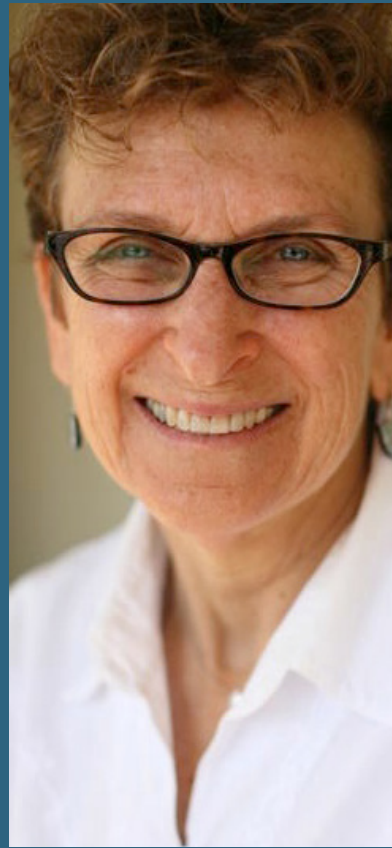


# Maternal and Child Health

Spring 2017 Newsletter



## *MCH Legacies*

Retiring professors reflect on a  
lifetime of service  
at Berkeley



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Photo: MCH students Allison Rodriguez, Lauren Smith  
and her family at the MCH Capstone presentations.





# letter from the chair

Dear MCH Community,

The semester is winding down, and with it my time as MCH program chair. I am retiring from teaching and passing the baton to Professor Julianna Deardorff who is excited to lead our highly distinguished program. Times of transition create a lot of exciting opportunities and you can continue to look to these pages to stay up to date on the latest developments for my ongoing projects including the Wallace Center for MCH Research at UCB SPH. The MCH program continues to thrive and I hope you'll read on to discover what our students and faculty have been up to this very busy spring semester.

On May 15th at 2pm in the UC Greek Theater 17 MCH students will receive their MPH degrees and enter the world as new professionals. Three of these students will be earning both an MSW and an MPH and five will be returning to medical school this fall to finish their MD. We are very proud of this interdisciplinary cohort and all they will accomplish in their future careers. Within these pages a few students share what their next steps will be and where in the world they're headed to make their next impact. Alumni updates are included as well. If you're an alum reading this and you haven't dropped us a line recently to let us know how you are, please do! We are happy to share this news in future editions of the newsletter.

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 a wonderful summer,

Sylvia Guendelman PhD, LCSW  
Chair, Maternal & Child Health

## Recent faculty news

### Professor Sylvia Guendelman wins paper of the year

Sylvia Guendelman, MCH Professor and chair, won the 2016 Liberty Mutual Award for a paper she co-authored with Alison Gemmill & Leslie MacDonald: [“Biomechanical and organisational stressors and associations with employment withdrawal among pregnant workers: evidence and implications.”](#) The award recognises papers published in the journal ‘Ergonomics’ that best contribute to the advancement of the practice of ergonomics.



### HERMOSA study awarded CEHN article of the month

MCH professors Kim Harley and Brenda Eskenazi were among the authors of “Reducing Phthalate, Paraben, and Phenol Exposure from Personal Care Products in Adolescent Girls: Findings from the HERMOSA Intervention Study” conducted to determine whether urinary concentrations of phthalates, parabens and phenols in teenage girls decreased after switching to low-chemical personal care products. The article was featured on the Children’s Environmental Health Network site in March 2017.

### Professor Ndola Prata is discussant at 2017 PAA meeting

Professor Ndola Prata served as discussant on the topic of Maternal Health and Mortality at the Population Association of America (PAA) annual meeting in late April.

Paper topics included maternal mortality in Sub-Saharan Africa, measuring person-centered labor care in Kenya, nonmarital infant mortality trends in the US, and maternal/child mortality as related to the 2014 Ebola epidemic in Sierra Leone.



### Professor Brenda Eskenazi quoted on Nature.com

Professor Brenda Eskenazi was quoted in an article for Nature.com on the effects of immigration raids on the mental and physical health of the Latino community in terms of PTSD and low birthweight. According to Eskenazi, CERCH researchers are now adding survey questions about fear of deportation to their ongoing studies on Salinas families, as well as distributing informational brochures on what to do if federal agents come to the door. Read the article [here](#).



# Raising of America: Once Upon a Time

When  
Childcare  
for All  
Wasn't Just  
a Fairytale



MCH Alumna and lecturer Carly Strouse, MCH Professor Sylvia Guendelman and Janis Burger, CEO, First 5 Alameda County.



On

a rainy Thursday, April 6th, MCH Professors, students and members of the MCH community gathered at David Brower Center to view the second episode of Raising of America: Once Upon a Time, When Childcare for All Wasn't Just a Fairytale.

The viewing was followed by a panel discussion moderated by MCH Professor Cheri Pies and featured speakers Malia Ramler (First 5 Alameda County), Dr. Eric Coker (parent and Center of Excellence in MCH Postdoctoral Fellow), Larry Adelman (Co-Director and Producer, California Newsreel), and Dr. Marcy Whitebook (Director, Center for the Study of Child Care Employment).

Video of the discussion will be available soon; meanwhile, view the trailer [here](#) and the discussion guide [here](#).



MCH Postdoc and panelist Eric Coker (center) with audience members





**Back row:** Lauren Smith and baby, MCH Professor Julianna Deardorff holding baby Sonora Le, Gianna Le, Victoria Cerda, Kaitlyn Patierno, Claudia Zaugg, Christine Naya, Brittany Margot, Hmellisa Mlo  
**Front row:** Athena Arias, Lauren Hunter, Natalie Oman, Olivia Sanchez  
**Missing:** Emma Rouda, Sam Ngo, Kate Mallula, Uche Eke, Amelia Plant

# 2017 Capstones



Student	Capstone Title
Athena Arias	Mental Health and Stressful Life Events among Latino Adolescents: Exploring the Moderating Role of Familismo
Victoria Cerda	Provider Disparities in Obtainment of Effective Contraceptive Methods Among Low-Income Women
Uche Eke	The Association of Childhood Weight and Length of Stay in the Pediatric Intensive Care Unit for Asthma Attack
Lauren Hunter	Transportation Cost and Contraceptive Use Among Women Living with HIV in Tanzania
Gianna Le	Is Parental Incarceration Associated With Risky Sexual Behavior and Sexually Transmitted Infections in Young Adults?
Kate Mallula	"Pregnant, Housed--but Barely": Association Between Residential Instability and Low Birth Weight in a Cohort of Low-Income Women in San Francisco
Brittany Margot	Patient-Physician Language Discordance and Risk of Emergency Room Visits among Latino Women
Hmellisa Mlo	Mother's Risk of Post-Traumatic Stress Disorder Following Childbirth and Breastfeeding Outcomes
Christine Naya	How Stressful Life Events, Race/Ethnicity, and Social Support are Associated with Preterm Birth: Findings from the 2012 & 2014 Los Angeles Mommy and Baby (LAMB) Survey
Samantha Ngo	Variation in Perinatal Care Delivery Outcomes Among Very Low Birth Weight Infants
Natalie Oman	Factors Associated with ARV Adherence in Young Adolescents from Cape Town, South Africa: Primarily Length of Time on Treatment
Kaitlyn Patierno	Informed Choice and Contraceptive Method Switching Among Sexually Active Women in Kenya
Amelia Plant	History of Abortion as a Predictor of Modern Contraceptive Use Amongst Female Entertainment Workers in Cambodia.
Emma Rouda	Exploring Factors Associated with Young Adult Intimate Partner Violence Victimization Among Survivors of Adolescent Dating Violence
Olivia Sanchez	Associations Between Acculturation in Latina Young Women and Pregnancy Outcomes
Lauren Smith	Differences in Treatment for Obstetric Hemorrhage and Hypovolemic Shock by Abortion versus Non-Abortion Patients in Tanzania
Claudia Zaugg	High School Bullying Victimization and Adolescent Sexual Risk-Taking: Does Sexual Orientation Matter?





