The Child Opportunity Index
Mapping and addressing inequities in neighborhood resources for healthy development
FROM THE EDITOR

In early May, the World Health Organization declared Liberia Ebola-free. That was welcome news for a country that reported more than 300 new Ebola cases every week during the epidemic’s peak. In this issue of Heller Magazine, PhD candidate Elizabeth Glaser offers a first-person account of her experience conducting Ebola response work in Liberia. (This photo by Glaser’s teammate Farrah Kashfipour, a global health sciences fellow at UCSF, shows staff waiting to take off their personal protective equipment. You’ll see more of Glaser’s Liberia photos throughout the magazine.)

You’ll also notice that several of this issue’s articles direct you to the Heller website for companion content. For a great example, check out the “Advancing Youth Opportunity” collection at http://bit.ly/youthopportunity. I encourage you to visit heller.brandeis.edu, follow Heller on Twitter or like us on Facebook to see fresh, engaging content like this throughout the year.

The Heller communications team also wants to hear your story. Let us know how, like Elizabeth, you’re having an impact on the ground. You can contact me at maxp@brandeis.edu. Thanks for reaching out, and for reading this issue of Heller Magazine.

Best,
Max Pearlstein ’01
Editor
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Dear Friends,

When I started at the Heller School as a graduate student in 1977, I never imagined that one day I would serve as the university’s provost for eight years (2003-11) and now as the Heller School’s interim dean (since November 2014). It has been 11 years since I last worked at Heller, but it is the same school it has always been — committed to social justice and to academic excellence. What was new to me, however, is the growth of academic and research programs and the talented new faculty and staff who have made Heller their professional home.  

The Heller School is in excellent shape. There are now five master’s programs, several with significant anniversaries, and one renowned PhD program. Under Lisa Lynch’s leadership, amazing new faculty were hired in key positions, new research endeavors and centers were initiated, and the fabled community spirit of the school flourished. I have been mightily impressed with the exceptional quality of the people and activities in every area of the school and the strength of our commitment to social justice in all our decisions and goals.  

It is almost impossible to keep up with all the groundbreaking research that is conducted every year at Heller. The magazine is a great way to learn about some of this productivity, and I am thrilled that the Child Opportunity Index, developed within the Institute for Child, Youth and Family Policy, is our cover story for this issue. This index is bound to be a core resource for policymakers, program developers and researchers in the future, as it geographically pinpoints areas where children’s development is most compromised.

Any institution is only as strong as the people who work or study there. While we think we know each other, it is stunning what you can learn when you dig a little deeper into our backgrounds and passions. Two vivid portraits of a Heller researcher and a Heller PhD candidate are presented in this issue, and while their stories are quite distinct, they both evince the passion for improving the world, especially in hard-hit or remote areas.

On a different note, as many of you know, there are pending changes in the leadership of the university. Fred Lawrence steps down as president on June 30, and Provost Lisa Lynch will become the interim president. Despite the changes at the top, there is continuity in the purpose of Brandeis, which is independent of inevitable changes in personnel. The same is true for the Heller School. We are dedicated to the creation and transmission of knowledge that improves the welfare and lives of vulnerable populations. There is almost a sacred commitment to this mission. I am honored to have returned to the Heller School during this period of transition and promise.

Sincerely,

Marty Wyngaarden Krauss, PhD’81
Less than 10 percent of roads in Liberia are paved. The principal route from Zwedru to Monrovia is a packed dirt highway that is frequently bogged down in mud or completely washed out. Even during the “dry” season, when Elizabeth Glaser was there, transporting supplies or people was often a challenge.
HELLER ESTABLISHES CENTER FOR GLOBAL DEVELOPMENT AND SUSTAINABILITY

BY ALEXANDRA RUBINGTON

For more than two decades, Heller has attracted faculty, practitioners and students seeking to teach or learn about sustainable global development. Now they have a research center to call their own. Professor Laurence R. Simon, founder and former director of Heller’s Graduate Programs in Sustainable International Development, is at the helm of the Center for Global Development and Sustainability (GDS). The goal of the center, according to Simon, is to address issues of vulnerability in both developing countries as well as those with more advanced economies. In particular, the center has chosen two main areas of focus: climate change and social exclusion.

“Justice Louis Brandeis, for whom our university is named, once said that ‘the logic of words should yield to the logic of realities,’” notes Simon. “We agree, and the work of the Center for Global Development and Sustainability is rooted firmly in the lived experience of those at the sharp edge of social exclusion or living with increasing threats to their livelihoods as a consequence of climate change.”

Simon and Heller colleagues Joseph Assan and Rajesh Sampath have drawn together a network of climate-change researchers in West and East Africa, India and Mongolia. The group, known as the Applied Knowledge and Intervention Network, works to help small farmers and others find ways to continue to thrive when their day-to-day existence is threatened by changes in the environment. Among faculty and researchers affiliated with GDS is Heller professor Ricardo Godoy, whose extensive research on the Tsimane’ people of Bolivia provides an excellent example of the vulnerabilities caused by climate change. Other faculty from the Heller School and the College of Arts and Sciences round out the roster of experts connected with the center.

Additionally, many developing countries have exclusionary policies based on race, ethnicity, caste and tribal identity; gender; sexual orientation; and religious tradition. As a result, members of these groups are effectively left out of economic growth. With its work on social exclusion, the center is actively engaged in examining societal factors that inhibit or promote the development of more inclusive policies, with the goal of lifting barriers for the disenfranchised.

In conjunction with the center, Heller’s PhD program has developed a concentration in global development and sustainability. PhD students in this concentration have the opportunity to work on research projects affiliated with GDS.

LURIE INSTITUTE FOR DISABILITY POLICY COLLABORATES WITH UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL TO STUDY PREGNANCY FOR WOMEN WITH INTELLECTUAL AND DEVELOPMENTAL DISABILITIES

BY ALEXANDRA RUBINGTON

During the eugenics movement in the early 20th century, 31 American states passed laws prohibiting women with intellectual and developmental disabilities (IDD) from marrying or having children. However, with the onset of deinstitutionalization beginning in the 1970s, recent generations of women with IDD have had similar reproductive rights as their nondisabled peers.

Despite these changes, there’s a dearth of information about women with IDD who become pregnant. In the U.S., experts don’t have accurate statistics on how many of these women become pregnant and how they — and their infants — fare during pregnancy and childbirth. What are their pregnancy-related health costs? How do they get access to care? Are they even receiving the care they and their infants need?

These are among the many questions that researchers at Heller’s Lurie Institute for Disability Policy hope to answer. The University of Massachusetts Medical School has subcontracted with Brandeis on a $2.5 million research grant from the Eunice Kennedy Shriver National Institute of Child Health and Human Development to study pregnancy and childbirth outcomes for women with IDD. Susan Parish, director of the Lurie Institute, and Monika Mitra of UMass Medical School are co-principal investigators on the study. Ilhom Akobirshoev, a Heller School doctoral candidate, is also working for the project.

The study has three specific goals. The researchers will compare pregnancy and childbirth complications, outcomes and inpatient costs among women with IDD and women in the general U.S. obstetric population; examine longitudinal health outcomes and health care utilization and costs of women with IDD around the time of their pregnancy and
for their infants (up to one year of age) compared to other women; and identify unmet needs and barriers to perinatal care for women with IDD.

With the knowledge they generate through the study, Parish and Mitra plan to recommend best practices to health care and other providers who work with women with IDD, thereby improving services for this often-neglected population. “I am thrilled to have the opportunity to investigate pregnancy outcomes for women with intellectual and developmental disabilities,” Parish says. “This group of women is highly marginalized, and ensuring that they and their infants have high-quality health outcomes is an important public health priority.”

JULIAN BOND, 2015 RICHMAN DISTINGUISHED FELLOW IN PUBLIC LIFE, PARTICIPATES IN TWO HELLER EVENTS

BY ALEXANDRA RUBINGTON

Civil rights leader, politician, scholar and writer Julian Bond was Brandeis’ 2014-15 Richmond Distinguished Fellow in Public Life. During his fellowship residency on campus this spring, he spoke at two Heller gatherings, one for international students and one for the entire Heller community.

On March 31, Bond delivered a lecture titled “History and Synergies of the American Civil Rights Movement for International Students.” The address examined the parallels between the civil rights movement and similar social movements in the students’ home countries, and highlighted the international response to the civil rights movement.

