

# Maternal and Child Health

Fall 2016 Newsletter

A silhouette of a person standing on a dark, grassy hill, looking out over a vast landscape under a bright, hazy sky. The sun is low on the horizon to the left, creating a strong lens flare and illuminating the scene. The person is standing with their back to the camera, looking towards the horizon.

## Real world. *experience*

MCH students gain data analysis and leadership skills through summer internships



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# letter from the chair

Dear MCH Community,

Welcome to our Fall edition! The new academic year is well underway and we've had a productive semester already with our outstanding students and incomparable faculty team. In August we welcomed 17 new MPH students, including 5 medical students who will complete their MPH degree in just 11 months. The new students have been busy in core classes and having been diving right in to all the MCH Program and the SPH have to offer. Meanwhile, our continuing cohort has returned from summer field experiences around the world and have been preparing their capstone research projects. Much has happened in the last few months and I hope you'll read on to discover more.

Looking forward to this spring, please join us in April for a public screening of the Raising of America documentary film series, followed by a panel discussion featuring the filmmaker and representatives from diverse Bay Area MCH organizations. Make sure you are subscribed to our mailing list in order to receive future announcements.

Lastly, a note of thanks as I write this letter just after the Thanksgiving holiday and the tumultuous US election season. We are grateful to everyone in our MCAH community who shares the commitment to solving the health challenges facing women, children, adolescents, and families. There is no shortage of challenges facing MCH and your leadership, dedication, and heart are our hope, healing, and inspiration.

As always, we invite you to partner with us as we educate and train new generations of leaders and conduct research on the cutting-edge of the MCH field. Please contact us if you have an idea or suggestion for collaboration.

Best wishes for happy and healthy winter holidays,

Sylvia Guendelman PhD, LCSW  
Chair, Maternal & Child Health

## Recent faculty awards

**Professor Sylvia Guendelman**, Chair of the Maternal and Child Health Program, gave the keynote presentation at the [Nestle Fund for Nutrition Award Ceremony](#) in Mexico City on October 25th. Her talk focused on her binational study on obesity in Mexican women living in the United States and Mexico, co-authored with Miranda Ritterman Weinbraub, PhD and Martha Kaufer-Horwitz NC, ScD. Dr. Guendelman won the 2015 Award for best project in applied nutrition from the Nestle Fund, Mexican Health Care Foundation.



Professor Hosang and award nominator  
Esther Tahrir

**Professor Nap Hosang** was selected as the recipient of the 2016 Carl S. Schultz Award for Lifetime Achievement by the PRSH section of the American Public Health Association. This award honors individuals who have made an outstanding lifetime contribution to the field of population and reproductive health. The award is named for Dr. Carl S. Shultz, a pediatrician and public servant who was instrumental in the creation and implementation of the federal family planning program, commonly known as Title X. Awardees comprise an honor roll of the field of reproductive health in the US and around the world. Congratulations on this well-deserved honor!

## MCAH in the media

**When research meets pop culture: MCH Professor Kim Harley and the HERMOSA study are quoted in this Popsugar article on [making the switch to less toxic makeup](#)**

**Why has America elected a president adapted to a Stone Age way of life? Professor Malcolm Potts weighs in on [the Berkeley Blog](#)**

**Forget GMOs. Pesticides Pose the Real Risk.** Professor Brenda Eskenazi is quoted in this [Prospect.org](#) article.

# BIGGIVE

THANK YOU! SPH earned 4th place for donations raised during the Big Give!





# welcome!

To kick off the 2016-17 school year, UCB MCH faculty, postdocs, students and staff enjoyed a potluck while catching up on summer activities and meeting new and returning students.





# Real world experience



MCH students gain data analysis and leadership skills through summer internships

Public health practice is an integral part of the Master of Public Health degree in MCH. Summer field placement is a 12 week, full time (480 hours) work experience completed between the first and second years.

The Center for Public Health Practice and Leadership (CPHPL) internships provides the academic and administrative structure for the practice component of the MPH program. Internship sites are chosen from a wide range of public health organizations and research institutions and are selected based on students' objectives for professional development and professional interests. Many sites are local, but students may also choose to intern in other parts of the country or the world.

Internships are typically secured through a matching process

coordinated by CPHPL. The matching process involves applying to positions posted on the SPH Jobsite, securing interviews, and ranking top choices. CPHPL will then match students to organizations based on students' and organizations' rank orders. Some students choose to pursue an internship placement with an organization that does not participate in the matching system. These placements require additional initiative and coordination on the student's part in order to secure the placement and often funding.

In the following pages, four MCH students share their real-world experiences from the summer of 2016, which range from developing cultural competence at a mental health/addiction recovery service provider to data analysis at a large county public health department.



# Creating new local abortion standards at ANSIRH



Lauren Hunter

I was fortunate to find an internship with Dr. Sarah Roberts at UCSF’s Advancing New Standards in Reproductive Health (ANSIRH) in Oakland, California. ANSIRH conducts rigorous and ground-breaking research on reproductive health, and a high volume of their work centers on abortion. Dr. Roberts is the Principal Investigator of the Abortion Facility Standards Initiative (AFSI), a complex and multifaceted project that aims to define public health approaches to abortion facility standards. One component of AFSI involves the use of a public health framework to describe the actions of state health departments surrounding abortion. My primary task for the summer was to extend this research to local health departments.

It was rewarding to take ownership of the local health department project from the beginning. As the summer progressed, I was able to see the project through many stages: creating a sampling plan, collecting and coding documents, conducting literature review, completing preliminary statistical analyses, visualizing the data with maps, writing case reports about specific local health departments, and drafting a final report describing the study’s methods and findings. Although I primarily worked independently,

I received wonderful support, feedback, and guidance from Dr. Roberts, Dr. Nancy Berglas, and the rest of the AFSI team. I concluded the internship by presenting my work at an ANSIRH brown bag alongside the other members of the health department project. The internship was an amazing opportunity to get a behind-the-scenes view of reproductive health research that is both innovative and methodologically sound. While at ANSIRH, I regularly attended talks and conducted informational interviews with experts in the field. Without exception, the researchers that I spoke with were approachable and generous with their time and knowledge. It was especially exciting to be present at ANSIRH the day that the Supreme Court released their decision for Whole Woman’s Health v. Hellerstedt, a decision that directly cited ANSIRH researchers. It was inspiring to see first-hand the impact that research can have on policies affecting the lives of millions of women. I was honored to celebrate alongside those whose painstaking work contributed to the largest victory for abortion rights since Roe v. Wade.

