

Degree: MPH-45

Field of Study: Health Policy

Practicum Project Abstracts 2023

| Project Title | Project Summary or Abstract |
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| Navigating Behavioral Health Equity in the City of Boston as the First Chief Behavioral Health Officer | <p>Background: In the City of Boston, behavioral health disparities are most acute among residents, communities, and neighborhoods most impacted by racism and structural violence. In 2022, the City of Boston Council members approved allocating one-time federal stimulus funding to address the behavioral health needs of Boston. The City received \$23.6 million in American Rescue Plan Act (ARPA) federal funds to respond to the behavioral health needs of Boston residents. In June 2022, Mayor Michelle Wu appointed Boston’s inaugural Chief Behavioral Health Officer.</p> <p>Objectives:</p> <ol style="list-style-type: none">1. Lead the development of a comprehensive equitable public health plan to address Bostons’ growing mental health needs.2. Develop and maintain ongoing community engagement processes to prioritize voice, perspectives, and needs of Black, Latino, and other residents of color, residents with adverse childhood experiences, and marginalized communities.3. Provide liaison oversight and ensure integration and internal coordination of behavioral health services across City departments, including Boston Police Department, Boston Public Schools, and Boston Public Libraries. <p>Results:</p> <ol style="list-style-type: none">1. Established the Center for Behavioral Health and Wellness within the BPHC and identify youth behavioral health as The Centers first priority.2. Developed and issued two Request for Proposal in order to expand, develop and implement new and existing efforts to recruit a diverse behavioral health workforce and education communities through a public awareness campaign. |

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| | <p>3. Developed and implemented enhanced RFP review process. Actively collaborating on multiple Citywide projects related to improving behavioral health outcomes for Boston residents.</p> |
| International Primary scorecard comparison | <p>Building on the work that the Milbank Memorial fund's US primary care scorecard. An international primary care score-card was created using open source data for the following countries: Australia, Netherlands, Costa Rica, USA, UK, Germany.</p> |
| Expanded Partner Services Program Evaluation | <p>Worked with the NYSDOH to develop an evaluation plan for a public health initiative to help people with HIV be relinked back into medical. This involved analysing the program, and creating a set of recommendations and evaluation plan by working with internal and external stakeholders.</p> |
| Planetary Health Expand | <p>The Planetary Health Expand initiative works to drive global awareness and education within the global health and development communities about the impacts of the Earth crisis on every dimension of human health and all life on Earth, and why these communities are uniquely positioned to take action to address these challenges. The Expand initiative strives to ensure that clinicians, development experts, public health practitioners, and medical, nursing and public health students across the world expand their understanding of the urgency of the moment we face and how they can improve the quality of care and services provided while advocating for a just and livable future.</p> <p>Many influential first-movers (e.g., individuals, academic institutions, larger governing bodies, etc.) are already finding different ways of addressing our Earth crisis through impactful structural changes at their respective institutions and organizations. Acknowledging these efforts, the Expand initiative aims to leverage PHA's role as a central organizing body in the PH movement to facilitate and catalyze the shift in how health practitioners, policy makers, and other global health communities integrate the insights of Planetary Health into their respective curricula. Unifying the momentum and wisdom of powerful first-movers, we can built collective knowledge, capable of equipping the global health and development communities to integrate Planetary Health curriculum into international medical, nursing, and public health education systems, raise awareness of Planetary Health among public health institutions and practitioners, and integrate Planetary Health into the policy agendas of international NGOs and multilateral organizations.</p> |

