Yvette Cozier: Hello, everyone. My name is Yvette Cozier, Associate Dean for Diversity, Equity, Inclusion and Justice at Boston University School of Public Health. Thank you for joining us for this public health conversation starter. Today's conversation is part of our SPH READ series. SPH Reads is a school-wide program which aims to encourage critical thought and discussion among all members of the BUSPH community and is centered on a carefully chosen thought-provoking book. The selection for the 2025-2026 academic year is Ripples of Hope in the Mississippi Delta, charting the Health Equity Policy Agenda written by David Jones and edited by Deborah Bingham, Nicole Huberfeld, and Sarah Gordon. Today, I have the pleasure of speaking with Stephanie A Ettinger de Cuba, who serves as research associate professor at BU School of Public Health in the Department of Health, Law, Policy, and Management. She has secondary appointments within the School of Public Health, Department of Community Health Sciences, and Boston University's Chobanian and Avedisian School of Medicine, Department of Pediatrics.

She is also Executive Director of Children's Health Watch, a research and policy network focused on achieving health equity for young children and families through advancing research to transform policy. She has worked in program, policy advocacy, and research roles related to the social drivers of health, especially food, housing, and energy insecurity for more than two decades. Her work documents how policy choices impact young children and their family's health and ability to afford basic needs. Her particular research and policy interests include intersections of immigration and social policy and the ways that environmental conditions like extreme heat interact with maternal hardships to affect early childhood wellbeing and their parents' physical and mental health. Stephanie, thank you for being with us today.

Stephanie A Ett...: I'm excited to be here. Thank you.

Yvette Cozier: Wonderful. And so just to start, can you share a little bit about your career path and current work at the School of Public Health and what was your path to where you are today?

Stephanie A Ett...: Not a straight line. I didn't set out to be in academia at all. In fact, it's a family joke that every time I finished a degree, I was like, "I'm never studying again. I'm never doing more education." And then I'm doing more. So I thought initially that I would work in global health. I was a Peace Corps volunteer in Bolivia and got the chance to work on a public health project as part of that. And I came to Boston to do my MPH actually in international health and thought that afterward I would be working in global development, but I worked, excuse me, part-time during my studies. And I was working at Project Bread, which is a statewide anti-hunger organization. And my initial focus and interest was program management, but then I started being exposed to public policy and thinking about the intersections of public policy and public health.

And that later drew me back to BU where I joined the team with Children's Health Watch. And I was really attracted by the opportunity to look at the needs

of families holistically, so not just thinking about one issue at a time or looking at people in silos, but thinking about whole families and holistic issues. And then I eventually reached a turning point in my career where I either needed to do a left turn and do something else or I needed to do a PhD. And so, I took on doing a PhD. And after graduation, I joined faculty at School of Public Health, and that's been a really great experience, providing me new opportunities to pursue research interests and widen my collaborations.

Yvette Cozier: That's awesome. Thank you. So how does your current work relate to health equity as a whole? And then put another way, what does health equity look like within your current work?

Stephanie A Ett...: Yeah, I think it's really core to the work I'm interested in because my focus is on public policy and the ways that it impacts, like you said, the early childhood health and development and their families' wellbeing, including their economic wellbeing. And so, inherently that's about the structural underpinnings of the choices we make and the ways that those shake out differently for different groups. So I'm particularly interested in immigrant families. I come from an immigrant family. My grandparents, my father were refugees, so it's very much built into who I am. My mother's also an immigrant, and so that sort of really resonates for me. And so, thinking about in particular how incredibly complex our immigration system is here and all the differing exclusions for various public policy or public benefit supports and the confusion that that generates and the ways that we exclude and include different people and determine this person's deserving and that person's not through public policy.

We end up excluding people who are perfectly eligible under whatever rules we've set up in addition to those who are ineligible and there's impacts on child health, impact on families' mental health and on their economic wellbeing from those choices. So immigration policy and safety net policy very much interact. So that's one area that I've always been really interested in. But I think the other one is thinking about what we now call administrative burden. So all the time and effort and stress that people put into dealing with government services and processes and systems and the ways that those get designed. And they may not say race in them or they may not say women in them or they may not say immigrant in them, but they shake out differently for different groups and obviously the intersections of those groups as well. And so, families of colors, families with immigrant members, families of color who are immigrants, those groups get excluded or get lesser benefits.