At an event for the entire Heller community on April 2, Bond was part of a panel that discussed “Social Movements, Legislation and Public Policy: Lessons From the Civil Rights Movement for Today.” Heller PhD candidate Sarah Gray moderated the panel, which, in addition to Bond, included Chad Williams, chair of the Department of African and Afro-American Studies and associate professor of African and Afro-American studies, and Brandeis undergraduate Maya Cooper ’15.

Bond has been a leader in the civil rights movements for more than 50 years. As a student at Morehouse College, he helped create the Student Nonviolent Coordinating Committee (SNCC) and served as its communications director for several years. He also helped found the Southern Poverty Law Center and was president of the organization from 1971 to 1979.

Bond later served four terms in the Georgia House of Representatives and six terms in the Georgia Senate. He is also a chair emeritus of the NAACP after serving as chair for 11 years. Currently, he is a distinguished visiting professor at American University; he was a professor in the history department at the University of Virginia for many years.

Richman Fellows are selected for their contributions that have had a significant impact on improving American society, strengthening democratic institutions, and advancing social justice or increasing opportunities for all citizens to realize and share in the benefits of the nation.
Heller’s Institute on Assets and Social Policy (IASP) has already measured the extent of the racial wealth gap in the U.S. Now IASP researchers, in collaboration with the public policy organization Demos, have developed a new tool, the Racial Wealth Audit™, which could help narrow the economic divide.

IASP’s groundbreaking research on the racial wealth gap found that between 1984 and 2007 the financial distance between white and black families quadrupled. Public policies that favored the wealthy in homeownership, education and labor markets were among the primary reasons for the dramatic jump. The Racial Wealth Audit evaluates the impact of such policies and assesses how far policies that equalize outcomes in these areas could go toward reducing the gap.

In the recently published report “The Racial Wealth Gap: Why Policy Matters,” the researchers found that addressing disparities in homeownership rates and financial gains to wealth from increased income would substantially reduce the wealth gap. Eliminating disparities in college graduation rates and the return on a college degree would have a modest direct impact on the racial wealth gap.

“Our analysis shows that if policymakers truly hope to address the racial wealth gap and enable more families to build assets, they must act to remove the structural barriers to wealth, such as ongoing residential segregation and the proliferation of low-wage jobs that lack benefits,” says IASP Director Thomas Shapiro.

The report is the first in a series of policy briefs that will use the Racial Wealth Audit to analyze specific public policies and policy proposals. Upcoming reports will further demonstrate how the tool can be used to improve prospects for future generations by allowing policymakers to determine how proposed policies would affect the racial wealth gap.

The initial report received coverage in major media outlets, including The Boston Globe and The Washington Post.

Interview with Constance Kane, New Board of Overseers Chair

Constance F. Kane, PhD’85, vice president and chief operating officer of the human rights organization Unitarian Universalist Service Committee (UUSC), became chair of Heller’s Board of Overseers in April. She talked with Heller Magazine shortly before starting the new role.

Heller Magazine: You succeed Sam Thier, who was chair since 2009. How has serving on the board previously under Sam’s leadership prepared you for this role, and what are you most excited about?

Constance Kane: Sam Thier is a tough act to follow! He brought his deep commitment to the Heller mission, his extensive experience on both for-profit and nonprofit boards, and a long history of mining the best of the best thinkers in addressing problems of social injustice. So, clearly, Sam has taught me, and all members of the board, to stay focused on the greater goals of social justice and to bring our best selves to the formidable task.

HM: You step in as chair during a time of leadership transition for both the Heller School and Brandeis. What challenges and opportunities does this present?

CK: To reference Sam again, a key responsibility as a board is to ensure that the basic value proposition of Brandeis and the Heller School does not change, and from what I have seen from the remarkable faculty and the energized and committed students at Heller, there is no danger of that. Further, during this time of leadership transition, we must help the administration define the key leadership qualities it is looking for by posing critical questions and creating a climate that is open to innovation, entrepreneurship and calculated risk taking.
HM: What do you see as the immediate priorities for the Heller School?

CK: According to interim Dean Marty Krauss, two top priorities are 1) to increase financial aid to attract and support the “most intellectually and personally passionate students who align with our mission” and 2) to “raise the visibility of Heller as a national resource for creative, analytic and progressive solutions to persistent problems that beset vulnerable populations domestically and internationally.” I cannot think of two more important priorities, and it will be incumbent on us as overseers to support the administration in achieving these goals. Further, the board adopted an exciting and ambitious strategic plan in 2011. We should take stock of what has been accomplished, what remains to be done, and any course corrections taken, and use this stock taking as a way to tee up priorities for the new leadership.

HM: As the competition for both students and research funding continues to grow, how can the Heller School continue to distinguish itself?

CK: Heller has a heart and a soul, a mission and a vision that is unique in the vast universe of higher education institutions. In my own domestic and global human-rights experience, I have seen firsthand how important it is to approach such entrenched problems with two sets of skills: technical knowledge and drive fueled by boldness and compassion. Our students and our faculty bring both sets of skills to bear. In that regard, we continue the legacy of our namesake, Louis Brandeis, who said: “If we would be guided by the light of reason, we must let our minds be bold.”

HM: What are your long-term goals? What will it take to achieve them?

CK: Long term, of course, we will be involved with the leadership change and with supporting the new leadership. We should also take a careful look at the way the Board of Overseers functions: Do we ask enough of ourselves in support of Heller? Are we maximizing the mandate of the board? Is there more we could do as ambassadors for the program? Can we bring our own networks and collaborations into service for Heller? Is the board optimizing its governance role? So many questions … but long term it is our job to help Heller be out in front of the social justice challenges facing our students and equip them to address these problems vigorously and well.

HM: Anything you’d like to add about being chair or about the Heller School in general?

CK: The Board of Overseers is a group of talented, generous, committed and creative individuals who are deeply invested in social justice and the Heller School. It is humbling to serve as its chair; all each of us can do is to bring our best selves to the job. I will try to bring mine.
on the ground

EBOLA RESPONSE IN LIBERIA

BY ELIZABETH GLASER, MS'08, MA'11, PHD CANDIDATE
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infection prevention and control training with the U.S. Department of Defense team in Zwedru, Grand Gedeh county, Liberia

INFECTION PREVENTION AND CONTROL TRAINING WITH THE U.S. DEPARTMENT OF DEFENSE TEAM IN ZWEDRU, GRAND GEDEH COUNTY, LIBERIA
The reason for my visit was to volunteer in the multinational Ebola response, working as a clinician with Partners in Health, a Boston-based NGO.

In December 2013, an Ebola virus disease outbreak began in Guinea, West Africa. Unlike previous outbreaks along the forests of the Congo Basin, Ebola had not burned out after a short time — instead widespread and intense transmission had persisted, spreading to three countries, with limited disease activity in at least six more.

Once the opportunity arose to serve in the Ebola response, I took it. Since August, I had been the moderator for the Ebola response community at Global Health Delivery Online, answering questions and facilitating discussion between health practitioners and researchers in 77 countries. My years as an HIV care nurse would be put to good use, and the presence of volunteers from prominent NGOs would likely bring much-needed supplies and funding into the Ebola-affected countries of Guinea, Sierra Leone and Liberia.

After a week of infection prevention and control (IPC) training from the U.S. Centers for Disease Control and Prevention, I deployed to Liberia, receiving “hot training” in an Ebola treatment unit (ETU) in Bong County. The media and public seemed to have a genuine fascination with the ETU. Perhaps the reason for this is the perception of risk rightly associated with providing Ebola care, or our otherworldly appearance when in personal protective equipment.

During my time in the 25-bed unit, I cared for about 30 men, women and children with Ebola. Despite IV fluids and other interventions, the mortality rate at that ETU ranged between 50 to 60 percent. That’s a great improvement from the overall rate of 70 percent for the entire outbreak, but still unacceptable when we consider that mortality for Westerners at that time was a considerably lower 10 to 20 percent.

