Dear MCH Friends,

This edition of our newsletter brings exciting news about student and alumni accomplishments, current developments in faculty research, spring events to anticipate, and lots of photos to share.

As the year winds down, I look back with pride and appreciation on our many accomplishments. Within these pages we bring you highlights from students’ summer internships, we share our excitement in welcoming the incoming MCH class, and we celebrate our Faculty’s recently published books, articles, and awards.

Looking ahead into the new year, I invite you to join us in March for a roundtable on the Changing California Landscape for Children with Special Health Care Needs. We’ve also begun to feature alumni and special guests’ work at brown bag lunch talks; the first of these events is showcased on page 11. Let us know if you’d like to be a featured speaker, either solo or with a panel of peers.

This winter we also look forward to submitting our competitive renewal to MCHB for the MCH Leadership Training Grant. The Training Grant has been an integral part of our program at Berkeley for over 60 years; without it, we would not have been able to provide such breadth or depth of opportunities to our students. We are grateful for this support. Continued funding will support our commitment to exceptional training and education for MCH professionals, front-line research, and pioneering advances in MCH. We hope you’ll partner with us in this important work.

Best wishes for happy and healthy winter holidays,

Sylvia Guendelman PhD, LCSW
Chair, Maternal & Child Health
UC Berkeley MCH students, faculty and staff gathered for potluck at the home of Professor Brenda Eskenazi to celebrate the start of the 2014 school year. Returning students shared their summer internship experiences, and faculty discussed plans for the coming year.
This past summer, I interned at UCSF’s Institute for Health Policy Studies with the Teen Pregnancy prevention team. This experience provided me with a great opportunity to develop and put into practice my public health skills within the Maternal and Child Health field. My duties as intern primarily revolved around research, writing, and developing community resources. I conducted literature reviews for a school-based yoga evaluation project and an upcoming paper on youths’ access to contraception in developing countries. I developed charts and graphs using collected data and created presentations for ongoing World Bank projects in Ethiopia and Nepal. I was one of the authors of the Adolescent Community Health Assessment of Resources and Trends (CHART) Project, a needs assessment conducted in Sacramento and Fresno counties that sought to understand disparities in STIs rates among youth and to identify what programs and policies may help to reduce them.

I also helped write a summary report for the California Hotspots project that examined neighborhood factors associated with teen birth rates (TBRs) in five “promising” communities, those with declining TBRs, and five “struggling” communities, those with persistently elevated or increasing TBRs. In addition, I learned to use Publisher and created two community briefs summarizing findings for the reproductive health services and sexual education chapters of our Hotspots project. These will be distributed to California organizations such as Planned Parenthood.

While I learned a lot from the actual work I did this summer, the best part of my internship was getting to know and learning from my co-workers. The welcoming and supportive environment really enhanced my learning. At the end of the summer, I was invited to co-lead our team’s annual team meeting and this was a great chance to reflect on all the great work the Teen Pregnancy Prevention team is doing.

I was working within this model to develop two interventions around the themes mentioned above. This involved creating a literature review, liaising with one of the organization’s contacts in Nepal, studying current interventions on intimate partner violence and pre-eclampsia worldwide and developing appropriate interventions that could be integrated into OHWW’s current work.

As part of this internship, I also had the opportunity to gain insight into the running of a small non-profit. The organization had two other employees in the San Francisco office in addition to the director, and I was introduced to the fundraising, networking and day-to-day activities of the organization. I was able to participate in the hiring of a new employee and often asked to contribute in conversations about new ideas and directions for the work. I’m thankful that I was able to work with such capable people, devoted to the work and eager to help me develop my knowledge and further my experience in the field.
On October 5-6th, 2014, Lila Sheira and Stephanie Arteaga, two Maternal and Child Health graduate students from the University of California's School of Public Health travelled to San Luis Potosi, Mexico, to participate in the XIV Annual Binational Health Week (BHW). Alternating annually between Mexico and the United States, BHW is one of the largest gatherings of health workers, professionals, policy-makers, and researchers who share the goal of improving the lives of Mexican and other Latino immigrants in the United States. Lila and Stephanie share their experiences at the meeting here.

At this year’s conference, representatives from the Center for Disease Control and Prevention (CDC), Health Initiative of the Americas, US Department of Health and Human Services, Secretariats of Health from Mexico, and political representatives from Guatemala, Honduras, Colombia, Peru, and Ecuador were present, as well as academics from the University of California Berkeley and Davis.

During the same week, Mexico was also celebrating their own national health week. This year’s focus was vaccines for preventive purposes. During the opening ceremony of Mexico’s Semana de Salud, we heard from Public Health officials from around the country about the efforts to increase access to vaccines for children. Efforts include nationwide campaigns to administer the HPV vaccines to all young girls in school. A vitamin A vaccine was also a priority for young children as it is beneficial in strengthening the immune systems against various illnesses.

At the end of the ceremony, a group of children were brought onstage to receive doses of vitamin A. Notably, this group was made up mostly of young girls; only one young boy was present.