# Eric Coker builds research and grantwriting skills at CERCH

As I settle into my second year of my MCH postdoctoral training, I reflect on the past year's activities, and provide an update on my journey. When I began my MCH postdoctoral training, my partner gave birth to our second baby boy, so needless to say things got off to a sleepless start. Nevertheless, I have been quite busy on several epidemiologic research and training fronts, a few of which I would like to share with you.

The majority of my epidemiologic research has involved the CHAMACOS and VHEMBE cohorts, studies headed by my training mentor Dr. Brenda Eskenazi which examine perinatal pesticide exposures and their neuro-cognitive and physical growth health effects in children. This opportunity has honed my abilities in the study of chemical mixtures health effects in children, but more importantly, it has broadened my experience with health outcomes I hadn't considered prior to this training in MCH epidemiology. This has, no doubt, lead me towards being more collaborative with researchers, and to examine health effects on a broad array of important MCH health disparities research questions. One of my research papers for the

CHAMACOS cohort is currently under review, while a second for the VHEMBE cohort will be submitted for publication shortly.

An important professional goal I had for my postdoc was to gain experience in grant writing, an essential skill in MCH and in academia. In working at the Center for Environmental Research and Children's Health (CERCH) I had the opportunity to build these skills by co-writing two research grants, with a third in progress. One proposal, submitted to the Community Science Grant program with the Bay Area Air Quality Management District, will be a Youth Participatory Action Research project proposing partnership with a Richmond-based and youth-centered organization (RYSE). The project will develop and implement an environmental health literacy curriculum, with an Environmental Justice focus to train and lead Richmond youth in conducting air quality sampling in disadvantaged communities in their area. I'm excited about this project because it speaks to my passion for social justice while also seeking to address important children's environmental health questions. The research experience of staff and

faculty at CERCH has served me well in terms of guiding and encouraging me to pursue this project.

I will apply my newly acquired skills in MCH epidemiology as I transition to another postdoctoral fellowship with UC Berkeley: the Fogarty International fellowship, part of the Global Health Equity Scholars (GHES) program. To fulfill this GHES fellowship my family and I will be moving to Uganda in early Fall of 2017, and we will spend an entire year living in Uganda's capital, Kampala. There, I will be conducting field research into household environmental conditions that may contribute to household transmission of Tuberculosis and respiratory symptoms in children. As Dr. Eskenazi will continue to be my UCB mentor during this new GHES fellowship, I will continue to have a strong connection with the MCH program here at UCB.

--Eric Coker, PhD, MS  
2016-17 MCH Postdoctoral Fellow

# Irene Headen investigates MCH social determinants



## Methodological Approaches to Modeling Neighborhood Context

Using data from the Maternal Adiposity Metabolism and Stress (MAMAS) Project, co-led by Drs. Barbara Laraia and Elissa Epel, I investigated the degree to which neighborhood environment interacted with a stress reduction intervention administered to low-income, high-risk pregnant women to impact weight-related pregnancy outcomes. The main outcomes of interest included gestational weight gain, insulin resistance during pregnancy, and postpartum weight retention at 6 months. Methodological innovations included using latent class analysis to classify women's neighborhood environments based on socioeconomic status, food resources, service resources, and safety. This approach identified 5 distinct neighborhood types in the study location: wealthy, high-resourced; wealthy, low-resourced; middle income, low-resource; high poverty, high-resourced; high poverty, unhealthy food resources only. Furthermore, effects of the intervention significantly varied across neighborhood type for insulin resistance and postpartum weight

retention. Intervention effects were stronger in neighborhoods with higher socioeconomic status or more resources. Findings highlight the importance of considering synergies between neighborhood environment and intervention effectiveness.

## Housing and Preconception Health

Through collaboration with UCSF researcher Irene Yen, PhD, MPH, this project uses data from the San Francisco Housing Authority, UCSF and San Francisco Health Network to investigate associations between public housing and preconception health in women of reproductive age (15-44). In particular, the Rental Assistance Demonstration program renovates select public housing establishments using a staged approach. This project uses longitudinal data on emergency room visits from the UCSF and San Francisco Health Network to assess whether key preconception health indicators, including diabetes management, hypertension control, and lack of traumatic injury, changed in conjunction with public housing improvements. This project has the potential to inform how big data and

data linkage can be used to inform city and local tracking of key Title V outcome measures.

## Financial Health as a path to Health Equity

Through collaboration with Kiko Malin, MSW, MPH, and the members of the Health Equity and Resource Advocates group at the Alameda County Public Health Department (ACPHD), this project is an evaluation of the Financial Tools and Solutions program administered by the ACPHD. The goal of this program is to promote the financial health of households participating in the home visiting program through providing financial coaching and asset building resources. This is one of the initiatives that the ACPHD is pursuing to address the social determinants of health that are the root of health inequities in the Bay Area.

--Irene Headen, PhD  
2016-17 MCH Postdoctoral Fellow



# student updates

MCH students report on their 2017 school year activities: conferences, publications, capstone and other projects, student leadership roles, and their summer internship and/or post-graduation plans.



**Lauren Caton**

This year, I attended the Women's Health and Empowerment Symposium at Scripps, Structural Competency: New Responses to Inequity and Discrimination in Health and Welfare here at Berkeley, and the Women in Leadership Conference hosted by Haas School of Business. I am also on the student board for the Student Collaborative for Impact Leadership (SCIL). I'm currently writing a paper for publication through my GSR role with Dr. Anu Gomez on how young women and their partners define unplanned and planned pregnancy: "Not black and white: Young people's perspectives on planned and unplanned pregnancies, and what lies between". This summer I will intern at the Institute for Health Policy Studies and UCSF Bixby Center.



**Elizabeth Crane**

I plan to focus on global women's health research and policy after graduation next year and have appreciated all the opportunities that Berkeley has to offer in this area. I work as a Graduate Student Researcher at the Bixby Center for Population, Health, and Sustainability, where we are currently drafting a report on preventable maternal mortality to serve as evidence in a litigation case brought by Ugandan human rights lawyers. I look forward to continuing my work with the Bixby Center as an intern on the Family Planning Integration project in Kigali, Rwanda in summer 2017.



**Uche Eke**

This year, and spring semester in particular, have presented with me amazing opportunities. I was in Dr. Guendelman's "Creating the Roadmap for Implementing Evidence-Based Interventions for Community Health" course and had the great opportunity to work with the Oakland Unified School District's Health Services in making recommendations to improving and standardizing their case management protocols. I was additionally able to complete my Capstone project which was looking at the association between childhood weight and length of stay in the pediatric intensive care unit for asthma attack and will be pursuing publishing opportunities for this work. After graduation in May I will be starting my pediatric residency at Our Lady of the Lake Hospital in Baton Rouge, Louisiana. Really thankful for the opportunity to take part in the UC Berkeley School of Public Health Maternal and Child Health Program!



**Maggie Hodges**

This semester I enjoyed the course "Evaluation of Health & Social Programs", where I partnered with a local nonprofit, designing an evaluation plan to increase the presence of students from underrepresented backgrounds within the health and medical professions. I'm excited to apply the skills I gained in my summer internship. I'll be in the western Cape region of South Africa working for The Reach Trust, which develops mobile technology solutions to enable the transition of South Africa's economy from resource-based to knowledge-based. There, I'll be working on content creation, user-testing and prototyping for an application called Care-Up, which uses technology to provide parents and child care providers with bite-size early childhood development content--activities, instructions, and exercises-- to support children's healthy physical development, socio-emotional learning, and home language acquisition. I'm excited to report back after this experience!



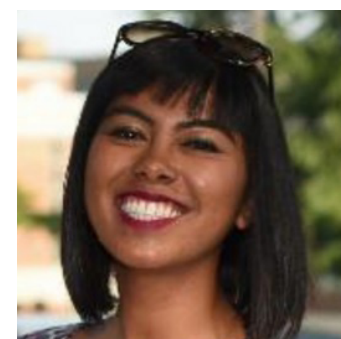
**Lauren Hunter**

After graduation, I will remain at UC Berkeley to pursue a PhD in Epidemiology under the mentorship of Dr. Brenda Eskenazi and Dr. Sandra McCoy.



