

Interviewee: Karyn Clark

Interviewers: Tiffany Chin and Abigail Metcalf

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Worcester Women's Oral History Project

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Abstract: Karyn Clark was born in 1974 in Lancaster, Massachusetts and later raised in Leominster, Massachusetts. She went to Framingham State College for her Bachelor's degree in Psychology and a Master's in Counseling Psychology. She later put that career path aside after she met her mentor, Jill Dagilis, who saw a great deal of potential in her and gave her the exposure to the field of public health. She fell in love with the field as she started working in the field in 2000. With many years of hard work, she became the first female Director of Public Health for the City of Worcester. She has also decided to go back to school and get her Master's in Public Health as it would help her in her position as director. Although she is not from the Worcester area, she has grown to love the city as if it was her second home and is excited to see all the changes and improvements that the city has to offer. In her interview, Karyn reflects on the major accomplishments that she has made for the city, such as getting national public health accreditation, having an Academic Health Collaborative and improving the Community Health Improvement Plan. She not only reflects on the importance of her mentor, but also reflects on the need for equal access to quality healthcare, equality for women, and overall, a better future for the Worcester community. Being grateful for the opportunities she was given, she wants to give back by being a mentor herself in order to give other women the same tools that were presented to her for success.

AM: I just have to read a snippet before we start. We are completing a citywide oral history of the lives of Worcester women, aiming to collect stories about a broad range of experiences. Based on the goals of the 1850 National Women's Rights Convention in Worcester, we are focusing on the areas of women's education, health, work, and politics/community involvement. We are here to focus today on your experiences with being a women in Worcester. Thank you for your help with this important project! So, my first question is just, tell us about yourself.

KC: Okay, so I'm Karyn Clark. I'm the Director of Public Health for the City of Worcester and also the Central Massachusetts Regional Public Health Alliance, so that means I'm the health director for seven communities. We are the first accredited health department in Massachusetts

as of 2016, and the first accredited multi-jurisdictional health department in the country, also as of 2016.

AM: What was your first job, like how did you get into the job that you have now?

KC: So, I have been very lucky working for the city of Worcester for almost 19 years now. I actually started with the city in 2000 and I helped open the Worcester Senior Center, which is on Providence Street. The city never had a senior center, [it] was really an office in the city called Elder Affairs, which was a planning office and they used to give money to programs that would help seniors, so [such as] helping seniors with their finances, or helping seniors figure out MassHealth and Medicare. Meals on Wheels, that kind of thing. And so the city and a lot of community partners realized for a number of years that Worcester's population was aging and there was really nowhere for them to go to socialize and to sort of, have all of those services under one roof. So I was hired as the Program Manager back in 2000.

We didn't have any kind of a budget. We got a building and I spent the next six years there, developing over a 100 different programs. We had all kinds of activities such as exercise classes, lunch trips, there was a gift shop, the whole thing. So that's kind of where I got my start. The Senior Center was underneath the umbrella of the Department of Health and Human Services and also at that time—so it was the Senior Center/Elder Affairs was one division under the Department of Health and Human Services. They also had a division of human rights, disabilities—actually the library, at one point, was under there - public health and veterans. And so the Commissioner of Health and Human Services of the time really became my mentor.

Her name is Jill Dagilis. She's actually the Executive Director now for the Worcester Community Action Council. Jill was very intentional about looking, in particular, at young women who were up and coming, as she would say, in the city, and she saw something in me that I didn't necessarily see in myself. She said, "I think you've outgrown the Senior Center. I have some projects for you to do down at 25 Meade Street." So I ended up coming to this building in 2006. I work directly for her on special projects so I actually got to do work on homeless, and panhandling campaigns, and some special projects with veterans. And then I really fell in love with public health. So around that time, they kind of settled me into public health, which has been in this building for a long time. And I've pretty much had almost every single job in public health except for giving out flu shots. [Laughter] So I've kind of worked my way up over the last 12 years to be where I am today, which is the director.

