

Salma&Rachel&Alexa&Ann Marie&
Brandon&Jonathan&Seung Hoan&
Carol&Anita&Patricia&Matthew&
Megan&Harold&Theodore&Birgit&
Noel&Anna&Lesly&Sarah&Peter&
Helen&Emily&Charles&Jessica&
Gina&Maria&Ashley&Mark&Terri&
Anthony&Greta&James&Hannah&
Meng&Jaclyn&Sharon&Martha&
Isabelle&Soma&Hill&Mery&Sean&
Nicole&Vicki&Brittany&Timothy&



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Meng&Jaclyn&Sharon&Martha&
Isabelle&Soma&Hill&Mery&Sean&
Nicole&Vicki&Brittany&Timothy&
Peyton&Shariq&Michael&Salina&
Caroline&Jean-Claude&Abigail&
Rani&Daisy&Lilly&Adna&Emma&
Saisha&Nicholas&Joel&Aditi&Iris&
Leah&Donald&Mary&Elsa&Kevin&
Robyn&Amelia&Sunyue&Ryan&
Christie&Jack&Bukiwe&Joanna&
Esther&Connor&Mallory&Leyla&
Madeline&Phillip&Fatima&Janet&
David&Ziming&Julia&Marianne&
Nico&Ola&Jacey&Brooke&Ethan&



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DUST JACKET: CONOR DOHERTY; SHENAAZ EL-HALABI; KELLY DAVIDSON; ZUMA PRESS, INC./ALAMY STOCK PHOTO

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MICHAEL SAUNDERS

“There is no SPH without our people. The work of the school is the work of scholars, teachers, and doers who bring our core purpose to life.”

Dear Colleagues,

IN 1976, a program was established within Boston University’s Department of Socio-Medical Sciences and Community Medicine with the goal of offering students a world-class public health education. That program would grow from its first class of 54 MPH students and 20 nondegree students into Boston University School of Public Health, with 1,434 students, 303 faculty, 251 staff, and 11,780 alumni. While much has changed in the nearly 50 years since our founding, what has not changed is our commitment to our core purpose: **Think. Teach. Do. For the health of all.** Since its founding, the school has been committed to excellence in scholarship, providing a world-class public health education to our students, and engaging in the world of practice—work that has always been guided by values of diversity, equity, and inclusion.

In recent years, we have lived through one of the most eventful chapters of our story as we navigated a global pandemic. COVID-19 taught us much. As a community, we have played a key role in addressing the crisis and working to create a healthier world where pandemics no longer emerge. Now, in this post-COVID-19 moment, we are looking ahead to what is next. In 2026, we will celebrate our 50th anniversary. Starting with this one, **the next four issues of *SPH This Year*** will engage with this milestone by exploring themes that are core to our school’s history and identity: ***OUR PEOPLE*, *OUR PLACES*, *OUR TIME*, and *OUR FUTURE***. The theme of this issue is ***OUR PEOPLE***.

There is no SPH without our people. The work of the school is the work of scholars, teachers, and doers who bring our core purpose to life. Over the last year, we have further invested in our people, bringing to the school the largest cohort of new faculty members in our history, welcoming into our community scholars, researchers, and teachers whose work is helping to define the horizons of public health. They join our students, faculty, staff, and alumni as part of a global network of public health practitioners working to advance a radical vision of a healthier world.

Shakespeare famously wrote, “What’s past is prologue.” A prologue is an introduction appearing before the main story begins. As rich as our school’s history has been, as much as we have done in our almost 50 years, our community today makes it easy to feel like what is past is prologue to an even greater future for SPH. Thank you for being part of our story as we celebrate all we have done together and look ahead to all we will do in the next 50 years and beyond.

Warmly,

Sandro Galea, MD, DrPH
Dean and Robert A. Knox Professor



TALBOT BUILDING

"Our students inspire me every day with their love, hope, and dedication to make things better."
MARY MURPHY-PHILLIPS, ASSISTANT DEAN FOR STUDENTS

DIEGO KUPFER

GROWING

SPH WELCOMES
NEW FACULTY.

BY MALLORY BERSI
AND CHARLOTTE
GREENHILL

OUR COMMUNITY.

Over the last two years, the School of Public Health has embarked on the largest faculty recruitment effort in our history, resulting in **41 new** faculty members across all six academic departments, including three new department chairs. The search focused on candidates with **interdisciplinary expertise, diverse perspectives, and equity-oriented practice.**



Salma Abdalla
Assistant Professor
Global Health

Rachel Sayko Adams
Research Associate Professor
Health Law, Policy & Management

Maria Argos
Professor
Environmental Health

Daniel (Dani) Asfaw
Assistant Professor
Health Law, Policy & Management

Samantha (Sam) Auty
Research Assistant Professor
Health Law, Policy & Management

Scarlett Bellamy
Chair and Professor
Biostatistics

Kimberly Brimhall
Clinical Associate Professor
Health Law, Policy & Management

Meredith Brooks
Assistant Professor
Global Health

Nina Brooks
Assistant Professor
Global Health

Jonathan Buonocore
Assistant Professor
Environmental Health

Timothy Callaghan
Associate Professor
Health Law, Policy & Management

Huimin Cheng
Assistant Professor
Biostatistics

Seung Hoan Choi
Research Assistant Professor
Biostatistics

Stephanie Ettinger de Cuba
Research Associate Professor
Health Law, Policy & Management

Cristina Gago
Assistant Professor
Community Health Sciences

Maria Glymour
Chair and Professor
Epidemiology

Akshay Gupte
Assistant Professor
Global Health

Phillip Hwang
Assistant Professor
Epidemiology

Anoop Jain
Assistant Professor
Environmental Health

Patrece Joseph
Assistant Professor
Community Health Sciences

Fatema Shafie Khorassani
Assistant Professor
Biostatistics

Kipruto Kirwa
Assistant Professor
Environmental Health

PhuongThao (PT) Le
Assistant Professor
Community Health Sciences

Jung Wun Lee
Assistant Professor
Biostatistics

Elizabeth McCuskey
Professor
Health Law, Policy & Management

Katherine (Kat) Moon
Assistant Professor
Environmental Health

Matthew Motta
Assistant Professor
Health Law, Policy & Management

Kevin Nguyen
Assistant Professor
Health Law, Policy & Management

Allison Portnoy
Assistant Professor
Global Health

Lynsie Ranker
Assistant Professor
Community Health Sciences

Carlos Rodriguez-Diaz
Chair and Professor
Community Health Sciences

Anthony (AJ) Rosellini
Associate Professor
Epidemiology

Jennifer Ross
Associate Professor
Health Law, Policy & Management

Sylvia Shangani
Assistant Professor
Community Health Sciences

Koichiro Shiba
Assistant Professor
Epidemiology

Kayoko Shioda
Assistant Professor
Global Health

Kathryn Thompson
Assistant Professor
Community Health Sciences

Noel Vest
Assistant Professor
Community Health Sciences

Lukas Weber
Assistant Professor
Biostatistics

Justin White
Associate Professor
Health Law, Policy & Management

Mary Willis
Assistant Professor
Epidemiology



I'm eager to build a community of people that use public health methods to develop and test **strategies to mitigate climate change while promoting public health and equity.**

Jonathan Buonocore
Assistant Professor
Environmental Health

[Our] strong commitment to support and cultivate independent faculty leaders addressing key global health challenges through **innovative research and teaching made SPH a natural fit for me.**

Akshay Gupte
Assistant Professor
Global Health



I chose SPH because of the people. In addition to being talented and impactful leaders in their respective fields, every person—faculty, student, administrative staff, or otherwise—I have met at SPH has already been **so welcoming.**

Kevin Nguyen
Assistant Professor
Health Law, Policy & Management



KELLY CULNAN; MICHAEL SAUNDERS; SYLVIA SHANGANI; AKSHAY GUPTA



I am excited about training the next generation of public health experts and I am eager to deploy **BUSPH's amazing infrastructure** to shape a research agenda that translates to **better health** for the communities around us.

Sylvia Shangani
Assistant Professor
Community Health Sciences



This research community is incredibly willing to dive into **difficult questions** that are of the utmost importance to society, like tackling **climate change or solving urban health inequity.**

Mary Willis
Assistant Professor
Epidemiology

& THREE NEW

DEPARTMENT CHAIRS



&Maria Glymour

Chair, Department of Epidemiology

Maria Glymour arrived at BU from the University of California San Francisco (UCSF), where she was a professor in the Department of Epidemiology and Biostatistics. She led the UCSF PhD program in epidemiology and translational science, leading multiple training grants on aging and chronic disease as well as health disparities. Glymour's research has centered around several related themes: social policies and health; social and geographic determinants of population health and health equity; causal inference methods for social epidemiology; and stroke, cognitive aging, and Alzheimer's disease and related dementias. Before joining UCSF, Glymour was an assistant professor at Harvard T.H. Chan School of Public Health and a postdoctoral scholar at Columbia University. She received her bachelor's in biology from the University of Chicago and her master's and doctorate from Harvard T.H. Chan School of Public Health.



&Scarlett Bellamy

Chair, Department of Biostatistics

Scarlett Bellamy was most recently a professor in the Department of Epidemiology and Biostatistics and the associate dean for diversity and inclusion at the Dornsife School of Public Health at Drexel University. Before her move to Drexel, Bellamy spent 15 years at the University of Pennsylvania Perelman School of Medicine, where she was a professor of biostatistics. Much of Bellamy's research focuses on evaluating the efficacy of interventions in longitudinal behavioral modification trials, including cluster- and group-randomized trials. Past projects have applied this methodology to address health disparities for a variety of clinical and behavioral outcomes, including HIV/AIDS, cardiovascular disease, and health-promoting behaviors. Bellamy holds a bachelor's degree in mathematics from Hampton University and a master's and doctorate in biostatistics from Harvard T.H. Chan School of Public Health. In 2016, Bellamy was elected a fellow of the American Statistical Association.



&Carlos Rodriguez-Diaz

Chair, Department of Community Health Sciences

Carlos Rodriguez-Diaz was previously professor and vice chair of the Department of Prevention and Community Health at the Milken Institute School of Public Health at The George Washington University (GWU). Rodriguez-Diaz's professional work focuses on engaging social determinants of health to address health inequities among populations made vulnerable by factors such as incarceration status, gender identity, sexual orientation, and HIV status. He earned his bachelor of science and master of public health from the University of Puerto Rico (UPR) and worked as a health educator in the Puerto Rican prison system before completing doctoral training in public health and community health education at Walden University in Minnesota. He returned to the UPR for postgraduate training in HIV and global health research, becoming an assistant professor at the UPR Graduate School of Public Health before joining GWU in 2018.

