How Quality Treatment..."
and Recovery Support Makes a Difference in Support of People With Drug Use Disorders.” Presented at the 66th Session of the Commission on Narcotic Drugs, Vienna NGO Committee on Drugs, United Nations Office on Drugs and Crime, Vienna, March 2023.


Lynch, L. “Transforming a University to be Anti-Racist: A Case Study of Brandeis University.” Presented at MIT Sloan School of Management, September 2022.


The poster was chosen as one of the Top 10 posters of the event.

**COMMUNITY ENGAGEMENT**

Green, T.C. “The Role Pharmacists Can Play in Addressing the Opioid and Overdose Crisis.” Presented at the Program Advisory Expert Panel Meeting, Foundation for Opioid Response Efforts (FORE), New York City, September 2022.

Kim, M. Presented on federally funded program evaluations at Hancock County (Ohio) Recovery-Oriented System of Care Leadership Meeting, Findlay, Ohio, September 2022.


**TRAININGS AND WEBINARS**


Eaton, S. “Reducing and Redressing Segregation in Massachusetts.” Presented at Philanthropy Massachusetts, December 2022. Similar presentations were also made to the Poverty and Race Research Action Council, the Othering and Belonging Institute at U.C. Berkeley, and the Redress Movement, as well as presentations to groups of staff members at the Ford and Kellogg Foundations and to staff members at the Boston Foundation.


Let’s Talk About Children initiative aims to support vulnerable families and students. Joanne Nicholson was invited to chair the International Scientific Advisory Group of the EU4Health Action Grant for the multinational Let’s Talk About Children (LTC) initiative. Hosted by the University of Turku, Turku, Finland, the initiative includes NGOs, psychiatric hospitals, and universities in Belgium, the Czech Republic, Estonia, Italy, Poland, Portugal, Romania, and Finland. The three-year project aims to disseminate and implement the LTC in 10 European countries through training of local LTC practitioners. Project actions will either seek to promote positive parenting and family life in families in vulnerable situations or work to take a universal approach by implementing LTC in primary and secondary school settings, providing a tool for home-school collaboration.

**APPPOINTMENTS TO PROFESSIONAL ASSOCIATIONS, JOURNAL EDITORIAL BOARDS, OR REVIEW COMMITTEES**

Lawrence Bailis was reelected president and chair of the board of the Jewish Alliance for Law and Social Action (JALSA) in June 2023.

Susan Eaton served as a member of the National Trust for Civic Infrastructure working group convened by the American Academy of Arts and Sciences. The group ended its work in 2022.

Through 2022, Susan Eaton was a board member of Project Citizenship, a nonprofit agency that provides free, high-quality legal services to immigrants all over Massachusetts and New England.

Traci Green served as deputy editor of Public Health Reports’ Special Issue on the Use of the State Unintentional Drug Overdose Reporting Systems. Published since 1878, Public Health Reports is the official journal of the Office of the U.S. Surgeon General and the U.S. Public Health Service.
Lisa Lynch was elected to the executive committee of the American Economic Association in October 2022. She was the only woman running in a group of four for two open positions.

Lisa Lynch was elected a member of the National Academy of Social Insurance in January 2023.

Monika Mitra served as the chair of the grant review committee for the Deborah Munroe Noonan Memorial Research Fund in December 2022.

Monika Mitra was appointed to the editorial board of the "Oxford Research Encyclopedia of Global Public Health."

Alexandra Piñeros-Shields, PhD’07, was invited to be a founding member of the editorial board of a new academic journal, Community Organizing, in April 2023.

Laurence Simon was appointed to the board of the American Institute for Sri Lankan Studies.

Laurence Simon serves on the steering committee of the Delta Scholars Program at Mississippi State University.

Laurence Simon was named to the editorial advisory board of the Journal of Social Inclusion Studies, published by Sage Publishers, India.

SPECIAL AWARDS FOR PUBLICATIONS

Ilhom Akobirshoev, PhD’15, Sharon Reif, PhD’02, Rachel Sayko Adams, PhD’13, Frank Li, MPP’19, and Monika Mitra received the 2023 Healthcare Cost and Utilization Project Outstanding Article of the Year Award from the Agency for Healthcare Research and Quality for their 2022 article, “Opioid Use Disorder-Related Emergency Department Visits Among Deaf or Hard of Hearing Adults in the United States," Disability and Health Journal, 15(2S), 101291.