--Lauren Hunter  
UCB Maternal and Child Health  
2017 MPH Candidate

# Developing cultural competence at Telecare



Brittany Margot

This past summer, I interned at Telecare Corporation, a Bay Area company that provides full spectrum services to our nation’s more vulnerable clients with mental health and substance use disorders. While their headquarters are located in Alameda, CA, Telecare is comprised of 90 community-based and inpatient programs situated in 8 states. Through this internship, I was able to explore the integral relationship between private and public healthcare sectors. Furthermore, I expanded my knowledge and practice of cultural humility, an area I am deeply passionate about.

I am profoundly grateful for my experiences interning at Telecare. I felt like a valuable part of the team, and I knew that my thoughts, opinions, and contributions to the Cultural Initiative at Telecare really mattered. These experiences bolstered my skills in public health research and evaluation and reaffirmed my desire to help healthcare organizations better serve diverse populations.

--Brittany Margot  
UCB Maternal and Child Health  
2017 MPH Candidate

The term “cultural humility” is relatively new, and it is used to encapsulate the spectrum of practices for shaping healthcare service delivery to be more inclusive of racial, ethnic, and cultural minority groups. To better understand the population served by Telecare, I visited 6 program sites throughout the Bay Area. My experiences were truly humbling; I engaged with women and men in our society overcoming homelessness, mental illness, and substance abuse. I began researching best practices in the field of mental health related to cultural humility and structural competence. Following my literature review, I drafted policy recommendations for

# Large county data analysis at LACDPH



Christine Naya

This summer, I had the opportunity to intern with the Los Angeles County Department of Public Health’s Maternal, Child, and Adolescent Health (MCAH) Bureau. Through the Research, Evaluation, and Planning Unit, I worked alongside passionate epidemiologists who studied various maternal and child health issues in LA County-- home to more than one quarter of all California residents and one of the most ethnically diverse counties in the U.S.

As an intern, my work involved rigorous data analysis utilizing my epidemiology, biostatistics, and SAS programming skills. I got to experience real-life application of data analysis skills, as I provided hands-on data support for the MCAH programs such as Nurse-Family Partnership and Choose Health LA Moms. For example, I analyzed the most recent data set from the Los Angeles Mommy and Baby (LAMB) survey to look at the most common types of family planning methods by the mother’s demographics. These data requests evolved into two separate health briefs covering family planning methods among mothers in LA County and the adverse effect of stress during pregnancy.

I also had the wonderful opportunity to be mentored by Dr. Shin Margaret Chao, who guided me through my

research project—from developing a hypothesis, organizing and analyzing the data set, to writing a draft of my manuscript. It not only gave me a substantial head start on my master’s capstone project, in which I will be looking at stressful life events during pregnancy and birth outcomes, but also allowed me to experience the utilization of research for both academia and programmatic support.

Aside from my data analysis tasks, I also had the opportunity to attend meetings and learn more about the inner workings of how a large county public health department such as LA’s operated with other offices and team. For example, I attended meetings with the Office of Planning, Evaluation, and Development to discuss how the LAMB data could serve as measurements to be used for Los Angeles’ Community Health Improvement Plan.

My preceptor and I still keep in touch regularly, and she will be serving on my committee for my capstone. Thanks to the extremely supportive staff at MCAH, I now feel fully equipped to conduct a strong capstone project and continue my research career in Los Angeles after graduation.

--Christine Naya  
UCB Maternal and Child Health  
2017 MPH Candidate



# Mentorship & apps for adolescents: Essential Access Health



Claudia Zaugg

This past summer I interned at Essential Access Health (formerly California Family Health Council), a non-profit that champions quality sexual and reproductive health care through clinical research, provider training, patient education and public policy. As the digital adolescent health program intern, I spent the majority of my twelve weeks implementing program changes to Hookup, a statewide texting program for teens that sends sexual health information straight to their phones. While Hookup underwent a thorough evaluation in 2015, it was my job to put those evaluation results into action. Today, Hookup is more interactive than before and adequately responds to the needs of teens of all ages, genders, and sexualities.

In addition to my direct programmatic role, my internship at Essential Access Health was enriched by the great relationship with my preceptor who pushed me to pursue professional development opportunities and ensured my success at her organization. Throughout the summer I got to interact with a variety of stakeholders in the sexual and reproductive health field at conferences, trainings, and presentations. I was even given the opportunity to present a scientific

paper at the SF Department of Public Health and will be following up with a presentation of my summer work at the California Department of Public Health.

Overall, my experience at Essential Access Health provided the perfect platform to test the skills and knowledge I acquired during my first year in MCH while also guiding my thoughts around career options and preferences. I am fortunate enough to continue working at Essential Access Health this semester where I can build upon the strong foundation I set this summer.

--Claudia Zaugg  
UCB Maternal and Child Health  
2017 MPH Candidate



## Student op-ed

# I'm Proud of Texas --but not our record on sexual and reproductive health

Lauren Caton, MPH '18 (expected)

They don't exaggerate when they say Texas pride runs deep—like most Texans, I'm proud of our rodeos, breakfast tacos, barbecue, margaritas, culture, traditions and friendly folks. But a recent report by the Centers for Disease Control (CDC) shed light on a big piece missing from the pride equation: women's health. Because everything is bigger in Texas—including the number of STI infections and the rate of maternal mortality. Yet, nobody is talking about it.

The CDC released a bombshell in October when they announced the number of people in the U.S. with three major sexually transmitted diseases (chlamydia, gonorrhea and syphilis) had reached an all-time high. The majority of these cases, 65 percent, occur in those under the age of 25—and the hefty majority are women. These facts are extremely relevant given that STIs can lead to chronic pain and fertility problems and can be passed onto children, causing stillbirths and birth defects.

My home state has the third highest rate of STDs: 22.1 per 100,000, bested only by Louisiana and Florida. Austin, San Antonio and Dallas make the list of the top 10 cities with the highest rates. Shocked by these findings, I searched for how our news coverage services reacted to the topic. Despite our state carrying a high burden, I found very little.

I should not have been surprised. Women's health and family planning has never been a priority for funding or legislative action in the Lone Star State. After all, women's voices are rarely heard: we make up only 18 percent of the Texas legislature, and when we're up against 171 white, conservative men, how could we stand a chance?