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| <p>Comprehensive analysis of India health system and cancer control strategies and innovative approaches for prevention and treatment of cancer, to foster inter-disciplinary collaboration in cancer care in India and Brazil through a comparative study</p> | <ul style="list-style-type: none"> o The project aims to analyse India health system and cancer control strategies and explore innovative approaches for prevention and treatment of cancer and evidence based policy formulation. o Cancer constitutes the second largest burden of disease in Latin America where the situation has been aggravated by a poorly managed COVID response. India and Brazil are two major middle income economies. Brazil being the largest country in Latin America, it has a prominent role in the overall cancer response in the region. Integrated Cancer Control Initiative (ICCI-LA) promoted by Health Systems Innovation lab has identified for cancer care in Latin America. As the next step, Health Systems and Cancer Initiative in Latin America (HSCILA) being taken up. o Through this study, a detailed assessment of India’s cancer control strategy will be done incorporating demographic transition, political and regulatory environment, health systems analysis, and suggesting strategies for shifting to high value cancer care. Apart from this, few noteworthy innovative approaches to cancer care shall be highlighted. o The practicum shall lay the foundation for undertaking a comparative assessment of cancer care India and Brazil through India-Brazil Cancer Care Collaborative (ICCC), wherein a platform would be created to optimize cancer care, research and policy advocacy; as a consortium with representation from policy makers from the Government of India who are actively involved in cancer care, along with other major stakeholders like clinicians, researchers and academic organizations from Brazil and India for a better health system response to cancer prevention, care and control. |
| <p>The Role of Hospital Policies in Promoting Equity in Organ Transplantation</p> | <p>Background: Racial and ethnic minority patient populations receive less transplants than White patients, even when the disease burden is higher. For example, Black individuals are four times as likely to develop kidney failure as White individuals, but much less likely to receive a lifesaving kidney transplant. The reasons for these inequities are complex and policies at federal, state, and institutional levels contribute to them. In 2022, 247 organ transplants were done in the state of Iowa, 11.7% were in Black individuals and 8.5% in Hispanic/Latinx. Objectives: To examine institutional organ transplant policies and make recommendations for how policies can be improved to promote inclusivity and equity. Methods: The Joint Office for Compliance flagged organ transplant policies that needed to be reviewed. Eight policies on donor and recipient eligibility criteria were reviewed. A literature search was performed. Recommendations were made on how policies can be changed to</p> |

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| | <p>promote inclusivity and equity. Results: The hospital system has adopted the changes to one policy so far. The changes were centered on more gender inclusive language and including transgender individuals in cancer screening guidelines. Changes were made recommending against use of racialized genetic testing to exclude organ donors, using body mass index alone as a measure of overall health, and considering psychosocial barriers are relative and not absolute contraindications. Conclusion: Hospital policies have a role in promoting inclusivity and equity in organ transplantation.</p> |
| <p>Advancing Person-Centered Care Planning for People Living With Multiple Chronic Conditions to Improve Quality and Outcomes of Care</p> | <p>The purpose of this project is to understand the current landscape of person-centered care planning. The goal is to centralize information to analyze for best practices that will improve outcomes for people living with multiple chronic conditions (MCCs). The United States Agency for Healthcare Research and Quality (AHRQ) released a request for information (RFI) in September 2022 to gather national feedback. The goal of the RFI was: (1) To understand the current state of comprehensive, longitudinal, person-centered care planning for people at risk for or living with MCC across care settings. (2) Understand existing models of person-centered care planning, their current scale, barriers, and facilitators to implementation. (3) Highlight innovative models of care, approaches, promising strategies, and solutions for clinicians and practices to routinely engage in comprehensive, longitudinal, person-centered care planning to improve the care of people at risk for or living with MCCs.</p> <p>My contribution was a literature review to understand the current academic landscape of care planning, and to identify recommended best practices. I also performed a qualitative analysis of the RFI responses.</p> <p>AHRQ's RFI received fifty-nine responses. Respondents represented diverse perspectives. The highest frequency themes related to barriers, payment, and placing patients at the center of their care with providers, caregivers, and communities surrounding.</p> <p>Next steps include: (1) Refining themes. (2) Distributing findings to government agencies. (3) Conveying findings to the public in the form of a white paper or publication. (4) Analyzing the examples/models for common elements to inform best practice standards.</p> |
| <p>Diagnostic Related Group Use in Chile</p> | <p>My practicum was focused on understanding the process to implement Diagnosis Related Groups (DRGs) in Chile. We wanted to understand the background of why Chile implemented DRGs and</p> |