AM: How has this kind of work meant to you, like working here...? [muffled by laughter]

KC: Oh boy. I think, you know, public health is an interesting and really broad topic. Every day is different and I think having worked my way up to the position of director really helps me to

have an appreciation for the staff that are doing those jobs now [since] I've had many of those jobs. But also getting to work with all the community partners. I think what I've learned the most is [that] Worcester is so incredibly rich with not only diversity, but all of the community partners and individuals that really care about the health and safety and well-being of the people that live here. So I would say that's really the most amazing thing to me is one, working with other public health professionals who are as passionate as I am that love this community. I would say that even though I don't live here I spend probably about 99 percent of my time here because I work a lot of hours.

I'm so in love with this city and to see all the things that are happening now with the baseball stadium and hotels being built and all these amazing things and to have been a part of all of this over the last almost 20 years has been really exciting but I think, again, the biggest thing about public health is [that] it's complicated. It's really a huge topic. It can be anything from West Nile Virus and mosquitos that are biting people to our homeless population. There's a lot of folks that have Hepatitis A so we're trying to vaccinate them. To flu shots, to medical marijuana dispensaries, to doing food inspections, to preparing for emergencies. So it's very broad and it's so interesting and all of the people that I get to work with are so committed to making sure that our residents and our community, and really the region [itself], really has the best possible public health services provided to them and their families.

TC: So you mentioned that you're not from Worcester. You're from Leominster?

KC: So I actually grew up in Lancaster. I was born in Leominster. Did I write that wrong? I may have. I was writing fast.

TC: You said Lancaster you were... [muffled]

KC: Yup. I thought it said where were you born.

TC: That's okay.

KC: I was writing fast, and talking. Yeah, so I was raised in Lancaster, which is probably about 20 minutes north of here, so it's a really small town. I think we only have one traffic light. So when I came out to Worcester almost 20 years ago, I actually got pulled over twice in the same day cause I went down a one-way street, twice. [laughs] So to me, this felt like Boston. It just seemed like a big city.

TC: Would you move here?

KC: Yeah, I would actually. The reason why I live in Webster is because, at the time, when I got remarried, my youngest step-daughter was still in school, so we wanted to stay in that school district but now that she moved out and grew up, we're actually looking at moving in this direction.

AM: Do you have any family members left in Lancaster?

KC: Yeah, actually my mom, my stepdad, and actually my sister and her husband and their son. They still live there.

TC: You mentioned, before we started, that you went to school for school counseling, right?

KC: Yeah, so I went to Framingham State in 1996. I'm still only 29. And I have a Bachelor's in Psychology and then I went onto a three-year part-time program there for a Master's in Counseling Psychology. I was really interested in working with the senior population so I thought that was sort of my path and then I ended up working at the Senior Center, which I realized I liked working with well elders or at least continue for them to be able to live healthy lives. So my path, sort of, changed a little. But I am, actually, just about to finish my second Master's in Public Administration from Anna Maria [College in Paxton, Massachusetts]. I'll be done in two weeks.

TC: Oh wow.

KC: So I'm working on my capstone right now.

TC & AM: Congratulations!

KC: Thank you very much. I never thought I'd go back to school again. But I wanted to. I think it was important. I don't have a Master's in Public Health. I really, sort of, learned on the job all these years. But I think being in the position that I'm in now—I don't think Public Health people are really good at being business people. And even people that work here, even my deputy director, whose got an MPH [Degree]. She's an awesome public health advocate and knows a smattering of all the different things, but they don't teach you how to negotiate contracts. [laughs] And because we're a regional health department, I work with all the town managers and boards of selectmen...boards of health on trying to figure out what services we're going to provide and how much that's going to cost. So, a lot of what I do now is really a lot of political and financial stuff; that's sort of what I work primarily on. And whatever else needs to be done. So I think a Master's in Public Administration felt like the right thing to do and I did learn a great deal from it.

AM: In regards to your education, what were your biggest challenges that you've experienced?

KC: With my education?

AM: Yeah.