MICHAEL SAUNDERS

&Fatima Dainkeh

Fatima Dainkeh (SPH'18) trailblazes a new kind of public health career combating workplace inequity.

In her role as the director of training at She+ Geeks Out, a nationwide organization that aims to abolish inequity in the workplace, **Fatima Dainkeh** supports individuals and organizations in creating and maintaining diverse, equitable, and inclusive workplaces. Her winding path to a career in public health started when, as an undergraduate majoring in biology on a pre-med track, she realized after her first year that medical school was not her destiny. “It was my parents’ dream by way of societal pressures and expectations. While I love my family, the medical field and approach weren’t for me. I was more interested in how our sociocultural and political climates impact our overall well-being on the personal and collective levels,” Dainkeh says. Social justice issues were constant, core topics in her personal and academic journey. “I wanted to deeply understand how systems of oppression impacted individuals and communities, and discover new—or old—ways of being that could positively affect our overall health and, ultimately, the quality of our lives,” she explains. During her time at SPH, Dainkeh produced a short film titled *Stories of Black Motherhood* that explored the experiences of Black mothers, especially during a time when the disproportionate burden of Black maternal mortality began receiving increasing attention. “This is how I found my way to public health and DEI work. Public health was vast and holistic enough for me, and doing DEI in the workplace felt impactful,” she says.

“Public health was vast and holistic enough for me, and doing DEI in the workplace felt impactful.”

FATIMA DAINKEH (SPH'18),
DIRECTOR OF TRAINING,
SHE+ GEEKS OUT



FATIMA DAINKEH

Kertu Tenso (SPH'24) uses Instagram to demystify academia and empower others.

Kertu Tenso has carved out a unique niche on Instagram by sharing her life experiences as an Estonian student pursuing a PhD in health services research in the United States. Tenso has created a resource she felt was lacking when she began her doctoral studies at SPH in 2019. Through aesthetically pleasing videos and a healthy dose of self-aware humor, Tenso demystifies academia and empowers others to take up space in both academic and STEM settings. Her account, @kertutenso, currently has more than 18,500 followers. “I am an international student, I am a first-generation student, and I am a woman working in a male-dominated field. A lot of what I share on my page is about the struggles I am facing as someone in academia who was not supposed to make it this far,” Tenso says. Tenso is currently a data analyst at the Veterans Health Administration, where she builds analytic data files using SQL language in the VA Electronic Health Record data warehouse and performs data wrangling and statistical/econometric analyses. Her content aims to destigmatize mental health issues and normalize time off and setting boundaries. “Going through graduate school is stressful and can be incredibly isolating, especially for international students who are far away from their friends and family and are dealing with a mix of additional stressors, like immigration and visa status, language barriers, and cultural differences,” she says.

“I am an international student, I am a first-generation student, and I am a woman working in a male-dominated field. A lot of what I share on my page is about the struggles I am facing as someone in academia who was not supposed to make it this far.”

KERTU TENSO (SPH'24), INSTAGRAM INFLUENCER AND DATA ANALYST, VETERANS HEALTH ADMINISTRATION



Mary Willis receives \$2M NIH Early Independence Award for pioneering reproductive research.

Mary Willis, an assistant professor of epidemiology who joined the School of Public Health in September 2022, received a National Institutes of Health Director’s Early Independence Award to study the effects of oil and gas development on reproductive health. Willis is the first Boston University recipient of the prestigious research award, which totals \$2,062,995 over five years and is part of the NIH Common Fund’s High-Risk, High-Reward program offering four programs each year to support innovative scientists who propose significant behavioral and biomedical research projects. The Early Independence Award allows junior scientists who have recently received their doctoral degree or completed their medical residency to skip traditional postdoctoral training and move quickly into independent research positions. The first prospective study on oil and gas development and reproductive health outcomes, the project uses ongoing data collection from Boston University’s Pregnancy Study Online (PRESTO), the largest preconception cohort study ever conducted. According to Willis, who has studied oil and gas development since 2015, many PRESTO participants are also among the 17 million Americans who live near active oil or gas development sites, where industrial activities produce air pollution, water contamination, and known reproductive toxicants. “This project aims to create rigorous epidemiologic evidence that can inform health-protective policy with respect to oil and gas development,” she says. “Generating this sort of multipronged epidemiologic evidence is a key step towards figuring out what options may yield policy that could protect population health.”

“Generating this sort of multipronged epidemiologic evidence is a key step towards figuring out what options may yield policy that could protect population health.”

MARY WILLIS, ASSISTANT PROFESSOR OF EPIDEMIOLOGY



KELLY CULNAN

*CREATING A
CULTURE OF*

HUMILITY &

IN PUBLIC HEALTH.

BY CHARLOTTE GREENHILL
PHOTO BY SHENAAZ EL-HALABI

How Shenaaz El-Halabi's (SPH'00) belief in "botho" informs her work in the Botswana Ministry of Health and WHO. In her 30 years as a public health professional, Shenaaz El-Halabi has lived and worked by a guiding principle known as "botho," a word that communicates both a set of values and a way of interacting with others and society.

Shenaaz El-Halabi describes the concept of “botho” as encompassing all aspects of how we treat one another. For the Batswana—the people of Botswana—botho is about “this humility, this connection with society, this love to make a difference in someone’s life.”

“We always talk about being a compassionate, just, and caring nation,” she says.

Since graduating from SPH in 2000 with an MPH in epidemiology and biostatistics, El-Halabi has worked, with botho in mind, to empower others through effective public health programs, strong partnerships, and a commitment to advancing human dignity through health.

El-Halabi rose through the ranks of Botswana’s Ministry of Health and became its permanent secretary before being tapped by Director-General Tedros Adhanom Ghebreyesus to join his team as director in the Office of the Director-General at the World Health Organization (WHO).

When El-Halabi applied to SPH, she was working in the integrative disease surveillance and response unit at the Botswana Ministry of Health. She was attracted to the school’s combined epidemiology and biostatistics certificate and knew she could apply that knowledge to her work when she returned. SPH also had many alumni from Africa, which made her confident that the school valued diverse perspectives and she would feel comfortable there. “I could see myself fitting in at BU and also being able to take those learnings back home.”

El-Halabi credits the MPH program for making her a “more well-rounded individual” with skills in epidemiology, research, and data analysis. After graduating, she returned to the Ministry of Health in Botswana. “[My supervisors] noticed that I had something in me, that I was able to critique the various documents and research proposals that were being submitted and identify ways that I thought we could do the research better, and what we needed to do after getting the numbers behind these studies.”

When El-Halabi was appointed the ministry’s chief research officer, one of her first tasks was to strengthen existing structures, such as institutional review boards, to review complex clinical trials. She introduced new tools for reviewing, monitoring, and renewing research proposals and expanded Botswana’s capacity to review trials by partnering with local clinicians and experts in academia to serve in the review process.

When El-Halabi led the nation’s response to crises like the H1N1 pandemic, cholera outbreaks, and the Ebola epidemic in her roles as director of public health and as permanent secretary, her SPH training in both infectious disease management and communications and outreach proved invaluable. “I am where I am because a lot of what I learned at BU, I was always able to reference,” she says.



BOTHO: *noun*
A WORD THAT COMMUNICATES BOTH A SET
OF VALUES AND A WAY OF INTERACTING WITH
OTHERS AND SOCIETY.

SHENA AZ EL-HALABI (SPH'00), DIRECTOR IN THE OFFICE OF THE DIRECTOR-GENERAL
AT THE WORLD HEALTH ORGANIZATION.



*LEADING
THE WAY,*

EXPANDING OUR REACH

BY JILLIAN McKOY, MEGAN JONES,
AND MICHAEL SAUNDERS
PHOTO BY KELLY DAVIDSON

New centers for
mental health,
climate health
diversify SPH's
research portfolio.

TALBOT BUILDING ON
THE BOSTON UNIVERSITY
MEDICAL CAMPUS.



To help shape future growth, the School of Public Health has launched several new research centers that will be crucial to advancing knowledge within their fields and addressing complex public health challenges at the local, national, and global levels.

Grounded in evidence-based science, academic research centers have demonstrated their immense value as hubs that conduct rigorous studies, evaluate interventions, and generate reliable evidence that informs policy and practice. A 2006 qualitative analysis by the Association of American Medical Colleges found that academic research centers and institutes can “aid in faculty recruitment and retention, facilitate collaboration in research, secure research resources, offer a sense of community and promote continued learning, afford organizational flexibility, focus on societal problems, and raise funds.”

The new research centers at SPH are an offshoot of the school’s five Strategic Directions—cities and health; climate, the planet, and health; health inequities; infectious diseases; and mental and behavioral health—that reflect the school’s academic strength, potential for growth, and critical public health needs.

In April 2023, the school launched the Center for Trauma and Mental Health (CTMH), a pioneering initiative dedicated to advancing research, education, and policy surrounding trauma and mental health. Once fully up to scale in 2024, the center is expected to be one of the field’s largest and most

comprehensive of its kind, convening researchers, clinicians, policymakers, students, and community members.

According to **Jaimie Gradus**, director of the CTMH, professor of epidemiology at SPH, and associate professor of psychiatry at BU’s Chobanian & Avedisian School of Medicine, the CTMH has both a simple purpose and a broad mandate: to research better public health approaches to addressing stress, trauma, and mental health on a population-wide scale. Gradus aims for this interdisciplinary approach to help facilitate comprehensive research, empower the exchange of knowledge, and generate solutions for individuals affected by trauma.

The CTMH will also be a collaboration nexus for existing areas of study and ongoing programs at the school, including climate change and mental health; mental and physical health impacts of discrimination on Black women; behavioral

neurotoxicology and Gulf War Illness in veterans; mental health of children and teens; and racial disparities in firearm injuries.

The Center for Climate and Health (CCH) was officially unveiled on April 22, 2022—Earth Day—and CCH faculty already have created an expanding portfolio of research into the causes and remedies for air pollution, the benefits of urban greenspace, the effects of extreme heat, climate-related factors influencing gun violence, and other critical areas of interest.

“Climate change is perhaps the greatest threat to our health and well-being, and the concentration of people working in this space at BU School of Public Health is unparalleled to any other institution,” said **Gregory Wellenius**, director of CCH and a professor of environmental health.