And so, those all come out in health and wellbeing. But I also think the other sort of piece about this that I feel like is really important to the work that I have always done and particularly do with Children's Health Watch is speaking out about it, being vocal about it, being public about it. Because particularly right now, a lot of colleagues and friends are not able to do that. That's not a safe thing to do. So I feel it is important for me to be fact-based, be evidence-based, but be forthright about what is happening, what the implications are. So I feel like particularly over the last couple of years, well, really before that as well, but

even more so now, done a lot of talking to the press, writing public pieces and pointing out not just in academic or policy publications, but public consumption, what's happening and what it means. It feels extra important right now.

Yvette Cozier: Yeah, very, very true. Thank you. Thank you. So the book, Ripples of Hope is centered within the Mississippi Delta region, which is a rural region, for those who don't know, that's been characterized by high levels of poverty, poor maternal and child health outcomes, chronic disease, and mortality rates that significantly exceed the national average. Is this the only place in the United States facing such challenges?

Stephanie A Ett...: No, not remotely. I mean, they certainly are very specific challenges there, but those are ones that we can find in a lot of different places and right here in our own backyard in Boston for sure. They're huge inequities by neighborhood here in Boston. Boston Public Health Commission released a report that was about using data from 2023, 2024. Looking at the neighborhood level, Mattapan had the shortest life expectancy in Boston, whereas the Back Bay, and we're right next to the Back Bay where we are at the School of Public Health, has the longest life expectancy. And the difference was 5.5 years, which it's just a few miles. That's huge. So that's neighborhood level, but what gets even worse when they looked at census tracts, they found that there was a 23-year difference in life expectancy between a census tract in Roxbury and a Census tract in the Back Bay. So 68.8 years versus 91.6 years, and that's just gigantic.

But there's a lot of other less dramatic things as well, meaning not people dying, mortality. Right? But just chronic health issues, which obviously contributes to mortality, but disparities in chronic disease, even showing up in high schoolers, difference in asthma rates that kids of color, teens of color are 8 to 13 points higher percentages of asthma than white teens in Boston, and heart disease mortality is 37% higher for Black Boston residents versus white Boston residents. So all those kinds of things, that's right here, that's right around where the school is. And being a person who's interested in children, I always think about the fact that all those things have roots in childhood. Those are social and environmental conditions that get shaped in childhood. And so the immediate environment we're in, the houses we live in, the neighborhood conditions, whether they're parks and green spaces, whether your house is weatherized to deal with this extreme cold that they were dealing with right now, or the extreme heat and summer, do you have air conditioning?

Can you pay for the air conditioning? All those things. But ultimately, those are shaped again by public policies, who has income or not, who can fix their house or not, who has the money to buy healthy food or not? And whether that healthy food is available where you live or in a place that's convenient to you, can you pay for the medication that manages your condition? Can you get to the doctor? Are you having to trade off and skip your doctor appointment so you can take your kid? All those things, they stack up and end up with the sorts of statistics that are in that Boston Public Health Commission report. So I feel like knowing what's right around us is as important. And not to minimize what's in

the book, I think the book is very, very powerful. And I think really David did a really great job of drawing out all these various threads and looking at how did we get here and some really impactful interviews and things like that.

But I think it's a great example of the ... People like to say that people are making poor choices, but when your choices are very limited and all of your choices are bad, it's hard to judge the choices. So thinking in public health about how can we amplify the choices? How can we expand the choices? How can we make the choices that people have better choices, including for the people that live right around us?

Yvette Cozier: Yes, thank you. That is so true, the blame the victim mentality.

Stephanie A Ett...: Yeah, it's really real.

Yvette Cozier: Yeah. So thank you. Now, for those who are not familiar, can you talk a little bit about the Children's Health Watch and the issues that this organization addresses?

Stephanie A Ett...: Yeah, for sure. We're a network of pediatricians, pediatric providers, public health researchers, child policy experts. It's a very interdisciplinary group and it's headquartered at Boston Medical Center, but we have research sites in Boston, Minneapolis, Little Rock, and Philadelphia. And really the sort of origin story of Children's Health Watch came actually out of welfare reform in the 1990s. So for folks who don't know, there was major public policy change in the late '90s, really overhauling some of our nation's core safety net programs, what was then called the Food Stamp Program, which is now called Supplemental Nutrition Assistance Program or SNAP, the Medicaid as well as TNF, what is commonly known as welfare. In fact, that was the slogan, ending welfare as we know it. But what actually happened was we threw millions of people off those programs. We excluded many, many immigrants who had previously been eligible for support.