**Brittany Margot**

This year, I helped to plan and execute the annual student-led public health storytelling conference entitled StoryCon 2017: The Policy Puzzle. I also attended the Haas Healthcare Conference at UCSF Mission Bay. I am taking a class called Religion, Spirituality, and Public Health --- it is my favorite class; I would recommend it to anyone in MCH! My campus activities this year included membership on the Student Collaborative for Impact Leadership (SCIL) Board. Post-graduation, I will spend the summer job hunting and preparing my MCH thesis for publication in the American Journal of Public Health. My long-term goal is to build a career doing health innovation/design-thinking in the field of maternal and child health.



**Hmellisa Mlo**

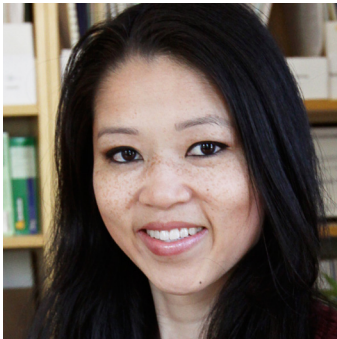
I'm a board member and communications chair of the Student Collaborative for Impact Leadership (formerly CHLA), and a member of the Asian Pacific Islander Women's Circle. In an Information School class I'm taking, "ICTD in the Global Developing South", we're learning about information and communications technologies for underserved populations. I'm working on a project developing a career/college journey platform for immigrant and refugee youth in high school. I will be traveling internationally June-September and looking for full-time work starting in January. Sylvia Guendelman and I have submitted an article "Listening to Communities: A mixed method study of disadvantaged mothers and pregnant women's engagement with digital health technologies" that's been accepted (pending revisions) into the Journal of Medical Internet Research that's the culmination of my internship and GSR work in the fall and spring.



**Christine Naya**

I am currently working on my capstone project looking at how race/ethnicity, social support, and stressful life events are related with preterm birth. After graduation, I will be starting my PhD in Preventive Medicine at University of Southern California in Health Behavior Research. I will be studying how psychosocial factors, such as stress, influence physical activity and nutrition in mothers and children. I hope to apply my knowledge in MCH to better understand the mother-child relationship and ways to promote healthy eating and exercise among underrepresented communities in Los Angeles.





Sam Ngo

For my MPH summer internship, I worked with the California Perinatal Quality Care Collaborative, a data-driven statewide quality improvement organization for neonatal care at Stanford University School of Medicine, to examine trends in patent ductus arteriosus diagnosis and management for very low birth weight infants. My research project was recently published in Pediatrics. I am also working as a Graduate Student Researcher with Professor Kurt Organista at the School of Social Welfare, looking at the relationship between difficult living conditions and psychological distress in Latino migrant day laborers and the potential role of cultural and community protective factors. The study was recently published in the American Journal of Community Psychology.



Amelia Plant

During my time in the MCH program, I have served on the Student Collaborative for Impact Leadership Leaders-in-Action Grants Committee, supporting fellow students to implement projects that impact our local community. I have also had the privilege of participating in the Center for Public Health Practice and Leadership Fellows program. As a Fellow, I worked with two other students to assess Asian Health Service’s patient-centered care model and recommend changes to the patient feedback loop. I am presenting my capstone project, “History of Induced Abortion While Employed in the Cambodian Entertainment Industry as a Predictor of Modern Contraceptive Use,” at the Psychosocial Workshop in Chicago, held before the Population Association of America Conference every year. Post-graduation, I plan to work in global sexual and reproductive health.

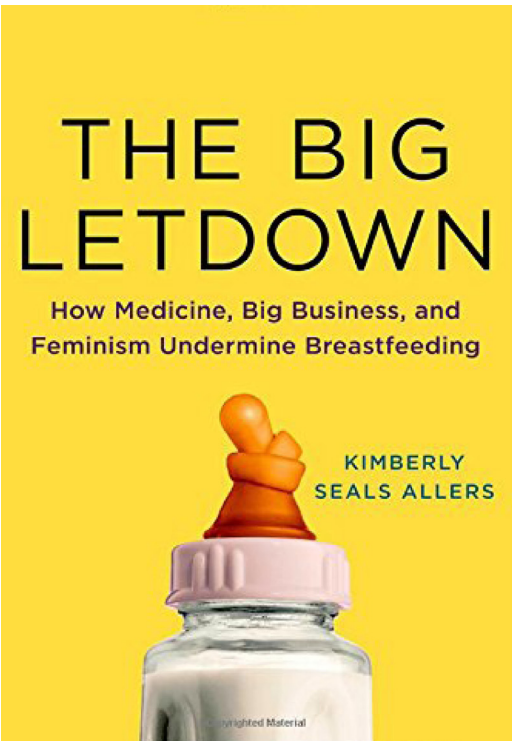


Taiji Wang

This semester, one of my high impact courses is Reproductive and Perinatal Epidemiology with Kim Harley. We learned how to create a research study which culminated with writing a grant proposal. It taught me how to think critically about nuances such as budgeting and all the details that goes into writing a grant proposal-which I had never been exposed to before. During the summer, I’m looking forward to using my newly acquired quantitative skills from the first year of my MPH at Analysis Group on the Healthcare team, focusing on Market Access and Commercial Strategy.

# Kimberly Seals Allers

## *The Big Letdown*



UCB MCH, along with the Public Health Nutrition Program, hosted a brown bag lunch with Kimberly Seals Allers on Tuesday January 31st. Allers, author of *The Big Letdown: How Medicine, Big Business, and Feminism Undermine Breastfeeding*, spoke about her book and its “in-depth analysis of the social, economic and political influences of the American breastfeeding culture.”

Kimberly Seals Allers is an award-winning journalist, author and a nationally recognized media commentator, consultant and advocate for breastfeeding and infant health. A former senior editor at Essence and writer at Fortune magazine, Kimberly is widely considered a leading voice in the counterculture movement in infant feeding. In 2015, her online commentaries on the social, structural and racial complexities of maternal and child health issues received over 10 million page views.

*The Big Letdown* is her fifth book, published by St. Martin’s Press.

View her presentation with a recording of the talk [here](#).



## Eli Clare **Grappling with cure**



Eli Clare and SPH Dean  
Stefano Bertozzi

Author and disability, trans and queer activist Eli Clare spoke at UC Berkeley as part of the School of Public Health Dean's speaker Series on March 2nd. Clare read excerpts from his recently published book, *Brilliant Imperfection: Grappling with Cure*, speaking of his own journey of diagnosis and treatment. Clare's talk wove together themes of institutionalization, ecological destruction, and the idea of "cure" as an often inadequate stand-in for disability advocacy and accomodation.

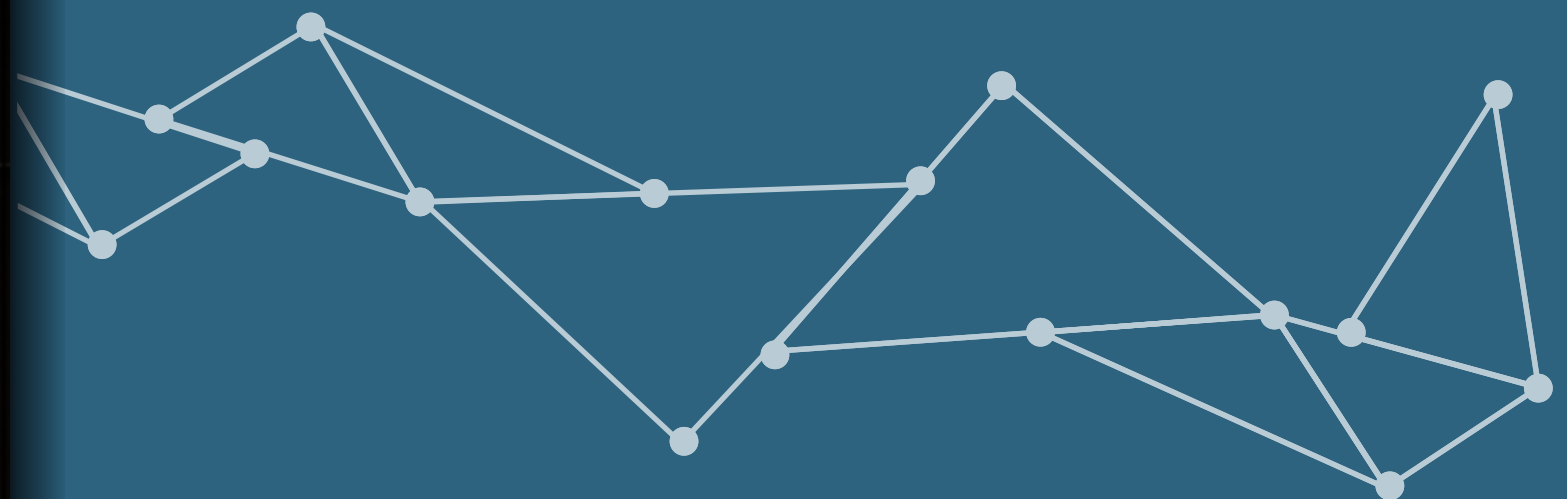
From his website, [eliclare.com](http://eliclare.com): "Eli Clare uses memoir, history, and critical analysis to explore cure—the deeply held belief that body-minds considered broken need to be fixed."