Electrolyte replacement, whether through oral intake or IV therapy, is an important key in increasing survival; however, there is insufficient data to accurately assess what interventions work best given comorbid conditions, viral mutations and time from onset of symptoms to care. And we have no idea about the cost-effectiveness of interventions, which could be very useful in planning for future outbreaks. Our interventions helped some people, as a few who appeared near death gradually pulled through, getting a little stronger every day. But death was still the more likely outcome for our patients. During a two-day period, we lost five people. The burial teams laid the dead in a cemetery located in a grove of trees at the bottom of the hill. The cemetery was quiet and peaceful, and far too full.
Flights from Monrovia to Zwedru are infrequent but can save time when the alternative is a two-day drive over near impassable roads. Fortunately, the United Nations mission in Liberia allowed humanitarian workers seats on their flights across the country.

Elizabeth Glaser at an Ebola treatment unit in Bong County, Liberia.
In November and December, Ebola cases declined considerably while the construction for our own NGO’s facility was hampered by delays. We shifted our focus from acute care to training local health care personnel in IPC in conjunction with county health teams (CHTs) and a local NGO, Last Mile Health. It was important to target rural areas, because with the beginning of the dry season, the natural quarantine imposed by the almost impassable roads was gradually ending; health care personnel in more remote areas would likely see cases brought by visitors coming into previously inaccessible areas.

Liberia’s health system is a decentralized one. The CHTs led the Ebola response in case-finding and prevention. Even in small villages along narrow roads, there were posters on Ebola prevention, with temperature checks in major markets and municipal buildings, accompanied by the nearly ubiquitous chlorine hand-washing stations.

Donor funding assists with covering certain costs, but the mission to eliminate Ebola is very much owned by the Ministry of Health & Social Welfare, the county health teams, the midlevel practitioners who act as proxy for the missing MD cadre, and every citizen who patiently waits in line to wash his or her hands and have yet another temperature check.

In the places we visited, clinical staff knew IPC practices and what actions to take if a suspected Ebola case presented to their facility, but this meant very little when they still could not protect themselves or others due to a continued lack of personal protective equipment.

The task of rebuilding the health systems of Guinea, Sierra Leone and Liberia has begun even while the etiology of the waning outbreak remains unclear. Two recent papers suggest that Ebola was circulating at low levels in the area for up to 10 years prior to this latest outbreak. Although we may never know the specific circumstances that led to a shift from sporadic cases to a more generalized epidemic, it is likely that the recent paving of a handful of roads along strategic corridors created pathways for Ebola to silently and quickly spread to more populated areas while undetected by fragile health systems.

Health and development are intimately linked; while creating transport networks and other infrastructure will foster economic progress, such activities should not occur without a concurrent commitment to strengthen health systems. Otherwise, Ebola and other diseases can and will travel the roads and rails unhindered by any controls.
THE FOUNDING MOTHER
"When I first saw Palmira step off the aircraft in Sand Point, I thought, ‘Will this city-dressed lady, with heeled knee-high boots walking across the rough graveled tarmac, survive in this tiny, rural, remote area?’"

This is Carol Smith, an Alaskan tribal leader, and what she’s describing happened 25 years ago, when Palmira Santos, now a scientist leading the Healthcare Performance, Research and Evaluation Partnership with Heller’s Institute on Healthcare Systems, had finished her PhD coursework in 1990, passed her qualifying exams and touched down in Alaska to begin a two-year stay.

And in case you’re wondering how it turned out, Smith says, "She did survive, and more."

**THE JOURNEY BEGINS**

When most people are told they should get some rural experience in their field, the chances have to be pretty slim that they’d hop a jet from Boston to the Aleutian Islands, a remote archipelago consisting of 14 large islands and more than 50 smaller islands in the harsh environs of Alaska (and Russia). Noted for its virtually treeless landscape, rocky shores and general inaccessibility, the region is referred to as the “ring of fire” because of its volcanic origin. For nonindigenous people, it could seem like an alien landscape.

“The first time I landed in the Eastern Aleutian region, I wondered if I was still in the U.S.,” Santos says, journeying back to that first day. “The fog, the wind, the sideways rain — then the sun would appear and quickly disappear, and then I would wonder if I had really just seen that."

Santos was in the region to work with local governments to evaluate the health care landscape, so while absorbing the scenery wasn’t her primary objective, what she saw on the surface ended up playing a large role in her work.

“Yes, these indigenous people lived in one of the most environmentally dangerous places on Earth,” Santos says, noting that indigenous Alaskans live an average of 12 fewer years than their nonindigenous counterparts. "However, that was not the primary cause of their shortened life span: There was an urgent need for basic primary and preventive care — care coordination, triage and advanced telemedicine.”

Both the lack of basic services and the dangerous nature of the Eastern Aleutian region came starkly into focus during Santos’ first week in Alaska, when, during a meeting with tribal leadership in Akutan, a call came through on the radio that a woman at the harbor had fallen off a ladder onto the deck of a boat. As one of the few people on hand with recent EMT training, Santos joined an RN, who happened to be on the island, in a sea medical evacuation.

“The weather was bad, and there was no way to get a seaplane back to the island,” Santos recalls, going on to recount how one of the larger fishing vessels — full with catch — volunteered to take the patient to Dutch Harbor, usually a two-hour journey. “The woman was in so much pain, but it..."
became hard to hear her screams due to the raging storm,” says Santos, noting that there were 30-foot waves and everyone had to wear survival suits (special immersible suits to protect against hypothermia). “I kept telling her that I would not let go of her hand and encouraged her to concentrate on her breathing.”

Eight hours later, the boat arrived in Dutch Harbor, and the patient was taken to a clinic and airlifted to Anchorage. And Santos had some up-close-and-personal experience that informed her thoroughly in her fight to install some kind of health care system — something that, despite what she had seen thus far, "did not seem like an impossible task."

**EASTERN ALEUTIAN TRIBES**

First Santos had to get to know the systems in place (or, more likely, not in place). So she spoke with city and tribal leadership and visited six remote villages, where she interviewed more than 100 people, asking them about health care needs and obstacles to reaching them. Then it was on to local clinics (the few that existed), where she probed the same issues. What she found made it clear she had an uphill battle ahead, and the multifaceted roadblocks might have made less dedicated researchers pack up and head back to New England.

First, she found that the available health system was mainly used in emergencies, such as the one that greeted her early on in her stay. Also, local clinics were more like first aid stations, and any diagnoses had to be relayed over the phone or radio to the Indian Health Services (IHS) doctor 900 to 1,500 air miles away. The lack of care was complicated by the fact that the Aleutian East region is not accessible by roads — air and ocean travel are the only ways to get access. So medical evacuations by plane occurred regularly, but there, in the ring of fire, they were often complicated by weather and were cost-prohibitive ($60,000).

After the yearlong evaluation period, Santos decided that the best way to tackle these issues was by working with the local tribes to create an in situ health care system for indigenous peoples. But, while not impossible, it would be no simple task.

“Absolutely nothing is easy when you are constructing and duplicating six rural health clinics in the Eastern Aleutians,” says Smith. “The IHS had strict guidelines that were to be followed, and those guides were restrictive to Palmira’s plans for development.”

The IHS, based in Washington, D.C., eventually signed off on her plans, and all of Santos’ efforts finally took shape in a health care corporation called Eastern Aleutian Tribes (EAT). Santos and the EAT team soon began transforming village clinics into the first point of access for prevention, primary and chronic care.

“We also developed a care-coordinate model so that care provided out of the village was integrated into the home-care program,” Santos says. “The seven tribes that made up the new tribal health care corporation asked me to be the CEO, and I continued my commitment to them for three more years.”

“Palmira was real meticulous and dedicated, but I often wondered why she was doing all the work to get EAT going,” says Edgar Smith, Carol Smith’s son and a member of the Unga Tribal Council when EAT was formed. “She was plowing uncharted waters, tensions were high, lots of uncertainty, with little return to her.”

Edgar Smith was there at the beginning of EAT, and he’s still with the organization as the operations/health services director for Eastern Aleutian Tribes/Anchorage, through which he manages the operations of eight clinics, ranging 1,200 miles apart. Smith helped the council work on the articles of incorporation and bylaws of the company and served as his tribe’s first member on EAT’s board.