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| | <p>whether they had similar benefits to the U.S. context which has seen a reduction in hospital stay and increase in ambulatory surgical procedures in the decades since they have been incorporated. Furthermore, DRGs are a useful policy tool by health ministries globally to curb health care costs and better assess quality of delivery, so understanding the Chilean implementation can inform other countries as a case study. This is particularly relevant as the World Bank and World Health Organization have previously recommended that DRGs be used in Low- and Middle-Income countries but there is little data on countries fitting a similar profile.</p> <p>As part of this analysis, I took a field visit to Chile for both practicum research as well as a class led by my preceptor Dr. Diana Marie Bowser. My role on the project was to conduct background research of how and where DRGs have been implemented in Chile, analyze financial data to understand how case mix and weights compare to other countries, and interview key stakeholders in Chile around the DRG process. This work was then presented to a cohort of my peers in Chile, as well as various academic and government affiliated health professionals in Chile as a culmination of the field visit.</p> |
| <p>Massachusetts Public Housing Authority Policy Comparison</p> | <p>The U.S. Department of Housing and Urban Development (HUD) sets minimum requirements for how stringently local Public Housing Authorities (PHAs) must screen tenants for past criminal activity. In 2016, HUD defined the exclusion of tenants based solely on criminal history a form of race-based discrimination. In 2022, HUD urged PHAs to make public housing policies as inclusive as possible to justice-involved individuals (JIIs). Despite this, most PHAs remain more exclusionary towards this population than HUD requires them to be.</p> <p>Justice 4 Housing is a grassroots organization that aims to reduce recidivism by connecting JIIs to housing and supportive services. One of the ways J4H does this is through local advocacy to PHAs to change these exclusionary policies. This project's aim was to compare Springfield Housing Authority's (SHA) policies to that of PHAs J4H has already negotiated policies with (Boston Housing Authority and Cambridge Housing Authority) and our recommendations based on HUD's guidelines. Some policy areas we looked at specifically were lookback periods, consideration of non-convictions, and no-visit no-reside policies when deciding who receives and can continue Section 8 housing. We found that SHA was more exclusionary towards JIIs in these policy areas than their counterparts in Boston and</p> |

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| | <p>Cambridge. This policy comparison was done in preparation to meet with SHA about language changes our organization recommends.</p> |
| <p>Road to protection, recovery and reform of Darfur health system : Examining impact of international aid on health system in Darfur</p> | <ul style="list-style-type: none"> • The project focuses on examining the impact of international aid on the health system in Darfur during the conflict, as part of larger efforts on recovering and reforming health systems in post conflict Darfur. • The protracted violent conflict in Darfur, Western Sudan, caused over 300,000 deaths and displaced more than 3 million people. The region was left with a collapsed health system and significant inequalities in access to healthcare. • As of 2018, only a quarter of primary healthcare facilities in Darfur were functioning, with less than half offering basic services. • International Aid provided 70% of healthcare service delivery during the peak of the conflict in Darfur. This has led to high reliance on international aid. • In 2022, the Humanitarian Response Plan pledged \$141.1 million for healthcare, but only received approximately 66% of that amount (\$93.4 million). The waning of humanitarian aid owing to donor fatigue, coupled with inadequate development funding, highlights the need to direct the efforts towards a sustainable healthcare system in Darfur. The public funding for healthcare in remains inadequate (less than 27%). The Sudan government should increase its commitment for funding healthcare, in addition to exploring different possible sustainable funding streams. |
| <p>Policy Strategies to Address Disparities in Access to Surgical Care Among Patients with Primary Hyperparathyroidism</p> | <p>Previous research has demonstrated that patients with limited English proficiency (LEP) face substantial barriers in their interactions with the healthcare system. Specifically, patients with LEP are known to have increased risk of hospital adverse events, are less likely to receive screening tests compared to English proficient patients, and are less likely to receive an follow up appointment after an emergency department visit.</p> <p>Primary hyperparathyroidism is a disease of the parathyroid glands which results from overproduction of parathyroid hormone. This can result in a decrease in kidney function, kidney stones, osteoporosis, fractures, and other poor health outcomes. Evidence suggests that approximately one third of patients with primary hyperparathyroidism are worked up appropriately and even fewer are evaluated by a surgeon to evaluate their candidacy for parathyroidectomy.</p> <p>Our hypothesis is that patients with limited English proficiency face substantial barriers in access to</p> |

