Dear SBS community,

I trust you all enjoyed a relaxing winter break with lots of eggnog and whatnot. I binge-watched Netflix and also caught up on my backlog of reading. I highly recommend Kathryn Edin’s book “$2 a Day: Living on Almost Nothing in America”, written with Luke Shaefer. The title says it all. I used to think that the World Bank definition of dire poverty did not apply to the United States. But not anymore; Edin’s study makes a compelling (and disturbing) case that in the wake of the TANF “reforms” of the 1990s, there are now upwards of 3 million children in America subsisting on less than $2 per day. Her ethnography also paints a disturbing snapshot of the working conditions of America’s low wage workers – the just-in-time scheduling, on-call labor, and wage theft. While on the topic of toxic work environments, check out Cassandra Okechukwu’s blog post on “sludge” work: http://editorialiv.com/2015/12/30/less-sludge/

A reminder to everyone that our New Year’s party is on Wednesday, January 27 at 4pm in the Kresge cafeteria. See you there!

Best wishes,
Ichiro
You recently joined the Harvard Chan School faculty. Would you mind telling us a little about your academic background?

I first trained as a medical doctor at the National University of Singapore and, in 2006, I traveled to the U.S. to study public health and business administration at the Johns Hopkins University, in Baltimore, MD. In between those two degrees, I served as a clinician at three different hospitals; a medical officer in the preventative medicine branch of the military; and a resident at the Health Promotion Board, a government agency that conducts national health surveys, health campaigns, and behavioral change interventions. In 2008, I went to the University of Pennsylvania, where I completed a doctorate and post-doctoral fellowship. I joined the Chan School faculty in 2014 and here I am in Boston!

Much of your work concerns evaluating health communication campaigns. What exactly does that involve?

Health communications is a relatively young field, usually defined as the study and use of various communications strategies to help inform and influence individuals to engage in behavioral decisions that enhance their health. Antismoking interventions, for example, can take many forms beyond the familiar public service campaigns, such as those leveraging audio, visual, and, increasingly, digital formats. These include individual and group counseling sessions that help smokers trying to quit that can be delivered in person, over the phone, online, or through a mobile app.

What research are you engaged in now?

Recently, I’ve been examining the conflicting information available on the potential harms and benefits of electronic nicotine delivery systems (ENDS) or e-cigarettes, which are popular among priority populations: young adults, racial and ethnic groups, those of low SES, and LGBT individuals. I’m conducting an experimental study to generate pilot data for state and local departments of health developing educational messages about ENDS based on cue reactivity theory. This study will test whether visual vaping cues—portrayals of people using e-cigarettes and producing vapor, which look very much like smoking—unintentionally trigger cravings to smoke regular cigarettes, particularly among young adult smokers. I also am designing a new study to collect audio-recordings of cessation counseling sessions to examine how counselors are advising clients about e-cigarettes. This study will provide data on the associations between these patient-counselor sessions and smokers’ selection of cessation options and their ability to abstain from smoking cigarettes over time. I also hope to generate and test evidence-based scripts about ENDS for smoking cessation counselors.

Would you tell us more about your new course, “Patient-Centered Communication and Health Equity—Challenges and Opportunities in the Digital Era,” set for Spring 2?

I’m really excited to be offering it! The course concerns patient-centered communication (PCC), broadly defined as communication between clinicians, their patients, and their caregivers that respects the unique circumstances, values, needs, and preferences of patients and actively supports
participation in their own care. We know effective PCC helps patients make more informed treatment decisions, resulting in greater patient satisfaction; better, more accurate recall and understanding of health information; and improved health outcomes.

Yet there are reports of disparities in the delivery of PCC and health information. This is especially true among the more than 90 million Americans known to have low health literacy—that is, difficulty understanding and using health information. Equitable delivery of PCC ensures we can cater to this population’s needs, values, and preferences.

So in this course, we will examine the current challenges and promising strategies that PCC offers to improve health equity.

Who should take your course?
I designed the course to appeal to students with a broad range of experiences, both clinical and outside of the clinical context. We will discuss the numerous venues where PCC occurs, and how it can improve patient health outcomes along the continuum of health care—from prevention, screening, disease diagnosis, treatment, and survivorship, all the way to end of life care. For instance, PCC can occur in community settings, like pharmacies, or during health education sessions at a school. In the cancer survivorship context, peers, survivors and caregivers can engage in online forums. I hope these examples will encourage students who are not clinicians to join us for stimulating discussion about the multifaceted ways PCC can be applied to improve population health outcomes.

How have new technologies and communications platforms impacted health inequities?
Recent advancements in health communications are both exciting and challenging. Take for instance the unprecedented quantity of health information now available. The complexity of the information, and the speed with which it is generated and disseminated can be overwhelming. Now the “quantified self” movement allows people to track their movement, sleep, breathing, and “-omic data”: their biome, their genome. These online health portals and ‘big data’ approaches promise precision care for individuals who possess the educational attainment and resources to leverage them. Groups with low socioeconomic status and limited health literacy may not fully benefit. A recent report found that chronic kidney disease patients who are poor, Black, and/or Medicare and Medicaid recipients are less likely to use online health portals than their respective counterparts. Yet other studies report success in mobile health use among marginalized groups. For example, diabetes patients in rural communities tracked their condition with a mobile app, resulting in improved blood glucose levels and lower health care costs. All of this shows that new technologies can mitigate health inequities in some domains, while compounding them in others.