“Eastern Aleutian Tribes was formed to improve health care, to a standard of acceptable,” he says. “But once the board saw that it could improve, it hasn’t stopped — today it continually pushes the envelope of health care.” EAT is now using the Family Medical Home model, is Joint Commission accredited and fully on an electronic health record system, with video installations at each site for videoconferencing with doctors.
off-site. And it all goes back more than two decades, to Santos. “She moved so fast — it was hard keeping up with her — all the while learning how to build a health care company,” he says. “If it was anyone else doing it, I think EAT would have been a different company. The bar was set high in the beginning and is still set high.”

Carol Smith is just as effusive.

“In my opinion, and I am a local of the region, no one else that I know of would have brought health care for this remote region to the status that she accomplished in such a short time frame,” she says. “Still today, the EAT model she set in place is admired and followed by other health care agencies in Alaska.”

LEGACY

That admiration, paired with the overwhelming and enduring success of the system, has inspired the tribes to commemorate Santos and her EAT legacy.

“IT wasn’t until their 20th anniversary that I heard from the next generation of tribal leadership and was updated on how well the health care corporation was doing in terms of keeping people well,” says Santos. “They let me know that they wanted to create a documentary on how the Eastern Aleutian Tribes health care corporation came to be. They specifically wanted the next generation to understand what it took to pull this off. They asked me to be involved, referring to me as their ‘founding mother.’”

Now Santos focuses her work on “unveiling disparities, creating pathways to equity” — particularly with regards to disparities in care for patients with cancer and other chronic diseases. “I work specifically on health care quality improvement and value, including the perspective of patients and their loved ones,” she says. “The themes in all of these areas have not changed. My early experiences in the Aleutians and with health care inequity and disparate outcomes continue in every aspect of my current work.”

One thing that’s not the same and never will be is the state of the health care environment in the Aleutians. Santos left her mark on a region and on countless patients — maybe on one particular patient more than any other.

“Four years after my first medivac, I was in Anchorage for a meeting,” she says. “And this woman, who I did not recognize, came up to me and hugged me. She would not let go. I didn’t know who she was, and then she introduced herself. It was the woman whose hand I held for eight hours, breathing together. She was now a safety officer, providing instruction to fishing crews.”
Keeping Up with the Neighbors

CAN A NEW TOOL HELP POLICYMAKERS AND PRACTITIONERS LEVEL THE PLAYING FIELD WHEN IT COMES TO CHILDREN'S OPPORTUNITIES FOR HEALTHY DEVELOPMENT?

BY MAX PEARLSTEIN '01
Back in 2010, Boston Medical Center (BMC) pediatrician Renée Boynton-Jarrett recognized that there was an opportunity to have a bigger impact on children’s health. While her role as a clinician was to help keep kids healthy, she also knew that there was great potential for change if she could collaborate more closely with community-based realms that influence child health, like education and social services.

To improve communication among these different sectors, Boynton-Jarrett and several BMC colleagues created the Vital Village network to establish partnerships among the numerous but separate players — including educators, clinicians, social service providers, legal advocates and residents — who were targeting child well-being in the Boston area.

“One of the things we had a vision for was a shared way of transparently looking at the health of children in local neighborhoods,” Boynton-Jarrett says. She believed that working together across sectors could be encouraged by population surveillance data that showed a bigger picture than what was currently available. “You have census data, you have school data, you have police data — you have all these pockets of data, but they aren’t together. We felt like we could never get a sense of the whole story of what was happening with child health.”

In New York City, developmental psychologist Miranda Yates and Annie Gleason from the Program Evaluation and Planning Department at Good Shepherd Services were experiencing the same assessment frustrations. Serving nearly 30,000 people annually, Good Shepherd is a nonprofit that strives to connect children, youth and families living in under-resourced neighborhoods with opportunities for success by providing a network of youth and family development, education and child welfare services.

“One of the questions we needed to answer was whether we were in the right neighborhoods,” Yates says. “On the ground, we felt that the neighborhoods we were in made sense, but we wanted to see what the data would tell us. We were looking at the census and public data that was available, but those were...
only single measures, and we’ve come to understand the combined influences of family, neighborhood and school in impacting youth development. We were really searching for some kind of measure that would take all of that into account, and provide us with more of this holistic view of our neighborhoods.”

Today in Chicago, Nik Prachand and Kingsley Weaver, epidemiologists with the city’s Department of Public Health (DPH), are working with an interdisciplinary team to dig below the statistical surface of their local neighborhoods as the department develops a new data-driven health priority agenda for the city, Healthy Chicago 2.0.

“As opposed to just setting targets for health indicators, like heart disease should go down by a certain percent by a certain year, we’ve decided to look at the health status of Chicago through a lens of equity,” Prachand says. “We’ve been collecting information from various sources both from the city and nationally, and we wanted to go beyond economics to be broadly focused — let’s look at educational inequities, too, for instance. We read the article about the Child Opportunity Index in Health Affairs, and we immediately seized on it as a perfect example of how we’re trying to represent social equity in Chicago.”

That article, which appeared in a special November 2014 issue of Health Affairs on “Collaborating for Community Health,” was written by a group of researchers from Heller’s Institute for Child, Youth and Family Policy (ICYFP) and the Ohio State University’s Kirwan Institute for the Study of Race and Ethnicity.

In the piece, lead author and ICYFP Director Dolores Acevedo-Garcia describes a new online tool that provides a comprehensive, data-driven view of the access that children in America’s 100 largest metro areas have to healthy development resources in their immediate neighborhoods.

By accounting for a holistic set of 19 socioeconomic, educational, and health and environmental indicators — like poverty and foreclosure rates, the presence of quality early childhood education centers and health care facilities, and proximity to parks and open spaces — the Child Opportunity Index (COI) provides a bird’s-eye view of which neighborhoods are home to the highest and lowest levels of healthy development resources in a particular metro area.

Users of the index, which is available at diversitydatakids.org, can sort through the data and generate “child opportunity maps” that geographically illustrate residential access to these resources. It’s a tool that provides community practitioners interested in improving children’s health, like the teams from the Chicago Department of Public Health, New York’s Good Shepherd Services and Boston Medical Center, with a concrete understanding of the situations in their neighborhoods.

In the Health Affairs article, Acevedo-Garcia writes that a multidimensional index has the advantage of summarizing numerous sources of information into a single metric, which is useful in initiating discussions about a substantive issue such as inequitable neighborhood-based opportunity.

Acevedo-Garcia has wanted to spark such conversations since graduate school, when she wrote her dissertation on how exposure to tuberculosis risks varied greatly between communities, which were frequently segregated by race. “I was very interested in how geography plays a role in the risks and opportunities that people have,” she recalls. “We had a sense for a long time that some issues like poverty correlate closely

“You have census data, you have school data, you have police data — you have all these pockets of data, but they aren’t together. We felt like we could never get a sense of the whole story of what was happening with child health.”
with segregation. But what about all the other things that kids need? My primary motivation was to determine whether they were also structured by these patterns of segregation."

It’s a question that stuck with Acevedo-Garcia after she earned her doctorate. She found like-minded colleagues at the Kirwan Institute, who had been collecting data related to opportunity in specific geographic areas. “They had been working on individual case studies, and what I wanted to know is whether we can look at the U.S. child population overall and understand the patterns across the nation, because that’s a strong predictor of where the country is going,” she says.

America’s future, according to a report released earlier this year by the United States Census Bureau, will be increasingly composed of racial and ethnic minorities. The bureau projects that by 2020, the majority of America’s children will be from minority groups.

This is where the Child Opportunity Index is especially illuminating. By laying demographic information over the index maps, like in the Milwaukee metro area map in this story’s sidebar, we can see whether children from various racial and ethnic groups are more likely to live in those neighborhoods with the highest or lowest levels of access to healthy development resources. When you do so, a trend quickly emerges: black and Hispanic children are much more likely to live in the lowest-opportunity neighborhoods — not in just one metropolitan area, or one region of the country, but clear across it.

“Perhaps it’s not surprising, but what is startling is the sheer magnitude of inequities in neighborhood opportunity that black and Hispanic children face,” says ICYFP researcher Erin Hardy. When we look at children from the 100 largest U.S. metros combined, 40 percent of black children and 32 percent of Hispanic children live in neighborhoods categorized as “very low” opportunity, compared to 9 percent of white children. “Those are massive differences with massive implications for children’s lives today and for our collective future,” Hardy says.