The interdisciplinary benefit of centers extends beyond the physical campus. SPH is partnering with faculty at Harvard T.H. Chan School of Public Health on a research-coordinating

center to accelerate research and translation of the health effects of climate change.

Backed by a three-year, \$6.7 million grant from the National Institutes of Health (NIH) and designed to spur collaborative research, share data resources, and offer mentorship and capacity-building to emerging and established scholars across the globe, the center—named the BUSPH-Harvard Chan School CAFÉ—is the first of its kind.

CAFÉ (Convene, Accelerate, Foster, and Expand) is a global network of emerging and established researchers from a variety of sectors who are studying issues relevant to the multilayered consequences of climate change on human health and the environment. CAFÉ is led by Wellenius; **Amruta Nori-Sarma**, an assistant professor of environmental health; and Harvard T.H. Chan’s Francesca Dominici, Clarence James Gamble Professor of Biostatistics.

“Climate change is perhaps the greatest threat to our **health and well-being,**

and the concentration of people working in this space at BU School of Public Health is unparalleled to any other institution.”

GREGORY WELLENIUS, DIRECTOR OF OCH AND PROFESSOR OF ENVIRONMENTAL HEALTH



The new centers will expand the existing array of research and translation hubs at the school, some of which are almost three decades old. For example, the Maternal and Child Health Center of Excellence (MCH CoE) at SPH is one of 13 national centers of excellence in maternal and child health education, scholarship, and practice. Led by **Lois McCloskey**, clinical professor of community health sciences, the MCH CoE has been funded since 1995 by the Maternal and Child Health Bureau of the Health Resources Service Administration.

Over the years, the MCH CoE has evolved to offer specialized leadership, research, education, and practice programs that train students in designing and managing community programs, advocating for national policies, developing communication strategies, and participating in research.

Under the direction of **George Annas**, William Fairfield Warren Distinguished Professor, the Center for Health Law, Ethics & Human Rights (CLER) was designed to “bridge the gap between public health’s expanding scope and the capacity of academic programs to offer research, education, and advocacy in law, ethics, and human rights.”

For most of the past decade, CLER faculty have helped shape policy and solve problems as members of state, national, and international committees and task forces. Their research

has resulted in testimony in national and international human rights cases and amicus briefs for multiple organizations. Faculty are often called upon to advise government agencies and organizations in healthcare and biotechnology, among other fields.

The New England Public Health Training Center (NEPHTC) is at the forefront of the school’s founding mission of training local and regional public health workers. At its core, the NEPHTC is a multitiered partnership of schools of public health, public health associations, health departments, and community health organizations.

Part of a consortium of 10 regional training centers that help sustain a skilled public health workforce by “providing access to world-class professional development, experiential learning, and consulting and technical assistance,” the NEPHTC held more than 250 training sessions in fiscal year 2022 that drew about 64,000 participants. Five of those courses were featured by the Centers for Disease Control and Prevention.

With the ongoing growth of new centers and faculty, the School of Public Health continues to build an academic home where research, practice, and teaching intertwine, embodying the school’s ethos of “Think. Teach. Do.”

JAKE BELCHER

New book series to offer integrative approach to public health teaching.

A new textbook series edited by **Lisa Sullivan**, associate dean for education, and Dean **Sandro Galea** aims to integrate knowledge across disciplines to highlight the complex and interrelated nature of the public health field.

Teaching Public Health: An Integrated Approach offers primers on a variety of topics for public health faculty and professionals seeking to learn essential concepts.

“Public health teaching is more interdisciplinary than ever before, crossing disciplines and departmental boundaries,” says Sullivan, noting that instructors may be asked to cover a topic in their course that is outside of their realm of expertise. “We designed this series to be a quick, accessible resource for faculty and other professionals to stay up to date with the most relevant and scientific information on a given topic, as well as provide them with the tools and techniques to meet educational trends within the field.”

The new series stems from the book *Teaching Public Health*, edited by Sullivan and Galea and published in August 2019, which combined theory and practice at both the classroom and curriculum levels. The first book in the series, *Teaching Public Health Writing*, by **Jennifer Beard**, clinical associate professor of global health, was published in 2022.

“Developing this book series has been the natural next step in our ongoing effort to engage with public health instructors and educate our future leaders,” says Sullivan. “It gives us the opportunity to dive deeper into the different issues, challenges, and opportunities instructors face when teaching public health.”

“We designed this series to be a quick, accessible resource for faculty and other professionals to stay up to date with the most relevant and scientific information on a given topic, as well as provide them with the tools and techniques to meet educational trends within the field.”

Lisa Sullivan, associate dean for education

50 YEARS AFTER
ROE V. WADE, WHAT
DO THE NEXT 50
YEARS LOOK LIKE?

BY MOLLY CALLAHAN
AND STAFF

CHAOS,

CONFLICT, AND CONFUSION.



Since the US Supreme Court issued its watershed decision in *Dobbs v. Jackson Women's Health Organization* in June 2022,

the outlook for people who can become pregnant has shifted dramatically.

“This has ripple effects far beyond abortions.”

NICOLE HUBERFELD, EDWARD R. UTLEY PROFESSOR OF HEALTH LAW



THE US SUPREME COURT'S DECISION in *Dobbs v. Jackson Women's Health Organization* stripped the constitutional right to abortion, limiting patient autonomy. It made medical reproductive risks more prevalent, obstetric training more difficult for medical students to acquire, and has sowed chaos in the criminal and legal systems.

It has also made abortions more difficult—if not impossible—to receive in many states. The state of abortion care in the country has descended into “chaos, conflict, and confusion,” says Nicole Huberfeld, Edward R. Utley Professor of Health Law.

Medical providers are navigating murky, often contradictory guidelines about the sort of care they provide, and when. For example, the standard of care for a pregnant cancer patient who must undergo chemotherapy and radiation is to provide an abortion rather than exposing a potential fetus to such intense treatment. “Now, oncologists don’t know what it means to work in states that severely restrict abortion,” says Huberfeld. “This has ripple effects far beyond abortions. The layers of confusion for healthcare providers are maybe the most unanticipated part of all this.”

In a year that would have marked the 50th anniversary of *Roe v. Wade*—the 1973 ruling overturned by *Dobbs*—scholars from Boston University School of Public Health including **George Annas, Nicole Huberfeld, Yvette Cozier**, and **Michael Ulrich** joined lawyers and public health officials from across the country gathered at Boston University’s School of Law to discuss, instead, what the next 50 years might look like with the landmark decision overturned.

CYDNEY SCOTT

Titled After *Roe* and *Dobbs*: Seeking Reproductive Justice in the Next Fifty Years, the conference explored various topics, including the impact of the *Dobbs* decision on reproductive healthcare, new challenges in maternal care, the regulation of pregnancy and reproduction, and possible futures for reproductive justice.

Yvette Cozier (SPH’94,’04), associate dean for diversity, equity, inclusion, and justice and an associate professor of epidemiology at SPH, noted that these health risks are even more acute for Black women. Cozier, co-lead investigator on the Black Women’s Health Study, discussed the disparate treatment that Black women have historically experienced—and continue to experience—within the US healthcare system. Maternal mortality rates are more than twice as high for Black women than their white counterparts.

In the last 400 years, “Black women have had a very complicated medical history around birthing—we’ve run the gamut from forced reproduction to forced sterilization,” Cozier said.

The conference also marked the debut of a new multidisciplinary initiative at BU, the Reproductive Justice program. Housed within the School of Law, the program draws on scholarship from the School of Public Health, the College of Arts & Sciences, and other schools and colleges across the University. Faculty including Linda McClain, Robert Kent Professor of Law; Nicole Huberfeld, Edward R. Utley Professor of Health Law; and Aziza Ahmed, a BU professor of law, will lead the program.

UNDERGROUND AT INK BLOCK

"I was drawn to public health because it is full of people who want to make a positive impact on people's lives."

JENNIFER ROSS, ASSOCIATE PROFESSOR OF HEALTH LAW, POLICY & MANAGEMENT



*SUPPORTING STUDENTS
AND COMMUNITY.*

**SPH COMMITS
\$1M TO SUPPORT
COMMUNITY-
BASED STUDENT
PRACTICA.**

BY MALLORY BERSI
AND MEGAN JONES

AS A MISSION-DRIVEN INSTITUTION, the School of Public Health centers its work around key commitments that include ensuring equitable opportunity for all students and engaging with community organizations whose work aligns with the school's aim of improving health at the local, national, and global levels.

To advance these commitments in service of the school's collective effort to improve the health of populations, SPH has pledged \$1 million to support student practicum experiences with community-based organizations. Called Generation Health, this new SPH initiative is designed to fill gaps in available funding for students seeking practicum experiences with community-based organizations doing critical public health work.

Students walking
in the lobby of
the Talbot Building.



“The Generation Health funding not only allows me to pursue my passion for community betterment, youth development, and health equity, but also indirectly contributes a lot to Health Comes First’s pursuit of promoting youth health and well-being in the Greater Boston Area.”

RUPAK BHATT (SPH’23)

At SPH, the 240-hour practicum is a practice-based internship that gives Master of Public Health students the opportunity to apply what they learn in the classroom to real-world public health problems. While all students must complete a practicum to fulfill their degree requirements, many face restrictions and financial challenges in doing so due to a lack of funding. Prior to 2023, less than half of SPH students received funding, consistent with the more than 40% of unpaid higher education internships across the country. Now, nearly 70% of students receive a paid practicum, and 100% of applicants to Generation Health were accepted.

“The Generation Health funding allows me to take care of myself,” says MPH student **Rupak Bhatt**, who, in addition to his practicum, works as a graduate resident assistant at BU and is enrolled in classes earning credits towards his dual certificates in global health and health communication and promotion.

“Working for a new and upcoming nonprofit is a lot of work. It is easy to work yourself to a pulp, especially when it is an issue you care about a lot,” says Bhatt, who completed his Generation Health practicum at Health Comes First (HCF), a BIPOC-, queer-, and youth-led nonprofit organization working to empower young people in the Greater Boston Area to lead healthy lives in and out of school.

Like HCF, smaller, community-based organizations that would greatly benefit from the capacity, skills, and expertise

that SPH students contribute may not have the funding to support a paid practicum opportunity, leaving them overlooked and underresourced.

Primarily funded by the Boston Center for Youth & Families’ SuccessLink Youth Jobs program, HCF spends most of its budget paying youth participants for their time, energy, and expertise, with the internal team often working pro bono to ensure that what little funding they have is going to support youth. “The Generation Health funding not only allows me to pursue my passion for community betterment, youth development, and health equity, but also indirectly contributes a lot to HCF’s pursuit of promoting youth health and well-being in the Greater Boston Area,” Bhatt says.