How do you feel about social media personally?
I think that digital communications offers a new, powerful tool to deliver highly tailored and powerful messages to individuals and social networks. Yet it also raises concerns about privacy, data security, and misinformation. I think of the reports of data breaches of protected health information and how misinformation through social media during the Ebola outbreak contributed to public fear and confusion. I’m not sure what the solutions will be; but it must be part of a broader discussion on the role of social media and how it helps or hurts public health goals.

Do you personally use social media at all?
I invite all students to follow me on Twitter, @Andy_SL_Tan, where I share news and research around health communications and disparities, especially in the areas of tobacco control.

One last question: Can you tell us a fun fact about yourself?
I really enjoy scuba diving, and recently explored the underwater world around Martinique!

Interview by Circe Le Compte
Congratulations on being selected as a 2015 Rappaport Fellow! Can you tell us about the fellowship and your policy project?

The Rappaport Institute for Greater Boston is a University-wide entity that strives to improve the governance of Greater Boston by strengthening connections between the region’s scholars, students, and civic leaders. Twelve graduate students from eleven different graduate programs at eleven separate universities were selected from over 90 applicants to be 2015 Rappaport Public Policy Fellows and Rappaport Doctoral Policy Fellows. As one of the Doctoral Policy Fellows, my fellowship involved working with the Mayor’s Office of New Bostonians (MONB) on its Immigrant Integration and Empowerment Project. The overarching goal of the project was to create and replicate successful practices in welcoming and empowering immigrants to fully participate in the social, economic, and civic life of the City. Towards this goal, therefore, I worked to conduct research on the best practices on immigrant integration. Based on this research, I was able to develop immigrant integration measurement indicators for the City of Boston. Using these indicators, then, I developed an immigrant integration survey and evaluation instrument for community conversation with immigrant populations in different neighborhoods of Boston. With these questionnaires, the MONB was able to conduct a survey for community leaders of different immigrant-serving organizations in Boston. The aim of these surveys is to help identify gaps and disparities in how the City of Boston serves the immigrant communities and also to give the communities an opportunity to weigh in on the best approaches to immigrant integration and empowerment.

How did working with the Office of New Bostonians inform you about best practices on immigrant integration?

Working with the MONB was a truly enriching experience for me in terms of understanding the best practices on immigrant integration. The City of Boston adopted the principles of Community-Based Participatory Research in the design, formulation and implementation of its immigrant integration and empowerment project. This approach made it possible for the City to develop a shared city-wide agenda for new improved partnerships.
between the city leadership and the immigrant communities. The priorities of the City's integration policy are on entrenching a welcoming culture and promoting immigrant entrepreneurship so as to help immigrants and their families overcome obstacles in all areas of life while also providing targeted employment and business start-up assistance. This approach is borne out of the understanding that the most widely recognized indicator for successful integration is connected with participation of migrants in the labor market, and with factors that stimulate or hamper this, such as education and language skills.

**Were you able to make any correlations between the research on immigration integration and your academic concentration in Maternal and Child Health?**

There are numerous areas of intersections between immigrant integration policies and Maternal and Child Health. Immigrants and refugees are considered as special minority and vulnerable populations due to their peculiar health needs and situations that may be due to conflict, displacement or persecutions in their native countries, experiences during their journeys to the United States, or their refugee or immigrant experience in the US. These unique psychosocial experiences coupled with different health care beliefs, cultural and linguistic barriers that impede access to information and services increase the risk of poor health outcomes especially among immigrant women and children. Research has shown that immigrant women and children are disproportionately impacted by the health inequities affecting the immigrant communities. Consequently, I see a very strong correlation between my research on immigrant integration and MCH especially those policies that are targeted at improving the socio-economic and cultural integration and empowerment of women and the youth.

**How do you think this experience will help shape your future professional plans in public health?**

The Rappaport Fellowship provided me with not only a platform to transplant my training and experience into practice but also a wonderful opportunity to understand the interplay between academic research and governance while at the same time translating my knowledge into evidence that can guide policy and practice especially in the application of the principles of Community-Based Participatory Research (CBPR). Working with the MONB highlighted for me the importance of engaging in community conversation especially with the target audience who will be impacted by our policy recommendations not only to get their perspectives about issues under consideration but also to give the communities opportunities to weigh-in on the decision making process. Most importantly, the fellowship rekindled and strengthened my resolve to understand health disparities from the perspective of minority and vulnerable populations vis a vis their interpretation and understanding of health and illness as determined by local culture, meaning and belief. My hope and belief is that research in this area will add to and enrich the body of knowledge that already exists on the distributions, determinants and deterrents of diseases among different populations.