When considering the path ahead for America’s youngest generation, Acevedo-Garcia points to the large pool of current research on children’s resilience and vulnerability. “The way I think about it, there shouldn’t be differences in how
resilient kids need to be to cope with their neighborhood environment,” she says. “But if we have this striking contrast between the types of environments where kids live, that may lead to large disparities in the population.”

While the inequities are pervasive, the Child Opportunity Index shows considerable variation across the country’s 100 largest metropolitan areas. For example, the proportion of Hispanic children living in very low opportunity neighborhoods ranges from about 10 percent in New Orleans to 57 percent in Boston. In Albany, 60 percent of the area’s black children live in its lowest opportunity neighborhoods, compared to McAllen, Texas, at 8 percent.

Chicago has the lowest percentage nationally of white children who live in the worst neighborhoods for healthy development, at just 2 percent. That’s compared to 49 percent of black children and 29 percent of Hispanic children. Those figures suggest that Nik Prachand, Kingsley Weaver and their DPH colleagues have a lot of work to do to achieve health equity under the Healthy Chicago 2.0 plan. Fortunately, they’re beginning to find associations between child opportunity and health measures like obesity and the teen birth rate that will allow Chicago’s DPH to target its efforts.

“Our goal is to use the COI as a platform through which we can suggest place-based interventions where they’re needed most,” Prachand says. “We want to take the COI and use it as a baseline for city-wide development of resources and intervention programs.” He and Weaver plan to share the index with other city agencies like transportation and planning so those departments can utilize the index for their own strategic purposes.

Being able to provide such a comprehensive data tool to practitioners like the Chicago Department of Public Health is a great opportunity for the index researchers, but it took a lot of work for them to develop it. When they began building on the Kirwan Institute’s previous work, the team quickly found that it wouldn’t be a simple task. “As with most research projects, we thought this would be a significant effort, but we didn’t understand the complexity until we started the work,” Acevedo-Garcia says. “There were some things we knew how to do — for example, census data — but we grappled with some data issues for the first time.”

Several categories they wanted to include in the index didn’t even exist yet. “When we started this project, there was no ‘off-the-shelf’ data source of neighborhood-level measures about schools and early childhood education centers,” Erin Hardy says. So, she developed a protocol to measure it. After deciding on the quality marker for early childhood education — pairing accreditation by the National Association for the Education of Young Children with licensing data — the Heller-Kirwan team went state-by-state to gather the needed information.

“These two specialized data collections were very labor intensive, but the new databases and measures that resulted from them are important innovations,” Hardy says. “We thought that something as significant as information on the quality and geographic distribution of early childhood education is something we as a nation should have.”

For Good Shepherd Services’ Miranda Yates, the index data is also important for individual communities that want to address the systemic causes affecting critical local issues. “We’re very careful in how we frame the work we do, and what the index does is allow us to focus on the structural aspects of what’s going on in neighborhoods,” Yates says. “It helps us understand how this confluence of factors works together.”

Back in Boston, Renée Boynton-Jarrett is seeing the value of working together with the COI data as she coordinates the efforts of the Vital Village network. “I see the index as starting to give us a common language for thinking about how we improve child health and well-being,” she says. “One of the things that’s essential for us in having different types of organizations and groups collaborating around a common goal is having a way to measure progress and identifying challenges to be addressed. So we’re just touching the tip of the iceberg for the potential the COI has in helping us not only make improvements for child health locally in Boston, but in supporting other communities around the country to make similar improvements.”

Number of Children

- 1 Dot = 500
- White (Non-Hispanic)
- Black (Non-Hispanic)
- Hispanic

Opportunity Level

- Very Low
- Low
- Moderate
- High
- Very High

MILWAUKEE METRO AREA
Thirty students stare at a large projector screen in the front of a classroom, mesmerized by a man with red hair nearly 3,000 miles away. He’s Jefferson Smith, founder of the Oregon Bus Project, an experience in hands-on democracy. Today, he woke up early to video chat with students in the seven-week class taught by professor Joan Dassin ’69, “National and International Perspectives on Youth Policy and Programs.”

Smith flashes a sudden grin and confesses, “I’m wearing my Superman pajama bottoms.” He points his laptop camera at his pant leg to show off the tiny red-caped heroes. Laughter erupts throughout the classroom. “But that’s not because I don’t take this subject matter seriously,” he adds.

The course is part of Heller’s master’s program in Sustainable International Development (SID) — a program that Dassin took over last fall as director and professor of international education and development. Dassin returned to her undergraduate alma mater after working as the founding executive director of the Ford Foundation’s International Fellowships Program, which operated from 2000-13. In this role, she oversaw thousands of scholarships for social justice leaders to study abroad at the graduate level. More than 150 of the fellows studied at SID. Dassin also previously directed the Ford Foundation’s Rio de Janeiro office and Latin American programs, and has received three Fulbright Scholar awards for research and teaching in Brazil.

But why teach a class on global youth policy in 2015? Dassin says the necessity is rooted in recent demographic trends. Today, there are more than 1.8 billion young people between the ages of 10-24, according to the United Nations Population Fund. That’s more youth than ever before. “Because the fertility rate has declined everywhere in the world, there are fewer children coming behind the group of young people born before those drops occurred,” Dassin explains. “So what has been created is called the youth bulge.”

The young people in this “bulge” often live in developing countries, she says. In fact, nine out of 10 of them currently live in conditions of poverty. “The question of poverty and the question of youth are inextricably linked,” says Dassin, “which means that, by definition, youth is a development question.”
That's why Dassin has arranged many class meetings around one or more guest speakers who connect with students from as close by as Manhattan and as far away as Kenya. Many activists, policymakers and researchers recognize the importance of addressing issues related to youth. Fortunately, technology advances like video chatting have made sessions like today's with Smith possible.

Between cracking jokes, Smith notes that 80 percent of the U.S. budget is spent on Social Security, Medicare, Medicaid, the military and national debt service. “Which of those things serves your generation?” he asks, pointing toward the students. “Most of that stuff is not for young people.”

After attending Harvard Law School and watching the country's post-9/11 evolution, Smith grew interested in public service — particularly in the way face-to-face contact can motivate voter engagement. Then he took the obvious next steps: He bought a bus and filled it with young activists, who knocked on 70,000 doors to discuss local state senate elections in Oregon. Now, the Oregon Bus Project has developed into a national nonprofit, nonpartisan federation, with seven headquarters around the country.

But Smith's focus — civics and youth engagement — is just one of four policy areas the class has tackled over its time together. Other key topics include employment, education, civic engagement, and avoiding risky behaviors and violence, all of which are critical to the advancement of young people.

Dassin says that many students have career or volunteer experience in one of those areas, which may be why the class energy level seems so high. Hands shoot up eagerly when Smith says he is available to answer a few questions.

“Every single person in this class is really passionate about youth,” says Rodrigo Moran, a first-year in the SID program. “I decided to take the class because I worked in youth policy for six years.” Moran's experience includes working on a United States Agency for International Development-funded project in El Salvador's capital, San Salvador. “What we did was create a movement in San Salvador of youth tired of the situation of violence,” says Moran, “who wanted to propose a set of recommendations to the Salvadoran government in order to have a national violence-prevention policy.”

Moran says he was also enthusiastic about working with Dassin because of her Ford Foundation background as well as the “international cohort that comprises the class.” Lisette Anzoategui, a second-year SID/COEX master's candidate, agrees: “What surprised me about the course is the remarkable collective knowledge and experience our class was able to build based on our diverse experiences in youth development.” She adds, “In one single classroom space, we are able to discuss the relevancy of vocational educational training for social mobility in Kigali, San Salvador, Juba or Los Angeles.”

Dassin says the class, just like the SID program, is extremely diverse, with students from all over the world bringing a wide range of experiences working with youth. In fact, the topic is so popular that several students audited the course.

One reason for this may be the international focus. “I've tried to design a course that's global in its outlook,” she says. At the same time, Dassin has taken advantage of deep domestic expertise at Heller, inviting professor Susan Curnan and Della Hughes of the Center for Youth and Communities (CYC) to share the center's work in youth development, education and employment in the U.S. with her students. (Dassin was invited to take over the course by professor Andy Hahn, PhD'78, who co-founded the CYC with Curnan and recently retired as director of the Sillerman Center for the Advancement of Philanthropy.)