We instituted what I'll call work reporting requirements. They're not work requirements for ... Lots of people do work for many people and lots of sanctions, meaning that if you didn't ... A real increase in paperwork and administrative burden that lots of people got kicked off because they couldn't deal with the increase in these processes. So there was a group of pediatric colleagues that were just really frightened for what was going to happen to their very young patients, infants and toddlers, and the fact that there was no plan by the federal government to actually track and monitor what the impact of that law would be, evaluate it in any way.

And so they came together for what they thought was going to be a three-year research project and is now still going 27 years later. But we're still here. It's a quite different structure. It's now structured much more like an independent nonprofit, although we are actually technically a program of Boston Medical

Center, but it's a greatly expanded portfolio, but it's still the same ethos of we have to know, we have to track, we have to monitor what's happening with our youngest children and their families because that has lifelong consequences. Early childhood is this really incredibly sensitive period where kids don't get what they need in those early years can have huge impacts on their academic success, their social emotional wellbeing, their physical health, their ultimate employment and all those sorts of things. And the other big reason is little kids are canaries in the coal mine.

And for people who don't know that, that reference, in old times with mining, they used to bring canaries down into the mine. And when the canary keeled over, they knew it was time to get out of the mine because there was gas and they were all going to keel over soon. So canaries are very sensitive. So little kids are those canaries. Because they're in this rapid period of growth and development, they change very quickly. So a program change, a policy change that happened three months ago, we'll start seeing it show up in little kids' bodies in their growth and in their development, in their health status very quickly. And so, it's really sort of like the harbinger of what's to come for older kids. So I think that's still very core to the whole team's sense of what we're doing and why we're doing it.

And I think the other thing that I think is very, well, maybe less unique now, I think that the field has evolved and we've come to it, but it was starting from the very beginning, again, this holistic approach to things that if we want to care for kids, we can't divorce them from their families. A lot of times policymakers want to just like, "Well, we'll just help the kids." But you can't help children if you don't help their families. So having this family focus and understanding that a budget is a unified thing, and if we cut here, it's going to have an impact there, but if we help here, it may also have an impact there. So if we help people afford their food, you know what? Guess what? They're more able to afford their healthcare too. They're more able to afford their housing. So thinking about the flows and ripples from each program and looking at programs that weren't traditionally seen as health programs for their impact on health.

So housing subsidies, for example, tax credits, those are the kinds of things that we study and do policy advocacy on because those have health benefits. So it's very deliberately sitting at this intersection of policy and research. We have a whole team, a policy team whose job it is to translate the research for policymakers, bring it to policymakers. For a decade, I was the research and policy director, so that was my job. Going down to Washington DC, bringing the research to policymakers on Capitol Hill, talking to them about what it meant for the work that they're doing, building relationships, going to the state house here in Massachusetts, talking to policymakers. And I think that's a really important piece of research, frankly, is the translation, making sure that it's accessible to the people who need it to make decisions. But I think the sort of core, which I guess I didn't say is we're interviewing families in healthcare settings in those four cities.

So they're caregivers, mostly mothers, bringing their very young children in for care at these four hospitals in these different cities, and we're interviewing them about their child and the child's health and development, their own health and wellbeing and their family's economic wellbeing programs they participate in or don't, and why they don't. So we pick up barriers to programs and that sort of thing. And then that's the data that we are using to do the research, ask the questions and bring them to the policymakers.

Yvette Cozier: Yeah. Wow, that's fascinating. So as a quant person, that was going to be my question, how do you actually collect the data? And so, just, I don't know if you know the number, but about how many interviews have you done over these 27 years?

Stephanie A Ett...: Yeah, we have over 80,000 unique interviews in our dataset. We interview families and they can be re-interviewed after six months. So say they show up in the emergency room again after six months or our primary care clinic again in six months where they're eligible again. So we do have a subset of people that we've seen over time, but it's a repeat cross-sectional study, but it allows us to do some really interesting trends over time and show when this policy changed, health dropped off for these thousands of kids. And we were able to do analyses at the more national level, the four state level. We also used to be in Baltimore, so some of the older stuff is five states, and then also at the state level. So we've been able to do some state-based work as well. And then in the pandemic, and I'd love to do another wave of this, but in the pandemic, we had to shut down data collection because the world shut down, but we very quickly realized that nobody had eyes on infants and toddlers, sort of like a repeat of welfare reform.

And so, we launched a longitudinal follow-up study. So we followed up with families we interviewed 2019 through March 2020, and were able to do two waves of that during the pandemic. So it allowed us to say, how are families doing before the pandemic? How are they doing during the pandemic? And then in the second wave, we were able to pick up information about some really positive policy changes like the advanced child tax credit and things like that, and able to show how did that make a difference for families. So yeah, it'd be great to follow them up again. So we have a smaller subset that's a longitudinal study as well.