CAREER ACHIEVEMENT AWARDS

Joe Caldwell received the 2023 National Association of Rehabilitation Research and Training Centers (NARRTC) Commendation Award. According to NARRTC, “Commendations are awarded by NARRTC for research, teaching, service, knowledge translation, or advocacy in the field of disability for specific, focused activities or achievements.”

CONFERENCE PLANNING COMMITTEES

Joanne Nicholson served as co-chair of the International Research Collaborative for Change in Parent and Child Mental Health biannual meeting in Prato, Italy, December 2022.
“Fostering Civility and Community Investment”: insights from Meyerside Chats

May 2023: Interim dean Maria Madison appeared on the Meyerside Chats, a podcast whose stated goal is to eliminate the “us and them” narrative and toxic polarization by praising those who lead by example, virtuous community leadership, and authentic conversation. In this May 7, 2023, episode, Madison and host Evan Meyer discussed the responsibility of universities, the role of private interest vs. social responsibility, and how to accept new information that conflicts with previous knowledge.


Graham Wright, MPP’15, PhD’16, co-authored an April 19, 2023, opinion piece in The Conversation, “To Understand American Politics, You Need to Move Beyond Left and Right.”

Dolores Acevedo-Garcia was quoted in the following articles in The New York Times:
• April 6, 2023, “Safety Net Barriers Add to Child Poverty in Immigrant Families.”

Lawrence Bailis’ letter to the editor of The Boston Globe, “We’ve Seen What Happens When Anti-Speech Efforts Flourish,” was published on May 19, 2023.

Susan Eaton was quoted extensively in a Jan. 18, 2023, Boston Globe article, “The Radical, Forgotten Experiment in Educational Integration That Changed My Life.”


**Traci Green** was interviewed by NBC Boston for a Feb. 16, 2023, piece, “A Drug Meant to Sedate Large Animals Is Being Used on the Streets — And It’s Causing Abscesses, Ulcers, and More.”

**Miriam Heyman** was quoted in a Nov. 30, 2022, CNN interview, “Students Sue Yale, Alleging Discrimination Against Those With Mental Health Disabilities.”

**Anita Hill** was interviewed for a Sept. 27, 2022, CBS News piece, “There’s Still So Much to Go: Attorney and Professor Anita Hill on the Fight Against Gender Violence.”

**Anita Hill** was interviewed by CNN’s Chris Wallace for a Dec. 2, 2022, segment, “Anita Hill Says Supreme Court Overturning Roe v. Wade Is Indicator of What Could Happen to Individuals’ Civil Rights.”

Research by the **Institute for Economic and Racial Equity** on the GI Bill was cited in a Nov. 15, 2022, article on Blackenterprise.com, “Researchers Say Black Veterans Received Fewer Benefits Than White Veterans due to Racism.”

**Andrew Kolodny** was quoted in the following:
- *PBS News Hour*, April 1, 2023, “How FDA Approval of Over-the-Counter Narcan Sales Affects the Opioid Crisis.”

**Robert Kuttner** was interviewed for a July 1, 2022, segment in *The Intercept*, “How the Democrats Forgot the New Deal and Paved the Way for Trumpism.”

**Lisa Lynch** was quoted in a Sept. 16, 2022, article in *The Washington Post*, “Worker Shortages Are Fueling America’s Biggest Labor Crises.”

**Tatjana Meschede** was featured in an Oct. 20, 2022, article in *The Boston Globe*, “‘It’s About Our Civic Life’; Photographs Document Teardown of Homes in Newton,” about an exhibit at Newton (Massachusetts) City Hall’s gallery for which she provided data.

**Monika Mitra** was quoted in a March 1, 2023, article in *Youth Today*, “How Proposed Laws and Medical Innovation Target Better Reproductive Health Care for Women With Disabilities.”

**Thomas Shapiro** was quoted in an Oct. 12, 2022, article in *The Washington Post*, “A Lost Generation of Black Coaching Talent.”

**Laurence Simon** was interviewed by Red FM, a Vancouver, B.C., radio station, for a Feb. 15, 2023, segment, “Caste Discrimination in North America.”

**Cindy Parks Thomas, PhD’00**, was quoted in a July 28, 2022, piece on CNBC, “Mark Cuban’s Pharmacy Startup Is Actually Making Drugs Less Expensive. It’s Still Working on Solving the Real Problem.”

**Abigail Walters** and **Pamela Joshi, PhD’01**, were quoted in a Sept. 6, 2022, article in *USA Today*, “Full-Time Work Doesn’t Pay: Why Are So Many Working American Families Living Day to Day?”