KC: I think, really, just kind of what I said – I think you could learn a lot on the job, but I think when you get to be the director, you definitely want to surround yourself with peers so I think what was helpful—not only not being able to—I've really assembled a very wonderful, small group of professional women that I hang out with once a week and we talk about issues that we're dealing with, struggles that we're having.

I can tell you that it's changed an awful lot in the almost 20 years that I've been here. There were predominately a lot of white men that were in department head or cabinet level positions. I would like to think that being the first female health director in the city of Worcester is adding to some of that diversity and I'm very proud of that. But I think, you know...my challenge with going back to school was just trying to find the time to do it. I had to do online because I have night meetings in seven towns any night of the week. And I think it was just really great to talk to people from the city, in that class, and all of the country that are around the same age that I am and looking to fine-tune their management skills and really sharing some of their experiences. It was just time consuming but I'm glad that I did it.

TC: Are there any pros or cons to this path you chose since you said you strayed off the path of becoming a counselor to this?

KC: Yeah. I think the con was that I fell into public health. I didn't necessarily have the degree for it but again I think the pro was that I had this mentor [Jill Dagilis] that I talked about, who said, "Hey. Come with me. I'm taking you to meetings. I want you to go to these conferences. I want you to learn." So, I think, it's challenging when you don't have the right degree but at the same time, if you could align yourself with someone who has made it their business to be a mentor, to give back. She had always talked about how she had female mentors, so I think I've tried to do that here, in particular with some of our staff. I really try to mentor and grow the people because I'm not going to be here forever. I don't think [so]. So I'm trying to think about who is up and coming and try to give them the same experience that I had and [provide them some kind of] support.

AM: How have you balanced different priorities, responsibilities, roles, and interests in your life?

KC: I have a lot of energy. [laughs] I don't get much sleep. I probably work about 60 plus hours a week. You just adapt and overcome. This is not new [for me]. I gradually got into this. I knew what this would be like. I don't have a young family. My step-children are in their 20s, I have two really fat bulldogs and a husband at home. He's supportive and I just make it work. Hopefully there's dinner there when I get home tonight. [laughs]

TC: So I'm assuming he's [the one] to support you in everything, so what [else] keeps you going, besides your family and your pit bulls?

KC: I would say, again, this small group of friends that I have. We all [have] executive, management or city positions and we talk and support each other, and just listen. It's not always easy. There's a lot of stress involved. I think [it is], especially, because a lot of the forward facing public health that we do around policy can be very controversial. [For example,] if you're looking to talk about condoms, or the city having a needle exchange program, or [having a] sex ed [program] in high school.

These are things that are not considered particularly sexy but we have to use a lot of data and a lot of our community partners to help frame this and help to continue to tell this story. It's a lot of work. Policy change takes a long time and so you have to be slow and steady. I think when you see small wins, you celebrate them. When you see something that you have been working on for a number of years actually happen, like having a needle exchange program in the city of Worcester, it's a huge win. It's a win for everybody. I think I just try to focus on the great positive things that we can do in working with people that understand and want similar things. I try to balance out the crazy stuff with the good things. And I also bought a little house on a lake last year up in New Hampshire so that's my weekend recharge. My dogs, my husband and my lake house. That's how I manage [laughs] I'm laughing a lot.

AM: [laughs] What would you consider your most major accomplishments that you have had [since] working here for the city of Worcester?

KC: Definitely when we got national public health accreditation. It's been like the last six or seven years since PHAB, Public Health Accreditation Board, [approved of this]. [It is] a national group that is responsible [for] public seasoned, public health professionals who came together and said, "How do you make a 21st century health department? How does that look like? What are all the cylinders that need to fire to make that happen?" These folks came up with a 100 benchmarks. Everything from policies that you have, to how you work with the community. It's just enormous.

We worked for three years just to apply. Because a lot of stuff is never written down, especially municipalities, because people work there forever. But when they leave, the information sinks to

the bottom of the ocean like the Titanic. So a lot of things that we do now, the way we do business now, is because of being accredited. You don't just check a box. It's literally a complete culture shift in how you do your business and how you deliver services and programs and initiatives. Being the first health department with a very tiny budget and very, very few staff to beat Boston and some of these other [cities]. Boston Public Health Commission has 12,000 employees. We have 26.