Texas has recently come into the limelight with the Whole Women's Health v. Hellerstedt case, which ruled against the Texas TRAP law requiring physicians who perform abortions to have admitting privileges at a nearby hospital. Put forward under the conservative guise of "improving women's health," the law in question, HB2, in reality was aimed to decrease access to abortion across the state. Contrary to popular belief, the majority of visitors to these clinics coming for free STD testing and contraceptive counseling. We are one of the few states that still teaches abstinence only education, despite 51.6 percent of Texas adolescents under the age of 17 having ever had sexual intercourse—53.8 percent of whom did not use contraception. Clearly, these family planning policies are outdated and no longer serve the needs of today's Texans.

And despite our regressive stance on family planning education and

access, we were still shocked when another recent CDC report came out saying the maternal mortality rate in the state of Texas had doubled. These numbers are the highest in the United States—and similar to those of Chile, Mexico and Russia. Translation: we don't even match the rates of developed countries. Meanwhile, local legislators questioned "how this could have happened;" newspapers said they couldn't "find reasons" behind the trends. Really? Every woman in this state can tell you why.

Women in Texas have the second-highest rate of unintended pregnancies, highest number of women in need of contraceptive service, highest teen pregnancy rate and the highest percent of women between 15 and 44 who are uninsured. Our state is in a family planning crisis. While our state legislators twiddle their thumbs wondering how things ever got to this point, women are paying the price with their lives, their health and the wellbeing of their own children.

For a state that takes pride in many things its history--diversity, food, music, size, landscapes, people and friendliness--it's high time we take pride in the health of our women.

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## brown bag lunch series

UCB MCH was proud to host two well-attended brown bag lunches this fall, to share the work of its faculty with students from the MCH program and beyond.

The first featured professors Malcolm Potts and Nap Hosang who discussed their current project, Pelagius, a company they started together which aims to make birth control pills available over-the-counter. The second event featured professor Ndola Prata, who

was recently selected to be co-director of the UC Global Health Institute (UCGHI) Center of Expertise on Women's Health and Empowerment. Professor Prata outlined the COE's plans to address sexual violence and assault on UC campuses using tools of research, evaluation and community building. Continue reading for details on their diverse endeavors to improve the lives of women on campus and across the nation.

## Professor Ndola Prata: “Women’s Health, Gender and Empowerment, a Multicampus Vision for the Future”

On October 27th, MCH Professor Ndola Prata presented information about her new role as Co-Director of the [Center of Expertise on Women's Health, Gender & Empowerment](#) at the UC Global Health Institute.

From the Center's website: “The Center of Expertise on Women's Health, Gender, and Empowerment envisions a world in which equitable gender norms lead to healthy and empowered women — including UC students. The Center's mission is to promote justice and scientific advances to reduce gender and health inequities. Grounded in human rights principles, the Center's approach is trans-disciplinary, action-oriented, and transformative.”

Having previously created graduate-level summer institutes at UCLA for UC students, a masters-level course in women's health and empowerment, and two winning Gates Foundation Grand Challenges proposals, the COE now sets its sights on its signature project: addressing the growing problem of sexual violence on UC campuses. This new project will evaluate campus climates for sexual assault with UC CARE (Center for Advocacy, Resources & Education) advocates and

international partners, building upon research recently undertaken. It will build capacity among international partners for research and evaluation and create visibility to attract ongoing support for additional research. Under Professor Prata's co-directorship, the expected outcomes of this new project will be to create an evaluation toolkit to be used by 12 campuses including international partners, to secure at least \$750k in ongoing research funds, and to use evidence on campus sexual assault to create policy dialogue.

The COE will also continue work on its ongoing activities, while expanding into the following areas: training and supporting UC educators and student wishing to lead WHGE courses and introducing a mentored certificate program in WHGE for UC students, developing multidisciplinary online learning resources on key WHGE topics, leading two journal supplements on sexual violence and male engagement, and building community by engaging underrepresented campuses via faculty and student ambassadors.

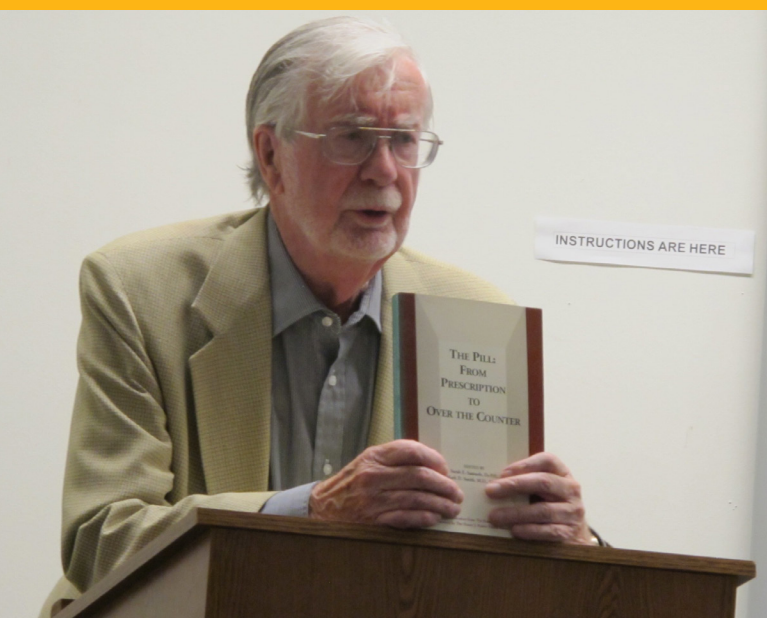
## Professors Malcolm Potts and Nap Hosang liberate the Pill with their company, Pelagius

In their Brown Bag presentation on September 26th, MCH Professors Malcolm Potts and Nap Hosang shared information with students about their efforts to make an over-the-counter birth control pill available in the United States via their new company, [Pelagius](#).

Thus far, they have purchased the Pill, done product research and development, and designed label testing protocol to bring to the FDA. According to Prof. Hosang, “We are in year 1 of a 3-year process.” When asked about their target markets, they revealed that

their goal is to make the Pill available to women who are Medicaid-insured, and to reach clinics who serve women most in need financially. The consumer price will be “comparable to a month's worth of condoms”.

