

Practicum Abstracts 2024

Degree: MPH-65

Field of Study: Health and Social Behavior

Project Title	Project Summary or Abstract
<p>Assessing the Framework of Diets Among Advocates, Indigenous People, and Policymakers through Qualitative Interviewing: Implications to Redefine Discourse Low-Carbon Diets</p>	<p>This project, titled “Assessing the Framework of Diets Among Advocates, Indigenous People, and Policymakers through Qualitative Interviewing: Implications to Redefine Discourse on Low-Carbon Diets,” is a practicum placement at the Tzu Chi Charity Foundation in Hualien, Taiwan. The project focuses on exploring the framing of plant-based and low-carbon diets among diverse stakeholders in Taiwan, including advocates, indigenous people, and policymakers. The goal is to understand their dietary motivations and identify opportunities for promoting sustainable eating practices in Taiwan.</p> <p>Through qualitative interviews, this project aims to capture the perspectives of various groups and how they frame their dietary choices, with the larger objective of shifting the discourse toward low-carbon diets. The Tzu Chi Foundation, which promotes vegetarianism for health and environmental benefits, will provide access to its research network and facilitate connections with relevant stakeholders.</p> <p>Key deliverables include a comprehensive report and a poster presentation summarizing the findings. The project will also contribute to public health by identifying barriers and facilitators to healthier, more sustainable dietary practices that can help reduce chronic diseases and mitigate climate change. It is expected to develop research, evaluation, and qualitative methodology skills, and is slated for completion by November 10, 2024.</p>
<p>Examining healthcare quality and outcomes among OECD countries</p>	<p>I did my practicum at OECD, which is an international organization in Paris, France. Their mission is to establish evidence-based international standards and build better policies for better lives. I worked with the Health Care Quality and Outcome team in the Health Division. OECD is not really a research institute, but it is like a think tank, so basically, we define indicators to measure healthcare quality, collect data from the member countries, usually through the governments, and then analyze the data and publish a report for policymakers in the member countries. Our team has been collecting</p>

	<p>healthcare quality and outcomes data, using questionnaires related to all kinds of healthcare, such as primary care, acute care, and cancer care. For example, one of the indicators is to measure 30-day in-hospital mortality of Acute Myocardial Infarction and compare the results from all the countries. When we collect data, we also try to gather some information about the policy in the countries. For example, during the COVID-19 pandemic, in most countries, the 30-day in-hospital AMI mortality increased, but in some countries, it stayed the same. In that case, we try to identify some policies that helped to prevent the increase in mortality and highlight them as an example of effective policy in our reports so that policymakers in each country can kind of utilize them in some way.</p> <p>I think the challenges of these data collection and reports are international comparability, how to define the indicators, and how to balance feasibility and precision. The reason is that even if we try to define the indicators very precisely, it is impossible to collect perfect data, and there are always some kinds of errors and biases. The quality of data is very often influenced by the budget of the countries and other types of reasons, so we never have perfect data, but we still want to make something useful from it. I think that for academic papers, precision is always the most important, but for this kind of report that targets policymakers, we really need to balance feasibility and precision. Sometimes, we need a slightly different perspective from when we write scientific papers. This was one of the biggest challenges for me and one of the lessons that I learned from my internship.</p>
<p>Community-based Management of Acute Malnutrition in State Uttar Pradesh, India</p>	<p>Worldwide, 45 million children suffer from wasting, and 13.6 million from severe wasting. In India, an estimated 22.7 million children under five have wasting, and 9 million children suffer from severe wasting (NFHS-5, 2019-2021), showing a marginal increase compared to NFHS-4 (2015-2016). In 2017, malnutrition was the leading cause of death among children under five in every state of India, responsible for 68.2% of total under-five deaths. Community-based Management of Acute Malnutrition (CMAM) for children under five is a globally recommended approach, implemented in over 70 countries. It is now being implemented in highly malnourished areas of Uttar Pradesh, one of the most populous states in India.</p> <p>The main goal of this project is to implement government-led, community-level malnutrition management in the malnourished districts of Uttar Pradesh, with the aim of reducing wasting by 10% in the intervention areas by the end of the project (Jan 2024–Dec 2026). This will involve comprehensive transformations in several areas. Key focal points include addressing Severe Acute</p>