SPH dean Stefano Bertozzi introduced Clare. The talk was followed by an audience Q & A, reception and book signing.

View a video of the talk [here](https://livestream.com/berkeleyhealth/grappling-with-cure).  
<https://livestream.com/berkeleyhealth/grappling-with-cure>

In May 2017, four professors will retire from teaching in the UC Berkeley Maternal and Child Health program. We asked them to reflect upon their careers, and to consider what the next generation of Maternal and Child Health graduates will face.

# MCH Legacies







Sylvia Guendelman

## TECHNOLOGY, MIGRATION AND WOMEN'S HEALTH

*Interviewed by Diana Stasko*

### **What rewards have you gotten from mentoring MCH students?**

One great reward is seeing how students grow and reflect on their thinking and their skills. From the beginning when they come to this candy shop, all the way to the point where students present their capstone, there's so much growth, excitement, discovery and learning that goes on. Working on students' capstones is a very rewarding, intense process. As a mentor you get to advice on the intellectual process around formulating an idea,

and over the years is something that I treasure.

### **Can you name instances where students went beyond your expectations?**

There are so many avenues for expressing leadership. We've had the privilege to train many students who've become leaders in the field. Some alumni are working in state positions or heading foundations or advocacy groups that allow them to initiate or change programs and policies. Others found the Maternal and Child Health program to be

become practicing obstetricians or pediatricians or social workers providing primary care while using their public health lense to approach problems. And let's not forget foreign students who are doing much to bring development of health services and advocacy to bear on the health of mothers, children and families in their countries of origin.

### **What changes have you seen in MCH research over the years?**

The field has a very different approach overall now compared to when I

**“U.S.-born children of immigrant parents need to be reared and supported so they can thrive and optimize their potential, because they represent the future.”**

and you can see how that evolves and translates into a very concrete product. There is nothing more satisfying than when you can support that student all the way through a publication or presentation. I also like to get to know the student as a full person, not only as a student and can explore his or her lifestyle, preferences and adjustment to school life. Keeping in touch with my mentees as they enter the job market

a good jumping board to develop academic careers and are now pursuing teaching at prestigious universities and doing fantastic research. I can think of students who have been well-trained to run or participate as members of teams at Kaiser or other community agencies doing hands on, important evaluation or programmatic or quality control work, and training others. Several first generation grad students have

started. 30-something years ago, the focus in MCH was more narrowly focused and a big emphasis was placed on reducing infant mortality. Now we embrace child, adolescent, maternal and paternal health more broadly. Moreover, we've seen an evolution from focusing on behavior change to considering the social and environmental determinants of health. Our understanding of upstream factors, how those factors are such

important contextual determinants of behaviors and lifestyles that people will show, has really evolved.

### **By 'swimming upstream' you mean...**

The social determinants of health. Looking at societal issues and not focusing on the individual behaviors, but recognizing that the social determinants ultimately influence the behavior and lifestyle of individual. If you're addressing people's behaviors and motivations you look at the broader society. We're putting more emphasis on that.

We live in an era of rapid cycling and we are incorporating new ways of thinking about how we solve problems, design and evaluate interventions in MCH. Over the years the emphasis on taking into account the diversity of our population has also grown. When I started in the field it was black/white differences, and now we incorporate many more populations of color into the spectrum.

### **Are there any changes you're surprised/excited/concerned about in MCH?**

I was afraid we would face tremendous cutbacks, but I was relieved to read today that the administration is not cutting, but has even given more money to SPRANS (Special Projects of Regional and National Significance). That is encouraging. However, I'm concerned about the direction that women's reproductive health is taking in terms of curtailing women's rights, their health benefits and the right to choose. That's something we have to act as watchdogs. I'm also very concerned about current policies towards immigrants, which can disrupt and even traumatize whole families, including the lives of U.S.-born children of immigrant parents. I am hopeful that the passion, enthusiasm,

and commitment that unite the people who work in our field is going to act as a significant advocacy arm to counteract these policies.

### **Where do you envision the field of MCH going in the next 25 years?**

I think we have not solved the problems of access to quality health care for our MCH populations. There is much to do both in the domestic front and internationally. We will have to continually find ways of protecting our populations from receiving poor quality care or being cut off from access to care. If access to women's health care and to social supports become more limited, there might not be sufficient gains in areas in which we have already fallen behind--maternal mortality and maternal morbidity as well as preterm birth. I see a lot of need in the area of mental health and improved social supports for women--particularly working mothers--who have to juggle work, low salaries, pregnancy and the care and support of children. We really are not offering enough support to give women and children a good start in life.

At the same time I see that the health care system is moving towards more use of digital health tools to deliver care, monitor care and bring providers and consumers together. Digitalization of health places more responsibility on the consumer to take care of their own and their children's health. We need to be working towards ensuring that we reduce disparities in the use of tech tools among people in disadvantaged communities so they can partake of the transformations in our healthcare system. The people that really understand how to use the technology will use it and those who don't will not and you leave people behind. At the same time we need to try new digital tools and incorporate them into our research strategies.

### **What is your vision for the next 10 to 15 years around migration and health? What would it take to get there?**

Best-case scenario is to acknowledge that we as a society are ageing and that in the past immigration was a big source of growth. But as we curtail that, births are the fundamental way we will grow. And we need to recognize that U.S.-born children of immigrant parents need to be reared and supported so that they can thrive and optimize their potential, because they represent the future. That means access to quality preconception, pregnancy and postpartum care so that all pregnancies are wanted or timely, so that women's health is optimized and chronic diseases are controlled and bright futures await for healthy newborns. It also means providing health insurance to all, protecting the undocumented populations from further trauma, supporting, educating and training children and women on how to become good parents and how to integrate into US society, on what are their rights living in our society and what avenues are available to address their concerns.

### **What are your plans after retirement?**

I will be the chair of the advisory council for the Wallace Center and I wish to see that the Wallace Center work closely with MCH students and faculty to open up new avenues of research, action and training. I plan on reading a lot of novels and nonfiction and consuming, not just preparing, courses--in integrative biology and history. And, I will spend more time with my husband, my grandchildren and my friends.



LET YOUTH  
LEAD THE WAY

Interviewed by Diana Stasko



What is your “Berkeley Legacy”?

Along with Sylvia Guendelman and Steve Shortell, I was instrumental in getting the Wallace endowment which created the Wallace center, so for MCH that’s the largest contribution. Also, around 1991, together with Jean Martin, I also created the international health specialty area which became the Global Health specialty area, at a time when there was no interest in global health. In those days it focused on MCH health, but now it’s schoolwide.

Health. When he retired the class was taught by Gary Stewart. In 1989 I took over the class, which is now taught by Ndola Prata. I taught for 10 years and used that platform to build the Global Health specialty program.

The project I’m working on at the moment--Malcolm Potts is the founder and I’m his accomplice--is to take the birth control pill off prescription. It’s unconscionable that in 2017 that there are still 2.5 or 2.6 million unintended pregnancies in the US and there are 1 million abortions. The total number of

What rewards have you gotten from mentoring MCH students?

The simplest answer is that teaching students is stimulation for you to stay on top of things, to think differently from how you’ve been taught. The students become the engine for the evolution of my thinking. They challenge me and keep me fresh.

Which of the changes you’ve seen in MCH over the years concern you most?