Potential obstacles? Pharmaceutical companies as well as many in the family planning field have competing interests in this competitive market, so entering the \$8 billion industry will be a challenging endeavor.







**You've been at the forefront of family planning debates for many years and are now working to bring to market an over-the-counter birth control pill for the first time in the United States. What are the public health benefits of readily available contraception?**

Having worked all over the world to make family planning and safe abortion as widely available as possible, I am vividly aware of how many unnecessary and unjustified barriers so often exist between the woman and the information she needs in order to control her own fertility. Even in America, 50 percent of pregnancies are unintended.

Oral contraceptives are safer than aspirin. The American College of Obstetricians and Gynecologists and other professional boards endorsed an over-the-counter Pill. The only reason they remain on prescription is because pharmaceutical companies make more profits from prescription drugs than over-the-counter drugs.

# Five Questions for Malcolm Potts

By Nick Fiske

From the [Summer 2016 Welcome to There](#) issue of California.

**So how does one go about changing that?**

The Food and Drug Administration (FDA) controls over-the-counter sales. In order to switch a drug from prescription to over-the-counter (OTC) sale, a company must own the rights to that drug. So, in 2014, I cofounded a company to sell the Pill OTC, and in 2015 we purchased the ideal low-dose oral contraceptive. We will sell it wherever condoms are sold, keeping the price low so that uninsured and undocumented women can buy it. It will take us until about 2018 to do the tests of safety that the FDA necessarily requires.

**Are there any potential public health risks associated with over-the-counter birth control?**

All contraceptives have their risks. Some women, such as heavy smokers over the age of 35, should never use the Pill. Diabetics and hypertensive women should ask their doctors what to do. Issues of safety are the same for prescription and nonprescription drugs. In retrospect, I am sure that I wasted hundreds of hours prescribing pills to women who could have made an equally good decision by reading a clearly written label on the back of the packet.

More than 1 million women take the Pill for its noncontraceptive benefits, such as menstrual regularity or reduction in menstrual cramps. Even more important, women who use oral contraceptives for a few years see a lifelong, significant reduction

in the prevalence of ovarian and uterine cancer, and measurable reduction in bowel cancer and melanomas.

**You're a public health expert, but much of your work also involves conflict resolution in global crises. How do politics and global health intersect?**

Many societies remain highly patriarchal. Some men are threatened by the idea that a woman has a right to control her own body. This is true in Afghanistan and it is true in Texas, and many other parts of the U.S. But when women are given family planning choices, remarkable changes can occur. The Islamic Republic of Iran is a theocracy and often perceived as harshly controlling of women, but when Ayatollah Khomeini approved the use of contraception and family planning was made available, family size fell more rapidly in Iran than it did in China—and in an entirely voluntary way, without any one-child policy. There are now more women in Iranian universities than men. I think it's a country that will become increasingly democratic and prosperous.

**You're also a leader in bringing attention to the Sahel region of Africa, which is facing serious threats from global warming, extreme poverty, and rapid population growth. Can you tell us about that effort?**

Sahel is the Arabic word for shore—in this case, the shore of the Sahara Desert. It is a harsh, semi-arid area, neglected by donors, and subject to weak government, corruption, and terrorist attacks from groups such as Boko Haram.

In 2012, the School of Public Health and the College of Natural Resources hosted an international conference bringing together a multidisciplinary group of experts from the Sahel and from Cal, to discuss climate change and population growth in this region of the world. We called it the OASIS conference because we focused on Organizing to Advance Solutions in the Sahel. We identified three pillars to ameliorate the problems facing the region: make family planning easily available, educate girls in secondary school, and disseminate technologies people need to adapt their crops and cattle to a warming climate.

We have a long way to go, but we have been stunningly successful keeping girls in school and are working hard to build human capital and mentor professionals who understand the problems confronting their region and who will organize to find solutions.



# MCH Professor Prata Co-directs Center of Expertise on Women’s Health, Gender, and Empowerment

Ndola Prata, MD, MSc  
MCH Professor in Residence



Ndola Prata, MCH Professor and Director of the [Bixby Center for Population Health and Sustainability](#), has been chosen as new co-director of the [UC Global Health Institute \(UCGHI\) Center of Expertise on Women’s Health and Empowerment](#).

envisions a world in which equitable gender norms lead to healthy and empowered women — including UC students. The Center’s mission is to promote justice and scientific advances to reduce gender and health inequities.

Medicine; Co-Director, Global Center for Children and Families Center for HIV Identification, Prevention, and Treatment Services; Affiliated Faculty, Department of Epidemiology at the UCLA Fielding School of Public Health.

Funding awarded to the COE on Women’s Health, Gender & Empowerment is a renewal of the existing COE previously named Women’s Health & Empowerment which was co-directed by Drs. Paula Tavrow (UCLA) and Craig Cohen (UCSF).

The selected Centers of Expertise include faculty from the all ten UC campuses and the National Laboratories. They were chosen for their transformative vision and demonstrated clear plans for programmatic and financial sustainability.

UCGHI will nurture these COEs over the next three years, during which time it will work closely with the COEs to achieve their goals as part of the Institute’s overall programmatic portfolio. The COEs will also integrate their work with UCGHI’s other multi-campus endeavors including global health education.

Grounded in human rights principles, the Center’s approach is trans-disciplinary, action-oriented, and transformative.”

Two COEs were selected for funding after thorough and independent review by external reviewers, UCGHI leadership, and members of the UCGHI Board.

Professor Prata co-directs the center with Dallas Swendeman, PhD, MPH (UCLA) Assistant Professor, Department of Psychiatry and Biobehavioral Sciences, David Geffen School of

UCGHI sponsors multi-campus Centers of Expertise (COE) that develop and lead UC-wide education programs, targeted multi-campus research endeavors, and sustainable international partnerships for implementing programs and interventions to improve health globally and in California. In the spring of 2016, UCGHI announced an RFP to invite proposals to renew existing or create new Centers of Expertise.

From the Center’s website: “The Center of Expertise on Women’s Health, Gender, and Empowerment

“The Center of Expertise on Women’s Health, Gender, and Empowerment envisions a world in which equitable gender norms lead to healthy and empowered women — including UC students.”