“Generation Health acts as a bridge between students and the community to make community-based public health work more equitable and accessible for the growing public health workforce” says **Julia Lanham**, assistant dean for careers and practicum. “This is also a concrete example of SPH living up to our values as a school, with equity in all that we do.”

Students can apply for up to \$5,000 in practicum funding. Application windows open three times a year, with funding allocated throughout each cycle.

Funding for Generation Health is made possible by the philanthropic support of SPH’s alumni and friends. While the school’s initial two-year commitment—which began in



early 2023—is a necessary first step toward creating both opportunity and equity within community-based practicum experiences, SPH has an ambitious goal to reach complete funding for all students over the next several years. To achieve this, further support from industry partners and public health leaders is essential. As part of the Generation Health initiative, partners who make financial contributions to advance this work and build a more diverse and equitable public health workforce will be designated Generation Health Champions.

“With Generation Health funding, students are able to act on passions and pursue practica within organizations that lack the funding to support student work, creating opportunities to tackle important public health issues without creating additional financial burden on students,” says **Ryan Wisniewski**, assistant director of the practicum program. “I feel so honored to be able to oversee the operation of this program, knowing that it is opening so many doors for incredible experiences like Rupak’s.”

&Mark Fuller, Jr.

Mark Fuller, Jr. (SPH'22) is pioneering music therapy to heal pediatric trauma, physically and psychologically.

Mark Fuller, Jr. is part of a team of music therapy specialists at Boston Children’s Hospital (BCH) that works with cardiology patients who are navigating what can be a scary hospital experience. The hospital’s Music Therapy program represents a growing area of evidence-based clinical treatment that uses music as a tool to improve both physical and psychological health. Several studies have shown that music can have a profound healing effect on the body and the mind. “The intensive care unit is a sterile environment, and there are a lot of unfamiliar noises and sounds that are somewhat stressful for our families,” says Fuller, a Berklee College of Music–trained music therapist who received his MPH last year while working full time at BCH. Fuller sings and plays guitar at the bedside of patients while they receive a blood draw, echocardiogram, or dressing change. The lyrics may reflect their favorite song or be more educational in nature, explaining each step of the procedure to help them relax. This approach is informed by the Gate Control Theory of Pain, a concept first proposed in 1965 asserting that spinal nerves act as “gates” that can control how pain messages travel to the brain, thus suggesting that our mental state affects our perception of pain. “I work with the families to understand more about their daily experiences at the hospital, what they perceive as stressful and difficult moments, and how I can be there for them to create music-based strategies that support their clinical and psychological outcomes,” says Fuller.

“I work with the families to understand more about their daily experiences at the hospital, what they perceive as stressful and difficult moments, and how I can be there for them to create music-based strategies.”

MARK FULLER, JR. (SPH’22),
MUSIC THERAPY SPECIALIST,
BOSTON CHILDREN’S HOSPITAL



MICHAEL SAUNDERS

&Sarah Sabshon

Sarah Sabshon (SPH'15) prioritizes public health from the campaign trail to the governor's office.

Sarah Sabshon is the associate chief of staff for policy & cabinet affairs in Massachusetts Governor Maura Healey's office, a change from her previous role as policy director on the former attorney general's campaign. As her new title reflects, Sabshon now has two distinct responsibilities: serving as a policy advisor to Governor Healey and Lieutenant Governor Kim Driscoll, and as a liaison between the governor's office and ten secretariats. While studying health policy and management at SPH, Sabshon was also a legislative intern on the Joint Committee on Public Health, which soon hired her full time as a research analyst. She subsequently served as chief of staff for former Massachusetts State Representative Jeffrey Sánchez, a frequent guest speaker at SPH events and classes. Sabshon went on to serve as a healthcare policy analyst for former Massachusetts House Speaker Robert DeLeo and most recently, for current Massachusetts House Speaker Ronald Mariano. After nine and a half years in the legislature, the transition to the governor's office from the unceasing daily grind of the campaign trail is a return to an environment and pace to which she is accustomed. "It's not quite a sprint, it's more of a marathon," Sabshon says. According to Sabshon, her biggest challenge will be balancing the need to be proactive in executing the governor's ideas and policy priorities with reacting to emerging issues that could affect Massachusetts residents. "I'm looking forward to getting back to that meat-and-potatoes work of healthcare policy," she says.

"It's not quite a sprint,
it's more of a marathon."

SARAH SABSHON (SPH'15),
ASSOCIATE CHIEF OF STAFF
FOR POLICY & CABINET AFFAIRS,
MASSACHUSETTS GOVERNOR
MAURA HEALEY'S OFFICE



SARAH SABSHON

UNDERSTANDING US:

The home of SPH, Talbot underwent extensive renovation from 1995 to 1997.



SPH FOUNDERS AND FIRST FACULTY REFLECT ON SCHOOL'S EARLY YEARS.

BY MICHAEL SAUNDERS

KELLY DAVIDSON

BOSTON UNIVERSITY PHOTOGRAPHY AND THE SCHOOL OF PUBLIC HEALTH



Built in 1876, the Talbot Building was designed by William Ralph Emerson.

HOW NEW AND

IN MARCH 1976, a brief letter from Boston University Chobanian & Avedisian School of Medicine, double-spaced and composed on an IBM Selectric typewriter, officially announced the establishment of a part-time evening program leading to a Master of Public Health.

Four hundred copies were run off on a Xerox copier the size of a dining table and mailed to administrators and personnel directors at hospitals and health centers throughout New England, marking the modest start of what would eventually become the BU School of Public Health.

That fall, 54 degree-seeking students and 20 nondegree students began taking public health courses in the Department of Socio-Medical Sciences and Community Medicine. According to **Leonard Glantz**, who taught health law at the schools of law and medicine and became one of the first faculty members at the nascent public health school, a major aim of the department was to counter the then-prevailing method of training medical students to think narrowly about individual patient health.

Leonard Glantz, one of SPH's first faculty members.



Norman Scotch, the first director of SPH.



Robert Meenan, the second head of the school and first dean.



The first graduating class, 1979.



“Socio-medical sciences were about how social factors had an impact, and that doctors needed to understand the environment in which they were working, not just understand their patients,” says Glantz, who later became professor emeritus of health law and associate dean for academic affairs. “Socio-medical sciences taught epidemiology, biostatistics, health law, and health systems—and all the things that medical students weren’t taught about any place else.”

Dr. **Norman Scotch**, the first director of SPH, was chair of the Department of Socio-Medical Sciences and Community Medicine and one of the catalysts for developing a school that prioritized training healthcare workers and emphasized the social determinants of health. Scotch, who died in 2014 at age 86, was born in Dorchester, Massachusetts, to working-class immigrant parents from Lithuania and Russia. He enlisted in the US Army in 1946 and later enrolled in Boston University on the GI Bill. His modest upbringing influenced his understanding of the difficulties faced by public health professionals who wanted additional training but couldn’t leave their jobs. Former Dean **Robert Meenan**, the second head of the school, also had a blue-collar upbringing in Cambridge, where his father was a mail



Two cramped floors on the Medical Campus served as the school's first home.

BOSTON UNIVERSITY PHOTOGRAPHY AND THE SCHOOL OF PUBLIC HEALTH

carrier. Meenan graduated from Boston University Chobanian & Avedisian School of Medicine in 1972 and trained as an internist at Boston City Hospital (now Boston Medical Center). After completing a rheumatology fellowship in San Francisco and an MPH at UC Berkeley, he returned to Boston for a new challenge. “I came back as a faculty member in the medical school in 1977, and the school was up and running, such as it was. I mean, it was still pretty much of a fly-by-night operation, pun intended,” Meenan quips. Establishing the MPH degree as an evening program was an extension of the school’s original design to provide master’s degrees for those already working in public health.

“The idea was, not surprisingly, that there are tons of people out there working in public health, but a relatively small number of them actually had real credentials,” Meenan says. “And that was very, very responsive to the long-term mission of the Boston University Medical Campus, which was to help serve the surrounding community and the people in that area.” Meenan points out that choosing to start as an evening-only program was also a savvy business decision because it enabled the medical school to maximize available space; classes for medical students started early and usually ended by mid-afternoon. Public health classes were organized as one meeting per week for three

David Ozonoff, an early chair of the Department of Environmental Health.



hours, with most starting at six in the evening to give students enough time to travel from their day jobs and possibly have a quick dinner.

David Ozonoff, now emeritus professor of environmental health, taught sociology and the history of science in the Department of Socio-Medical Sciences. He recalls a memorable lunch in the late 1970s with Isaac “Ike” Taylor (father of folk singers James and Livingston Taylor), a former dean of the University of North Carolina Medical School, when Taylor was nearing the end of a distinguished career and had returned to Boston to help establish the cancer center at BU’s medical school.

“Ike said starting a new school of public health the way we were doing it is a really hard job,” Ozonoff recounts. “People don’t realize when they start what a tough job it is to launch a new school of any kind. It’s really a heavy lift.”

A few of the earliest faculty members remember the hours of organizational meetings and other preliminary correspondence to navigate the multiple bureaucracies at the medical school, the University, and external accrediting bodies. In 1978, the modest program was designated as a School of Public Health within the Chobanian & Avedisian School of Medicine, with five departments: Health Research and Evaluation; Public Health Law; Healthcare Systems; Social & Behavioral Sciences; and Environmental Health. “We were at the beginning of it all at that time, and I heard what [Ike] had to say, but I don’t

think I felt it in my bones the way I did a few years later when I was fully engaged in doing the heavy lifting,” Ozonoff adds.

Renowned bioethicist **George Annas**, William Fairfield Warren Distinguished Professor at Boston University and director of the Center for Health Law, Ethics & Human Rights at SPH, says he and Glantz didn’t intend to spend the bulk of their careers at the emerging public health school. Annas was the director of the Center for Law and Health Sciences at BU’s School of Law for several years before issues arose concerning the center’s future home.

“The law school was never all that thrilled with it. No law schools are, even though they get ranked in *U.S. News & World Report* on their health law programs,” Annas says. “But Norman Scotch was very welcoming. We had no idea what he would think about it, and he basically invited us over to the medical campus, Leonard and I both, and we were happy to go. He was a delight to work with.”