**David Weil** was quoted in an article in the April 13, 2023, issue of *The New York Times Magazine*, “When Your Boss Is an App.”
HOSTING A LARGE EVENT/CONFERENCE WITH EXTERNAL STAKEHOLDERS

On Oct. 19, 2022, the Council on Health Care Economics and Policy, led by Stuart Altman and Michael Doonan, PhD’02, held its 29th Annual Princeton Conference, “Addressing the Health Care Workforce Crisis.” Keynote speaker Karen Donelan, the Stuart H. Altman Chair in U.S. Health Policy, summarized the scope of the workforce crisis using novel research. She was joined by a distinguished panel of national experts and led a discussion with an audience of over 100 national health care leaders.

The Lurie Institute for Disability Policy hosted its first Carrie Buck Distinguished Fellowship keynote event on March 23, 2023. Inaugural Carrie Buck Distinguished Fellow Laurie Bertram Roberts presented “Advocacy and Action at the Intersection of Disability and Reproductive Justice.”

The Massachusetts Health Policy Forum, led by Executive Director Michael Doonan, held its annual Student Forum on Jan. 10 and 11, 2023. This event is designed to give advanced graduate students in public health, medicine, and health policy direct access to the workings of state government. Students have an opportunity to meet with the senior legislative and state administrative officials to discuss the operations and responsibilities of state government.

The Massachusetts Health Policy Forum brought together 200 health care leaders and legislators for “The Roadmap to Health Care Safety for Massachusetts” on April 26, 2023, in Boston. The Roadmap to Health Care Safety for Massachusetts initiative, produced by a statewide consortium of policymakers, providers, payers, and patient advocates led by the Betsy Lehman Center for Patient Safety, is an innovative plan to break new ground on safety through investment and change management. At the forum, health care leaders from across the state presented the Roadmap goals and discussed immediate action steps.

Heller’s Office of the Dean hosted the following events:
• “Reproductive Freedom: Care, Access, and Inequality,” featuring Jamie Morgan, PhD’23, and interim dean Maria Madison, Oct. 12, 2022.

The Eli J. & Phyllis N. Segal Citizen Leadership Program hosted AmeriCorps CEO Michael Smith and higher education colleagues from across the region for a roundtable discussion on “AmeriCorps and Higher Education: Partnering for Public Good,” on Nov. 2, 2022.

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

In April 2023, Dolores Acevedo-Garcia, Pamela Joshi, PhD’01, Clemens Noelke, and colleagues submitted a comment to the U.S. Department of Housing and Urban Development on its proposed Affirmatively Furthering Fair Housing Rule, commending HUD for its recognition of the importance of neighborhoods on racial equity and child opportunity and recommending the use of the Child Opportunity Index as a data tool to facilitate regional analysis, identify inequities, and conduct fair housing analysis.


In October 2022, Rebecca Loya, PhD’12, Madeline Smith-Gibbs, MPP’19, Eunjung Jee, and colleagues published a report, “Evaluation of the BabySteps Program,” for the Office of Economic Empowerment, Office of State
Robert Mechanic presented “Strategies for Improving Alignment Between Primary Care (PCPs) and Specialist Physicians in Accountable Care Organizations (ACOs)” to the Physician-Focused Payment Model Technical Advisory Committee, Office of the Assistant Secretary for Planning and Evaluation, U.S. Department of Health and Human Services, on Sept. 20, 2022, in Washington, D.C.

Joanne Nicholson was invited to testify to the President’s Committee for People with Intellectual Disabilities on the challenges and needs facing mothers with intellectual and developmental disabilities and behavioral health conditions on July 28, 2022. The piece she presented was co-authored by Kristen Faughnan, PhD candidate Shayna Mazel, and PhD student Allie Silverman.

Donald Shepard gave expert testimony at an Oct. 4, 2022, congressional briefing sponsored by the National Prevention Science Coalition to Improve Lives. His presentation was part of the testimony on “Policy Strategies to Support Children’s Development, Health, and Wellbeing.”

Robert Dunigan, PhD’04, and Joanne Nicholson are members of the National Advisory Committee for the PCORI-funded engagement project, Black Women Consulting to Advance Addiction Research and Engagement (Black Women CARE). The project is a collaboration between Community Catalyst and Black Faces Black Voices. The goal of the project is to increase engagement in research of Black women with a history of substance use disorders and criminal-legal system involvement to address their needs and priorities, and lead to improved treatment outcomes.

