

# Generation Pandemic is interested in public health. We should take advantage.

Public health is seeing a surge of interest among today's young people. Massachusetts policymakers and health care professionals should work to cultivate that young talent now.

By **The Editorial Board** Updated June 2, 2021, 4:00 a.m.



Julian Boyce, 14, receives his first Pfizer COVID-19 vaccination at NYC Health + Hospitals/Harlem on May 13. RICHARD DREW/ASSOCIATED PRESS

They came of age amid contact tracing and clinical trials. They are well versed in the “lab leak” theory and quite worried by the broad health disparities exposed by the coronavirus. The Association of Schools & Programs of Public Health reports that applications to

graduate-level public health programs spiked 40 percent in March, compared to the year before.

Public health, long an underappreciated field, is seeing a surge of interest among Generation Pandemic. And the task for policy makers and health care professionals in Massachusetts is to take advantage — to cultivate young talent now, while curiosity is piqued, so the state is well positioned to take on future pandemics and long-running inequities in public health.

One fast-approaching opportunity: a new public health AmeriCorps program.

AmeriCorps is the federal agency that supports volunteering and national service. It is best known in these parts for funding school-based programs like City Year and conservation efforts on Cape Cod and in Western Massachusetts. But it has also supported some public health work. And now, with \$400 million from the most recent federal relief package, it is making a sizeable new commitment — pledging to pay for up to 5,000 AmeriCorps members over the next five years.

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Details are still being worked out. But the first competition for federal dollars is expected this fall. And Massachusetts, long considered a leader in national service, should make an

aggressive play for funding.

“We have wanted, to be honest, for years to have more of a footprint in community health centers, public health agencies, organizations,” says Emily Haber, chief executive of the Massachusetts Service Alliance, a non-profit that administers AmeriCorps funding in the state.

Funding and capacity issues have gotten in the way, she says. But the new federal money could eliminate many of those barriers.

Public health experts say they can envision AmeriCorps doing all kinds of important work in low-income communities. As educators, they could help people quit smoking or train them in how to best manage their diabetes. And as health care navigators, they could assist patients in booking appointments with specialists and arrange transportation to the doctor’s office.

Barry Bock, chief executive of Boston Health Care for the Homeless Program, the one health organization in Massachusetts with an AmeriCorps program in place now, says members have played an invaluable role in coordinating care and offering emotional support to patients. “You have someone who’s really afraid, they’re going for breast cancer surgery and they’re about to meet with the oncologist,” he says. “We can certainly do a lot of the primary care for that person, we can do a lot of the addiction and mental health services, but the AmeriCorps members would actually go with them to see that specialist. They would be there to really hold that person’s hand, go in the Uber together, and come back.”

Pandemic-era shifts in health care delivery — particularly the rise of telehealth — point to other needs, too.

Julita Mir, chief medical officer for Community Care Cooperative, a consortium of 18 community health centers in low-income communities all over Massachusetts, says federal COVID dollars have paid for special blood pressure machines and scales that patients can

use at home to digitally transmit information to their community health centers. And a new round of funding, she says, will pay for hotspots for those who don't have Internet access. But the missing piece, she says, is personnel.

“The hardest part of the work, believe it or not, is not applying for the funding and being awarded,” she says. “The hardest part is onboarding one patient at a time, and keeping them engaged, and making sure everything is connected.” Mir says she could imagine young, tech-savvy AmeriCorps members doing just that.

Massachusetts has its own modest, state-funded public service program called Commonwealth Corps, which pays for about 40 service members at small organizations.

A bill before the state Legislature would bolster that effort with the creation of a temporary Coronavirus Recovery Corps — a three-year initiative with a focus on supporting community health, disaster recovery, and job training in hard-hit communities.

Advocates are asking for about \$3.6 million over three years. It's a small sliver of the billions in coronavirus relief funds coming to the state. But it's enough to roughly double the size of the existing, state-funded Commonwealth Corps. Lawmakers should approve the program, evaluate it as it's coming to an end, and consider keeping it in place in the long run.

One of the advantages of these kinds of programs is that they offer an entry point for young people in underserved communities — a chance to build a diverse pipeline of leaders and health care workers well positioned to serve Black and brown neighborhoods in the future.

Michael Curry, president and chief executive of the Massachusetts League of Community Health Centers, says that focus on bringing young people of color along should animate much of our post-pandemic public health policy. School districts, for instance, could build on existing programs for training high school students in health care careers. “We have models of what works,” he says. “We need to scale them.”

Amy Lischko, a professor of public health and community medicine at Tufts University, says more colleges could create structured gap year programs for students interested in getting experience in public health and other fields. More internships for health- and science-minded young people on city councils and in the state Legislature are a possibility, too.

The pandemic, however painful, can also be a catalyst for change in the place where it hit hardest.

“There’s huge opportunity here, and there’s huge need,” says Louise Keogh Weed, an instructor at the Harvard T.H. Chan School of Public Health and board member with the Massachusetts Service Alliance. “We just have to get it done.”

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