At the end of the video chat, Smith shares a quote he once heard: “We are not put on this planet to do everything. We are put on it to do something.” His expression grows more serious. “The accomplishments of the bus project aren’t everything, but they are something.”

Dassin hopes students will be inspired in her classroom, both by the passion and drive of guest speakers, and by each other. “In my view, the SID program isn’t only about providing students with training for good jobs in the development sector,” she says. “What it’s really about is how to understand and shape key policy areas such as youth employment, education and civic engagement in order to drive social change, both in the U.S. and in developing countries.”

_Dig deeper: See some of the many other ways that Heller community members impact youth policy and opportunity at [http://bit.ly/youthopportunity]._
While Heller celebrated its 55th anniversary last fall, the 2014-15 academic year also marked significant milestones for two of the school’s academic programs and one of its centers. Heller Magazine invited the directors of the MS in International Health Policy and Management and the MA in Coexistence and Conflict programs, which are both a decade old, and the Center for Youth and Communities, which is 30 years young, to reflect on their respective histories and offer their vision for the future.

We should also note that the MA in Sustainable International Development program is celebrating its 20th anniversary, which we highlighted in the last issue of the magazine by interviewing the program’s founding director, Laurence Simon, and its current director, Joan Dassin. If you missed it, you can read the article at http://bit.ly/SIDat20.
A DECADE OF STRENGTHENING GLOBAL HEALTH SYSTEMS BY ADAPTING TO EMERGING NEEDS

BY DIANA BOWSER
Scientist, Lecturer and Director of the MS in International Health Policy and Management Program

Throughout its 10-year history, the Heller School’s master’s program in International Health Policy and Management has prided itself on educating mid-career professionals from around the world to become the next leaders in changing global health policy. The program has always had a strong focus on teaching the technical tools and applied skills that enable graduates to identify and solve health policy issues wherever they may be.

We recently reviewed our curriculum to focus on three main areas: the design and financing of health systems, analytical skills, and program and policy implementation. The new focus is representative of our efforts to continually update our courses to best align with the current needs of health systems throughout the world as well as with the global jobs marketplace.

The program is able to be so flexible because the master’s faculty members don’t just teach — they are also conducting research to address our most pressing health issues. For example, with Africa’s Ebola outbreak during the summer of 2014, we quickly adapted the curriculum to understand the program through a systems lens. As part of this examination, we had an expert panel speak to our students and the wider Heller community about the outbreak. Panelists included Heller School professor and PhD program chair Allyala Nandakumar, lead health economist for the United States Agency for International Development, and Theo Lippeveld, vice president for John Snow, Inc., who spoke about on-the-ground management as well as policy and strategy formulation, using Liberia as an example. The expert panel highlighted the importance of skills that students in the master’s program acquire in strengthening health systems to better address these outbreaks in the future.

As we look ahead, we believe there are three areas that will play a significant role in global health developments over the next 10 to 20 years. It’s critical that our students have a deep understanding of these issues:

1. UNIVERSAL HEALTH COVERAGE:
Countries around the globe have a mandate to provide universal health coverage to their populations. According to the World Health Organization, this means “ensuring that all people obtain the health services they need without suffering financial hardship when paying for them.” Implementing universal health coverage requires skills and knowledge in all aspects of health systems, especially financing, payment and organization.

2. CHRONIC DISEASE, INCLUDING MENTAL HEALTH:
Developing countries are experiencing the double burden of communicable and noncommunicable disease. In these countries, many people are dying of preventable, infectious diseases, while others are suffering from a growing burden of chronic conditions, including heart disease, diabetes, cancer, stroke and hypertension. Mental health is also a growing concern internationally, and the mechanisms to fund these services will only become more important. As a program, we have one of the first global mental health courses offered at the graduate level, and we are beginning to work with students to help them understand how to address this problem in their countries.

3. WOMEN AND CHILDREN:
Women and children must be at the center of all health initiatives. Ensuring the health of women and children will be the key to economic and social development for all countries.

Just as the master’s program has adapted over its first 10 years, we will continue to evolve over the next decade in response to global health developments like the issues listed above. Our flexible curriculum and structure, combined with our faculty’s experience in and understanding of all aspects of health systems, means that our graduates will always be prepared to play pivotal leadership roles in strengthening critical health system areas throughout the world.
TRAINING WORLD-CLASS PROFESSIONALS FOR PEACEFUL COEXISTENCE

BY ALAIN LEMPEREUR
Alan B. Slifka Professor and Director of the MA in Coexistence and Conflict Program

The Coexistence and Conflict (COEX) program’s founding donor, Alan Slifka, had a vision: to build a cohort of peace professionals who work to overcome violent conflicts and promote coexistence values. In the 10 years since its inception, the COEX program has sent more than 200 graduates into the world to realize that vision. We provide them with the diverse skills needed to make an impact in some of the world’s most challenging and complex social and political environments. The program’s accomplishments during the past decade come from a unique, focused strategy:

THROUGH PEOPLE FIRST
We leverage an incredible community of professional learning. Our faculty can say: “We have been there, done that.” You can call them academics active in conflict zones or reflective practitioners. They write and teach about the tools they have tested. They are leaders in the field who train the next generation of leaders in the field.

The students COEX selects are the most committed and experienced. They bring tremendous lessons from around the world into the program — two-thirds of our students are international — and many come from conflict hot spots. They see our program as a career accelerator, as a way of renewing their practice. When they graduate, they work in government positions or for international organizations like the Red Cross or UNHCR (the United Nations Refugee Agency), or for international and local NGOs.

SECOND, THROUGH OUR PROFESSIONAL CURRICULUM
COEX students deepen their understanding of conflicts, and build their capacity to prevent, mitigate and transform them. They learn how to create personal and social changes by leveraging dialogue and intervention skills to empower people and rebuild institutions. After their initial year in residence, students go in the field for a practicum of at least three months; they test what they learned and come back to share their findings with their classmates.

THIRD, THROUGH WORLD-CLASS PARTNERSHIPS
During the last few years, we have developed numerous synergies with other programs. Because there is no peace without development and no development without peace, our natural sister is the Heller School’s master’s program in Sustainable International Development (SID). Today, there is a SIDCO dual degree, and we have just created the option of an enrichment semester for students who want to concentrate on development or on humanitarian aid. We also have a COEX/MBA dual degree, and a joint degree with Near Eastern and Judaic Studies to specialize in conflicts in the Middle East. Our most recent dual-degree option partners COEX with a master’s in international law and human rights program from the University for Peace, in Costa Rica. Our students can also now benefit from exchange programs with partners such as Uppsala University in Sweden and Collegium Civitas in Poland.

FOURTH, THROUGH SCHOLARSHIPS
We fight to offer strong financial support to COEX students. We have Peace Corps, Fulbright and World Bank scholars. Students earned Civil Society Leadership Awards. We just established the Topol Nonviolence Fellowships, and we continue our deep collaboration with the Slifka Foundation. We are also determined in our diversity efforts. We put special emphasis on attracting women leaders from conflict zones. We will continue to seek new scholarships to make sure that tomorrow’s potential peace leaders can join us today in fixing the broken world.

Strengthening coexistence through nonviolence is a priority everywhere, not simply in remote countries. During the first 10 years of our program, our focus has been mostly on conflict and coexistence abroad. We built COEX’s reputation by promoting a range of inclusive policies and adjusting them for complex realities. Our graduates learned to leverage the tools of responsible leadership and negotiation, dialogue and mediation in many contexts. These tools are not only for the hot spots “out there”; they can also perform nearby in the Americas. We need to put our coexistence tools more to the test of domestic challenges. This is enough exciting work for the next 10 years, and beyond.

You can learn more about the COEX program’s history, and hear Alain Lempereur and founding director Mari Fitzduff talk about what distinguishes it at http://bit.ly/COEXat10.
AFTER THREE DECADES, ENOUGH IS KNOWN FOR ACTION. THE CENTER FOR YOUTH AND COMMUNITIES HAS LONG BEEN FUELING IT.

BY SUSAN CURNAN
Professor and Executive Director
of the Center for Youth and Communities

REFLECTIONS ON 30 YEARS
It has been a great privilege and adventure to steward the Center for Youth and Communities over three decades and to chair an outstanding senior leadership team that bring their hearts, minds and entrepreneurial spirit to our mission-driven work. As Eleanor Roosevelt, one of Brandeis’ founding trustees, said, “The work is made easier when your heart is involved.” So it is with the center, where we have built a “high performance, high support” culture.