One of the earliest challenges the new school faced was establishing an academic culture independent of the medical school, with enough rigor to attract scholars who were making names for themselves. In 1980, **Theodore “Ted” Colton** was one of those up-and-coming researchers and left the faculty at Dartmouth College Medical School to become the founding chair of the Department of Epidemiology and Biostatistics at SPH.

“I think there was a great deal of prejudice among the existing schools of public health

Theodore Colton, founding chair of the Department of Epidemiology and Biostatistics.



George Annas moved the Center for Law and Health Sciences from the School of Law to SPH.



against upstart schools such as ours, which was essentially a night school,” Colton says. “Of course, the irony of it is that so many schools over the next few years began the same way.”

In 1981, the school expanded admissions and course offerings and began admitting full-time students. One of Colton’s first and more important tasks was to help elevate the school’s academic standing by launching the first doctoral program at SPH. “That’s my pride and joy,” he beams. In 1983, the Doctor of Science in Epidemiology was established and enrolled its first students.

When **Les Boden** arrived in 1985, he was only the fourth faculty member in the Department of Environmental Health. The school had started to outgrow its offices on two floors of an older edifice on the Medical Campus, and several departments were moved to a historic structure that is now SPH’s permanent home, the Talbot Building.

Boden, currently a professor of environmental health, says the last few decades of doctoral students illustrate the school’s growth—and strength. “They’re obviously people who’ll go on to do all sorts of interesting things, and I’m just really impressed by them. And aside from the fact

“Since its founding, SPH has always developed innovative opportunities for people to receive a high-quality public health education. With our new online MPH, we can now bring our innovative SPH education to anyone, anywhere.”

LISA SULLIVAN, ASSOCIATE DEAN FOR EDUCATION



Lisa Sullivan, current associate dean for education.

The school admitted full-time students beginning in 1981.

that they’re able to be full time, and they have access to the newer techniques, we’ve just had terrific people come through the program.”

Timothy Heeren, a professor of biostatistics and one of the few early faculty members still at the school, says the student body shifted dramatically as new students were increasingly full time and had recently completed undergraduate study across the US and around the world. “It really changed the way we taught, and who we were teaching. It led to our growth.”

The biggest challenge that SPH faced—starting a school from scratch, with many odds to overcome—may, ultimately, have been a main factor in its eventual success. Now nearing its 50th anniversary, SPH has come full circle by launching a reasonably priced, fully online MPH for working professionals. “Since its founding, SPH has always developed innovative opportunities for people to receive a high-quality public health education,” says **Lisa Sullivan**, SPH’s current associate dean for education and a 27-year faculty member in the biostatistics department. “With our new online MPH, we can now bring our innovative SPH education to anyone, anywhere.”

&TraciAnn Hoglind

TraciAnn Hoglind (SPH'19) is making healthcare more accessible for the deaf community.

TraciAnn Hoglind founded Health Signs Center, a national nonprofit organization with the mission of promoting health equity and health access for the deaf community through linguistically and culturally accessible education, advocacy, and resources. Since its inception in 2020, Health Signs Center has shared accessible public health information across a range of topics on social media. They also partner with other organizations on projects such as *Safer Sex Stories*, a 12-part video series performed in ASL that provides information on HIV and sexually transmitted infection prevention and treatment through a social justice lens. “I will admit that being the only deaf student at SPH was difficult, as it would be for any deaf or disabled student at a large hearing-led institution,” Hoglind says. “What I am most grateful for are my classmates who made the effort to learn ASL to engage in conversations with me and the amazing professors who made learning about every aspect of public health so fascinating.” Through a micro-grant from the Communication Services for the Deaf (CSD) Unites Community Foundation, the largest deaf-led social impact organization in the world, Hoglind and her team have also conducted a COVID-19 survey to help develop deaf-inclusive policy initiatives during national emergencies. Recently, CSD acquired Health Signs Center, which will allow Hoglind’s team to provide direct, ASL-accessible telehealth services to deaf patients and eliminate significant barriers to care. According to Hoglind, they are the first organization to provide native language communication healthcare virtually with ASL-fluent healthcare professionals.

“What I am most grateful for are my classmates who made the effort to learn ASL to engage in conversations with me and the amazing professors who made learning about every aspect of public health so fascinating.”

TRACIANN HOGLIND (SPH'19),
FOUNDER, HEALTH SIGNS CENTER



TRACIANN HOGLIND



*BUILDING A
SYLLABUS FOR*

ALL OF US

SPH launches
school-wide
review of syllabi
to advance
Diversity, Equity,
Inclusion, and
Justice.

BY MALLORY BERSI
PHOTO BY JAKE BELCHER



“As a field, public health is moving forward, and it is our responsibility to ensure our students can identify with this work.”

YVETTE COZIER (SPH’94,’04), ASSOCIATE DEAN FOR DIVERSITY, EQUITY, INCLUSION, AND JUSTICE

AS A LEADER IN PUBLIC HEALTH EDUCATION, the School of Public Health is committed to teaching students in a way that is authentic, inclusive, and reflective of current events and changes in the health of the global population. To ensure this commitment and advance ongoing efforts to translate diversity, equity, inclusion, and justice (DEIJ) into the classroom environment, SPH has launched a school-wide review of all syllabi.

Part of the school’s 10-point plan to embed DEIJ principles into all aspects of work at SPH, the initiative asks faculty to critically evaluate their own syllabi, identifying both strengths and opportunities for growth to improve and update course offerings and ensure all teaching at SPH aligns with the school’s overall goals to advance DEIJ.

“As educators, we often think about competencies and the best ways to get information across, but we do not always think about how to make the classroom more accessible and representative of all students,” says review leader Yvette Cozier, associate dean for DEIJ. “Our faculty are already regularly engaging in reviewing their syllabi every semester or so, and this initiative helps us to reframe and expand our approach to create a practice and a mindfulness around evaluating our work with a focus on diversity, equity, and inclusion.”

To help guide faculty in the review process, Cozier and members of the DEIJ and Education committees have adapted a syllabus assessment tool from colleagues at Rutgers University School of Public Health that offers faculty the opportunity to reflect on their course structure and content.

Faculty evaluate the following dimensions of DEIJ and their presence in course syllabi, the classroom environment, and/or teaching methods: inclusion of perspectives, accessibility, critical engagement, diverse pedagogical teaching techniques, respect for student needs, respect for student identity, attention to language, and facilitating discussion of different perspectives.

The assessment tool also provides faculty with a range of examples demonstrating how diversity can show up in classroom content and materials, from simply including a DEIJ statement within the course syllabus, to bringing in guest speakers who represent various backgrounds, views, and perspectives and incorporating readings from diverse authors and researchers.

Cozier hopes the assessment will encourage faculty to push themselves out of their comfort zones and “call out the possible racisms, sexism, and other ‘isms’ that may unconsciously be embedded in conversations in the classroom.” She also aims for faculty to use the review process to expand their own approach to teaching to better align with student expectations and ensure that they are demonstrating the broad nature of the field, rather than a narrowly defined version of it.

“If we want to engage our students and prepare them to tackle 21st-century public health problems, we need to provide them with 21st-century examples and solutions,” she says. “As a field, public health is moving forward, and it is our responsibility to ensure our students can identify with this work.”

White neighborhoods have more greenery, fewer dilapidated buildings and multifamily homes.

According to research by **Elaine Nsoesie**, associate professor of global health, redlining and other policies led to present-day racial and economic segregation and disinvestment in many cities across the United States, as well as neighborhood characteristics associated with health disparities such as preterm birth and asthma.

Led by the School of Public Health and the Center for Antiracist Research at Boston University, the study used panoramic digital technology through Google Street View to identify these neighborhood characteristics on a national scale and shed light on how they contribute to racial and ethnic disparities in local resources and health outcomes across the US.

Published in the journal *JAMA Network Open*, the study found that predominantly white neighborhoods had better conditions generally associated with good health—such as fewer neglected buildings and multifamily homes and more greenery—than neighborhoods with residents who were primarily Black, of other minority races, or of a variety of races and ethnicities.

The findings underscore the need for comprehensive and accessible data platforms that researchers can utilize to better understand the role of the built environment on racial and health inequities, and inform policies that aim to create equitable neighborhood resources in all communities.

“Large datasets on determinants of health can help us better understand the associations between past and present policies—including racist and antiracist policies—and neighborhood health outcomes,” says Nsoesie. “Neighborhood images are one dataset that have the potential to enable us to track how neighborhoods are changing, how policies are impacting these changes, and the inequities that exist between neighborhoods.”



GETTY IMAGES/ALEXPHOTOGRAPHIC

“Large datasets on determinants of health can help us better understand the associations between past and present policies—including racist and antiracist policies—and neighborhood health outcomes.”

Elaine Nsoesie, associate professor of global health

Alcohol causes 1 in 20 deaths in Massachusetts.

A new report led by David Jernigan, professor of health law, policy & management, finds that the health, safety, and economic tolls alcohol takes on Bay State residents far outstrip revenues from state alcohol taxes.

According to data from the Centers for Disease Control and Prevention (CDC), alcohol kills 2,760 people per year on average, with leading causes including 641 poisoning deaths, 350 deaths from alcoholic liver disease, 294 deaths from cancers attributable to alcohol use, and 211 liver cirrhosis deaths.

Alcohol's toll in terms of death and disability rose by 13.8% from 2009 to 2019, faster than lung cancer, diabetes, hypertension, dietary risks, or tobacco use. During the pandemic, nearly two in five (38%) of Massachusetts adults reported an increase in their drinking while nationwide, deaths involving alcohol increased by 25.5% from 2019 to 2020.

Meanwhile, the state's alcohol taxes have lost 72% of their value in real dollars since they were last raised and now amount to less than a nickel per drink. The CDC estimates that alcohol problems cost the state \$5.6 billion in 2010, the last year for which an estimate is available. Of that, \$2.26 billion (or \$345 per person and 77 cents per drink consumed) was paid directly by governments.

"In Massachusetts, alcohol policies are mostly discussed from a business point of view," says Jernigan. "Health and safety data tell a different alcohol story, and need to be part of the policy debate."



"In Massachusetts, alcohol policies are mostly discussed from a business point of view. Health and safety data tell a different alcohol story, and need to be part of the policy debate."

David Jernigan, professor of health law, policy & management and assistant dean for practice

GETTY IMAGES/PROGRESS/AN

BERKELEY COMMUNITY GARDEN

"I want my students to understand the deep connection between food, language, culture, and land."