*Interview by Whitney Waddell*
Awards & Announcements

- **Madina Agénor**, a visiting scientist in the Department, was awarded a three-year career development grant from the American Cancer Society to examine sexual orientation disparities in HPV vaccination in relation to race/ethnicity and health and social policies among young adult US women. She will also present her research on sexual orientation disparities in human papillomavirus vaccination among young adult U.S. women and men at the Society for Adolescent Health and Medicine 2016 Annual Meeting in Washington, DC.

- **Adolfo Cuevas**, a postdoc in the Department, recently received the Robert Wood Johnson Foundation Seed grant, which will support a pilot study focusing on a community–based cohort of Hispanics/Latinos. The study will investigate the role of acculturation status in relation to various psychosocial stressors and weight gain among different Hispanic/Latino sub-groups.

- **Eric Kim**, a postdoc in the Department, was selected for Forbes 30 Under 30 in healthcare.

- **Claudia Trudel-Fitzgerald**, a postdoc in the Department, received a travel award from the Harvard Chan Postdoctoral Association. She will present the role of sleep duration and difficulty in relation to breast cancer survival in the Nurses’ Health Study (in collaboration with Shelley Tworoger and Eva Schernhammer, from HMS) at the American Psychosomatic Society Meeting.

- **David R. Williams** was appointed to the national Precision Medicine Initiative (PMI) Cohort Program Advisory Panel by Francis S. Collins, Director of the National Institutes of Health.

The Strategic Training Initiative for the Prevention of Eating Disorders (www.hsph.harvard.edu/stripped) is offering two travel scholarships to students interested in participating in the Eating Disorders Coalition Congressional Lobby Day on Capitol Hill on **Monday, April 18, 2016**. Send your CV and one-page statement of interest to Bryn Austin at bryn.austin@childrens.harvard.edu by **Tuesday, March 1, 2016**.

The SBS Department recently created the SBS Student Weekly Digest. These weekly announcements provide a selection of major events, seminars, job opportunities and reminders related specifically to current SBS students. If you would like to submit an announcement to SBS students, please email sbsdigest@hsph.harvard.edu with the following details:

1. Please start subject line of email with "For Digest:" and then add title of your event
2. Body of email should include: Title of event, date, time and location
3. 2-3 sentence description (please, no pictures)
4. Your contact information

Questions? Feedback? Please email: sbsdigest@hsph.harvard.edu
• **Phyllis Doheny** joined us as a Senior Grants Manager in November. Phyllis comes to SBS with over 9 years of experience as a research administrator at DFCI and Tufts University.

• **Tara Kelly** joined us as an Administrative Assistant in December. Tara graduated with a BA in International Relations from UMass Amherst and recently completed two years of service with the Peace Corps in Cambodia.

• **Michele Brooks** retired at the beginning of December. Michele worked as an academic coordinator in the department for over 17 years. She will be missed by all! Because Michele was on leave immediately prior to her retirement, none of us had a chance to say good-bye so we reached out to her to ask her if she had a message she would like to send along. This is what she sent: “It is with a heavy heart that I say goodbye to the Social and Behavioral Sciences Dept. where I've worked as the Academic Coordinator for 17 years. It has been an honor to support the higher cause of their research and I've felt a deep sense of fulfillment working with the department's students, staff and faculty to carry out its mission. Best wishes for the holiday season and a bright new year!”

• **Noreen Loughran** retired at the end of December.

Over 50 staff, faculty and students came together on December 2 to celebrate **Noreen Loughran’s 28 years of service** to the SBS Department. Noreen has been a valued member of the community since 1987 when she first started as a receptionist in the Department (formally known as Behavioral Sciences and Maternal Child Health).

Noreen evoked laughter from the crowd when she remarked that there was no internet, voicemail or even a computer at her work station. She recalled a time when there was more in-person interaction and less dependence on technology. Many attendees spoke fondly about Noreen’s welcoming presence to visitors on the 7th floor, as well as her willingness to assist faculty with their administrative needs, and her friendship to staff and students over the years.

Noreen was a local Mission Hill resident until very recently and recalled the early years of growing up in the neighborhood with the late Kevin Fitzgerald, former legislator and Mission Hill-advocate. Noreen noted the Department’s sense of family and getting to know the students face-to-face as the things she will miss most about working in SBS.
Thank you to everyone who donated winter weather accessories and gift cards to our Winter Holiday Drive. We collected over 50 hats, scarves and gloves for homeless men and women as well as over $600 in Target, Dunkin Donuts and McDonalds gift cards. A special thank you to Jill Roncarati, SD ’16 for connecting us to Boston Health Care for the Homeless Program, an organization that provides or assures access to the highest quality health care for all homeless men, women and children in the greater Boston area. Our donations have already begun to be distributed among those patients who need them most and we know they will appreciate them now that winter is here!

To learn more about the work of Boston Health Care for the Homeless Program, visit: www.bhchp.org

Upcoming Event

SBS Seminar: Public Housing Smoking Ban
February 18, 2016
12:30—1:20pm
FXB G13

Participate in a group discussion among students, faculty and community members about the possible implementation, implications and public health relevance on smoking bans in public housing. Individuals from the Boston Housing Authority will also speak on their success and experience in banning smoking in Boston public housing since 2012.

*Smoke*, by Jim Pennucci, used under CC2.0; cropped.