Traci Green and colleagues prepared the new Stimulant Guide for the Centers for Disease Control and Prevention, which was released on Feb. 13, 2023.

Lisa Lynch is a member of the New York Federal Reserve Bank’s Economic Advisory Panel. The group meets twice a year with the New York Fed president to discuss the current state of the economy and to present their views on monetary policy.

Rajesh Sampath presented “Caste and Race in Postcolonial Global South Contexts” to the Global South Asian Regional Leadership of Amnesty International in March 2023, and to the Global Leadership of Amnesty International in May 2023.

Leonard Saxe and Graham Wright, MPP’15, PhD’16, contributed to a report published on March 17, 2023, by the Anti-Defamation League, “Antisemitic Attitudes in America: Conspiracy Theories, Holocaust Education, and Other Predictors of Antisemitic Belief.”

On Feb. 7, 2023, Thomas Shapiro presented “Banking on Financial Inclusion: A Hope Economic Mobility Forum” as part of a panel discussion and Q&A with Habitat for Humanity’s Program Design Group, a group of nine Habitat affiliate staff and nine community members who are designing a scalable intervention to partner with communities to support Black generational wealth.
“Equity and Accessibility in Autonomous Vehicles: a Report on Addressing Disability and Ableist Bias”

November 2022: PhD student Ian Moura developed a comprehensive report during his Marilyn Golden Policy Internship at the Disability Rights Education and Defense Fund that highlighted safety, equity, and accessibility in autonomous vehicles. Shared with AV safety advocates, the report served as the basis for comments on proposed federal regulations on algorithms, and was also provided to the National Association of Insurance Commissioners’ (NAIC) Innovation, Cybersecurity, and Technology (H) Committee. NAIC develops “model laws” and regulations that state insurance regulators then incorporate into state law.

**PUBLICATIONS**


“[Massachusetts] can do more than just join the ranks; we can enact the most comprehensive menstrual equity policy in the country and be a national leader in the fight for reproductive justice.”

HANNAH WILCOVE, MPP’23, IN COMMONWEALTH MAGAZINE
AWARDS AND HONORS

Elad Daniels, PhD candidate, received an award from the ARDRAW (Analyzing Relationships Between Disability, Rehabilitation, and Work) Small Grant Program. The ARDRAW program honor is awarded to graduate-level students to conduct supervised independent research designed to foster new analysis of work, rehabilitation, and disability issues. Elad analyzed T-MSIS (Transformed Medicaid Statistical Information System) and Medicare Part D claims data to examine racial and ethnic differences in psychotropic medication utilization among individuals receiving Medicaid Home- and Community-Based Services and Institutional Long-Term Services and Supports.

Ian Moura, PhD student, received the Health Policy Research Scholar Award from the Robert Wood Johnson Foundation. He was one of 40 second-year PhD students selected to receive leadership training and a $30,000 annual fellowship, renewable for up to four years of doctoral study.

Kartik Trivedi, PhD candidate, received the Academy of Management’s SHRM Foundation Dissertation Grant for continuing his dissertation work.

PhD student Michael Vetter received the 2022 APHA (American Public Health Association) Disability Section’s Career Enhancement Student Scholarship award. The award was for his preliminary research on the 2017 rounds of the National Health and Aging Trends Study and National Survey of Caregiving surveys looking at the impact of care recipient hospitalizations in the prior year on informal care provided by family caregivers.

Victoria Zidek, MA SID/COEX’23, received a Fulbright U.S. Student Program Award. Victoria will work at the Federal University of Bahia’s Feminism and Gender department and the Grupo Nzinga de Capoeira studio to study the relationship between Capoeira, feminism, and restorative justice in Salvador, Brazil.

Victoria Zidek and Andy Mendez, MBA/MA SID’23, received Boren Awards. Victoria will study Portuguese in Brazil, and Andy will study Turkish in Azerbaijan. Boren Awards allow U.S. students to add an important international and language component to their education through specialized area study and increased language proficiency. Boren Fellows engage in study and research in world regions underrepresented in study abroad programs, including Africa, Asia, Eurasia, Latin America, and the Middle East.

PUBLIC ENGAGEMENT

Muhammad Azam, MA SID’23, published an article in International Policy Digest on May 7, 2023, “How America Failed People With Disabilities During COVID.”

Ilana Fitzpatrick, MPP/MBA’24, published an opinion column in the Feb. 26, 2023, issue of MetroWest Daily News, “Are We Really Doing No Harm by Rejecting the End of Life Options Act?”