RYANN MONTEIRO (SPH'18), PhD STUDENT, NORTHWESTERN UNIVERSITY



FEATURE

JONATHAN LEVY, MARIANGELÍ ECHEVARRÍA-RAMOS,
AND AMRUTA NORI-SARMA NEAR THE MAURICE J. TOBIN
MEMORIAL BRIDGE OVER THE MYSTIC RIVER.

PREPARING FOR

CLIMATE CHANGE— AND ITS EFFECTS.

**\$1.3M GRANT AIMS
TO ADVANCE CLIMATE
RESILIENCE FOR
MYSTIC RIVER
COMMUNITIES.**

BY JILLIAN MCKOY
PHOTOS BY CHRIS MCINTOSH

The 21 communities that surround Greater Boston's **Mystic River Watershed** are exposed to many of the central threats of climate change,

including urban heat islands and coastal and inland flooding, while also confronting multiple chemical exposures.



FORTIFIED WITH A NEW GRANT from the US Environmental Protection Agency (EPA), a team of SPH researchers is collaborating with the Greater Boston-based Mystic River Watershed Association (MyRWA) and other local community organizations to better understand how communities are affected by chemical and climate stressors and how they can become more resilient to the current and future impacts of climate change.

Jonathan Levy, chair and professor of environmental health, and **Amruta Nori-Sarma**, assistant professor of environmental health, serve as coprincipal investigators of the award, titled Advancing Community Resilience to Cumulative Climate Impacts in the Mystic River Watershed (ACRES). The grant totals \$1.3 million over three years and is part of broader efforts by the EPA to support projects that advance environmental justice in underserved and overburdened communities across the country. Many of MyRWA's neighboring communities—including Arlington, Belmont, Boston (Charlestown and East Boston), Burlington, Cambridge, Chelsea, Everett, Lexington, Malden, Medford, Melrose, Reading, Revere, Somerville, Stoneham, Wakefield, Watertown, Wilmington, Winchester, Winthrop, and Woburn—are home to residents who are low-income and people of color.

“At the heart of the project, we are trying to understand how we can best protect vulnerable people and neighborhoods from chemical exposures given the growing effects of climate change.”

JONATHAN LEVY, CHAIR AND PROFESSOR OF ENVIRONMENTAL HEALTH

The project is timely, as many cities are ramping up efforts to address the global climate crisis and protect their local communities against climate hazards.

The researchers are working closely with the Resilient Mystic Collaborative (RMC), a voluntary group of Mystic River Watershed communities aligned to build regional climate resilience, to identify community concerns related to climate change and develop solutions that highlight health protection and equity alongside sustainability. They will connect this information with a geolocated database and mapping tool that will be used to identify places and populations at higher risk, allowing the RMC to prioritize climate-resilient policies and investments that can decrease and, over time, prevent chemical exposures and improve climate resilience among vulnerable populations.

“At the heart of the project, we are trying to understand how we can best protect vulnerable people and neighborhoods from chemical exposures given the growing effects of climate change,” says Levy. His team will support the MyRWA/RNC and other organizations actively engaged in this work with quantitative and qualitative analyses that provide useful insight on how to best protect these high-risk communities. MyRWA's climate resilience manager, **Mariangeli Echevarria-Ramos**, is a 2023 graduate of SPH.

“These communities are often also disproportionately burdened due to systemic issues—such as historical redlining—which have important implications for development that stretch into present-day,” Nori-Sarma says. Climate change solutions may also lead to climate gentrification in urban communities where residents can no longer afford to live in their neighborhood due to the costs of green infrastructure and sustainability, she adds. “The impact of exposure to all of these issues is likely to be greater than the sum of its parts.”

& Ryann Monteiro

Ryann Monteiro (SPH'18) is creating context for Indigenous health through food, culture, and community.

In Indigenous America, food is not extracted from the land—it is gifted by it. **Ryann Monteiro** designed and taught a course titled Indigenous Food Cultures and Communities that explores the relationship between the dispossession and disconnection of land, language, and culture, and the health inequities and disparate health conditions faced by Indigenous communities. The course uses food as an entry point to better understand this relationship and its connection with cultural preservation and revitalization. “I saw this course as an opportunity to set the foundation and provide some context for the state of Indigenous health in America right now,” says Monteiro, a member of the Wampanoag tribe, currently a PhD student in sociology at Northwestern University. She often observes non-Native people interested and eager to engage in Indigenous issues, but not knowing how to do so respectfully. Initially offered through BU’s Metropolitan College Gastronomy and Food Studies program, the innovative course helps students dive deeply into traditional, current, and future Indigenous food systems; explore literature around Indigenous studies; and cover a range of topics, including Indigenous worldviews, the oral history of Indigenous foods; the social determinants of health; advocacy and allyship; food policy; and Indigenous food sovereignty. “I want my students to understand the deep connection between food, language, culture, and land so that wherever they go and whatever they do after this class, they can feel confident in speaking up and engaging in conversations about important Indigenous issues,” Monteiro says.

“I want my students to understand the deep connection between food, language, culture, and land.”

RYANN MONTEIRO (SPH'18),
PhD STUDENT, NORTHWESTERN UNIVERSITY



&Dylan Gould

Dylan Gould (SPH’23) is building a career to help others find hope again—by getting to the heart of mental health.

Health, happiness, and hope are the guiding principles driving **Dylan Gould** to better understand the conditions that shape mental health. After battling and overcoming his own mental health struggles throughout adolescence, Gould aims to build a career where he can help others find relief. “What made me so passionate about mental health was not actually my own struggle with it, but finding my own health, happiness, and hope for the first time after overcoming it,” says Gould. “We really don’t talk about mental health much—especially where I grew up in the South—so for the longest time, I didn’t know that things could get better. But there are ways to find relief again, and I want to be able to bring that to others.” Gould planned to attend medical school after he graduated from SPH in May 2023, but deferred his acceptance and chose to dive more deeply into the public health field to address the social determinants of mental health. “It is not enough for me to just be aware of the challenges that people may face; I want to better understand why these challenges exist for them in the first place,” he says. “I hope to create solutions that make it easier for people to get access to the mental health care that they need.”

“What made me passionate about mental health was not actually my own struggle with it, but finding my own health, happiness, and hope for the first time after overcoming it.”

DYLAN GOULD (SPH’23),
CLINICAL RESEARCH
COORDINATOR, MASSACHUSETTS
GENERAL HOSPITAL



DYLAN GOULD

US neighborhood walkability influences physical activity, BMI levels.

Research led by **Monica Wang**, associate professor of community health sciences, finds that residents of highly walkable neighborhoods are more likely to be physically active, walk near their home, and have a lower body mass index (BMI) compared to people in low-walkability neighborhoods.

Wang and her colleagues analyzed demographic and health-related data from a nationally representative 2020 survey of illness, disability, chronic impairments, health insurance, healthcare access, and health services use among US adults. While previous studies linked walkability with increased physical activity and lower obesity rates, this was the first examination of the relationship on a national level.

Adults in walkable neighborhoods were 1.5 times more likely to have adequate physical activity—and 0.76 times less likely to have obesity—compared to adults in neighborhoods with low walkability.

However, the team found that the association between perceived walkability and BMI levels differed among certain racial/ethnic groups. Among white, Black, Hispanic, and Asian participants, BMI levels decreased as their perception of their neighborhood walkability increased. But among American Indian/Alaska Native and multiracial/other-race adults, BMI levels increased as perceptions of neighborhood walkability increased.

“In cities and counties across the US, the legacy of racial residential segregation and policies like redlining resulted in poorer-built physical activity environments, characterized by decreased walkability, street connectivity, and green space, and increased pollution that disproportionately impact communities of color,” Wang says. “We’re continuing to see the effects of structural racism on physical activity and obesity risk in the data today.”



GETTY IMAGES/LIBERINA

“In cities and counties across the US, the legacy of racial residential segregation and policies like redlining resulted in poorer-built physical activity environments, characterized by decreased walkability, street connectivity, and green space, and increased pollution that disproportionately impact communities of color.”

Monica Wang, associate professor of community health sciences

RACISM AND

AFTER NEARLY
30 YEARS, THE
**BLACK WOMEN'S
HEALTH STUDY**
IS STILL FINDING—
AND FILLING—
THE GAPS IN
RACIAL DISPARITIES
IN HEALTH.

BY JILLIAN MCKOY
PHOTOS BY CYDNEY SCOTT
AND CHRIS SORENSEN

ZIP CODES

*AND THEIR LINK TO BLACK
WOMEN'S HEALTH.*



CYDNEY SCOTT

BLACK WOMEN'S HEALTH STUDY RESEARCHERS
KIMBERLY BERTRAND, JULIE PALMER,
LYNN ROSENBERG, AND YVETTE COZIER.

CHARLENE COYNE OFTEN THINKS BACK to how her mother, Donna, struggled with severe hypertension for most of her life, battling complications that led to a heart attack and stroke when Donna was in her 30s.

Coyne also recalls the dismissive response from doctors when her mother voiced concern about the severe side effects from the medication, such as blurry vision, severe headaches, and dizziness.

“I noticed a physical transformation and could see how toxic the drugs were for her,” says Coyne, a New York–based biopharmaceutical executive. But when Donna mentioned her symptoms to her doctor, he refused to change her treatment plan. “He insisted that he knew what he was doing.”



CHARLENE COYNE, BLACK WOMEN'S HEALTH STUDY RESEARCH PARTICIPANT AND BIOPHARMACEUTICAL EXECUTIVE.

At age 43, Coyne’s mother passed away from hypertension complications, and her father later suffered a fatal heart attack.

Her family’s health history is one factor that led Coyne to join Boston University’s Black Women’s Health Study (BWHS) 28 years ago and become part of the largest epidemiological study focused entirely on the health of Black women in the United States.

The study began in 1995 at BU’s Slone Epidemiology Center under the leadership of **Lynn Rosenberg** (GRS’65), professor of epidemiology at the School of Public Health and Slone senior epidemiologist, and **Julie Palmer** (SPH’85), professor of medicine and epidemiology at BU’s Chobanian & Avedisian School of Medicine and SPH, respectively, and Slone director. Collaborating investigator Lucile Adams-Campbell, then-director of Howard University Cancer Center (now at Georgetown University Lombardi Cancer Center), contributed key input.

The team sought to understand the underlying causes of poor health—and good health—among Black women.