TC & AM: Oh wow.

KC: Across seven towns. Now they have a bigger population and they do a little bit more. I think their EMS Services. Everybody is different. We are always punching above our weight and so to be able to have that kind of acknowledgement about how we were able to do this, to be the first ones was definitely my proudest moment working for the city.

TC: In going forward, what would you like to see in Worcester, like change, [or] challenges you want to conquer?

KC: For public health in particular?

TC: Anything.

KC: Well, [laughs] my capstone right now is [that] I'm working on identifying recommendations for large health department sustainability. I think that the landscape of what public health is responsible for has grown so much. Just to kind of take it back, back in the Paul Revere days.... [TC & AM laughs] Seriously, he was one of the public health advocates. People were getting sick from poor drinking water, [and] poor housing. There was a lot of disease. Traditional public health is what we call environmental health, so that's making sure that you have safe drinking water, restaurant inspections are being done, [and basically] sanitation stuff.

We have really shifted and that's still important and we'll always be core public health but I think community health is really what is most [prevalent] in the public, especially in the city of Worcester because that encompasses access to healthy food, access to care, looking at racial and health inequities, substance use, [and] mental health. Those don't fit under traditional public health [or] environmental health. This is what we're dealing with now. So I think between the federal state and local level, we need to be seen as just as important as public safety and work constantly, [and] competing for the same bucket of money and always getting a lot less than what they do. So to be able to sustain, being an accredited health department and all that comes along with that and to be able to respond to what the needs are right now in our community. We need to be well funded and not constantly looking for grants. Because grants aren't sustainable and you spend more time writing grants than you are doing public health work. So I think just

getting people to realize those in leadership positions and those with financial making decision capabilities to really start seeing us for value added that we bring to the community. So that's what I want to see. Very passionate about that. [laughs] Show me the money. [laughs]

AM: In speaking of health, can you talk about your experiences in accessing quality, affordable health care, not just [for] yourself but for your family or, again, the more broad, the Worcester community?

KC: Right so, I think again it goes back to the shift. And having been here for so long I can tell you [that] we were totally a different health department than we were when I came down here in 2006. Before we used to focus a lot on [campaigning]. We'll do a campaign on diabetes or we'll do a campaign on obesity. We're not really doing that anymore. What we're looking at is what we call the social determinants of health. I don't know if you're familiar with that but the framework is... [for example,] if I'm a single mom and I live in Main South [in Worcester.] We'll just pick a neighborhood. I don't have access to transportation because I'm working two jobs. I don't want my kids to play outside because I don't think it's safe, so they're not getting exercise, right? So there's all these [factors involved,] right? So if I don't have access to a car, I can't go to the grocery store. So I'm going to go down to the bodega and buy chips... crap for my kid to eat because that's the grocery store. So when you're talking about social determinants of health, you're looking at the environment in which people live and how that impacts their ability to have the best quality of life that they can and also the access to care. So it's not a surprise that people of color or people in marginalized populations have worse health outcomes than other people because they don't have the same kind of access to x, y, z that the rest of us have. So through our community health improvement plan, which is something else I'm very proud of that I was a part of, we do a comprehensive community health assessment, which informs a community health improvement plan, and it's online if you're interested in looking at it. But the whole entire framework is around health equity. That's the number one goal. So when I think about access, it's not just about getting a ride to the doctor, it's what preventing you from getting a ride to the doctor, or your own car to get to the doctor. Does that make sense?

TC & AM: Mhm.

AM: What do you think women's experiences in Worcester have been generally?