Robert Hitt, MPP’23, published an Aug. 16, 2022, piece in The American Prospect, “A Methane Fee Won’t Work If It Doesn’t Count All the Methane.”


During her Segal Summer Internship with Mass NOW, Segal Fellow Hannah Wilcove, MPP’23, published an opinion piece in the July 23, 2022, issue of CommonWealth magazine, “Period Poverty Is a Reproductive Justice Issue: Legislature Needs to Pass the I Am Bill.”
WHAT DID YOU FIRST BECOME INTERESTED IN ALGORITHMS AND DISABILITY POLICY AS A TOPIC FOR YOUR DISSERTATION?

To be honest, there were two ideas I was thinking about, and I was really lost, wondering, ‘What now? Which idea should I be working on?’ And I had a conversation with my mom, who told me, “Do the one which you are more excited about, the one which, on the worst of your nights, can keep you feeling that you are doing something nice.”

Before joining Heller, I was already in disability policy and looking at how workplace and employment issues affect people with disabilities. As I was thinking about my dissertation, I was researching different use cases of artificial intelligence and algorithms in social contexts, and I wanted to look at putting these two issues together. It came from a deep curiosity: Are we paying enough attention to the relationship [between humans and algorithms]?

TELL ME ABOUT YOUR DISSERTATION.

We know that organizations are using algorithms for all different kinds of decision-making, and some of the discussions we hear about algorithms include, “Are algorithms good or bad, or are they biased or unbiased?” There is a decent amount of understanding around why an algorithm would be biased, namely, that somebody programmed it incorrectly (either because of poor understanding of our society, or programming it in a way that is technically wrong), or the data that the algorithms are using are biased.

In my research, I am looking at one of the social contexts where algorithms are being used — helping to make hiring decisions. I’m specifically looking at the relationship between algorithms and human decision-makers and how they work together when deciding hiring outcomes for
“Humans can be biased, so what happens when humans and algorithms interact when making these hiring decisions?”

KARTIK TRIVEDI, PhD CANDIDATE

people with disabilities. If you’re making a hiring decision with algorithmic aid, an algorithm would look at your past hiring decisions. In that scenario, if there has never been a person with a disability in your workplace, and if you believe there are certain markers that are correlated with people with disabilities — say, the kind of schools they go to, or the kinds of activities they take part in — then they’re less likely to get selected. For example, an algorithm might be selecting people based on their extracurricular activities, like playing team sports, because it’s assumed to be a good marker of leadership, or a good indicator that you function well as part of a team. But a person with mobility limitations might not be on a football team, so where does that person land?

What I am trying to investigate, especially in the context of inclusion of people with disabilities in workplaces and hiring, is a very specific piece of that question. We know that these are the issues with the algorithms. But we also know one of the issues is with humans. Humans can be biased, so what happens when humans and algorithms interact when making these hiring decisions? If there is a biased algorithm and a biased human, or an unbiased algorithm and an unbiased human, or some combination, what happens in terms of decision-making?

WHAT HAVE YOU UNCOVERED SO FAR IN YOUR RESEARCH?

There are some mixed results between studies. I’m trying to figure out whether there are theoretical reasons, or determine if there needs to be another set of studies to understand the human-algorithm relationship better. One thing we are seeing is that there is some indication of algorithmic appreciation, that is, people agreeing with algorithmic suggestions; in the case of hiring, people are more appreciative of algorithmic advice than human advice, but that’s only happening when there is broader context available for human decision-makers.

HOW HAS HELLER SUPPORTED YOU IN YOUR RESEARCH?

I received the Wyatt Jones Dissertation Grant, which helped because my research involves paying research participants. That’s material support, without which some of my work wouldn’t be possible. Outside of that, I’ve talked to many faculty members about my research idea and gained immensely from their experience and suggestions. There was never a time when I didn’t get a patient ear.

In developing your dissertation proposal, you talk about it with your mentors here at Brandeis. During my process, I spoke to professor Jody Hoffer Gittell, who chairs my dissertation committee and is an amazingly supportive adviser; and professor Monika Mitra, who has been my mentor from day one and is now part of my dissertation committee; and professor Dominic Hodgkin, who is also a member of my committee and whose courses helped me immensely. Talking to these and other wonderful scholars and exchanging ideas helped me to develop my dissertation idea. You take your idea, break it up, bring it together through different avenues, and then you come up with the plan.
Meelee Kim, PhD’19, is a scientist in the Institute for Behavioral Health (IBH) at Heller. With nearly two decades of experience conducting research and evaluation using mixed methods, she applies a participatory action research approach when working with community-based organizations and other community stakeholders. In 2023, she received Heller’s Early Career Research Investigator Award for her work in communities with underserved populations to reduce the impact of alcohol, drug, and mental health problems, as well as building supports for youth and young adult populations.