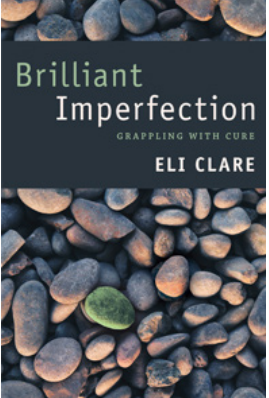
# SAVE THE DATE



Film Screening:  
**The Raising of America**  
Thursday, April 6, 2017  
Evening--details TBA

**Details:** join us in viewing an episode from the Raising of America documentary series followed by Q & A with the filmmaker and representatives from community organizations.

From [raisingofamerica.org](#): “The Raising of America Series is a five-part documentary series that explores the question: Why are so many children in America faring so poorly? What are the consequences for the nation’s future? How might we, as a nation, do better? The series investigates these questions through different lenses: What does science tell us about the enduring importance of early life experiences on the brain and body? What it is like to be a parent today? And what policies and structures help or hinder the raising of healthy, happy and compassionate children? The Signature Hour covers all three of these issues. The four subsequent episodes each dive in for a closer look.”



SPH Dean’s Speaker Series:  
**Author & Activist Eli Clare**  
Thursday, March 2, 2017 | 5-7 p.m.

**Details:** join author and activist Eli Clare for a speaker talk, book sale and signing of his newest book, *Brilliant Imperfection: Grappling with Cure*.

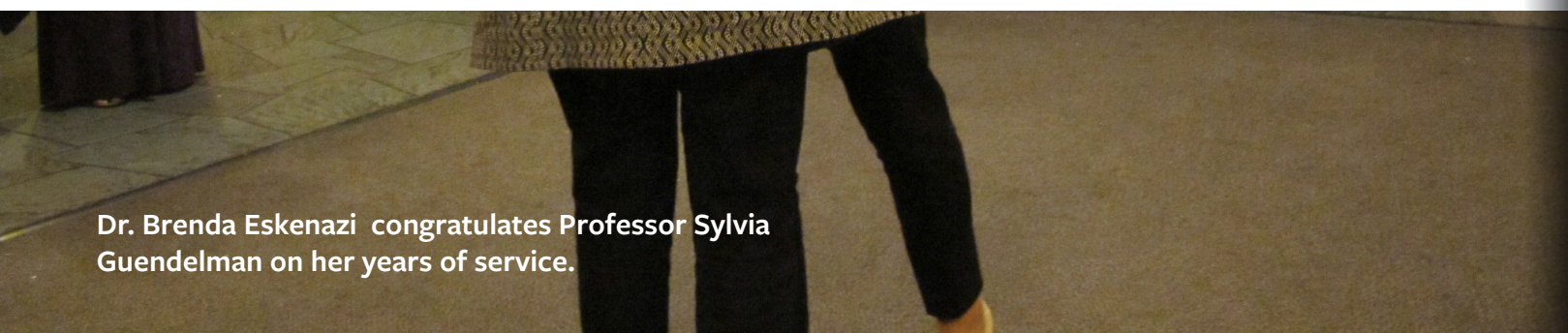
From [eliclare.com](#): “In *Brilliant Imperfection* Eli Clare uses memoir, history, and critical analysis to explore cure—the deeply held belief that body-minds considered broken need to be fixed..... Ultimately *Brilliant Imperfection* reveals cure to be an ideology grounded in the twin notions of normal and natural, slippery and powerful, necessary and damaging all at the same time.”





## 2016 Alumni Networking Reception

Honoring Professor Sylvia Guendelman  
and MCH Alumni Leaders



Dr. Brenda Eskenazi congratulates Professor Sylvia Guendelman on her years of service.

On October 20th, UCB MCH held its annual Networking Reception at Alumni House on the UC Berkeley campus. Due to popular request, our event was changed from a weekend brunch to an evening cocktail reception with delicious hors d'ourves and wine. The event honored three MCH alumni who were nominated by their peers for their outstanding leadership in the field: Dr. Sue Chan, MPH '74; Dr. Marti Coulter, MPH '77; and Dr. Kim Harley, MPH '98. Dr. Coulter was not able to be present for the event, but Drs. Chan and Harley accepted their awards in person.

Dr. Chan, a pediatrician, has been with Asian Health Services in Oakland since 1974. According to Dr. Chan, "AHS's mission ...is to realize a community that is healthy, peaceful and just. I embrace that vision and have been privileged for 35 years to play a part in furthering those goals together with a wonderful team of committed coworkers!"

This year we also took the opportunity to honor the leadership of Professor Guendelman, long time Professor, Program Chair, and mentor to many. Professor Guendelman will retire from teaching at the end of this academic year in order to focus on her research endeavors.



LEFT: MCH alumnae Carly Strouse, MPH '13, DrPH (c) and Maria Camargo, MPH '12



RIGHT: Sue Chan, M.D., M.P.H, FAAP, accepts her MCH Leadership award.



LEFT: MCH alumna Abigail Gutmann-Gonzalez, MPH '15, current MCH student Solaire Spellman, MPH '18 (expected), MCH Chair Sylvia Guendelman and her husband Simon



# CERCH wins \$10 million grant as part of NIH initiative to research environmental influences on child health

The National Institutes of Health today announced \$157 million in awards in fiscal year 2016 to launch a seven-year initiative called Environmental Influences on Child Health Outcomes (ECHO). The ECHO program will investigate how exposure to a range of environmental factors in early development—from conception through early childhood—influences the health of children and adolescents.

The UC Berkeley School of Public Health’s [Center for Environmental Research and Children’s Health](#) (CERCH) has been awarded \$1.3 million for the first year of the grant. This award is a 7-year grant with a total value of \$10.8 million. CERCH will serve as a Pediatric Cohort within ECHO, and will share a wealth of data from the [Center for the Health Assessment of Mothers and Children of Salinas](#) (CHAMACOS) study, a 17-year plus longitudinal birth cohort study in Salinas Valley that examines chemicals and other factors in the environment and children’s health. The CHAMACOS study will also continue for the duration of the grant.

“We look forward to following the CHAMACOS children of Salinas into adulthood—many of whom we have followed from early in their mother’s pregnancies,” says Professor Brenda Eskenazi, director of CERCH and principal investigator of CHAMACOS. “We hope to remain active members of this community, working to improve the health and wellbeing of Latino farmworker families in California.”

The pediatric cohort studies will analyze existing data as well as follow the children over time to address the

early environmental origins of ECHO’s health outcome areas, including upper and lower airway; obesity; pre-, peri-, and postnatal outcomes; and neurodevelopment. Each cohort will participate with the others to combine data that are collected in a standardized way across the consortium.