KC: I mean I can tell you from my own experience in this city, like working for a municipality. I was very, very lucky that early on that I had someone that was a mentor but also that she struggled and I think she was very intentional about having me and a few other young women under her wing to try to mentor [them]. I think [that] it was probably harder then. I think because of people like Jill. She kind of really crashed the ceiling for the rest of us to sort of come tumbling after because there is a lot of really passionate smart, really smart, women that work in

the city. So I think that their time is now and I think with all the things you are seeing across the country with #MeToo and people are just using their voice and they want to move ahead. It's about time. [laughs] I'm just really loving [it.] I mean it's unfortunate that people have to use some these tragic things to bring the point forward. I'm not saying that's the level I was at or anything. But I think it's just that we're [now] having real conversations about women earning the same wages as men. I just read somewhere in, I think, California, that there is some kind of a law that just got passed that there has to be women that are on boards or board of directors for different organizations. There's a lot of cool things happening. I'm just excited to be sitting in the seat that I am now and watching all of and kind of being a part of it. It's kind of cool.

AM: [Tiffany,] did you have a question?

TC: I'm trying to think of one.

KC: Am I talking too much?

TC: Oh no. It's okay. Well... I don't know if I should ask this because you mentioned [Supreme Court Justice] Brett Kavanaugh [before we started], do you have an opinion on what's going on about that?

KC: I think that... [laughs]... I mean I talk to my husband every morning over coffee when we're watching [the news about] what happened. I think it's very disheartening to have a president who, in one breath is saying, you know, both people gave compelling accounts of what happened, and then there's this FBI investigation, but then [President Donald] Trump has a rally last night where he's mocking the woman. Well, she doesn't remember anything! So basically you're saying one thing and then mocking this woman who came out and told her truth, which then, in fact, helped other women since then come through about their experiences. I just think it's a shame when you have a world leader who can't just let the process happen and has to then a backdoor way to get this guy that he wants appointed to get the appointment. I don't know [what else to say.] I just think it's disgusting, actually. [laughs] Not a Trump supporter. [laughs]

AM: umm.. Thinking about your mom's experience, compare to your experience... [muffled]... think that you step forward or step back?

KC: Definitely forward. So, my mom was a kid that was brought up by a Catholic Irish school teacher and a French army—he was a sergeant in the army who had been in charge of the German prisoner of war camps in World War II. So my mom was born in 1948 and a lot of people who were born around that time had parents that went through the Great Depression and my mom and also women were not really encouraged to do anything so kind of prime example [is] my mom. They said they would pay for her to go to secretarial school and her brother, who

was only 18 months younger than her, he got a full boat to go to Wentworth and then went on to New Mexico, Albuquerque and got his Master's degree in Architecture. So that wasn't awkward [laughs] [not like that would] cause a riff. So my mom is so smart, but she just really did not have the same [opportunities]. It was just, especially in Irish families, this is really key because I am super Irish and super love and proud of that, but the boys were always taken care of, and the girls were just kind of like, "Oh you can be a teacher, a substitute teacher part time, or you could be a secretary." So, when I decided that I was going to school, my mom was like, "I don't understand why aren't you going to go to Mount Wachusett, get your Associate's Degree and be a secretary." [laughs] It just did not occur to her. And I never knew—I mean if you told me back in 1992 that I would have two master's degrees and be the Director of the second largest health department in New England, I'd laugh. Things have changed and once I kind of got into more of a professional career I realized life long-learning is a part of that and, generationally, I think things have changed so much. And at this point you want to make \$100,000 dollars you've got to have a master's degree [laughs] because there are certain things you've got to do so, yeah, things have changed a lot.

TC: So I see you have two children, two girls right?

KC: Yep

TC: Are any of them in Public Health? Or like [in a] similar [field]?

KC: So one is in the education field and the other one works with animals, she is a Vet Technician.

TC: That's cute.

KC: But my mom, I will just give you the quick [backstory]... This is kind of interesting. So, my mom ended up being an Administrator Assistant for the Lancaster Board of Health for 25 years and my sister works at the Shrewsbury Board of Health as the Administrator Assistant. And Shrewsbury is actually one of our towns so I am my sister's boss [laughs] because I am the Director of Public Health [laughs] it is a little weird. So public health has been in my family for a long time. I didn't evidently have any influence on my step-children but...

TC: I think it's funny that you said you were sister's boss.

KC: Yeah

TC: Has she ever talked to about it like that, "Like oh I find it weird?" or whatever?