I’m most concerned that we’re not allowing young people to have more say in what happens in maternal health. For too long, old people are making decisions about what’s right for women. We need more young women involved in policymaking. The impact you can make in maternal health really starts with teenaged girls and we should have

births is 4 million. So 1 of every 5 pregnancies end in abortion. A lot of that has to do with the fact that people don’t have access to family planning. So the motivation is--why do an abortion if you could prevent it?

Which of your accomplishments make you proudest?

Carrying on from where Don Minkler left off. He was an obstetrician who taught the first global course on the campus in the SPH called International Maternal and Child

more representatives from them in the community of change than we currently do. In the field, we have a privileged class of woman making changes for the rest and I don’t think that’s a good model. We have not embraced the input of young single women in policymaking, of poor women. That’s important because I believe the impact you make in maternal outcomes relates to the interventions you do with young, teenaged women. In particular single mothers. And if you don’t have input from them in policy, what we have are others making decisions for them.

Where do you envision the field of MCH going in the next 25 years?

If we’re going to make progress we have to be more inclusive of young women in every decision around designing policy, not just scientists and holders of knowledge. After 20 years we haven’t made sufficient difference for the effort that’s been put in. The model must shift--we must take seriously the input of younger women in policy making. Women complain that the world is too paternalistic, yet within women’s health, older women are not creating a culture where young women can participate.

How do you arrive at this conclusion?

From my perspective, if we are in a society where we are still struggling with the same issues as we were 30 years there could be a better way of approaching what we’re doing. What I see missing from the current mix of solution is inclusivity. It gives me the impression that it’s an angle we haven’t tried. When you look at the table where the decisions are being made, those people’s voices are not allowed access within the gender.

What solutions do you see to this problem?

One of the lessons about teaching courses in innovation I’ve learned is that you teach how to find understanding, and when you find understanding the solutions are obvious. The understanding: we don’t have enough youth perspective in the design of policy. And what we do have is just not taken seriously.

Bringing it back to the university setting: I would argue that the way in which money is managed for research, is skewed toward the older people who are doing research. Younger people have difficulty getting access

to research funds, and because the system is hierarchical they are at the service of the grant makers and those with PI status. So, young people are being locked out of opportunity in the academic environment. It’s not a level playing field for younger women, having access to research funds. The process of change is slow--they have to pay their dues before they have a chance to impact.

What are your post-retirement plans?

I need to fade into insignificance, because if I’m making the case that we need more young people and young women in the field, then what’s an old man hanging around for?

“Old people are making decisions about what’s right for women. We need more young women involved in policymaking.”





Cheri Pies

## MENTORING FOR CHANGE

*interviewed by Diana Stasko*

### What is your “Berkeley Legacy”?

I think my biggest legacy has been mentoring and teaching students. This has been my passion and it is why I decided to become a teacher. I had many amazing experiences working in the field of public health, specifically maternal and child health, and I wanted to share those experiences and lessons learned with the next generation. I also have a strong belief in the importance of activism in our field and I wanted

some committed and terrific mentor and I wanted to “pay that forward” to the next generation.

### Of your accomplishments, which make you proudest?

That is such a hard question to answer. I feel proud of so many things I have done in my professional work over the past many years. The first and foremost is probably my work as a teacher and mentor (as mentioned above) – I have aimed to pass on the importance of the history

very proud. I love it when I can say, “Oh yes, so-and-so (some recognized MCH professional) was a student of mine!”, even if my contribution to their success and work may have only been small.

Another accomplishment I feel proud of is my work with several other colleagues to bring attention to the Life Course Perspective and its influence and importance in our field. In 2005, after hearing Michael Lu speak for the first time, I launched the Life Course Initiative at Contra

“I wanted to instill that sense that ‘change is possible, and here are examples of how it can be done’ ”

to play a role in instilling that sense that “change is possible, and here are examples of how it can be done” to young professionals just starting out. For me, working with students and young professionals has been my lifelong passion – I think mentoring is one of the most important parts of developing one’s sense of self and career and I was lucky enough to have

of our field, the current context in which we are working, and the steps to effectively make change happen. I am so proud of all the students with whom I have had a chance to work and for their accomplishments. Teaching and mentoring amazing young professionals who have gone on to have impressive and influential careers of their own has made me

Costa Health Services. This began my concerted effort to help turn the field of MCH back to embracing the work of earlier generations when we had focused our attentions on addressing the social determinants of health to improve health outcomes in addition to providing quality health care. In 2012, I was lucky enough to become the Principal Investigator for the

Best Babies Zone Initiative, a national place-based, multi-sector, multi-site project funded primarily by the W.K. Kellogg Foundation and designed to reduce infant mortality by mobilizing community residents to identify the issues in their communities they believe are contributing to poor health outcomes. This large-scale effort has taken root and we currently have 6 zones throughout the U.S. and we are also now a BBZ Technical Assistance Center – offering support and guidance to others around the country that want to utilize the BBZ approach. The BBZ Initiative is one example of the practical application of the Life Course Perspective to MCH practice.

Finally, I am very proud of some of the innovative things I had a chance to do along with colleagues and friends early in my career. In particular, I am thinking of PhotoVoice, which I learned about from Caroline Wang who was in my DrPH cohort at U.C. Berkeley in the early 1990s. Caroline worked closely with me when I was the Director of Family Maternal and Child Health at Contra Costa Health Services to implement several county-wide PhotoVoice projects that helped inform the state of maternal, child, adolescent and family health in that

county and focus attention on several key issues for action.

### What rewards have you gotten from mentoring MCH students?

Watching students succeed in their field of interest and professional arena has been very rewarding to me. I have followed the careers of so many of our MCH graduates over the last many years. I have watched as many of them have had an impact on national and international work in MCH. Many have published and others have designed and developed programs that are influencing and improving the lives of women, families and children. Still others are influencing policies and practices in domestic and international settings. We are lucky at Berkeley to see so many of our students go on to take jobs in positions and places where they can have a significant influence in the field.

### What are your post-retirement plans?

I will continue to stay active in the field and at the School with students in the MCH Program, the MSW/MPH

Program and the DrPH Program. I will also continue to work on the BBZ Initiative with my outstanding staff – at the moment, I am only retiring from teaching, which means I will continue to work on this research project. I am also looking forward to several of my personal activities – I have taken up watercolor painting in the past year or so and I hope to spend much more time doing this and learning how to draw and paint. I will spend more time in my garden, as I find this incredibly rewarding and meditative. I look forward to more time with my friends and family, doing some more traveling, reading more, and being able to exercise more each day. I will study yoga again (and maybe tap dancing) and possibly try my hand at the piano one more time! Oh, and I will go back to attending my Spanish conversation classes again and hopefully get back to studying French. I have a lot that I want to do. I just hope I will find time to do it all!



# Malcolm Potts

## 82 YEARS INTO THE FUTURE

*interviewed by Diana Stasko*



**Describe the path that led you to Berkeley.**

I tell students: I always knew exactly what I was going to do, and then I did something different. And if I had to write, at their age, the places I would be now, I would not have included an American school of public health. I don't have an MPH or any formal (public health) training. I started with a history scholarship at Cambridge. Then I switched to medicine, I wanted to be a neurologist because it seemed to be clever. I saw a baby being born and that changed my world--I thought I'd be a good obstetrician. In those days it was incredibly rare to do an MD and a PhD. So I went back to Cambridge to do a PhD. I was elected the youngest member of my college, which was like getting tenure at Harvard when you're 27.

To the astonishment and dismay of my parents I gave that all up after some years and joined the International Planned Parenthood Federation, and suddenly, I went all over the world. That was an exciting time--America was the leader in international family planning. I was put on the founding board of a number of American organizations: Population Services International, Family Health International, where I served for 12 years. My wife was getting increasingly ill and I heard

about the Bixby foundation, and was lucky to be appointed the first Bixby professor in the early 1990's. In my career, I've been at Berkeley longer than anywhere else.

**Which of your accomplishments make you proudest?**

I was the youngest person chosen for the team changing the British abortion law, and I spent a lot of time in Parliament learning about advocacy, and I did not foresee that I'd be answering exactly the same questions 50 years later. I think there will always be patriarchal societies where men have a deep seated desire to control women's reproduction, and where women are trying to escape that. I've seen too many women die horrible deaths not to feel passionately that safe abortion really has to be a global priority. I'm a traitor man who wants to help women escape male control.