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| | <p>appropriate evaluation for primary hyperparathyroidism. We expect these barriers to be multifactorial including challenges related to language discordant communications, issues of multiple follow ups with different specialists, availability of interpreters, and other factors. The goal of this project is to analyze hospital data on workup and management of primary hyperparathyroidism, complete a needs assessment through discussions with stakeholders, and ultimately incorporate both in a formalized communication to stakeholders/administrators suggesting policy changes to improve appropriate management of primary hyperparathyroidism.</p> <p>Under the guidance of my preceptor, this project is uniquely mine and as a result all above components will be completed by me. This includes analysis of data looking at appropriate workup and management of primary hyperparathyroidism and direct interview with stakeholders (endocrinologists, patients/patient advocates, administrators, surgeons, and other providers). Furthermore, my role will be to synthesize the data and findings from these projects into communications that can be communicated with the stakeholders as well as hospital policymakers.</p> |
| <p>Pacific Islanders of MA Community Needs Assessment</p> | <p>As the Health Policy & Pacific Islander Community Specialist Intern for the Commonwealth of Massachusetts Asian American Pacific Islander Commission, my project had 3 main objectives:</p> <ol style="list-style-type: none"> 1) Identify the Pacific Islanders in MA 2) Conduct a needs-assessment report 3) Provide policy recommendations. <p>Through my personal network and the state's resources, I was able to locate and connect with several Pacific Islander individuals across the state. I then conducted over 15 one-on-one interviews and held a "listening session." Using information obtained from these interviews, I wrote a community needs assessment report on the Pacific Islander community in Massachusetts which included recommendations for both the AAPI Commission and policymakers.</p> |
| <p>Policy and Cost-effectiveness Analysis of Teal Health: An at-home cervical cancer screening device</p> | <p>Teal Health is a women's health startup with a mission of getting all women screened for cervical cancer. They aim to achieve this mission through their at-home cervical cancer screening device that is currently awaiting FDA approval. Their device allows for the user to perform a pap smear with HPV and cytology testing from the comfort of their home, send in the sample into one of Teal's trusted lab partners, and receive their results on a user-friendly app.</p> <p>My project included identifying possible reimbursement strategies, evaluating the value of self-</p> |

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| | <p>collect to a payor and learning about the current policy landscape that informs what Teal Health should be doing now and where it may be in five years. Through research and talking to key stakeholders to develop strategies, I discovered how policy-makers use cost-effectiveness analyses and the depth of the impact of telehealth law changes during the pandemic. Biweekly, a fellow MPH student, S.E. and I had meetings with Trena, Teal's VP of Regulatory, Clinical, Quality, to learn more about the FDA approval process, and investigate the feasibility of a direct-to-consumer approach. Ultimately, my deliverables included a policy memo, a cost-effectiveness analysis, and a flow chart showing the differences between the current screening to diagnosis to treatment model and how Teal aims to disrupt that system.</p> |
| <p>Case training - Negotiation between local and international actors in migration crisis</p> | <p>At Salt Meadow Consulting, I got the opportunity to gain an eagle perspective on international and national collaboration in a humanitarian crisis setting. Through many interviews and analysing these with tools from the frontline negotiation field, I dived deeply into the subject and explored divergent and convergent positions, values and norms. With all the impressions and insights, I created a case exercise for field practitioners to improve their negotiation skills in such settings.</p> |
| <p>Crafting PRISM: Mental Health Through the Lens of Difference, a Mental Health Anthology</p> | <p>I compiled submissions for, wrote a significant portion of, and edited a book-length anthology about mental health disparities and inequities faced by members of groups minoritized by the following characteristics: gender, sexual orientation, race and ethnicity, age, socioeconomic status, and migrant status. It will be digitally published by the HPHR Journal, formerly the Harvard Public Health Review, with physical publication planned for a later date. I wrote 7 poems, conducted 3 interviews, selected 5 quotes, and wrote 10 academic and policy essays of at least 1,000 words each. I also solicited, curated and edited 22 submissions from contributing authors.</p> <p>Its title is PRISM: Mental Health Through the Lens of Difference, and the purpose of this work of art and scholarship is that it is meant to democratize information about mental health and communicate both about and directly to people who are marginalized by explaining complex scientific and policy issues about disparities and inequities. Through the creative works completed by people with lived experience with mental illness and interviews with clinicians, I included a different, more relatable perspective that is not often seen in academic work. It is my hope that this project reaches more</p> |