KC: It's strange because I was on the Lancaster Board of Health when my mom was the Administrative Assistant and when I interviewed with the Selectmen for it they said, "Don't you think that would be weird?" I said no because I said my mom is my colleague. And the same thing with the Town Manager in Shrewsbury. I'm so used to working with my family and most people in smaller communities have like multiple family members that work for municipalities so it's kind of like in our blood so it's really not that weird I just keep it business [laughs] you just have to. And I always say I am her boss anyways even though she is 8 years older than me, but yeah.

AM: Based on your life experiences, what advice would you give to women of today and future generations?

KC: I would say, just trying to think [muffled] of things that I've done that I wish somebody would say to me [laughs]. I'd say take your time to figure out what it is your passionate about. That's why I was interested in what you're doing [at Assumption College]. I said this to my step children; they each have three to four different majors. You're constantly going to evolve and fall into things that.... I think it's just as important to figure out what you don't like is to what you do like. And you're going to be working for a long time so find something that really resonates with you that you feel passionate about because if you truly love what you do then it's not going to feel like work at all.

TC & AM: [muffled conversation]

KC: I know this is riveting [laughs]

AM: I think I am good. Wow about you? [referring to TC]

TC: I was thinking, because she [referencing to AM] wants to be an audiologist and possibly work for the public health [field] more than me but I don't know yet. Is there any advice that you would give her since she's more set on her goals?

KC: I mean, I could. [laughs] I think that public health is exploding. My last Deputy Director, I was actually just with him earlier, he moved onto medical school. He's twenty eight and he said, having worked here, he thinks, [that] it is so important for people in the medical field to really understand public health because it's not just about giving flu shots. It's really kind of understanding about what's impacting people and their lives that create these barriers in getting what they need to be healthy and safe and how do we collectively look at policies, programs and initiatives and work collaboratively but with the people at the table to try to implement changes that are better for people. That is another thing about this work and somebody said this to me a long time ago, this phrase: "Nothing about us without us," because the most annoying thing is to

actually try to do something about a population and not even have them at the table. We historically do this, so especially around the substance abuse issue. We were talking about all the things we want to do we are like, “We don’t even have anyone in recovery here, we don’t even have a treatment provider at the table.”

So any way I would just say, I am available. Just throwing that out there, but we have an Academic Health Collaborative, which is another thing that I am also very proud of. We have so much talent with all of you students and faculty at the nine colleges in the city [of Worcester], so we have formal agreements with the schools to actually have faculty and students do projects with us. And I don’t mean like go file my shit in my office. [laughter] I’m talking about like research, and helping to do stuff around policy, coming to Board of Health meetings, going out with Pat the nurse to do a TB case, communicable disease investigation, a food inspection, housing inspection. We do everything and there is nothing more than I enjoy than having students come spend time with us even if it is just a day to shadow or to actually do a project with us. It’s so interesting, there are so many cool things that are happening here. This is definitely the most excited I have been about my work in a while [laughs]. It keeps changing, there are all these new things and angles. I say immerse yourself in it and see if you are interested. If you ever want to come and hangout with me for the day, you’re more than welcome [laughs]. I am so fun, if you couldn’t tell [laughter]

TC: Has anyone from Assumption come shadow you?

KC: I haven’t had anyone shadow me but we have had some students that have come through over the last few years. But we have like this website thing, it’s HealthyCentralMA.com. It’s like our regional website and there is this link to this Academic Health Collaborative. We have this very nice student from Clark who we hired. We are also trying to create this public health pipeline because a lot of public health professionals are starting to retire, so we are really trying to give practicum experience, but it also helps us get our stuff done, because we never have enough people to help us. So if you are ever interested or you know someone, send them our way.

TC: We might, because Human Services [and Rehabilitation Studies] majors and minors [at Assumption College] have to do internships [in order to graduate]. Would that fall under what you are talking about?

KC: Absolutely sister, yep. Just shoot me an email and I can hook you up with Kelsey, she’s awesome.