“I am excited that CERCH will part of this large consortium of U.S. birth cohorts,” says Eskenazi. “This endeavor will produce a rich data base and biorepository, cross-country collaborations available to many students and faculty, and important discoveries for many years to come.”

**CHAMACOS research over the past 17 years has linked in utero organophosphate pesticide exposure to poorer attention and executive function, lower IQ, respiratory symptoms, and poorer lung function at school-age.**

Operating out of the UC Berkeley School of Public Health, CHAMACOS studies how early life exposure to pesticides in the Salinas Valley agricultural community is related to children’s growth, neurodevelopment, and general health. With the help of this grant, CHAMACOS will continue to study the impact of environmental factors on their participants as they transition out of childhood.

CHAMACOS research over the past 17 years has linked in utero organophosphate pesticide exposure to poorer attention and executive function, lower IQ, respiratory symptoms, and poorer lung function at school-age. Now, as those children approach ages of adulthood, CHAMACOS will probe the origins of adult disease, researching the early pesticide exposure’s impact on neurobehavioral endpoints, respiratory symptoms and function, body mass, and related metabolic and cardiovascular conditions.

Following in the tradition of the former National Children’s Study, ECHO aims to learn more about the effects of environmental exposures on child health development by appropriating existing studies and research. Access to the rare breadth and depth of data on the specific cohort involved in CHAMACOS research to ECHO’s collective resources will significantly contribute to ECHO’s mission.

“Every baby should have the best opportunity to remain healthy and thrive throughout childhood,” said NIH Director Francis S. Collins. “ECHO will help us better understand the factors that contribute to optimal health in children.”

By Jaron Zanerhaft  
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# \$1.4M grant will bring Best Babies Zone strategies to more communities

The UC Berkeley School of Public Health has been awarded a \$1.4M grant to combat infant mortality by working closely with organizations and community residents to address interrelated social determinants of health. The W.K. Kellogg Foundation grant will support a [Best Babies Zone](#) (BBZ) Initiative expansion to several new zones and launch the BBZ Technical Assistance Center..

The BBZ Initiative is a multi-sector approach to reducing infant mortality and racial disparities in birth outcomes and improving birth and health outcomes.

Despite declines in overall U.S. infant mortality rates, in 2013 the CDC found that African American infants are still twice as likely to die as white infants. Clinical interventions like prenatal or neonatal care can help to reduce this gap, but BBZ principal investigator Cheri Pies believes a more holistic, public health approach will have a greater effect.

“Economic stability, educational opportunity, chronic exposure to stress, and racism all play a critical role in these disparities,” says Pies, clinical professor at the School of Public Health.

**“Equity in birth outcomes—and in health more generally—will be achieved only when organizations work with communities and with each other to improve neighborhood conditions.”**

The new Technical Assistance Center will assist community organizations that want to follow the example of the three BBZ pilot zones launched in 2012 with an initial grant of \$2.75M from the W.K. Kellogg Foundation. These zones are located in Oakland, Cincinnati, and New Orleans, and have identified critical lessons for organizations looking for creative solutions to addressing infant mortality in the broader community environments.



Price Hill residents in Cincinnati at the BBZ Kick-Off

“Fostering cross-sector partnerships and programs, with a focus on the social determinants of health, between communities and health services organizations is crucial in ensuring that each baby has a fighting chance at life despite adversity,” says Pies. “This generous grant from the W.K. Kellogg Foundation will ensure other communities and organizations can learn from the experiences of the first three BBZs, and improve the chances that all children and families can thrive.”

The UC Berkeley School of Public Health serves as the lead agency for the BBZ Initiative. Major national partners include the Association of Maternal and Child Health Programs (AMCHP), CityMatCH, and the National Healthy Start Association. The BBZ work will be conducted under the coordinated efforts of a team of expert consultants, as well as national and local advisory boards.

By Carli Million  
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# CERCH study finds concerning levels of airborne chemicals in daycare environments

A new study of air quality in early childhood education (ECE) environments in Northern California discovered that levels of several cancer-causing chemicals exceed the age-adjusted "Safe Harbor" levels set by California's Proposition 65 in a majority of the facilities tested. These chemicals included the volatile organic compounds (VOCs) benzene, ethylbenzene, naphthalene, and chloroform.

"Our findings suggest that potentially harmful Volatile Organic Compound (VOC) exposures are occurring in [early childhood education] environments," the authors write in the study published online in the journal *Indoor Air* on September 22. The research came from a collaboration between the [Center for Environmental Research and Children's Health](#) (CERCH) at the UC Berkeley School of Public Health, the Lawrence Berkeley National Laboratory, and the Research Division of the California Air Resource Board.

Many infants and young children spend as much as 10 hours per day, five days per week, in ECE facilities, which includes child care facilities and preschools. Nationally, about 61 percent of all U.S. children under 5 years old are enrolled in child care. Studies of early life exposures have primarily focused on homes or classrooms, but few studies have examined exposures in ECE facilities.

VOCs are a class of organic chemicals that easily evaporate and merge with the surrounding air. While some VOCs are harmless, others, such as benzene and chloroform, can cause cancer with regular exposure at high enough concentrations. Many are also respiratory irritants and can exacerbate asthma.

The environments studied were varied and included family child care providers, private centers, and programs run by school and government agencies. Despite the diversity of the early childhood environments sampled, all environments contained at least one of the four carcinogenic compounds at levels exceeding the state guidelines.



"We encountered some levels that could raise concerns, but I don't think people should panic," says Asa Bradman, an associate professor of environmental health sciences who coauthored the study. "This study underscores that children are exposed to many different chemicals in the environments where they spend time. We need to understand these exposures and when appropriate, reduce them."

The researchers collected air samples over an 8-hour time frame from 34 early childhood education environments in two Northern California counties. The team initially focused on 38 VOCs, but used sophisticated chemistry techniques to identify 119 other chemicals in the childcares. The majority of compounds came from cleaning and personal care products.

Most of the chemicals did not have published exposures standards. So the team reviewed toxicology data and applied structure-activity models to predict potential toxicity. Twelve toxicants that warrant additional

evaluation were identified, due to their potential for carcinogenic, neurologic, or other health effects.