Later, I was a board member at Family Health International, which got into financial difficulties. As a member of the board, I felt I had a fiduciary responsibility to understand what was going on. I was asked if I'd like become president of the organization, which was a bit of a surprise. Over 12 years, I led them from bankruptcy to a \$17 million endowment. I advise

people regarding their careers: take over a bankrupt organization-- if you fail, you can blame someone else; if you succeed, you're a hero.

**What is your "Berkeley legacy"?**

Fifteen or twenty years ago I took over PH 116, the health and medical apprenticeship program, which began in the 1980's and which was entirely student-run. Students chose the speakers and ran the discussion sections. I taught (this type of class) at Cambridge and I thought that it was the new normal, but in fact the class broke senate rules at Berkeley, and was closed down. It impressed me so much that I invented a parallel course which would have a student partnership, and which wasn't just faculty transmitting information to students, it was students saying, "when I become a health professional, what issues will I face?"

My PH 116 class was the largest class in the school, with 500 students per semester, and 200 on waiting list. I've had the privilege of interacting with 20,000 undergraduates since I started. I'm learning from them and working with our own curriculum committee now to make sure what we're doing confirms with senate rules.

I have seen a very rapidly changing world with an exponential growth in problems. We have an obligation to provide courses where students can explore that. In my global sustainability class, (PB HLTH 101-- A Sustainable World: Challenges and Opportunities), we say: "When you become a professional, you're going to face a more rapidly changing world than any of your faculty have faced." I have been encouraged by Undergraduate Vice Chancellor Cathy Koshland that campus at top level is interested in vertical learning, which is teamwork between faculty, GSI's and undergrads. In my courses, undergraduate students called "teacher scholars" lead discussion sections after they take a two-unit mentorship class taught by myself and a GSI. I'm mentoring them

misinformation from good information. I thought you'd get a team of people spending 3 weeks working this out and they got there "poof", they had apps that gave that information.

I come from a different world, I've written books, but nobody's going to read those now, they're going to wikipedia to get things quickly. But the quality is very uneven. What I've seen is students going for quality information and when they work in teams they correct each other.

And they're bright students and getting a broad education. I enjoy monitoring theses, and I enjoy the graduate student classes, but what I really find rewarding is teaching big undergraduate classes. In all honesty I can't think of a more

in developing countries. There were two schools of thought in gynecology. One: "women bleed, they get infected and come to hospital, we can't save them, they die". The other: "They die at home and we're not seeing them". And we found that they're dying at home, and that helped facilitate the first world conference on maternal mortality in Nairobi.

When I began in this field there were no focus on death in childbirth. We've changed that. When I started working internationally in 1968, the WHO said there's a lot of childbirth death, we should train traditional birth attendants to do better. There were efforts to do that and zero impact on maternal mortality. What we didn't understand there was nothing that we could teach

## "I'm a traitor man who wants to help women escape male control."

to lead discussion sections because bright undergraduates know you learn by teaching.

The premise of PB HLTH 101, A Sustainable World: Challenges and Opportunities, is that in this university there are world class experts in climate change, women's education, population energy, you name it. So we have one person speak for an hour and we have students in discussion saying what does that mean to me.

**What rewards have you gotten from mentoring MCH students?**

What impresses me is how students get info in nanoseconds from the web and are flawless in sorting out

wonderful and privileged place to be than at a great university surrounded by young people.....The purpose of life it seems is for one generation to pass information to the next on the assumption that they're going to use it in new ways. I think it's a great privilege to do that

**What changes have you seen in MCH (research) over the years?**

I think what we've done at global level to reduce deaths in childbirth from postpartum hemorrhage is something that I and everyone else involved can be immensely proud of. In the 1980's I did the first ever large scale population study of maternal mortality

in 1970's about how to save someone's life. Misoprostol came off patent in 2000. It's a drug that makes the uterus contract powerfully, and it was evident that traditional birth attendants could use that to prevent maternal death. (MCH Professor) Ndola Prata did wonderful studies and it showed that. Then we said, "why don't we give it to women to give to themselves?" Now, every woman in Bangladesh gets it in the last trimester of pregnancy, and we've saved countless lives.

**What changes in the MCH and Public Health are you most surprised by/excited about/concerned about?**

I'm now 82. 82 years in the future takes us to 2099. And it's an exciting



Malcolm Potts  
**82 YEARS**  
**INTO THE FUTURE**

challenging to think what's going to happen in that interval and it's going to be a choice between heaven and hell, a choice this generation will be making.

The good news: we take this avalanche of scientific info and technical progress and we use it intelligently to provide evidence based solutions to climate change, to population growth, to recalibrate our economic system and to persuade the big powers like Russia, America, and China to have greater control of nuclear weapons. Within 5 years North Korea will have a rocket that could deliver a nuclear weapon to San Francisco, and that's not a frivolous problem. The bad news: we go down the present "business as usual" road. When I came to America it was a democratic society. It's not a democratic society now, because they've gerrymandered constituencies and we've got tribal politics in Congress.

When I spent time in Parliament in the 1960s, I was with people who had very different opinions on abortion who could be passionate and compelling, but we could go to the bar and have a drink and create a compromise. Politics is about compromise, and we've lost that ability. There is one PhD in congress, and I think, 714 lawyers. We want to train a generation of young people to change that crazy, lethal choice of our representatives. My son and daughter-in-law are lawyers--they're important people--but they're not the right people to make decisions in our complex world. The right people to make decisions are professional scientists who can evaluate data,

and understand that in a complex world we have to make decisions on incomplete data. So there are genuine uncertainties in global warming, but there's sufficient data to make sensible decisions.

I'm proud of the British parliamentary system. It works. The American constitutional system was put together by men on horseback, and they could only have an election every 4 years. Now, we could have an election every year. In Europe if you have a bad president you have a vote of confidence in Parliament. If you lose that vote of confidence you have to call an election. Otherwise you can go 4 or 5 years before you call an election. If you're in power you can call an election. So it's a system that works very well. It allows you a switch from left to right, but also allows you to get rid of incompetence and react to crisis in an appropriate way. In the US, we have a constitution that doesn't allow us to do that. We could amend the constitution to catch up with the 21st century.

**Where do you envision the field of public health education going in the next 25 years?**

In class two weeks ago we talked about education, and everyone in the room thought the state should pay for it. My education in Britain as a physician was paid by the state. We had rationing, we were bankrupt after

the war, and we could still invest in next generation. I think it's obscene to ask people to take out loans. It's the responsibility of a civilized society, and the privilege, to invest in the next generation because if you don't do that...California is the 6th largest economy in the world, we had great private universities, great state universities, and we've destroyed that. Chimpanzees make more investment in next generation than we do.

I hate the AARP because old people vote and children don't. Old people look after themselves and we should put children first. We shouldn't give money to old people like me. I'm glad there's Social Security, but I would cut that by 50% if it meant educating children. I think if we raised tax on gasoline we could pay for university education for everyone who wanted. And students who had their iPhones said it's about a dollar a gallon. So if we raised gas by a dollar, everyone would be angry, but we'd educate everyone.





# Postdoctoral Fellowships in Maternal Child Health Epidemiology

The Center of Excellence in Maternal Child Health, in the Division of Community Health Sciences at the UC Berkeley School of Public Health, seeks a new Postdoctoral Fellow. The MCH Epidemiology Postdoctoral training program will provide Fellows with a transdisciplinary perspective that includes advanced training in MCH and Epidemiology, as well as in skills needed for transitioning to academic faculty and research leadership positions.

We are currently looking for a fellow to work with the CHAMACOS longitudinal birth cohort study on issues related to early life adversity, acculturation and immigrant health, environmental exposures, neurodevelopment and behavior in childhood and adolescence, childhood obesity and metabolic syndrome, and related topics. Fellows will have the opportunity to engage in research activities, acquire grant preparation skills, publish scholarly articles, advance their teaching skills, enhance presentation skills, and network in the broader MCH community. The fellowship supports salary, health insurance, coursework (if desired), research expenses, and travel to attend MCH professional meetings. Successful completion of the fellowship entails meeting learning objectives set by the fellow and faculty mentor.

