



Meet Angela Wangari Walter

*Welcome to the Communities of Practice BLOG at the National Center for Medical Education, Development and Research at Meharry Medical College. This week our Communities of Practice Director, Katherine Y. Brown, EdD had the opportunity to interview **Angela Wangari Walter, PhD, MPH, MSW** who is an Assistant Professor in the Department of Public Health, at the Zuckerberg College of Health Sciences, University of Massachusetts Lowell.*

KB: Thank you, Angela for taking time out of your schedule to be featured on our Communities of Practice BLOG. As one of our newest Communities of Practice Members, we appreciate the contributions that you make to the National Center for Medical Education, Development and Research to help us in our goal to transform medical education.

AW: It was a pleasure.

KB: Each member of our Communities of Practice has a diverse background. When I first met you, I learned about your work while researching online and I contacted you. I was excited when you agreed to meet with me. Once I learned about the amazing work that you were doing, I knew this was something that we wanted to share with others. Can you share your educational and professional background and the skills that you bring to the Communities of Practice?

AW: I am a health services researcher and implementation scientist with a particular interest in social and behavioral health sciences. My current projects focus on the prevention and treatment of co-occurring mental illness and substance use disorders; pre-arraignment adult diversion alternatives in the justice system; coordination and integration of primary care, specialty care and social service systems in care delivery systems such as accountable care organizations; and implementation science strategies for scaling up effective interventions and building capacity across communities and health systems, with an emphasis on low-resource settings. My research and practice aim to advance science and practice in ways that will redress racial and ethnic inequities in the access to and quality of health care and social services.

KB: That is amazing. Can you also share with us the 3 projects that you are working on?

AW: I am the Principal Investigator on a pre-arraignment diversion initiative aimed to increase access to alcohol and drug use disorder treatment and reduce recidivism among adults at their first intersection with the justice system. The Adult Diversion Alternatives Program (ADAP), was developed to provide treatment to nonviolent drug offenders as an alternative to incarceration.

I am the Principal Investigator on a community based participatory research (CBPR) project aimed to reduce opioid overdoses and opioid related deaths among commercial fishing industry workers. The initiative integrates workplace health and safety protection along with evidence based primary, secondary and tertiary interventions to address opioid use disorders among at risk for musculoskeletal disorders.

I am also engaged in the implementation of a health information technology system for young Black and African American women into community based clinical sites. The Gabby Preconception Care system is designed to identify and mitigate health risks for young Black and African American women before pregnancy, as a means of reducing racial health disparities in birth outcomes.

KB: With your background being so diverse, what are the skills that you bring to the CoP that you want others to know about, specifically your work with vulnerable populations?

AW: Involvement with justice systems is an important social determinant of health as individuals engaging with these systems are more likely to have mental illness and substance use disorders. Building a knowledgebase and awareness in medical education about the unique challenges of the intersection of the justice and health care systems is imperative for medical students, researchers, service providers and others.

Prior to academia, I worked in the health care industry at the height of the development of Patient/Person Centered Medical Homes (pre Affordable Care Act). The valuable practice experience enables me to strategically leverage implementation science strategies to transform care for individuals with multimorbidity in low resource settings such as community health centers. Increasing awareness and knowledge in medical education about how implementation science can be used to diffuse evidence-based practice across systems is essential.

Office Based Addiction Treatment (OBAT) programs are integral for treating substance use disorders and associated comorbidities. Medical education, training, support and capacity building in this area would be an important contribution for communities of practice.

KB: Are there any other things that you want others to know about you?

AW: I am passionate about racial and social justice. I serve on the National Association of Social Workers Massachusetts Chapter (NASW-MA) Board of Directors as the Vice President of Membership of Membership and Diversity and as the Co-Chair of the Racial Justice Council at NASW-MA.

In addition to research and service activities, I teach graduate and undergraduate courses in Health Policy, Social and Behavioral Determinants of Health, and Program development, implementation and sustainability.

KB: What are your thoughts on the use of technology and social media to advocate for vulnerable populations?

AW: Evolving technologies and social media platforms have their place in health and social sciences from being avenues of communication, information sharing, advocacy, and many more. That being said, if we are to swing the pendulum in health inequities, technology and social media can only go so far. In the U.S. health and social service systems have struggled with income and race-based inequities rooted in a myriad of biases. These biases become automated and sometimes “invisible” with technology and social media. If we are to make great strides in our advocacy for vulnerable populations, then we have to step from behind the curtain of social media and technology, embrace personhood and use the wisdom of our own moral intuition. We must all own our truths and walk the talk.

KB: How do you see your role as a CoP Member this year?

AW: During this first year, I am looking to learn with and from colleagues on the CoP – you don’t know what you don’t know. In addition to contributing new knowledge to CoP related activities, I am very interested in collaborating with CoP colleagues on research grants and other activities.

KB: How can people learn more about you and the work that you are doing?

AW: I am happy to talk to anyone about my work and can be reached at angela_walter@uml.edu; Tel: 978-934-5374. My professional profile including NCBI, LinkedIn and ORCID are available [here](#)

KB: What are your thoughts on the utilization of social media to engage our Communities of Practice at the National Center for Medical Education, Development and Research?

AW: Utilizing social media to engage communities of practice is a useful way to promote open scholarship particularly with regard to staying up to date with the latest issues, policies, and practice developments. Social media could be an important tool to promote networking and transdisciplinary conversations, sharing publications and canvassing feedback. That being said, social media is not for everyone, so complimentary engagement opportunities should be considered to make the communities of practice more rewarding and accessible.

KB: Is there anything else that you would like to share that I have not asked you?

AW: Not that I can think of. You were very thorough. It has been a pleasure talking with you.

KB: Thank you again for your time, we look forward to working with you.

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