	<p>Malnutrition (SAM) in children, strengthening Nutrition Rehabilitation Centers (NRCs), improving Anganwadi Centers (AWCs), and enhancing the capacity of Frontline Workers (FLWs). The specific focus groups include pregnant women, mothers of infants up to 6 months of age and children up to 5 years, with a pivotal emphasis on improved growth monitoring, early detection, and successful recovery. As the project aims to achieve outcomes that will inform national-level guidance, the Progressive Foundation, with direction from UNICEF and other globally recognized institutions, will advocate for comprehensive national guidelines.</p>
<p>Understanding the Landscape of Equity Assessments in the United States</p>	<p>My practicum allowed me to engage with policy-focused research at the national level. I worked on two main research projects, focused on (1) strategies to close the racial homeownership gap and (2) understanding the landscape of equity scoring and assessments in the United States. My primary responsibilities included conducting literature reviews, contributing to academic writing on racial equity in housing, conducting a landscape scan of organizations working in the equity assessment space, and helping to organize a convening on victimization research.</p>
<p>Optimizing Investment Insights: Brand Strategy for a SaaS Startup (Undefine)</p>	<p>This practicum project was conducted with Undefine, an AI-based software company headquartered in Portugal. Undefine develops tools to assist investors in making informed decisions, with a particular focus on their product, MainQuest. The project aimed to enhance MainQuest's ability to predict the success of startups, particularly within the health sector, by creating a specialized dashboard that tracks key performance indicators. Additionally, the project involved designing a brand strategy for Undefine to help the company expand in the Middle East and North Africa (MENA) region. The work emphasized promoting equity in investment decisions by focusing on underrepresented startups. Key deliverables included an improved predictive tool for startup success, a comprehensive roadmap for Undefine's growth, and a marketing plan to increase customer engagement.</p>
<p>Montgomery County Council Summer Fellowship</p>	<p>I worked for the Office of Food Systems Resilience. I conducted quantitative and qualitative analyses of grant programs in the Strategic Plan to End Childhood Hunger. I also developed strategies to engage community voices in food security evaluations and presented recommendations to the Montgomery County Council</p>
<p>Health Transition Toolkit: Guardianship, Supported</p>	<p>As a Summer Intern with the Massachusetts Department of Public Health (MDPH) Division for Children and Youth with Special Health Needs (DCYSHN), I was able to review and edit my assigned</p>

<p>Decision-Making, and Other Alternatives</p>	<p>section of the Health Transition Toolkit titled “Guardianship, Supported Decision-Making, and Other Alternatives.” The toolkit seeks to provide information and resources to youth and young adults with special health needs (YYASHN) living in Massachusetts as they transition from pediatric to adult healthcare and adulthood. The section I worked on provides information and resources specific to various decision-making frameworks, support systems, legal resources, and advocacy groups available to YYASHN in the state with an emphasis on health and healthcare. To create this deliverable, I collaborated with another intern and my preceptor to draft a workplan, review an initial draft created by previous interns, incorporate several rounds of edits through independent research and weekly meetings, engage with stakeholders, conduct two subject matter expert (SME) interviews, analyze qualitative data from the SME interviews for future edits, and prepare a revised draft before my departure. During my time as a summer intern, I also participated in an orientation that familiarized me with the social, political, structural, and cultural environment of MDPH, DCYSHN, and Health Transition in Massachusetts for YYASHN, including Title V Maternal and Child Health priorities in the state. My practicum experience emphasized the importance of health communication strategies for public health practice—including accessibility, plain language, and usability—within a racial justice and disability justice lens.</p>
<p>Consultancy to support UNICEF’s global demand for immunization team to implement behavioural design interventions</p>	<p>During my consultancy with UNICEF, I played a key role in projects aimed at improving global immunization efforts. One of my main responsibilities was contributing to the development of the terms of reference for the multi-country Behavioral and Social Drivers (BeSD) survey. This initiative is designed to collect crucial data to shape immunization policies and programs on a global scale. I also supported the development of terms of reference for the Global Listening Project, which seeks to build frameworks for societal preparedness based on research-driven insights.</p> <p>Additionally, I was involved in drafting important reports, including UNICEF’s vaccination demand mid-year progress report and a technical report for GAVI. These reports offered detailed evaluations of global vaccination progress, spotlighting both achievements and challenges in expanding immunization coverage. Through this work, I gained valuable experience in shaping strategic documents that guide UNICEF’s global health initiatives.</p>
<p>SDoH Community Engagement</p>	<p>In coordination with the UCLA Health Social Drivers of Health Program and the Resnick Neuropsychiatric Hospital, aligning with strategic roadmapping, the development of a high-level</p>