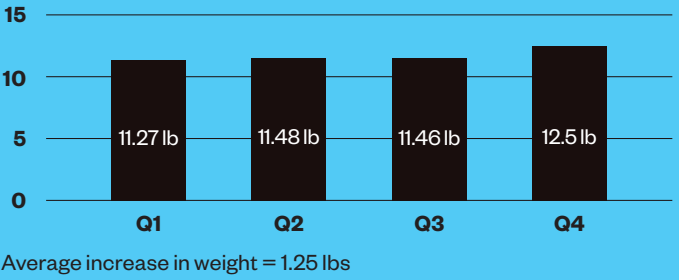
Black women are more likely than other racial/ethnic groups to die from cardiovascular disease, hypertension, stroke, diabetes, and several cancers, but historically, they were all but excluded from clinical research, which focused primarily on white males.

“Women were just starting to be included in studies when I became an epidemiologist, and Black women weren’t included at all,” says Rosenberg, who stepped down from her role as a BWHS lead principal investigator earlier this year, but remains part of the core research team now led by Palmer; **Yvette Cozier** (SPH’94,’04), SPH associate dean for Diversity, Equity, Inclusion, and Justice and associate professor of epidemiology; and **Kimberly Bertrand** (SPH’05), associate professor of medicine at Chobanian & Avedisian School of Medicine.

“We knew there was a dire need for this research,” Rosenberg says. “It was time for Black women to be included in studies.”

Increased weight gain linked to experiences of racial discrimination

Increased weight gain based on everyday racism experiences, broken down into quartiles 1–4 (where quartile 1 represents the least amount of experiences with racism and quartile 4, the greatest amount).



Source: ncbi.nlm.nih.gov/pmc/articles/PMC2755225

A 31% increased risk of developing diabetes for Black women who experience highest levels of everyday racism



Source: ncbi.nlm.nih.gov/pmc/articles/PMC5817630

Black women more likely to develop ER-negative breast cancer if they’ve had multiple children or never breastfed



Source: academic.oup.com/aje/advance-article/doi/10.1093/aje/kwac022/6522967

What we’ve learned from the Black Women’s Health Study

Neighborhood disadvantage, lower socioeconomic status linked to 25% increased risk of ER-negative breast cancer



Source: ncbi.nlm.nih.gov/pmc/articles/PMC8609879

Black women who face discrimination in employment, housing, and police interactions 26% more likely to develop coronary heart disease



Source: newsroom.heart.org/news/higher-levels-of-perceived-racism-linked-to-increased-risk-of-heart-disease-in-black-women

“Structural racism affects where people live, how they can exercise, the foods they eat, and the resources available to them.”

JULIE PALMER (SPH’85), PROFESSOR OF MEDICINE AT BU CHOBANIAN & AVEDISIAN SCHOOL OF MEDICINE, PROFESSOR OF EPIDEMIOLOGY AT SPH, AND DIRECTOR, SLONE EPIDEMIOLOGY CENTER

BWHS has published more than 350 papers over the years, with the greatest emphasis on breast cancer. But the findings span diabetes, obesity, autoimmune diseases, insomnia, and more.

“When I first heard about the Black Women’s Health Study, I said, ‘Thank goodness—someone finally cares,’” says Kim Bressant Kibwe, a New Jersey–based participant and retired attorney. “We’re not all the same. There are many experiences that differ from one culture to the next.”

At 69 years old, Kibwe still wonders if the major surgery she received to remove uterine fibroids as a college student was medically necessary. BWHS research has shown that Black women are two to three times more likely than white women to develop fibroids.

Kibwe says she never questioned her doctor’s recommendation to remove one ovary and both fallopian tubes, nor his warning that she may become unable to have children—a possibility that turned into reality.

“After the third time I tried to have children, at age 29 or 30, I said it just wasn’t meant to be,” she says.

In the decades of BWHS research, one observation has become increasingly clear: racism and other stressors may be much stronger predictors of poor health than individual choices or genetic differences.

The psychological trauma of racial discrimination may increase cortisol (the body’s stress hormone) and weaken the immune system, potentially leading to elevated blood pressure, memory problems, and other conditions.

The 1997, 2009, and 2019 BWHS questionnaires asked participants about their past experiences with interpersonal

racism, including daily, one-off encounters of perceived slights—such as poor service in a store or restaurant—as well as discriminatory treatment at work or in school, healthcare, the court system, housing, and interactions with police.

The researchers are also measuring the impact of structural racism, a relatively new term in public discourse that refers to the ways in which societies foster discrimination in policies or practices.

“Structural racism affects where people live, how they can exercise, the foods they eat, and the resources available to them,” says Palmer. “We didn’t have a name for it 20 years ago, but we have always acknowledged its influence on health, and we are continuing to examine how these racial experiences uniquely affect Black women.”

A close look at these racial disparities reveals another major predictor of poor health among Black women: zip code.

Historically racist policies such as slavery and redlining have led to decades of neighborhood disinvestment in Black communities, which translates to fewer parks, fewer supermarkets with fresh and affordable foods, and higher levels of crime and air pollution.

Regardless of their income or education level, Black women are still more likely to live in disadvantaged neighborhoods compared to white women.

“We’ve come to realize how much one’s neighborhood environment and social structures, rather than genes, prescribe health outcomes,” says Cozier, an early BWHS investigator who studies how psychosocial stressors influence the development of autoimmune and immune-mediated diseases such as the difficult-to-diagnose sarcoidosis.

“We all have the same genes, but those genes are expressed differently across different groups of people, particularly in hyper-stressful or low-resource environments,” Cozier says.

Other prominent BWHS research focuses on estrogen receptor-negative (ER–) breast cancer, an aggressive subtype of breast cancer.

In 2014, Palmer led a landmark study that revealed Black women who have had more than one child, but who never breastfed, were more likely to develop ER–breast cancer, and this risk increased with each additional birth.

These findings debunk the common belief that women who do not have children are at increased risk of developing breast cancer. This risk is only true for estrogen receptor-positive (ER+) diagnoses, which are seen at higher rates in white women compared to Black women.

“We still don’t know why having babies without breastfeed-ing may cause this increased risk of breast cancer, but we can rule out genetics as the main cause,” Palmer says.

In 2021, Palmer led another pivotal study that developed and evaluated a breast cancer risk prediction model specifically geared toward Black women.

The newer tool is more effective than previous models, and it works best for women under 40. Both clinicians and individuals can access it on the Slone website to calculate one’s five-year risk for developing breast cancer.

Bertrand hopes to enhance the tool with data from a major study in progress to examine whether mammographic density (dense breast tissue) and other features on mammograms are useful predictors of breast cancer.

“We knew there was a dire need for this research. It was time for Black women to be included in studies.”

LYNN ROSENBERG (GRS’65), PROFESSOR OF EPIDEMIOLOGY AT SPH AND SLONE EPIDEMIOLOGY CENTER SENIOR EPIDEMIOLOGIST



KIM BRESSANT KIBWE, BLACK WOMEN'S HEALTH STUDY RESEARCH PARTICIPANT AND RETIRED ATTORNEY.

“There is well-established evidence that having denser tissue is a predictor of future breast cancer risk, even after 10 years,” she says.

The researchers hope their findings continue to spur awareness and action to close the gap in racial disparities and inequities in health, and they credit the success of BWHS to the dedicated participants who are still involved.

“Our work would not be possible without their contributions,” Cozier says. “I hope they feel more vested and more seen as we work to understand with them the health issues that they experience.”

&Abigail Kim

Abigail Kim (SPH'18) drives policy to fund mental health and substance abuse services in Massachusetts.

Abigail Kim believes that being a public health activist means having a “clarity of vision about the type of society we ought to live in, and the energy to pursue it.” Kim embraces this ideal daily in her role as senior director of public policy at the Association for Behavioral Healthcare (ABH), the leading advocacy organization for mental health and addiction services in Massachusetts for more than 30 years. Kim’s work centers on enacting legislative and regulatory change to increase access to community-based, publicly funded mental health and substance use treatments. Like many of her peers, Kim entered her field with an interest in understanding the social determinants of health through a public health lens. “I began my career in clinical research, working with individuals with substance use and mental health disorders, where I felt the ripple effects of failed, systemic policies and decades of a racist ‘War on Drugs’ mentality,” Kim says. That realization turned into grassroots organizing in her community with the Student Coalition on Addiction, and SIFMA Now!, a group advocating for safe consumption sites in Massachusetts. “I was led to an MPH with a focus on health policy and law after learning from the dedicated advocates in those groups, and have since pursued a career in public policy,” Kim says. “I think I have maintained a healthy and righteous indignation about the way our society pushes people who are experiencing homelessness and people with substance use and/or mental health disorders to the margins, and I let that motivate me.”

“I have maintained a healthy and righteous indignation about the way our society pushes people who are experiencing homelessness and people with substance use and/or mental health disorders to the margins, and I let that motivate me.”

ABIGAIL KIM (SPH'18), SENIOR DIRECTOR OF PUBLIC POLICY, ASSOCIATION FOR BEHAVIORAL HEALTHCARE



ABIGAIL KIM

&George Annas&Sondra Crosby

George Annas and Sondra Crosby explored modern contexts for the Nuremberg Code at 75th Anniversary of Doctors Trial.

In October 2022 **George Annas** and **Sondra Crosby**, professors of health law, ethics & human rights, addressed the Medicine and Conscience conference in Nuremberg, Germany, an event that commemorated the 75th anniversaries of the Nuremberg Doctors Trial and Nuremberg Code. Annas, William Fairfield Warren Distinguished Professor and director of the Center for Health Law, Ethics & Human Rights, focused his presentation on understanding how the Nuremberg Code can address some of today’s pressing healthcare and research concerns, citing human actions that put humanity at risk of extinction, such as nuclear proliferation, bioweapon research, widespread pollution, and modification of the human species in ways that threaten genocide. Crosby’s presentation explored the conditions that allow torture to take place and examined the distinct parallels between the atrocities exposed during the Doctors Trial and the role US doctors played in torture at CIA “Black Sites” and at US military detention centers during the War on Terror. To date, no US health professionals have been held accountable although torture continues to be classified as a crime against humanity that is never justified. Crosby stresses the need to formally teach medical students about the continued importance of the Nuremberg Code. “Nuremberg set standards and laid a foundation for how doctors doing research using human beings should behave. I don’t want to lose that,” she says. “Medicine is supposed to be a healing profession, yet doctors have used their medical skills to harm, torture, and murder people. We have to do better.”

“Medicine is supposed to be a healing profession, yet doctors have used their medical skills to harm, torture, and murder people. We have to do better.”

SONDRA CROSBY, PROFESSOR OF HEALTH LAW, ETHICS & HUMAN RIGHTS



MICHAEL SAUNDERS

SNAP participation among noncitizen children plummeted during Trump era.