Overall, our trip to Mexico for Binational Health Week was an amazing experience. We were able to meet many professionals in the field of Public Health who are committed to improving the health of vulnerable immigrant populations. Despite the minimal discussion surrounding MCH issues, we were still able to learn a lot about the health issue and needs of Latino immigrants in the US. We now also recognize the importance of advocating for more research and work in binational MCH issues, and hope to gain more experience in that area as we progress in our degree program and graduate.
Extensive research reveals that girls are going through puberty earlier than previous generations. But what happens when a girl has the brain of an 8-year-old and the body of a 13-year-old?

Dr. Louise Greenspan, a pediatric endocrinologist, and Dr. Julianna Deardorff, an adolescent psychologist and UC Berkeley MCH professor, are two of the leading investigators researching the root causes and effects of early puberty in girls. They and others in the field are concerned that this surprising phenomenon leads to long-term health risks, such as obesity, eating disorders, depression, anxiety and even cancer later in life.

Drawing on landmark, cutting-edge research and years of clinical experience, Drs. Greenspan and Deardorff explain why girls are developing at a faster rate, and enumerate both established and little known puberty prompters. For example:

- While it’s accepted that obesity can instigate early puberty, studies have shown that emotional stressors in a girl’s home and family life can also impact the onset of puberty.
- Seemingly safe, commonly-used natural ingredients like lavender and tea tree oil can actually have potent biological effects that disrupt normal physiology. Meanwhile, though soy has gotten an undeserved bad rap as a hormone mimicker, it’s actually proving to be healthy when it comes from a natural source.
- Although people like to point fingers at hormones in dairy and meat products, these substances may not be as influential as the antibiotics that might act like hormones in the body.
- Early developmental changes can also bring on precocious behavioral changes, since the brain is “remodeled” during puberty. But it’s not just “raging hormones” at play—social environment exerts a strong influence on emotions and impulse control and can protect an early developer from unwanted outcomes.

Greenspan and Deardorff offer highly practical strategies that can help offset and manage early puberty, including: recommendations for limiting exposure to certain known endocrine disrupters, which foods to eat and which to stay away from, which ingredients should be avoided in household goods and consumer products, how to help with a child’s daily habits that play a major role in mental and physical development, how to smartly monitor a girl’s social life (without helicoptering), and how to initiate and continue the conversation about puberty.
Since March 2014, I have been working as the Business Development Manager for Nurse-Family Partnership (NFP) here in the Bay Area. Nurse-Family Partnership is a national home visiting program for low-income women who are having their first babies. NFP yields quantifiable social benefits and a substantial return on the community’s investment. In California, for every $1 invested in NFP to serve high-risk families, communities can see up to $4.20 in return due to savings in social, medical, and criminal justice expenditures. More than 35 years of evidence from randomized, controlled trials have shown NFP’s effectiveness guiding low-income, first-time moms and their children to successful futures.

In California, the program is implemented through county public health departments and public health nurses are conducting the home visits. My role is to work with new and existing implementing agencies on their sustainability and program expansion in order to help more moms in the Bay Area have healthy pregnancies, improve child health and development and become economically self-sufficient.

The benefits from the program are spread throughout different areas including healthcare, mental health, education and criminal justice. As part of my job, I try to build support for the program and work collaboratively with champions in the public and private sectors. The majority of the financial resources for the program come from a mix of federal, state and local funds and it varies depending on the county. It has been a great experience being able to interact with a diverse group of people including state legislators, public health officials, foundations, healthcare organizations, nurses and most importantly the moms.

I had the opportunity to accompany a nurse during a home visit, the nurse briefed me on the mom’s background before our visit and explained all the challenges the mom had overcome over the past two years. When I met the mom and her child I could not believe that the secure, professional-looking young woman in front of me had gone through so much adversity and was now going to college, had a part-time job and a beautiful healthy toddler. In my opinion, it is public health at its very best. The support nurses give new mothers empowers them to improve their lives and their children’s.

We are currently working on bringing the program to scale in California and in other states in the country. Among the options to find sustainable funding to expand the program is a very innovative financial mechanism called Pay for Success (PFS) or social impact bonds (SIBs). A SIB is a type of social impact financing in which private investors make available upfront capital to social service providers to deliver services and the government is usually the backup payor. One of the regions in California exploring PFS is San Francisco. We have been gathering support for the project by working with numerous stakeholders from different sectors. So far the project has been well received and even though there is a long road ahead I look forward to continuing this journey to help bring change to the Bay Area.
Recently published? Promoted? Celebrating a life event? We want to hear about it! Please send your updates to mchprogram@berkeley.edu.

UC Berkeley MCH was thrilled to collaborate with the Public Health Nutrition program on our 3rd annual Alumni Networking Brunch. The brunch (this year honoring the CHAMACOS study) was attended by PHN faculty, MCH alumni and current students.

Alumni Brunch honors CHAMACOS

MCH alumnus Ryan Gamba spoke about his CHAMACOS experience. Ryan is a current epi PhD student advised by PHN faculty.

MCH students Darcy Craig, Margot Zipperstein, Shannon Merrell, Jillian Eversole, and Maggie Crosby

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Professor Kim Harley, Associate Director for Health Effects Research at CHAMACOS

The CHAMACOS team: Julianna Deardorff, Kimberly Parra, Brenda Eskenazi, Celina Trujillo, Kim Harley and Katie Kogut

PHN Faculty Barbara Laraia (left, with MCH Prof. Julie Deardorff) spoke on nutrition

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Professor Brenda Eskenazi, CHAMACOS Director