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| | <p>people than traditional scholarly work, offers them a unique experience and understanding of mental health as a public health issue, and reduces stigma.</p> |
| <p>When Policy Meets Reality: Understanding the Barriers in Access to MassHealth Grant Funding Seeking to Expand Access to Behavioral Health Care</p> | <p>In Massachusetts, only 50% of people with a mental illness receive treatment despite significant improvements in treatment capacity over the past five years. In 2021, the Baker-Polito Administration introduced the Roadmap for Behavioral Health Reform, a multi-year blueprint implemented in 2023 to address this need and expand access to treatment, more effective treatment, and improved health equity. As part of the roadmap, MassHealth established a grant process for MassHealth-enrolled Mental Health Centers (MHCs) to qualify as Behavioral Health Urgent Care providers, increasing timely access to treatment for MassHealth members by offering same- or next-day appointments and night and weekend hours. This practicum project engaged community mental health centers that either applied for a MassHealth grant to become a behavioral health urgent care site or chose not to apply for grant funding to identify the benefits and barriers in applying for MassHealth grant funding. The lessons learned can help inform policy design as MassHealth and the Massachusetts Executive Office of Health and Human Services seeks to expand access to needed and timely behavioral health services, particularly for underserved communities and populations.</p> |
| <p>A novel cottage housing community in Boston pilots an innovative public-private partnership to address homelessness</p> | <p>Background</p> <p>Greater than half a million people experience homelessness on any given night in the US¹ with increased rates of chronic medical problems,² mental illness, and substance use.³ Traditional temporary housing models are congregate⁷ and show mixed evidence of effectiveness^{8–10} and concern for easy disease transmission.^{11,12} Cottage, or tiny home, living is a potential alternative that mitigates disease transmission by isolating individuals in separate cottages and provides safety, privacy,¹³ and social connection¹⁴.</p> <p>The city of Boston partnered with community nonprofit organizations to design, construct, and implement a novel cottage community with housing, medical, mental health, and substance recovery supports to assist people experiencing homelessness. The program was implemented in December 2021 and continues as of May 2023.</p> |

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| | <p>Methods</p> <p>Retrospective data, consisting of descriptive models of program framework, participant social needs assessments, and successful tenancy measures, was aggregated and measured for the first twelve months of program operation.</p> <p>Results</p> <p>Seventy participants were assisted over the course of 12 months from December 2021 to December 2022.</p> <p>At the time of this study, 20 participants were active members of the program. Of the remaining 50 participants, 72.0% were placed from the cottage program into permanent housing and 100% continued to have successful tenancy at the time of this study. Their average length of stay in the cottage program was 80.5 [65.6-95.4] days. By choice, 100% of participants received housing navigation, 70.0% medical services, 52.9% substance abuse recovery, and 34.3% mental health treatment.</p> <p>Conclusion</p> <p>Temporary cottage housing communities are a novel solution to homelessness that potentially address the problems of disease transmission and social isolation, while also successfully transitioning homeless individuals from the street into permanent housing.</p> |
| <p>Incentivizing Shift Towards Increased Expenditures in Primary Care and Behavioral Health in Massachusetts Using Financial Policy</p> | <p>The project was led by the Office of MA State Senator Cindy Friedman, Chairperson of the MA Joint Committee on Health Financing. The objective was to research and propose appropriate financial targets to incentivize the shift of total healthcare expenditure in the state of MA to towards primary care and behavioral care services.</p> |