Persistent anti-immigrant rhetoric and policies of the Trump administration may have deterred eligible immigrant families from participating in federal safety-net programs, according to research by **Kevin Nguyen**, assistant professor of health law, policy & management, and colleagues from Brown University.

The study found Supplemental Nutrition Assistance Program (SNAP) participation among children from “mixed-status” families with a noncitizen parent began decreasing in the United States between 2015 and 2016 compared to citizen children with US-born parents—and dropped substantially during the Trump administration from 2017 to 2019.

Published in the journal *Health Affairs*, the study also examines racial and geographical disparities in SNAP activity, showing that Hispanic and Latino children from mixed-status families and noncitizen Hispanic and Latino children experienced sharper declines in SNAP participation from 2017 to 2019. Furthermore, SNAP participation declined for noncitizen children who lived in states that had not expanded Medicaid at the time of the study. The researchers speculate that these differences may point to the broader political climate in expansion versus nonexpansion states, or that Medicaid expansion increased awareness about the availability of other safety-net programs.

Notably, the researchers observed a significant increase in SNAP participation for citizen children with naturalized parents compared to citizen children with US-born parents. The study is one of few to distinguish SNAP activity between US-born and naturalized citizen parents.

“During our study period—and specifically after the 2016 presidential election—political discourse and proposed policies became increasingly anti-immigrant,” says Nguyen. “There were concerns that this policy environment would erode participation in programs like SNAP among immigrant families fearing that participation could lead to deportation or negatively impact future eligibility for citizenship. The declines we observed in our study among children in mixed-status families and noncitizen children could therefore reflect parents’ concerns for the future immigration status of their children, themselves, or other family members.”



GETTY IMAGES/ANTONIO DIAZ

“There were concerns that this policy environment would erode participation in programs like SNAP among immigrant families fearing that participation could lead to deportation or negatively impact future eligibility for citizenship.”

Kevin Nguyen, assistant professor of health law, policy & management

*ENDING DOMESTIC
ABUSE THROUGH
COMMUNITY*

BY ALENE BOURANOVA
PHOTO BY NATALIA JIDOVANU

The societal impact of domestic violence and how community intervention can address it. Boston University offered Esther Kisaghu (SPH'06) more than just a world-class education—it was also a refuge after she left an almost decade-long abusive marriage in her native Kenya.



ESTHER KISAGHU (SPH'06), FOUNDER OF THE ROSE FOUNDATION,
A NAIROBI-BASED DOMESTIC VIOLENCE NONPROFIT

“THE ONUS IS ON US TO EDUCATE THE MASSES SO THAT THEY SEE THIS IS A SOCIETAL PROBLEM AND NO LONGER A PRIVATE MATTER THAT JUST AFFECTS AN INDIVIDUAL AND THEIR FAMILY.”

Esther Kisaghu (SPH’06), the Rose Foundation

Esther Kisaghu earned her master’s degree in public health at SPH, and Boston University would ultimately help her lay the groundwork for a nonprofit foundation that helps other Kenyans escape abuse.

Kisaghu started the Rose Foundation, a Nairobi-based nonprofit that aids survivors of domestic abuse and works to prevent abuse through community interventions. The foundation is named after Kisaghu’s late mother, Peninah Rose Wali, a lifelong community activist. Kisaghu is also the author of the memoir *The Triumph of My Life: Domestic Violence and Society’s Thundering Silence* (Xulon Press, 2014).

Kisaghu explains that domestic violence is prevalent throughout Kenyan society.

“During COVID lockdown, we called it a ‘shadow pandemic’ because it escalated so horribly,” she says. “And it’s still a big issue—hardly a week passes without hearing about a domestic violence incident that occurred somewhere

in the country.” And many incidents go unreported, she adds. “So many cases don’t get outside a family setting.”

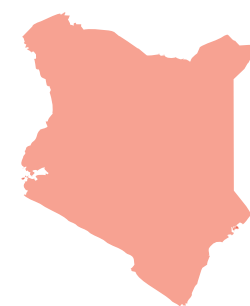
She started the Rose Foundation to break the cycle of abuse that permeates her culture and compels victims to suffer in silence.

“The onus is on us to educate the masses so that they see this is a societal problem and no longer a private matter that just affects an individual and their family,” she says. “It’s a community problem, and it affects all of us.”

Kisaghu put to work the knowledge and experience she obtained at Boston University when choosing multiple approaches for the Rose Foundation’s strategic plan. “We concentrated first on the public information approach, where we were informing the public of the extent of the domestic violence and creating awareness. The second part was the community-best approach. We’ve spent the last seven years working with domestic violence survivors in informal settlements in and around Nairobi,” she says.

In addition to training religious leaders to recognize that an individual’s safety matters more than the marriage they may be in, Kisaghu said that the foundation also conducts trainings on teen dating violence. “Youth are more malleable than adults, and it’s easier to influence negative attitudes toward domestic violence in them. We want to help them model healthy relationships and understand what both abusive and unhealthy relationships look like—because unhealthy doesn’t necessarily mean abusive.”

Kisaghu stresses that early childhood training for parents is another important aspect of the community connection, as it can help break familiar cycles of violence. “A big one there is that harsh punishment of children, like using a cane to beat them, is rampant in Kenya. We help parents look at other forms of punishment. There is evidence that there is a causal linkage between harsh punishment of children and future violence, so again, we are mitigating future violence.”



KENYA’S SHADOW PANDEMIC

“...Hardly a week passes without hearing about a domestic violence incident that occurred somewhere in the country”

- Escalated during the initial COVID-19 outbreak
- Many domestic violence incidents can go unreported
- Domestic violence cases may not be addressed by the legal system

&Joanna Krause

Joanna Krause (SPH'14) is leading refugee resettlement efforts in Northwest Arkansas.

Joanna Krause is the executive director of Canopy, a refugee resettlement agency based in Northwest Arkansas that is the first of its kind in the region to provide a spectrum of services for newly arrived refugee families. Krause worked with refugees as an undergrad at New York University before enrolling at the School of Public Health, where she earned her MPH studying social and behavioral sciences and gained skills in program management and design. Krause transitioned into her current executive director role in 2020, at the height of the COVID-19 pandemic. She relied heavily on the training in health communication she received at SPH to disseminate accurate health information needed by the communities she worked with into several languages, including Swahili and Kinyarwanda. “We quickly realized that no one in the state was making any effort to translate health information beyond English and Spanish,” she says, “so we knew that our communities would not have access to the information unless we stepped in to fill those gaps.” In 2022, the US welcomed more than 25,000 refugees, and refugee resettlement agencies across the nation helped them find safety and security in a new country. “Arkansas is definitely a red state, but the number of people living in the community who believe in our work and step forward to volunteer with us continues to surprise me,” she says. “It really boosts our spirit as an organization, knowing that we are not alone in this work and are well supported by those around us.”

“We quickly realized that no one in the state was making any effort to translate health information beyond English and Spanish.”

JOANNA KRAUSE (SPH'14),
EXECUTIVE DIRECTOR, CANOPY



JOANNA KRAUSE

&Elizabeth Ragan

Elizabeth Ragan (SPH’15), 2022 White House Fellow, aided in American Pandemic Preparedness Plan.

As a member of the 2022–2023 class of White House Fellows, **Elizabeth Ragan** had the professionally and personally enriching experience of putting her public health skills into practice at the national level. Founded in 1964, the White House Fellows program offers young leaders from a broad cross-section of professions with the opportunity to work at the highest levels of government. Ragan spent her fellowship in the Office of Science and Technology Policy, where she contributed to the implementation of the American Pandemic Preparedness Plan. “This fellowship has been an incredible opportunity for me to align my public health background and infectious disease experience in a completely different sector and level than I have worked before,” she says. “It has also allowed me to think about the larger picture of pandemic response through a lens of innovation. I truly feel like I am doing my dream job.” After earning her MPH in epidemiology and global health, Ragan worked at Boston Medical Center as a senior project manager in research operations. She is an outdoor enthusiast, a watercolorist, and—due to a climbing accident in 2019—a paraplegic. “When you acquire a disability, it can take you from being a person with relative privilege to a member of an under-represented community in an instant,” she reflects. “My accident has impacted the way I approach my work every day, as well as what I believe public health and health equity mean. It has added a new hue to the lens that I view the world through, and it has absolutely made me quicker to speak up for those who can’t.”

“My accident has impacted the way I approach my work every day, as well as what I believe public health and health equity mean.”

ELIZABETH RAGAN (SPH’15),
2022–2023 WHITE HOUSE FELLOW



ELIZABETH RAGAN

sph by the

numbers

SCHOOL RANKINGS

- 8th overall
- 6th in Health Policy and Management
- 7th in Epidemiology
- 8th in Social and Behavioral Sciences
- 10th in Biostatistics
- 10th in Environmental Health Sciences

According to *U.S. News & World Report*

APPLICATION NUMBERS

3,433
total applications as of July 2023

STUDENTS

1,434
students as of July 2023

ALUMNI



FACULTY

303

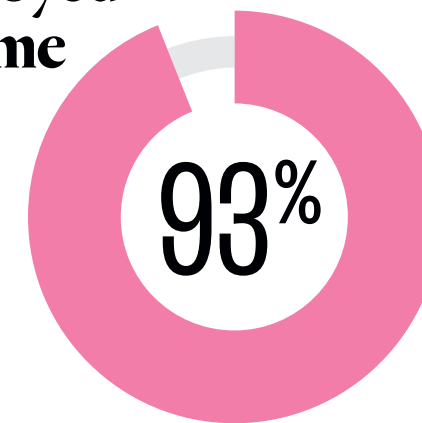
STAFF

251

2022 GRADUATE EMPLOYMENT

Employed full time

or pursuing advanced education within 6 months of graduation, 100% within 12 months



RESEARCH FUNDING

\$73.7M
awarded in 2023

MEDIA MENTIONS

7,061
this year

PEER-REVIEW PUBLICATIONS

1,802
this year

PUBLIC HEALTH CONVERSATIONS

46,533
people engaged in Public Health Conversations

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BACK COVER ILLUSTRATION MICHAEL KIRKHAM

'26
'25
'24
'23

Over the next four years, *SPH This Year* will reflect our school's story, past and present. Beginning this year, the series will cover *OUR PEOPLE*, then *OUR PLACES*, *OUR TIME*, and—for our 50th Anniversary—*OUR FUTURE*.