During the center’s lifetime, we have both influenced, and been influenced by, the policies of six White House administrations. We have witnessed unprecedented demographic shifts in the U.S. population and labor market demands and opportunities, as well as the continued failure of our public education and workforce systems to keep up with these changes and adequately prepare our young people for college, work and life as engaged citizens.

As a university-based, community-engaged enterprise, the center and our network of partners have tackled and made progress on many of the most critical workforce and education issues facing the nation.

On the youth employment front, our evaluation research and capacity-building efforts have informed both policy and program design, with a focus on “results-oriented partnerships” to employ, educate and support young people. Our November 2014 briefing in Washington, D.C., titled “Enough Is Known for Action,” brought lessons from our research and experience to the Inter-Agency Work Group, which includes the departments of Labor, Education, and Health and Human Services, as well as philanthropy, business representatives and practitioners. According to the Department of Labor, the briefing set the stage for sound youth-centered investments under the new Workforce Innovation and Opportunity Act.

Our persistent efforts to study the education achievement gap by addressing equity in access, opportunity and outcomes for all students led to expansion of new pathways and frameworks for postsecondary transitions. Our evaluation work with the Gates Foundation demonstrated effectiveness of a new “back on track” approach that brought community colleges and nonprofits together to help young people enroll, persist and complete college with a marketable degree.

Believing in public service and civic engagement led us to a long-standing partnership with the Corporation for National and Community Service, which was founded in 1993 under the Clinton administration. For nearly 20 years, we have managed national service-learning programs, evaluated their impact and demonstrated their effectiveness, and we now work with the corporation and grantees as an evaluation partner for the Social Innovation Fund. We are also home to the Eli J. Segal Citizen Leadership Program, named for one of the great architects of AmeriCorps.

Over the years, we have worked in all of America’s states and commonwealths, developed a network of partners in more than 200 cities, and raised more than $75 million to support our mission and network. Our staff and researchers have served on many review boards and work groups with the National Academy of Sciences, and have been recognized by the White House Domestic Policy Council and others.

But what have we learned? And how will we draw on these lessons as we continue to address the unfinished agenda related to social and economic justice and the systematic change needed to achieve it?

THREE LESSONS FROM THREE DECADES: SCIENCE, PARTNERSHIP AND LEADERSHIP
The social change and social justice work we are engaged in is hard, takes a long time, and is littered with more failed attempts than sustained innovations. We need to be intellectually curious, and steady, patient learners and doers, and we can never be satisfied that we have the formula or algorithm to fix the problems quickly and easily. The three lessons include:
1. SCIENCE MATTERS/KNOWLEDGE IS POWER
It is important for members of the academy to acknowledge and honor that knowledge has many sources. In our case, as a university-based “knowledge broker,” we apply both lessons from scholarly research and experience. Some call the latter the “scholarship of practice.” We capture voices from the field using “numbers plus stories” that evolve from an ongoing systematic evaluation of an issue, program or policy with our learning partners. We are committed to producing knowledge, or evaluation results, that are reliable, useful and timely so as to inform decision making, support continuous improvement, and prove not only if something works, but how and for whom. We live where the scientific method meets social justice and social policy. Practitioners test our theories, benchmarked in research, every day. As Justice Brandeis warned, “The logic of words should yield to the logic of realities.”

Having said that, we have also learned that knowledge by itself does little. In the old paradigm, one might produce a “research-based policy brief,” send it off, and hope to make a difference. Today, we know better. It is rare for policy decisions to be purely rational or scientific — they are always political and usually relational. As Oscar Wilde once observed, in politics, “the truth is rarely pure and never simple.”

2. RESULTS-ORIENTED PARTNERSHIPS ARE IMPERATIVE
While we’ve seen a knowledge explosion over the past three decades that has satisfied the questions of what works and for whom (at least for now), we have also learned that everyone doesn’t have access to this knowledge, and that no one entity can “go it alone.” Collective action that prioritizes outcomes and impact for young people is imperative. We are constantly expanding our toolkit to help cross-sector stakeholder groups define their theory of change, measure impact and create a learning culture for continuous improvement.

3. ADAPTIVE LEADERSHIP TRUMPS ALL
Successful resolution to the crisis in youth unemployment and education requires adaptive leadership among practitioners, policymakers, philanthropy and the business sector, and the allocation of resources commensurate with the scale of the problem. Until such commitment is made, even the best evidence-based programs will simply be a stopgap. There must be social and political will and capacity to progress toward equity in access, opportunity and outcomes.

I call these times both alarming and encouraging, alarming because the problems remain great, as manifest in these statistics:


NEARLY ONE IN SEVEN 18- TO 19-YEAR-OLDS IS DISCONNECTED FROM SCHOOL AND WORK, AND 6.7 MILLION 16- TO 24-YEAR-OLDS ARE DISCONNECTED FROM BOTH EDUCATION AND WORK

30 PERCENT OF HIGH SCHOOL FRESHMEN DO NOT GRADUATE IN FOUR YEARS

FOR AFRICAN-AMERICAN AND HISPANIC STUDENTS, ON-TIME GRADUATION IS MORE PRECARIOUS; IT’S A 50:50 PROPOSITION

JUST ONE IN FOUR HIGH SCHOOL GRADUATES ATTENDS COLLEGE, AND ONLY ABOUT HALF OF THOSE WHO START WILL FINISH

THE ODDS OF STAYING IN SCHOOL AND LATER GETTING A GOOD JOB IMPROVE GREATLY IF THE INDIVIDUAL HAS A JOB WHILE STILL A STUDENT

TEEN EMPLOYMENT RATES HAVE PLUMMETED TO THE LOWEST LEVEL IN 60 YEARS (~33 PERCENT)

Despite those troubling figures, the times are also encouraging, providing what I call a “perfect storm of opportunity,” because young people are resilient change agents, enough is known for action, and cross-sector leadership is proving it’s possible to make a difference.
This year, the United Nations’ Millennium Development Goals (MDGs), which were announced in 2000, will expire. But that does not mean humanity’s collective efforts to face its gravest problems have come to an end. The U.N. is busy shaping the post-MDG agenda, or what is emerging as the Sustainable Development Goals (SDGs), for 2015 and beyond.

Some of the same goals remain in place, such as the eradication of poverty and achieving gender equality in education. Some of the language is being refocused and sharpened so that it is less abstract and pays closer attention to issues of human insecurity. “Sustainability” means more of an explicit focus on the negative consequences of climate change, deforestation, and the loss of biodiversity for human societies and organizations. The last two goals on the list of 17 reiterate the need to think of global responsibility and form new partnerships to ensure that an actual platform is built to achieve the goals, and not just serve as a mantle for more promissory declarations.

Why is this important for scholars like myself who want to have a broader impact on international public and social policy frameworks? A certain set of assumptions went into shaping the original MDG framework, and that approach accounted for certain successes, such as decreasing global poverty rates and halving the number of people who do not have access to safe drinking water. However, to understand why we didn’t achieve all the goals, we must deconstruct what is not said as the U.N. tries to strike a balance between what was promised and what remains unfulfilled.

We must be realistic to successfully forge ahead: There are certain trade-offs that exist in an international system of nation-states competing for power, prestige and wealth in a post-Cold War era. How effective can the U.N., which tries to speak on behalf of a globally diverse humanity, be? In principle, each member country of the U.N. has an equal vote. But the reality is that a handful of powerful nations hold sway over the possibility and limits of a truly operable global governance system. This is why as the U.N. drafts the new
SDGs, it continues to speak about the ultimate responsibility for peace, security and socioeconomic development falling on the shoulders of individual nations — while trying to realize an effective platform for true international cooperation on a common set of humanitarian goals.

The U.N. was founded on the original charter of respecting universal human rights and the principles of international law. This includes the promotion of peace, freedom, security and a fundamental set of basic rights such as a right to a standard of living, food and water, gender equality and education. The SDGs show an abiding commitment to the original inspiration that gave birth to the 1948 U.N. Declaration of Human Rights.