TELL ME ABOUT YOUR RESEARCH.

I’ve worked with communities to enhance services for underserved populations on a wide range of issues and research topics, including substance use and addiction, prescription drug misuse, recovery supports, health information systems, HIV prevention, homelessness, and trauma-informed services. For me, it’s more about partnerships with community-based organizations, letting them determine what the priority areas are at the moment, and working with them to identify community-based practices, or curricula, or policies that would have the best odds at addressing those issues.

The work I do is never done alone. I’ve got a team of people I work with on a day-to-day basis that includes people outside of Heller. Sometimes I hear from community members that they’ve worked with researchers who come into their community with good intentions and great study designs, but after the scientists collect their data, they disappear and there’s not much time and space to engage in the process. While the research topic and the work itself is important, I also try to focus on the process of engaging with community stakeholders and staying connected as much as possible, even after the grant is completed.
“Youth are extremely resilient and creative, and sometimes adults ... miss opportunities because they don’t know how to collaborate with and empower them.”

Meelee Kim, PhD’19

HOW DID YOU FIRST GET INTERESTED IN THIS AREA OF RESEARCH?

My first entrance into the world of social services was working in a soup kitchen when I was in high school, and then I spent a few years working as an advocate in a homeless shelter for women. Like many frontline staff, I got burned out, but I didn’t want to leave the field. I got involved with a consulting agency in Boston that Mary Brolin [a senior scientist with IBH] was a part of, and that’s where my career in research and evaluation began. I’ve had the privilege of working on a wide range of issues and interventions at the national, state, and local levels. While they’re all equally important, I find more excitement and engagement working as closely as possible with the population that is being served. Learning directly from them helps me as a researcher have a greater appreciation for the impact these programs and policies have.

HOW CAN COMMUNITIES SUPPORT YOUTH AND YOUNG ADULT POPULATIONS?

The pandemic has really highlighted some crisis-level needs. The isolation and the disruption in their everyday routines has magnified the need for behavioral health services, and while there are a lot more resources now through federal grants to increase services and provide easier access, there is also a real workforce shortage issue in the behavioral health field. However, communities have many ways to increase protective factors for youth development, like a sense of belonging, reliable support systems, and opportunities for positive social engagement. Youth are extremely resilient and creative, and sometimes adults in communities miss opportunities because they don’t know how to collaborate with and empower them. I think at some level, we have to go back to the basics and learn how to listen and respond respectfully to their ideas, and seek out those youth who don’t typically engage in school activities.

WHAT’S SOMETHING YOU’D LIKE POLICYMAKERS TO UNDERSTAND?

I think this is a [societal] issue, but policymakers need to be a little more trusting of the research and take a more comprehensive view of problems. For example, regarding the issue of opioids, for several years policymakers were really focused on overdose deaths as the metric to address. While I absolutely agree that it is critical to prevent deaths, there wasn’t enough attention paid to primary prevention for all kids and secondary prevention for kids who are already identified as being at risk.

If you can’t get to the primary prevention work, you’re just constantly in this battle of using a Band-Aid on a critical problem. So while I appreciate that policymakers don’t have time to wait for the final results of a multiyear research study, they can still be data-driven and look at root causes to inform a more comprehensive approach for creating policies.
RESEARCH ACTIVITY
JULY 1, 2022 - JUNE 30, 2023

93 NEW PROPOSALS

200 ACTIVE PROJECTS

148 STUDENTS INVOLVED IN PAID RESEARCH

150 RESEARCH STAFF

TOTAL FUNDING:
$19.7 MILLION

HELLER RESEARCH BY THE NUMBERS
HELLER DEGREE PROGRAMS

PHD IN SOCIAL POLICY
MASTER OF PUBLIC POLICY
MASTER OF SCIENCE IN GLOBAL HEALTH POLICY AND MANAGEMENT
MASTER OF ARTS IN CONFLICT RESOLUTION AND COEXISTENCE
MASTER OF ARTS IN SUSTAINABLE INTERNATIONAL DEVELOPMENT
SOCIAL IMPACT MBA
EXECUTIVE MBA FOR PHYSICIANS