<p>Implementation Plan Proposal for Neuropsychiatric Hospital</p>	<p>community engagement plan serves to bolster operational capacity, develop and deepen relationships with local CBOs, and refine our screening and navigation tools for SDoH-related referrals. The project milestones include: literature review, data review, stakeholder interviews/operational assessment, content analysis, ideal state mapping, gap analysis, scorecard generation, and culminated in a detailed plan write-up and adjoining presentation of the proposal to hospital leadership and SDoH team members.</p>
<p>Coalition Building Through a Massachusetts-Based Nonprofit</p>	<p>This summer I worked on communications and policy projects for an advocacy organization called Birth Equity & Justice Massachusetts, an organization found through the Harvard Catalyst Community Engagement Program. Along with providing operational support for the small steering committee run organization, I produced several deliverables including a detailed newsletter, draft outreach to potential partners and funders, a one-pager on best communication practices and plain language, and a social media toolkit for future advocacy campaigns.</p>
<p>Local Health Internship Program: Analysis of Prescriber Compliance and Utilization of the Massachusetts Prescription Awareness Tool</p>	<p>I participated in the Massachusetts Department of Public Health’s Local Health Internship Program. As part of the internship, I was placed in the Drug Control Program team within Bureau of Health Professions Licensure. I primarily worked on data analysis and outreach projects. My primary project focused on analyzing Massachusetts prescribers’ compliance with MGL 94C Sec. 24A. This mandate requires prescribers to search patient history prior to prescribing benzodiazepines or Schedule II-III opioids. As part of the practicum, I conducted literature searches of existing laws related to Prescription Drug Monitoring Programs across the country and developed SAS code to join large datasets together and analyze Massachusetts prescription. I also supported ad-hoc communication projects and collaborated with other divisions within the Department of Public Health.</p> <p>By participating in an internship program, I connected with other student interns, networked and shadowed state public health employees and developed a better understanding of the governmental public health landscape. Additionally, the final deliverable was an oral presentation, delivering the results of our project to the internship team and employees of the Department of Public Health.</p>
<p>Scaling AI in Healthcare</p>	<p>I co-led a report on scaling artificial intelligence in healthcare. This work focused on identifying regulatory frameworks that facilitate AI integration, strategies to enhance public trust, necessary standardizations, and incentives for scaling efforts.</p> <p>In addition to the main project, I drafted and revised reports on digital health policy taxonomy and</p>