Despite this great promise, a nagging question remains: How do we advance an international platform of enforceable governance if the U.N., and hence the world, continues to operate on the same two assumptions that shaped the MDGs: that nation-states have ultimate autonomy and self-determination, which means independence from a commitment to basic global obligations, and that ultimate responsibility for development lies with individual countries? These assumptions differ from the spirit and intent of an international effort to combat global problems if we cannot transcend our basic identity as the isolated nation-state. And yet to ignore the idea of an international system of nation-states is to wander into fantasy and folly, a fictional futurism, which may or may not materialize.

In addition to talking about human rights and global justice goals, we must not shy away from an ethical evaluation of the validity of these long-standing assumptions, which continue to shape the post-2015 agenda. Undoubtedly, they bind the most powerful nation-states shaping world affairs with multilateral institutions that represent the closest thing we have to global governance institutions — namely the U.N., the World Bank, the World Trade Organization and the International Criminal Court. This is where moral philosophers and ethicists can play a role in forming the global public discourse. What kind of just and fair institutions must be built, and what kinds of relations must they realize if we do not want to reproduce the status quo?

I see my work as an applied philosopher and ethicist in a graduate school of social policy, such as the Heller School, in precisely those terms. I have the freedom and opportunity to leverage training in the humanities and other liberal arts disciplines that promote critical inquiry in an environment that, for the most part, is dominated by the social and natural sciences when it comes to public health and environmental-ecological policies. My goals are to incorporate the fruits of humanistic inquiry into the newly formed Center for Global Development and Sustainability, on matters of global social exclusion, inequality and marginalization. This is complementary to my teaching efforts in the Sustainable International Development program at the Heller School.

As a philosopher, I get to ask the hard questions about the realization of humanity's moral ambitions. How can countries and multilateral institutions, such as the U.N., think deeply about why they cling to certain historical assumptions, such as the autonomy and self-determination of nation-states, which in turn may not advance their intended goals? I need to question assumptions and envision new frameworks. The objective is to catalyze the ethical forces it will take to curb the ambition and power of isolated agents — be it individuals, nation-states or corporate entities — and make sure that all the development goals are achieved in the next 15 years. This means imagining new world-views rather than reproducing ideologies from the past. It requires critically deconstructing the inequalities, injustices and inequities within and between nations: I must ask how the current rules of the international political-economic order could be rethought or reformed so that declarations of goals become more than just that — namely statements of achievement and progress with measurable impact on real lives.

Ethicists in the applied social sciences, which shape academic research and its prospective influence on wider social and public policy, get to work with academic scholars, policy researchers, analysts and practitioners alike. We learn from the immense resources that go into creating effective policy frameworks that are empirically sound and can generate results. But ethics in its philosophical sense derives from the ancient Greek word "ethos," which in its modern connotation points to the spirit of the times. My profound passion and joy in life is to align our imagination of the future with the rigor of what the empirical sciences tell us about our reality today. If our goals for the SDGs and post-2015 world are truly to soar, our feet must be firmly on the ground.
Imesh Nuwan Bandara, MA SID’14, in collaboration with colleagues, founded the PeaceKeeper Foundation (PKF), a nonprofit subsidiary of PEM-Carbon (his practicum organization). PKF launched on July 23, 2014, with the vision of empowering youth with the knowledge, skills and motivation to manage the planet for their future. (imeshnu1@brandeis.edu)

Allan Borowski, PhD’80, has, after many years at La Trobe University, Melbourne, Australia, left to take up the position of professor in the Public Policy Program at Royal Melbourne Institute of Technology University in Melbourne. (A.Borowski@latrobe.edu.au)

Marsha Mailick, PhD’78, was named vice chancellor for research and graduate education at the University of Wisconsin-Madison. Mailick, an expert on autism and other developmental disabilities, joined the UW-Madison faculty in 1988 and directed the university’s Waisman Center for 13 years, beginning in 2001. The vice chancellor for research and graduate education is the university’s chief research officer.

Elizabeth Palley, PhD’03, was promoted to professor at the Adelphi University School of Social Work, Garden City, N.Y. (palley@adelphi.edu)

Amy Maizel Seeherman, PhD’78, is now the director of grants and research at Old Colony YMCA, a large network of YMCAs as well as a major provider of social services in southeastern Mass. (aseeherman@msn.com)

Nina Silverstein, PhD’80, professor and director of the Undergraduate Gerontology Program at UMass Boston, is the incoming president of the Association for Gerontology in Higher Education. (nina.silverstein@umb.edu)

Jean Whitney, MM’01, was executive director of the Carl and Ruth Shapiro Family Foundation and has just been named philanthropic adviser at Ropes & Gray LLP. (jean.whitney1@verizon.net)

Joseph Wronka, PhD’92, recently returned from working as a Fulbright Scholar in Pakistan. There he was consultant to the Akhtar Hameed Khan Resource Center and presented workshops at the U.S. Educational Foundation of Pakistan on the theme “Creating a Human Rights Culture: Toward a Creative Dialogue Between the USA and the Islamic Republic of Pakistan.” The workshops compared and contrasted the constitutions of the U.S. and Pakistan with the Universal Declaration of Human Rights and discussed U.N. human rights reports, particularly in regards to each countries’ treatment of minorities, ultimately calling for the Spirit of Crazy Horse to work toward “peace, humility and everlasting love.” Presentations, select PowerPoints, and interviews with social policy analysts will soon be online. Visit humanrightsculture.org/MISCELLANEOUS.html or search Amherstmedia.org for “Wronka.” (josephwronka@gmail.com)

Sam O. Okpaku, PhD’79, recently published a book, titled “Essentials of Global Mental Health” (Cambridge University Press). (sam.okpaku@gmail.com)
Louise Kaplan, PhD’92, was one of 168 leaders in nursing chosen for induction as a fellow of the American Academy of Nursing. Membership in the academy is among one of the nursing profession’s most significant honors. Kaplan, director of nursing at Saint Martin’s University in Lacey, Wash., was inducted in October at a ceremony in Washington, D.C. Selection as a fellow is conferred upon nurse leaders who demonstrate evidence of significant contributions to nursing and health care. Selection was based in part on the extent the nominee’s nursing career has influenced health policies and the health and well-being of all. (LKaplan@stmartin.edu)

Sarah Emond, MPP’09, and Robert John Sirgany were married on Jan. 3, 2015, at the Endicott Estate in Dedham, Mass. They were so lucky to have four fabulous Heller alums in attendance: Katharine Tull, MPP’09; Caroline Budney Zimmerman, MPP’09; Margaret Levy, MPP’09; and Anna (Gazos) O’Connor, MPP’09. The couple currently resides in Walpole, Mass., with their Jack Russell Terrier, Roscoe. Emond is still enjoying her work as the COO of the Institute for Clinical and Economic Review, a health policy nonprofit in Boston. (semond77@gmail.com)

Ben Granger, PhD’71, longtime professor and former director of the School of Social Work at Colorado State University and the co-director of Human-Animal Bond in Colorado, died on Jan. 9, 2015. He was 83. The cause was complications from multiple myeloma. Granger devoted his career to advocating for disadvantaged and disenfranchised members of our society and then educating multiple generations of social welfare professionals. As a young man, he pioneered the concept of residential group homes for mentally handicapped adults. He worked in the youth prison system in California and was associate director of the San Diego Children’s Home.

Carmen S. Pizzuto, PhD’68, passed away on Oct. 29, 2014. He was a U.S. Army Air Corps Veteran of WWII.

Elsa Griselda Valdés, PhD’69, passed away on Dec. 12, 2014. Valdés was the founder and the first director of the School of Social Work at the University of Panama (1947). Her leadership in social welfare led her to promote the creation of social work agencies in different fields, and to increase the level and improve the quality of social services for families and communities. She was a distinguished researcher, and she shared her knowledge and experiences with any professional who asked her help. She valued her experience at the Heller School at Brandeis and kept great memories of her professors and fellows.

Terry D. Adams, PhD’06, passed away at his home on Feb. 12, 2015, surrounded by loved ones. His death followed a long journey with cancer that he faced with great courage, resolve and strength.
BACK COVER(AGE)

“If we’re going to have the cost of health care grow at a more normal rate, we need to have enough competition in the marketplace so that no part of the system can dictate prices.”

STUART ALTMAN in a WBUR news story assessing a proposed deal that would allow Massachusetts’ biggest hospital chain to expand

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