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| <p>MassHealth DSRIP ACO Flexible Services Program Effectiveness</p> | <p>Lead researcher in a qualitative research project to determine the effectiveness to date of the MassHealth ACO Flexible Services Program while also assessing the ways to best accelerate adoption of the program in the new waiver period that starts in 2023. My role was in partnership with the MassHealth flexible services program leads to design, conduct, and analyze this primary research project while also assessing previously accumulated data on the program.</p> |
| <p>Analysis of Legal Issues in the Use of Big Data in the Care and Welfare Business</p> | <p>A literature and interview review was conducted on the legality of a scheme to anonymize personal information and provide it to third parties in Japanese nursing homes, which was summarized as a report. As the results raised doubts about the project's legality, we also discussed how to proceed legally.</p> |
| <p>Supporting School-Based Mental Health in Vermont: A Coordination Strategy for VTCPAP</p> | <p>School-based mental health (SMH) is a crucial component of the youth mental healthcare system in the US. Consequently, child psychiatry access programs (CPAPs) are increasingly adapting their core services to the school setting, delivering combined consultation, education and care coordination to schools to expand and improve student access to mental healthcare.</p> <p>This project was designed to provide a coordination strategy for the the Vermont Child Psychiatry Access Program (VTCPAP) to expand services to the school setting and support school-based mental health (SMH).</p> <p>Through its core goal of maximizing the reach of the small number of child and adolescent psychiatrists (CAP) across Vermont, VTCPAP is well positioned to support SMH through a pilot program with priority sites across the state.</p> <p>The project consisted of three workstreams: Understanding SMH in VT, Learning from national CPAP school programs and Adapting findings to VTCPAP. The results from these workstreams were used to initiate an implementation phase for a potential pilot school project in the state of Vermont.</p> |
| <p>Communicating MassHealth's Approach to Improving Health Equity Data Collection</p> | <p>Background: Accurate and complete data collection is a fundamental component of efforts to identify and address disparities. Although there has been a recognized need for improved race and ethnicity data collection for more than a decade, the COVID-19 pandemic highlighted the need for expedited health equity efforts, including improved data collection. In the 2020 Medicare and Medicaid Services' (CMS) data quality assessment of state Medicaid agencies, Massachusetts' Medicaid and</p> |

Children's Health Insurance Program (CHIP), called MassHealth, ranked amongst the five worst performing states at ~50% data completeness. These findings coincided with the commencement of MassHealth's ambitious health equity initiative, which included plans to improve the quality and completeness of MassHealth's data. From 2020-2022, MassHealth conducted a comprehensive review of data collection efforts and stakeholder assessment to establish a new method for collecting information related to equity measures. In September 2022, MassHealth received CMS approval for its 1115 waiver request, allowing MassHealth to invest approximately \$2 billion over 5 years to improve health equity. These efforts have culminated in new race and ethnicity data standards, to be implemented in the summer of 2023.

Objectives:

1. To understand and document MassHealth's process for the development of its new data collection instrument
2. To gain an understanding of health equity data collection standards across stakeholder groups
3. To assist in establishing a framework for health equity data collection improvement
4. To publicly communicate MassHealth's Health Equity data collection framework through a series of academic publications

Methods:

1. Performed a literature review to understand health equity data collection standards and industry recommendations for race, ethnicity, language, disability, sexual orientation, and gender identity
2. Reviewed public and internal MassHealth documents detailing findings from stakeholder engagement efforts
3. Contributed to characterizing a framework that outlines MassHealth's three-step approach to improving data collection and the agency's decision process for seven components of data collection.
4. Co-authored a manuscript draft detailing the above framework.

Results: A draft manuscript is currently under internal review at MassHealth and, when approved, will