Bradman advises that, in addition to monitoring our use of cleaning supplies, we make sure building ventilation systems work properly. "Very consistently, where there was better ventilation, the levels were lower," he says. He adds, however, that it's not always a clear choice. "As we try to move towards a more energy efficient environment, often one of the ways to save energy is to reduce ventilation, because you reduce heat loss. We should understand the tradeoff between protecting health and protecting the environment, without turning our buildings into energy sinks."

In the concluding remarks of their publication, the authors write that their study likely "underestimates total risk to the children since they are likely exposed to these chemicals in other environments." The authors call for more exposure research on these compounds. Bradman hopes that future research will look toward "the variability and determinates of the sources of these chemicals in the air," along with intervention studies targeting specific facilities.

The lead authors on this study are Tina Hoang and Rosemary Castolina, researchers with CERCH. UC Berkeley School of Public Health coauthors are Bradman, Fraser Gaspar, Thomas E. McKone, and Alex Y. Shi. Other coauthors are Randy Maddalena of Berkeley Lawrence National Laboratory, Peggy L. Jenkins and Qunfang (Zoe) Zhang of the California Air Resources Board, and Emilio Benfenati of Mario Negri Institute for Pharmacological Research in Milan, Italy. This research was supported by the California Air Resource Board.

By Jaron Zanerhaft

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# Best Babies Zone

## A Push to Reduce Infant Mortality

*An interview with BBZ Director Cheri Pies*

Cheri A. Pies, MSW, DrPH, is a clinical professor at the University of California, Berkeley, School of Public Health, and the principal investigator for the [Best Babies Zones Initiative](#). This national consortium of partners works to lower infant mortality rates and improve the health of mothers and children. Pies discusses what the program aims to achieve—and how all of us can help.

### What are Best Babies Zones?

Best Babies Zones are small geographic areas in large cities that bring together community residents and interested partners to identify strategies and interventions for reducing infant mortality in their communities. Infant mortality rates for black women in the US, for example, are 2.4 times higher than for white women. In Best Babies Zones, we're working to reduce infant mortality by looking at the health of women and children across the full course of their lives. The idea behind Best Babies Zones is based on the work of Geoffrey Canada, who created the Harlem Children's Zone—an area in Harlem where community leaders could focus their efforts on improving the health and well-being of children. Good prenatal care, as important as it is, is not enough. We need to look at the health of women and children across their life course to be sure children are born healthy and grow up in communities that enable them to thrive.

### With such an ambitious goal, where do you start?

We've established three Best Babies Zones—the Castlemont neighborhood in Oakland, Calif., the Hollygrove neighborhood in New Orleans, La., and the Price Hill neighborhood in Cincinnati, Ohio. All three places have high infant mortality rates. And they are places where there is already an awareness of the problem and a willingness to work to improve the health and lives of infants and children. All three of these zones are small, which allows us to focus our efforts. Price Hill is our largest, and it's just four square miles. Hollygrove



and Castlemont are even smaller. Once local partners establish the zone, we work with them to mobilize the resources in that community to improve the health and opportunities of families living there. What we're working toward is achieving health equity, so that every child growing up there has a fair opportunity to reach his or her full potential.

### Why is the life course perspective so important in your work?

Traditionally in the field of maternal and child health, the focus has been on making sure women have healthy babies by getting them into prenatal care. But we now know that what happens to that mother, when she's growing up, can have an influence on her baby. Did she get enough to eat? Did she experience trauma or severe stress? Did she feel threatened or in danger? We know that stress experienced by the mother can influence the health of the child. For example, the children of women who experience famine have a higher risk of developing diabetes and being obese. In the Netherlands following World War II, researchers were able to track generations of people born after the infamous Dutch Hunger Winter, and found that even the grandchildren of people who suffered malnutrition that winter were more likely to have physical and mental health problems. The idea behind a life course perspective is to try to improve all the things that go into determining health, including economic, educational, health, and community resources, across people's lifetimes.

### The first three Best Babies Zones have been in place for several years. What have you learned?

We've learned how important it is to listen to community residents. They're the ones who know what needs to be changed to improve the conditions in their communities so that they can raise their kids in healthy places to achieve their full potential. The answers haven't always been what

we expected. In Hollygrove, for instance, the residents told us that they wanted us to work with them to fight efforts to reroute a train through their neighborhood. At first the staff worried that this didn't seem to have much to do with child and maternal health. But we all realized that it had everything to do with it—from working with other community organizations to building trust among the residents that we could work on the issues that they were concerned about. The residents didn't want a train coming through their neighborhood 27 times a day. They worried that the train would be dangerous and would cause pollution. By working with them to address the larger policy, we built that trust and contributed to a greater sense of community.

### What were some other surprises?

In Oakland, the residents wanted a more vibrant local economy in their neighborhood. Again, that didn't seem directly related to infant mortality at first. But the community members wanted to improve the socioeconomic center of their community. They wanted business opportunities and a safe place to gather, which translated into a monthly community market. Over the two and a half years since it opened, this community market has grown to have up to 25 vendors and sometimes hundreds of people coming to the market. In addition, the concentrated effort in the zone has brought a boot camp for new dads, a baby shower for new moms, and other services and activities to the community. The residents knew better than we did what would work for them, and they've really embraced it.

### Do you try to find residents who are willing to take the lead?

In all of these communities, there are already leaders with good ideas. Our role is to support them, to provide a way to grow those ideas and make them sustainable. In Castlemont, for instance, mothers were concerned that their kids didn't have a safe place to play. On their own, they had already tried to create safe play areas. With help from Best Babies Zones, they've expanded that into a really successful, well-attended play group with hundreds of kids.

In Price Hill, a group of pregnant and parenting mothers who had experienced poor birth outcomes were concerned about not having enough social support, about wanting to get to know people in the neighborhood. With support from Best Babies Zones, they divided the neighborhood into blocks, and the women in the group became block captains. They went door to door, over the course of about a year, meeting people. They brought cribs, smoke detectors, and books for the kids

to read. They identified families that needed more social connection. Those moms really became the leaders.

### How do you measure progress and success?

The ultimate goal is to lower infant mortality. But it can take years—perhaps as long as 20 years—to see the rate go down significantly. For now, we are looking at near-term goals, such as increasing community engagement, building a sense of trust within the community, increasing access to parenting education, and encouraging more residents to become engaged. As the zones become more developed, we will begin to look more closely at specific health-related measures, such as breastfeeding rates and access to prenatal care.