	<p>the impact of AI on healthcare workers, providing insight into technology's role in reshaping the healthcare sector. I also participated in multiple conferences, engaging with industry experts and policymakers, which broadened my perspective on AI's role in healthcare.</p>
<p>Building a Community of Practice: Throughline Collective's Network of Queer Affirming, Liberatory Mental Healthcare and Spiritual Care Providers</p>	<p>Luke "Lu" Testa completed a project addressing disparities in integrative mental healthcare, focusing on queer and BIPOC communities in Los Angeles. Traditional mental healthcare often overlooks the specific needs and cultural practices of these groups, leading to systemic inequities in access and treatment. In response, Lu collaborated with Throughline Collective (TC), a mental health and spiritual care community of practice in Los Angeles that centers queer, trans, and BIPOC individuals. TC is grounded in Buddhist dharma and dedicated to social, political, and spiritual liberation. "Throughline" is a metaphor for the connection points between forms of care dedicated to social, political, and spiritual liberation. Over the summer of 2024, Lu worked on developing an organizational framework for TC, designing accessible community programs, and expanding its coalition of practitioners. Three key programs were created: a monthly community of practice offering, a critical reflection co-learning group for care providers, and a queer psychedelic integration reflection group. In addition to program design, Lu developed strategies to promote TC's mission, using digital platforms and community outreach. The project culminated in a community launch event in July 2024, which attracted 30 participants, including practitioners and clients. Lessons learned included understanding the landscape of services for LGBTQ individuals in LA and identifying strategies for integrating care that bridges traditionally siloed sectors of mental healthcare and spiritual care.</p>
<p>Maternal Incarceration: Examining Family Planning Policies and Childcare Challenges</p>	<p>This project, conducted in partnership with Birth Beyond Bars (BBB) and Motherhood Beyond Bars (MBB), focused on examining family planning policies and childcare challenges related to maternal incarceration. The project had two main components:</p> <ol style="list-style-type: none"> 1) Family Planning Policy Brief: A systematic review and textual analysis of state and federal statutes and regulations was conducted to understand the current legislative landscape governing family planning services in carceral settings. The study revealed significant gaps in policy, with most states lacking comprehensive family planning policies for incarcerated individuals. Only a handful of states have policies addressing pregnancy ascertainment, options counseling, contraception access, abortion access, and sterilization. 2) Childcare Study: This ongoing mixed-methods study aims to describe the types of childcare

	<p>arrangements, barriers to accessing care, and adaptive strategies experienced by caregivers of children with incarcerated mothers.</p> <p>The project highlighted the importance of community partnerships in conducting impactful research, the value of mixed-methods approaches in addressing complex social issues, and the necessity of adaptability when facing data limitations. It also emphasized the significance of historical context and ethical implications in policy recommendations.</p> <p>Key recommendations include advocating for comprehensive legislation mandating family planning services in carceral facilities, developing mechanisms for policy enforcement and oversight, and exploring potential interventions to support children of incarcerated mothers, such as increased access to Early Childhood Education.</p>
<p>Creating a Retail Health Strategy for a Family-Owned Grocery Chain Serving Mexican and Hispanic Communities</p>	<p>During my internship at Deloitte, I was assigned to an engagement in which I helped create a retail health strategy for a family-owned grocery chain serving Mexican and Hispanic communities in Southern California. The communities this client serves experience disproportionate rates of food- and lifestyle-related health conditions and issues accessing healthcare, and they have a strong level of trust and engagement with this grocer. Because of this, the client wanted us to create a retail health strategy that builds on this existing positioning and helps address these unique issues. They also wanted us to incorporate their existing health initiatives (such as pop-up community health activities in stores and in-store clinics) into the overall strategy. During the course of my practicum, my team and I used insights from customer research and ongoing conversations with experts and the client's steering committee to develop a strategy that focuses on preventive health by leveraging the client's influence over food. We also provided recommendations on the resourcing, governance, and measurement capabilities necessary to implement this strategy.</p>
<p>Improving a Mental Health App Database to Enhance User Autonomy, Satisfaction, and Sustained Engagement</p>	<p>This practicum project involved user experience (UX) research and design for a web-based mental health app database, M-Health Index and Navigation Database (mindapps.org). With growing demand for mental health apps yet uncertainty about their safety and efficacy, the existing mental health app landscape and regulatory environment present challenges for both patients and providers as they search for and make decisions about mental health apps. As a solution to these challenges, the database was created to provide users with detailed information on characteristics of ~600 mental health apps available to inform individual decisions about which ones are most appropriate</p>