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| | <p>be published as the first of a series of publications describing MassHealth's efforts to improve collection of different health equity data. This framework was also used to inform an individual comment letter to the Office of Management and Budget regarding their proposed standards for race/ethnicity data collection.</p> <p>Future Directions:</p> <ol style="list-style-type: none"> 1. Continue to refine manuscript with input from MassHealth stakeholders and publish findings 2. Undertake a similar process as above to communicate data collection of language preference, disability, sex, sexual orientation, gender identity |
| <p>Screening for diabetes complications in homeless populations</p> | <p>Diabetes management combined with housing instability intersects, forcing individuals to triage competing needs and critical stressors, such as safety and shelter, with fundamental diabetes self-management tasks like attending healthcare appointments to screen for the complications of diabetes, leaving individuals overwhelmed and overburdened. We aim to address this disjuncture found within our current healthcare delivery system by providing point-of-care screening opportunities in a more patient-centered approach. We employed a novel screening for A1C, feet, eyes, and renal function (SAFER) model of care within 2 homeless-serving clinics in Calgary, Alberta, Canada. Semi-structured qualitative interviews were conducted with clients and providers to elicit their perspectives on the strengths and weaknesses of this intervention.</p> |
| <p>Policy to address the health needs of incarcerated individuals in Massachusetts</p> | <p>During my practicum I worked as an intern in the office of Representative Jay Livingstone. Rep. Livingstone is in the Massachusetts House of Representatives and represents the 8th Suffolk District. I performed research to understand the health needs of incarcerated people in Massachusetts. I assisted with drafting the language for two bills addressing the health needs of incarcerated people in Massachusetts. Following filing of these bills, I collaborated with advocacy organizations, created fact sheets, and drafted testimony. I attended weekly office meetings and received mentorship from Rep Livingstone and his legislative aides, Cassidy Trabilcy and Audrey Herrmann.</p> |
| <p>Mandating Health Equity in NC Managed Medicaid</p> | <p>I partnered with North Carolina Medicaid to review Managed Medicaid contracts to ensure companies met the new health equity requirement implemented in 2021-2022. I also made recommendations for health equity requirements for future submission cycles.</p> |

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| Public Relations and its Effectiveness in Health Promotion Activity | Analyze responses to various types of publicity (interventions) such as flyers, newspaper ads, TV commercials, and events regarding the e-learning system being operated under contract with Shimane Prefecture and discuss effective methods of promoting and educating the public about health promotion. |
| Futures of Next Generation Therapies | <p>The primary focus of my practicum lies in exploring "The Futures of Next Generation Therapies", particularly emphasizing gene therapy. Despite gene therapy's immense potential both in clinical application and commercial viability, it is fraught with intricate challenges. These challenges span from ensuring patient accessibility to managing complex supply chain operations, and establishing a robust healthcare provider network.</p> <p>Set against this backdrop, my research dives deep into these challenges, particularly focusing on the intricacies of drug regulation and supply chain complications. I have embarked on an extensive literature review and carried out a series of interviews with experts in the field to gain a more profound understanding of these issues. This painstaking process has enabled me to develop a hypothesis for potential solutions, and I have compiled a thorough presentation to address these pressing challenges.</p> <p>The primary goal of my practicum is to facilitate a more efficient and effective roll-out of gene therapies. Ultimately, my objective is to contribute towards enhancing patient outcomes globally.</p> |
| Establishment of a Diversified Care Service Network Centered on Nursing Facilities in Japan | <p>This project aimed to establish a collaborative network through business alliances with long-term care-related service providers to achieve efficient care delivery across industries and regions.</p> <p>In this project, the trainee designed the ideal form of collaboration, drew up an overall networking strategy including specific potential business alliance partners, and played a central role in the actual negotiations with alliance partners to achieve the conclusion of the business alliance agreement.</p> |
| A Community-Centered City of Boston Chronic Disease and Cancer Early Detection Initiative | Boston is diverse in race, ethnicity, country of birth, and languages spoken with approximately 3 in 5 residents identifying as people of color in the 2020 Census. Boston is also city segregated by race, income, and education, with drastic disparities in life expectancy between neighborhoods seen in the high of 91.6 years in Back Bay, and the low of 68.8 years in Roxbury. This stark neighborhood-based disparity highlights the profound impact of social determinants of health. Cancer is the leading cause |