### What can those of us lucky enough to live in more advantaged neighborhoods do to help?

First, try to understand the challenges people in disadvantaged neighborhoods face. When we went to Oakland to talk with women about poor birth outcomes, the main issue that kept coming up repeatedly was their fear of gun violence in their community. It was risky just to go for a walk. In Hollygrove, in New Orleans, when we first started to work there, there wasn't a single food market or medical clinic of any kind. The community had no school—not an elementary school or junior high or high school.

Then think about ways you as an individual could help. Improving health requires the participation of many types of people. It's about more than access to quality healthcare. We need to engage residents from communities near and far to help bring together diverse partners—organizations like banks and financial institutions, for example, who will offer loans so that people can own where they live. And we need to build educational resources. So if you see a role for yourself as a mentor, a literacy coach, someone who can volunteer at a community market or bring a farmer's market to the community, go for it.

*By Peter Jaret  
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# publications

Select Fall 2016 faculty, student and alumni publications  
Alumni indicated with \*, student/postdoc indicated with †

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[Click here to donate to the MCH leadership fund.](#)



## 1960s



**Josephine M. Namboze**

MPH '62

My responsibility as Chairman of the National Certification Committee for Polio Eradication Initiative keeps me in touch with former colleagues at the University where I studied as an undergraduate and later taught at the Institute of Public

Health before joining WHO. Last November I traveled to Antananarivo, Madagascar in connection with my work; last July I traveled to Pretoria, South Africa on a similar mission. I also travel to Nairobi for social journeys. Most of the time I am in Kampala where I was born and raised, went to Primary school and University and am now retired (but not tired). Now that the rains have started I have resumed my organic farming of vegetables.

## 1970s



**Gordon Green**

MD, MPH '72

Gordon Green, MD, MPH (Berkeley MPH, 1972) retired from The University of Texas Southwestern Medical Center in Dallas, Texas, in January of 2016. He had worked there, off and on, since 1962 and served as Dean of its School of Health Professions for sixteen years. He and his wife Jeanne have

traveled widely. The Greens have thirteen grandchildren. Gordon wrote a recent memoir, Along the Autobahn, the Silk Road, and the Inca Trail.



**Linda Blachman**

MPH '79, MA, CPC

After a decade of directing a nonprofit helping mothers living with cancer record life stories and legacies for their children, my book "Another Morning: Voices of Truth and Hope from Mothers with

Cancer" was published. I returned to UC Berkeley for several years, retired in 2009, retooled as a life coach and imagery guide and launched my business "Choose Life! Coaching," navigating adults through life transitions. My life is happily full with my coaching practice, leading Wise Aging groups, and enjoying two granddaughters, singing, meditation, and friends. I look forward to participating in Ashby Village, which I've recently joined.

# alumni updates

## 1980s

**Lisa Feuchtbaum** MPH '85, DrPH '95

For the past 3 years Dr. Feuchtbaum has been working as the Chief of the Program Development & Evaluation Branch at the Genetic Disease Screening Program, California Department of Public Health. She is responsible for providing leadership and oversight in planning program expansions and overseeing research related activities related to the statewide newborn and prenatal screening programs. Her team of 15 research scientists and epidemiologists are engaged in ongoing program evaluation and program effectiveness investigations.



**Geert Van Waveren**

MPH '89

I'm a Dutch qualified Pediatrician and did my Masters in Public Health at Berkeley in 1988-1989. Since retiring in early 2014 I've traveled around the world, but home base is in Marken the Netherlands. Occasionally I work as a Locum Pediatrician in East Africa.

## 1990s



**Rob Tufel** MSW '89, MCH '90

Rob Tufel is the Executive Director of Cancer CAREpoint, a new non-profit organization in Silicon Valley that provides free non-medical support services to anyone impacted by cancer no

matter where they receive medical treatment, their cancer type or insurance status. In addition to the range of support programs such as counseling, support groups, nutrition, meditation/guided imagery, exercise, educational workshops, a wig bank and therapeutic massage, we have also developed two model programs. Our Family CARE program provides support to parents with cancer and their minor children and our 8-week Survivorship Program addresses the psychosocial needs of cancer patients post treatment. More information can be found at [www.cancercarepoint.org](http://www.cancercarepoint.org).

## 2000s



**Mary Grace Gardner**

MPH '08

Since my last update (I still work for Kaiser Permanente as the Director of Strategy and Performance Improvement and Chief of Staff to the Hospital/Health Plan CEO of Kaiser Permanente, Diablo Service Area), I gave birth to my first child in Oct 2015 and joined the steering

committee on behalf of Kaiser Permanente for the Tri-Valley Anti-Poverty Collaborative (<http://www.tvapc.org/>). This collaborative focuses on achieving a basic standard of living in housing, health care, nourishment, education and sustainable financial resources for those in need.

**Anisha Gandhi** MPH '09

In August 2014, Anisha Gandhi completed a postdoctoral research fellowship at the HIV Center for Clinical and Behavioral Studies at Columbia University. She is now a Senior Research Analyst in HIV Prevention at the New York City Department of Health and Mental Hygiene. She also serves on the Board of Directors of the New York Abortion Access Fund.

## 2010s

**Billy Luong** MPH '16

Since graduation, I've moved to Oakland and work at the California Emerging Infections Program as a Surveillance Officer I. We work within San Francisco, Alameda, and Contra Costa counties with their respective health departments as well as the California Department of Public Health and the Centers for Disease Control to track designated diseases within these three counties. I work primarily on Influenza and will occasionally assist with outbreak investigations. Please get vaccinated, because I'm watching you. On another note, my commute is 9 minutes on my bike, which is great.

**Stacey Yamamoto** MPH '16

I am working at UCSF at the Global Brain Health Institute as a Monitoring and Evaluation Analyst. GBHI is a new program working to train multi-professional brain health leaders to translate evidence into policy and practice. Not purely in the MCH arena, but I'm definitely putting the skills I learned in the program to use!

# In memoriam



**Bradley Appelbaum**

MPH '64

Bradley E. Appelbaum died on June 27, 2016, in Overland Park, Kansas. He received bachelor's and medical degrees at the University of Minnesota. Brad's father-in-law, Reuben Berman, was a physician

in Minneapolis. One of his patients was Helen Wallace, who became chair of the UCB MCH program in 1962. She encouraged Bradley to apply for the UCB MCH program, where he received the Master of Public Health degree in 1964.