	<p>to their needs and interests. As part of this practicum experience, I conducted interviews with relevant stakeholders, including patients and clinicians to: (1) solicit detailed input on the usability and visual design of MIND to inform a more accessible, user-friendly experience, and (2) gain a more nuanced understanding of patient and clinician perspectives on, experiences with, and preferences for mental health apps. I also prepared mockups for recommended changes to the database interface, as time allowed.</p>
<p>Surgo Health Youth Mental Health Tracker</p>	<p>Over the past 15 years, youth suicide rates have surged, while cases of depression have doubled. The project will weave together equity-forward surveys, contextual data, social media insights, and personal narratives to uncover key insights that will help drive equitable change toward a future where youth mental health is prioritized and nurtured. Recognizing the disproportionate impact of the youth mental health crisis on marginalized and traditionally underrepresented groups, the YMHT aims to center the voices of BIPOC, LGBTQ+, and economically disadvantaged youth.</p>
<p>Developing evidence-based strategies to improve maternal and child health: dietary diversity and AI chatbot initiatives</p>	<p>Over the summer, I worked with SNEHA Mumbai (Society for Nutrition, Education, and Health Action) under the Monitoring, Evaluation, and Research department, where the primary focus was collecting data and analyzing it to serve as evidence-based for the program implementation team. My main contribution was conducting secondary data analysis on maternal and child dietary diversity from the endline survey data, writing the detailed reports, presenting the findings, and drafting the manuscript. In addition, I also got a chance to lead the formative research for the organization's AI chatbot scale-up initiative. I designed and assisted the FGD in Mumbai to gather insights on their experiences using the chatbot and to identify areas for improvement. Both projects aimed to generate evidence-based insights to inform the intervention strategies, helping ensure that their programs are grounded in reliable data and real-time feedback from the communities they serve.</p>
<p>BIPOC intersex resilience, liberation, and healing: a strengths-based and resilience focused report</p>	<p>With the support of the Intersex Justice Project, and under the supervision of Dr. Sean Saifa Wall, our community-based report generates knowledge about how intersex, BIPOC communities experience resilience and healing. It addresses an expansive definition of healing and resilience encompassing access to resources, support, and justice through connectivity, strategies, self-acceptance/esteem, affirmation, advocacy, resistance, safety, processing, joy, humor, and hope. This study: informs advocacy and practice in public health, social justice, and policy sectors; analyzes and understands the complex ways in which BIPOC intersex communities experience resilience and healing; and generates innovative knowledge about implementing intersex diversity, equity, and justice. The</p>

	<p>findings from this research were used to create a community-based report to inform stakeholders and the public such as the intersex community, intersex advocacy organizations, medical and public health practitioners and researchers, and policy leaders.</p>
<p>Bolstering a Public Policy Program: Children's Mental Health Policy in Massachusetts</p>	<p>In the absence of expected funding to begin a new project, this practicum was built from the ground up and in real time to help the Evidence-Based Policy Institute at the Baker Center for Children and Families resituate themselves in the children's mental health public policy landscape. I spent a significant amount of time developing new organizational systems (in the form of Microsoft Teams) and building bill and legislator tracking systems. Additionally, to stay current and a part of the conversation, I wrote a blog post that summarized a bill working its way through the Massachusetts state legislature which focused on one of the EBPI's primary focus areas, statewide implementation of multi-tiered systems of support in school-based mental health. Finally, I worked with the Advancement team to find relevant grant opportunities and start the application process.</p>
<p>Evaluating the San Antonio Black Doula Collective: A Harvard/CDC Partnership</p>	<p>This practicum experience was a collaborative project between Harvard Chan, the Center for Disease Control, and the San Antonio Black Doula Collective (SABDC). The SABDC is a non-profit organization that provides full-spectrum Doula training services. In addition to classroom education, trainees participate in a "field experience" where they are matched with 2-3 pregnant clients and provide prenatal, labor, delivery, and postpartum support. All of this is provided at no cost to trainees or clients, and the training program supports the overall mission of improving Black maternal health outcomes in San Antonio.</p> <p>The first few weeks of the practicum were dedicated to identifying challenges that the SABDC and Doulas at large face in Texas and identifying where students could help support their goals of increasing the visibility and inclusion of the Doula profession into all birthing spaces.</p> <p>To address these goals, our practicum was guided by a need to understand the role of a Doula as defined by the SABDC, existing scientific literature, and available Medicaid and Texas Doula Association guidelines, and protocolizing the processes of the SABDC training program, developing a framework for collecting data on client outcomes and trainee competency, and creating educational documents for various stakeholders regarding the purpose and activities of the SABDC. We hope that our efforts and continued partnership between Harvard, the SABDC, and the CDC will support improved Black maternal and infant health outcomes in San Antonio and support additional policy measures for the Doula profession.</p>