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| | <p>of death in Boston and while incidence and mortality rates are declining, disparities persist. Cancer burden remains notably high among historically marginalized residents of Boston, particularly Black, Asian, Latinx and immigrant residents. Black Bostonians are almost twice as likely to die from colorectal cancer than White Bostonians, with a 2019-2021 age-adjusted colorectal cancer mortality rate of 15.5 vs 8.5 per 100,000 and a premature (age < 65 years) mortality rate of 6.1 vs 3.1. The Boston Public Health Commission (BPHC) received funding from the Colon Cancer Coalition to develop a tailored colon cancer screening campaign. The initial phase used focus groups, key informant interviews, informal feedback sessions, and continuous reporting to develop a community input strategy to increase screening rates among African American, Caribbean-American, and Latinx communities.</p> |
| <p>Protecting Reproductive Destiny in MA</p> | <p>My practicum project focused on reproductive justice in the Massachusetts State House of Representatives, where I worked closely with Rep. Lindsay Sabadosa to put forward a legislative amendment addressing issues related to sterilization procedures and Medicaid coverage for voluntary female sterilization. The project aimed to amend existing laws by prohibiting sterilization procedures on individuals over 18 years old who are unable to provide informed consent and introduce new regulations for Medicaid coverage of voluntary female sterilization procedures.</p> <p>The project involved conducting a literature review, interviewing healthcare providers, filing the bill, conducting interviews with patients and advocates, and creating a fact sheet. The proposed bill has been referred to the financial services committee, which will determine whether it will be brought to a vote by the entire House of Representatives. If it passes, it will then go to a vote in the State Senate. While the timeline for this process is uncertain, the project has laid the groundwork for potential significant changes to reproductive rights and access in Massachusetts.</p> <p>The outcomes of this practicum have been promising thus far, with increased awareness and understanding of the issues surrounding coercive sterilization and barriers to accessing desired sterilization procedures. By addressing these concerns through legislative action, the project has the potential to contribute to the ongoing fight for reproductive justice and ensure that individuals have control over their reproductive choices. As the proposed bill moves through the legislative process, it</p> |

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| | is important to continue engaging with stakeholders, raising awareness, and advocating for policies that promote reproductive autonomy and access to healthcare services. |
| Reproductive Justice Research to Inform State Policy Proposal on Coerced Sterilization | Completed background research and interviews to support a reproductive health bill that our preceptor proposed to the MA state House of Representatives. |
| Social Risk Machine Learning Model Evaluation | Driven by risk-adjustment payment plan, payers who understand and manage their members risk well will generate the most profit. Being able to identify high risk members and target effective intervention ahead is the key to success. Interventions are scalable, costs of outreach is low. The number of members impacted is one of N1 Health goals to drive up member engagement. What N1 Health cares about is to get a high percentage of members who are high ER visit users identified and intervened. Therefore, choosing recall to evaluate the model and cast risk categories makes the most sense. I am tasked to design algorithm and write python notebook packages to enable N1 to systematically evaluate machine learning modes. |
| Improving Access to Oral Health Care Among MassHealth Beneficiaries | I worked with Health Care For All's oral health team (led by Dr. Sam Jordan) to draft a bill improving access to oral health services for MassHealth beneficiaries. The process involved analyzing existing research, conducting interviews with stakeholders, and weighing multiple policy solutions and approaches. I then drafted fact sheets and accompanying materials to educate stakeholders and legislators on the impact and importance of the bill. The bill was recently introduced in both chambers of the Massachusetts state legislature, and there are currently 38 cosponsors of the legislation. |
| LA LGBT Center Health Policy | My practicum was two separate workstreams at the Los Angeles LGBT center (the Center) 1) a summary report sent to Gilead for its grant funding of the Center's response, along with other LA county agencies, to the national Getting to Zero Program for new HIV infections in LA county and 2) the Center's policy response to the over 435 proposed anti-LGBTQ bills during the 2023 state legislation cycle. The response to Gilead was a collaboration between the various health and community partners within LA County and was designed to provide best practices for HIV prevention and care and determine the readiness gaps for the coalition's ability to meet the Getting to Zero criteria. The center's policy team created a strategy, as allies with the larger LGBTQ advocacy |

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| | <p>coalition, to fight against the proposed state bills by focusing on those most urgent and most damaging. My specific role was to research, track and propose strategy to target the most damaging and most legislatively immediate bills for advocacy action by the Center's policy, social media, and marketing teams.</p> |
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