Requirements include a doctoral degree in public health, epidemiology, or equivalent training with substantive knowledge of the science and programs relating to maternal, child and adolescent health. Teaching

experience preferred (may be as a teaching assistant). Applicants must be US Citizens or hold Permanent Residents status. Candidates must possess strong quantitative skills, English writing and verbal skills, and an interdisciplinary orientation. Commitment to MCAH populations in California is preferred.

The position is anticipated to start in October 2017. Applications will be accepted until the positions are filled. Applicants should send a CV and letter of research interest to: [mchprogram@berkeley.edu](mailto:mchprogram@berkeley.edu)

This is a two-year fellowship funded through the Center of Excellence in Maternal and Child Health Education, Science, and Practice; a program of the Maternal and Child Health Bureau at HRSA. There is specific interest in recruiting individuals from racially and ethnically diverse backgrounds in addition to disadvantaged backgrounds.

For more information about the School of Public Health please visit [sph.berkeley.edu](http://sph.berkeley.edu).

For more information about the UCB Center of Excellence in MCH please visit [ucbmch.com](http://ucbmch.com).



## MCH Research: In Mexico, nearly half of births to first-time mothers are C-sections

An analysis of cesarean birth rates in Mexico, the country in the Americas with the second-highest prevalence of cesarean deliveries (after only Brazil), has found large disparities in how and why women have cesarean births.

The study was published April 3 in the journal Health Affairs.

Sylvia Guendelman, a professor in UC Berkeley's School of Public Health, and her co-authors used 2014 Mexican birth certificate data to perform population-level data analyses of more than 600,000 first-time mothers. According to the study, 48.7 percent of these births were cesarean deliveries.

The study also found that enrollees in Seguro Popular, the public health insurance program, had lower cesarean birth rates than women in other insurance programs or

those without insurance. The widest difference, however, was in the delivery location: Cesarean rates in private birthing facilities occurred almost twice as often as those taking place in other facilities. Individual

authors conclude. "To do this, the healthcare system must tackle access barriers to public hospitals, increase the number of qualified staff members to oversee and support women through the labor

**"Mexico's continuing transition toward universal health coverage through Seguro Popular may help curb the cesarean epidemic."**

Mexican states' rates of cesarean births ranged widely, but presented no clear geographical patterns.

"Mexico's continuing transition toward universal health coverage through Seguro Popular may help curb the cesarean epidemic," the

process, and educate women about the benefits of vaginal birth."

*By Brett Israel,  
UC Berkeley Media Relations  
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[View the original article here](#)*





# MCH Leadership Course: UCB Alumna Carly Strouse guides the next generation

MCH Alumna Carly Strouse (MPH 2013, DrPH 2016) taught the MCH Leadership course, in Spring 2017. We asked her to reflect on her experiences.

## Which student projects stood out to you this semester and why?

In one of our leadership classes Poonam Dreyfus-Pai, a recent dual degree graduate (MPH/MSW in MCH) came to talk about coalition and movement building within MCH. She posed a question to the students: “When thinking about yourself as a leader in MCH, what do you see yourself doing?” After leading the students through a series of questions each student had to come up with a 9 word purpose statement for themselves that described the work they want to do or the impact they want to have. I was impressed by how quickly and succinctly the students were able to write down these 9 word statements, and the depth of their “mini mission statements”. It was an inspiring session.

## What were some areas that you focused on in class?

We started the semester with topics and activities about the self, such as using your story to motivate others, bringing self-awareness to problem solving and conflict negotiation, and thinking about each of our own unique histories and how it shapes our cultural identity and understanding. In addition we focused on skills such as giving and receiving feedback, leading teams and groups and using the MCH Leadership Self-Assessments and using the self-assessment tool that corresponds to the Maternal and Child Health Leadership Competencies Version 3.0, developed by the MCH Leadership Competencies Workgroup (Eds), June 2009.

## How can today’s MCH students best prepare for today’s workforce? What knowledge and skills will they need to have?

I think effective communication skills and a willingness to engage in the hard conversations about where our work needs to go is vital for future leaders in MCH. How we communicate with each other, the quality of our listening and how we use our own stories to connect with others is important to the work ahead. As the field of maternal and child health moves toward focusing on and addressing upstream factors related to health and advancing health equity, we must develop the leadership capacity of those who will be entering the workforce. Along with a strong foundation in quantitative research, our workforce needs diverse individuals who can facilitate interdisciplinary environments and manage multiple stakeholders while holding a common vision to address some of our more vexing problems such as the racial and socio economic disparities in health outcomes, especially among women and children.

## How did your career path lead you from the MCH program into teaching?

I had been working in public health practice for almost 15 years when I went back to school. I was initially interested in coming back to school so that I could have a larger impact on the field of MCH. After completing my Doctoral degree I realized working with and teaching the next generation of public health professionals provided an opportunity to have a great impact on the field.

## What projects (outside teaching) are you working on right now?

I am getting my dissertation ready for publication (Title: Exploring the role of neighborhood collective efficacy on resident health and well-being: implications for public health research and practice) and teaching Health Education and Promotion at Touro University in Vallejo. I will be starting a full time position there in May.

# “Advancing women’s sexual health through radical research and design”

Megan Bontempo



# MCH Leadership: mission statements in nine words

# “Honor individuality, build resiliency, nurture development for every child”

Rena Wang



# “Family health and happiness through social justice and support”

Ann Soliday



# “Ensuring health for all through storytelling by numbers”

Taiji Wang

# “Shedding light on social injustice through research and advocacy”

Holly Nishimura





# Best Babies Zone

The Best Babies Zone initiative brings infant mortality prevention strategy to three more communities

Reprinted with permission from [bestbabieszone.org](http://bestbabieszone.org).

The Best Babies Zone Initiative (BBZ) at the UC Berkeley School of Public Health announced that it will expand to three new communities: Indianapolis, IN; Kalamazoo, MI; and Portland, OR. These three new zones will join the three pilot zones in this place-based, multi-sector initiative to reduce disparities in infant mortality and birth outcomes by mobilizing community residents and organizational partners to address the social and economic determinants of health. This expansion of the BBZ Initiative is made possible by a three-year, \$1.4M grant from the W.K. Kellogg Foundation, received in 2016.

Despite recent declines in national infant mortality rates, African American babies are still twice as likely to die in their first year of life compared to white babies. Clinical interventions like prenatal care are not enough to reduce this gap, and there is growing recognition that factors such as economic stability, educational opportunity, chronic exposure to stress, and racism play a critical role in these disparities.

In 2012, with an initial \$2.75M grant from the W.K. Kellogg Foundation, the BBZ Initiative launched three Cohort 1 zones to address inequities in birth outcomes in Cincinnati, OH; New Orleans, LA; and Oakland, CA. Over the past 5 years, these zones have piloted the BBZ approach to addressing the social determinates of health and eliminating racial inequities in birth outcomes. With current funding from the W.K. Kellogg Foundation, the BBZ Initiative has also become a Technical Assistance Center, with the aim of disseminating the lessons



learned from the pilot zones and supporting new zones and other initiatives in the implementation of the BBZ approach.

“We’re delighted to bring on this new cohort of zones,” said Dr. Cheri Pies, clinical professor at the UC Berkeley School of Public Health and Principal Investigator of the BBZ. “Each new zone brings a unique set of multi-sector partners and community engagement expertise to this critical work of improving neighborhood conditions so that all children and families can thrive.”

In the three new zones, organizations and residents have begun working together within small neighborhoods to address the social determinants of health. Each community is unique in the assets it brings to improving birth outcomes through a place-based effort:

**Indianapolis, IN:** This collaborative is co-lead by the Indiana University School of Medicine Department of Pediatrics and the John Boner Neighborhood Center. This zone—the Near Eastside of Indianapolis—has a community-driven ‘quality of life’ plan as a core focus of community redevelopment efforts.

**Kalamazoo, MI:** While the city overall has seen a precipitous drop in the rate of infant death, African American infants are still four times more likely to die before their first birthday than their White neighbors. The collaborative known as Cradle Kalamazoo will lead the effort to address issues of residential segregation, poverty, access to education, and other social

determinants of health inequity. Their zone is located in Kalamazoo’s Northside neighborhood—which has a strong faith-based community and a recent focus on economic development.