TC: Alright

TC & AM: [muffled conversation]

TC: So now that we are working to tell a fuller story of the history of women than has been recorded in the past, what else should we be sure to include? Anything else about yourself that you want to talk about or anything you want to talk about with your job?

KC: Just anything that I may have missed you mean?

TC: Basically or anything else that you want to like share with us.

KC: I mean all I can say is when people ask me how do you get it all done? I say, “I have no idea.” I am just so incredibly proud of what we do and the people who work here and I want to be totally different than any other department in the city because it can be very bureaucratic and I think a lot of people—maybe this applies [as] I have not worked for a non-municipal entity in a long time, but I want [it] to be fun. I want people to enjoy what they are doing and while they are having fun, making a difference. I am just trying to be as supportive as I can and give people the tools that they need. I just have been very lucky and fortunate and I try to do the right thing by the people that work here [and work] really long hours. Just to make sure that they are okay and that I am constantly advocating [for] funding, and incentives or tuition reimbursement. I try to do whatever I can do to take care of them. So really not too much more to add. I am just grateful for the opportunities that I have been given in the city and just trying to do the same, you know, give the same opportunities for the people who work for me here.

TC: Well I was just going to ask [that] would you change [anything] if you were to go back to college, would you stay in public health or go to any other occupation?

KC: I think I would definitely got an MPH [Masters in Public Health] or something else with Public Health. I also really wanted to work with animals. That was what I originally wanted to do, but I am really terrible with science and math, so I thought that would be bad. Yeah, I probably would have spent some time - I think we don't tell young people enough to go ask people if you can shadow them or like make appointments talk to people. I think it's really abstract when you are in college and you're young and you're out of the house for the first time and they're like, “Figure out what you want to do with the rest of your life. No pressure!” [laughter] And you go through the basic core classes to figure out if you like any of that stuff and if you don't you are like, “Okay what am I doing?” I mean, I don't know [that] even 20 years ago I could go back now and say, “Oh this is definitely what I should have done,” because everything I have done regardless of what degree I had brought me to where I am. I think I just got here in a different way. You know, we all kind of ends up somewhere, but we all have a different path to get there. I don't regret that I didn't get that degree. It was just something that evolved for me.

And here I am, as the director, which is kind of crazy [laughter]. I have never thought I would be the director, but here I am.

TC: [Have you ever thought that you] would be in Worcester or a different town overall?

KC: Did I ever think I would be here? No. [laughter] No because growing up in a small community that's really all I knew. We never really went—I grew up [with] my mom, [who was a] single mom. We didn't go anywhere, we didn't have any money to do anything. You know, going camping in the backyard was a big deal, so I think going to Framingham and living there was a big deal. That really exposed me to all kinds of people and just sort of breaking, cutting the cord from being in a small town. It really kind of prepared me to be here. But Worcester seemed so big and scary. It seemed like Boston to me. But now I am like, "Ha, no big deal." I love it here.

AM: I was wondering if you could elaborate on that a little bit? Before you started working here, what were your views of Worcester?

KC: I thought it was horrible [laughter]. Probably based on a lot of things that my family said like, "Oh I've got to go to Worcester," for an appointment or something. I think people thought it was crime ridden, trash and not a particularly, not a destination spot. And now, you know I work here all the time but I go out to eat here, I do all my business here, I get my oil changes here. I pretty much sleep in my house in Webster and I don't really know what's going on.

I just know more about what's here because everything in the paper has something to do with what I am doing. I am constantly reading about what's going on. And I am [constantly] sending articles to people at midnight and [saying], "Here is what is happening in city council" or "Oh boy, we have to get ready for this." And now I just love it. It's so different, now there are all these new neighborhoods, revitalization, like there are all the new buildings, all the money that is being dumped into the parks. It is like wow is this even the same place? And the baseball stadium is going to be right outside my window so I am going to be able to see the whole, entire thing being built. It's exciting to see things happening.

TC: Are you all set? [referring to AM]

AM: [muffled]

TC: Well, thank you for meeting with us. I know you are pretty busy [with everything].

KC: I know you guys are busy too, thank you so much for the opportunity.