Yvette Cozier: Okay. Wow, that's fantastic. And then just what does success look like in your work?

Stephanie A Ett...: Yeah, I mean, I think the blessing and the challenge of the work that we do is very much in coalition with others. So work all the time with other policy advocacy organizations, service organizations, national think-tanky organizations, but being able to demonstrate the reach of our research, like a policymaker citing our research on the House floor in a Senate hearing, being able to show a national organization using our research for their arguments. And I think the most recent example that I'm really proud of and was some of

our effort during the first Trump administration as well, but was our research being cited in litigation as the rationale for why these changes were unlawful.

So I think those kinds of things are where we like to point to and say, "These are changes." But I think another really exciting one is right here in Massachusetts. In fact, my team is at the state house right now holding a briefing about tax credits for families in Massachusetts. The state earned income tax credit and a relatively new child and family tax credit. And we've led the Healthy Families Tax Credits Coalition here in Massachusetts for the last 10 years. And people have been working to advance state level tax credits for a long time in Massachusetts and doing really important and great work, but really couldn't unlock increases and expansions. And we reorganized things 10 years ago and made health the focus. And it seemed to really shift things.

We have more than 40 organizations from across the state that are a part of the coalition and everything from very grassroots to grasstops organizations. And I think that having that health message is a real core of we can advance the health of Massachusetts, children and families and leaning on research as part of that has allowed us to go from our state earned income tax credit being a 15% match of the federal to a 40% match of the federal credit, which is hundreds of dollars for families back in their pockets.

And then this new child and family tax credit. So we were able to lean on all that great work that happened during the pandemic about the advanced child tax credit and get this new child and family tax credit here in Massachusetts, which again, it's $600 and there's more to do. They're trying to work on immigrant expansion, so ITIN holders being eligible, or individual tax identification number. But I think even in the environment that we're in, there are opportunities for expansion and progress. And so I think we're doing a lot of work to try and move that forward.

Yvette Cozier: That's amazing. Thank you. So just flipping to what I would imagine a student would have a question about is what type of SPH graduate would your organization or similar organizations be looking for? What type of skills do they need?

Stephanie A Ett...: Yeah, I think it's someone who's really reflective, who can reflect on their own, who they are and their own part in the system that we're in, someone who can think really critically and be proactive, think ahead, like what is going to be needed, not just what am I being told to do, but what is going to be needed. Someone who's really curious, wants to learn and can receive feedback, who can work in teams, but also work independently and have that flexibility. And someone who's really able to hold complexity and think about the ways that policies and programs interact and unintended consequences, those kinds of things. Certainly, someone who's passion and mission-driven, I think that's kind of a prerequisite, who's interested in advancing equity. So it's not really a particular skillset. We have everyone from bio-statisticians and data analysts to people who do communications and graphic design. All these people are all part

of our team, but everybody's got that sort of same orientation and I think those are key qualities that I think serve people well in the workplace.

Yvette Cozier: Great. And so, my last question is, what advice do you have for the current public health students, particularly those who think of public health as something that happens in far away places, in exotic places, anywhere but where I am type of places, right? What advice would you give them?

Stephanie A Ett...: Yeah, I mean, we need public health right here in every neighborhood, and we need people who ... And not to say that you couldn't also do it in far away places, but not to forget what's happening right here, what's right around you. We need people that can think about public health at the city level, the neighborhood level, at the state level, all of those things are really important and you can make a real difference. I think that's the other thing is sometimes at these smaller geographies, real change, it's gratifying to be able to see real change. Sometimes the federal level is a little longer horizon, although the exciting thing there can be a changing thing for millions of people for sure.

But we absolutely need people who are focused on what's right around us, and one doesn't exclude the other. I think about researchers over on the Charles River campus with the Institute for Equity in Child Opportunity and Healthy Environments. It's quite a mouthful, but they have the Child Opportunity Index. It's a data set that you can download and use. But the reason I'm bringing it up is that it's a measure of conditions for children in every neighborhood in the US and they look at resources, what do kids need for thriving, childcare, parks, grocery stores, all the things. And I think those data really speak to that point, right? That what's right here, right around us shapes health right from the get go. And so, having people that are doing both is really, really important.

Yvette Cozier: Great. Well, Stephanie, thank you so much. Thank you for the amazing work that you're doing with Children's Health Watch. It's a fantastic organization, and thank you for taking the time to talk with us today.

Stephanie A Ett...: Oh, it's a real pleasure. I'm glad to be here. Thank you.

Yvette Cozier: Thank you.