**Portland, OR:** Recognizing that quality affordable housing is a form of health promotion, BBZ has partnered with the Revitalize Outer Southeast (ROSE) Community Development Corporation to support their Baby Booster Initiative (BBI). BBI focuses on reducing low-birthweight babies and infant mortality through community organizing, increasing the supply of affordable housing for families with young children, and providing “First Thousand Days” resources to pregnant women. Their zone—the Lents and Jade districts—is home to a strong network of cultural groups serving children, youth, and families.

By facilitating a learning community among the zones, the BBZ Technical Assistance Center supports shared learning to assist zones as they engage residents around the issue of infant mortality and develop cross-sector partnerships and programs that ensure that every baby has the best chance in life.

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, the National Healthy Start Association, and a team of expert consultants.

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MCH research center news

# The COSECHA Study:

## Empowerment and Environmental Health in an Agricultural Community

by James Earl Schier Nolan



California uses more than 185 million pounds of pesticides each year, approximately 7 million of which have been identified as probable or possible carcinogens or hormone disruptors. Yet, scientists know little about how teenage girls living in agricultural communities may be exposed to pesticides used on fields near their homes. One concern is that pesticide exposure during puberty, when breast tissue is developing, may increase risk for breast cancer later in life. [The COSECHA study](#) was initiated to investigate these concerns.

COSECHA stands for The Chamacos Of Salinas Evaluating Chemicals in Homes & Agriculture study. Study participants were nested within the larger [CHAMACOS Study](#), the longest running longitudinal birth cohort study of pesticides and other environmental exposures among children in a farmworker community. Funded by the California Breast Cancer Research Program, COSECHA is a three-year project of the CHAMACOS Youth Council, a cohort of teens living in Salinas. Its principal investigators are Dr. Kim Harley (UCB) and Mr. Jose Camacho (la Clinica de Salud de Valle Salinas).

The COSECHA Study empowers Latino youth researchers to learn about and act upon pesticide exposures associated with hormone disrupting and/or carcinogenic effects in their community, especially amongst teens in the Salinas Valley, CA. Though

Salinas is rich in history, agriculture and diversity, it also faces disproportionate socio-economic inequalities. Previous CHAMACOS studies have indicated that the combination of such adversities and exposures to some pesticides may be associated with increased severity of children's health effects.

COSECHA activities began with team building and environmental health literacy, during which the youth themselves helped to create the acronym and develop a logo. Accompanied by adult staff, youth researchers visited participant's homes in the summer of 2016, collecting a complex and innovative array of data from their peers, using: gps devices, cataloguing crops grown on nearby fields, a passive environment sampling bracelet (a novel technology from Dr. Kim Anderson at Oregon State University, capable of detecting 1,500+ chemicals), two types of indoor dust samples, online questionnaires, daily text reminders and urine samples.

Many samples are still being processed, but scientists have begun to analyze passive sampler data. So far, it appears that there was an association between the use of certain pesticides in nearby fields and detectable levels of pesticides on the bracelets that teen participants wore. Also, an association between living in a home where door mats were used and decreased levels of certain pesticides on the bracelets was noted.

An additional focus of the study is community involvement and capacity building. To these ends, experts from UC Berkeley's Center for Environmental Research and Children's Health (CERCH) leverage youth participatory action research (YPAR) techniques inspired by Dr. Emily Ozer's YPAR Hub and others. The aim is to lead participants in building professional skills and college preparedness while significantly including them in study design, data collection, analysis and dissemination of results. Currently, youth researchers are developing a public health communication strategy, including the development and dissemination of video segments about environmental health topics, a short radio show "edutainment" series, social media, tabling at local events and community presentations.

The COSECHA study has recently been featured in the following:

- KION News (eng)- "[Study: Pesticide exposure in Latina teens](#)" (starts at 0:23).
- KION News (spn)- "[Pesticide exposure in Latina teens](#)" (starts at 7:36).
- Youth Participatory Action Hub- "[Latino Youth Investigating Environmental Chemical Exposures in the Salinas Valley](#)"
- Youth presented to a class of college students at California State University, Monterey Bay

### Additional Information:

**Contact:** Kim Harley  
kharley@berkeley.edu

For more information on our environmental health research, sign up for [CERCH's newsletter](#) or follow CERCH on facebook.



# alumni updates

1970s



**Patrick Sweeney**

MD, MPH '72

I retired in 2014 after nine years on the OB/GYN faculty at the University of Tennessee, followed by 28 years on the medical school faculty at Brown University. I still participate in teaching medical students and remain active in our state's medical society. My wife and I have two children, one of which is also an OB/GYN physician who will receive her MPH from Brown this year. We have four grandchildren and live in Wakefield, RI.

1980s

**Jim Carpenter**

MPH '80

I am semiretired from Contra Costa Health Services but continuing to run the Child Maltreatment program for CCCounty including supervising the medical evaluations of child victims acutely at Contra Costa Regional Medical Center and non acutely at our Children's Interview Center.

**Nancy Rotecki**

MPH '84

I am retired from Public Health Seattle, King County.

**Robina Ingram-Rich**

MPH '86

After graduation, I moved to Oregon to work as a nurse/genetic counselor at the Hemophilia Center at Oregon Health & Science University. I retired last May after almost 30 years. Since 2007, I've been leading the Joint Outcome Group of the Universal Data and Serum Collection project, which creates projects/articles based on a CDC hemophilia database. Since November 2015, I've worked in the LEND program [HRSA funded Leadership Education in Neurodevelopmental and related Disabilities] as the training coordinator for nursing.

I am now past-president of the Oregon Public Health Association [term ending October 2017, and am on the board of directors as policy chair for the Lake Oswego branch of the American Association of University Women. I continue to volunteer as a camp nurse a week or two each summer. I hang out with the Cal Alumni group here in Portland a few times each year. It's quite a mish-mash of ages and life stages, and of undergrad and graduate alumni.



**Ruth Hirsch**

MPH '87

In 2002 I moved myself and my practice to Jerusalem, Israel where I've been living since then. I'm continuing to work as a Focusing oriented Therapist and Trainer, teaching primarily therapists, coaches and others

who wish to deepen their connection with themselves and to expand their knowledge and skills to make their work with clients more effective and meaningful. For several years I've also been offering my training program through the International Focusing Institute. See [www.ruthhirsch.com](http://www.ruthhirsch.com) for more info.

**Larry Platt**

MPH '87

I am no longer on the Alameda County Public Health Commission, but still volunteer as a docent at Point Reyes National Seashore Park and as a "coach" in the Mills College Community Tennis Program. I did get an award recently: Local Hero 2017 from the City of Oakland for work I did on the sugar sweetened beverage tax initiative that passed in Oakland.



**Geert Van Waveren**

MPH '89

I am a retired pediatrician living close by Amsterdam. I am prepared to do locum work in Holland and parts of Africa (Kenya / Tanzania). At this moment I am traveling through the Balkans and Greece (now on Corfu).

1990s



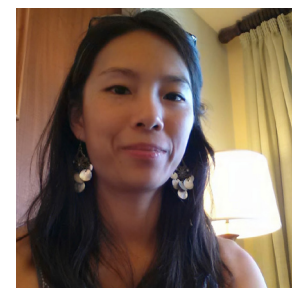
**Anand Chabra**

MPH '95

Since late 2015 I have been in a new role as the Medical Director of Family Health Services, San Mateo County Health System, although I have worked as a physician/medical consultant

there since 1999. I'm still heavily involved in many different family health programs, including: California Children's Services; Maternal, Child and Adolescent Health; Nurse-Family Partnership; and Child Health & Disability Prevention program. I serve as volunteer faculty (Assistant Clinical Professor) at UCSF School of Medicine, Department of Epidemiology and Biostatistics. On the personal side, my wife and I are just about to send our older son off to college (he's deciding between UC Berkeley, UC Davis, and UC Santa Barbara), and our younger son, a homeschooled high school freshman, takes most of his classes at Cañada College (our local community college) in Redwood City.

2000s



**Angela Chen**

MPH '09

Since graduation in 2009, I've enrolled in a Ph.D. program in School Psychology at Michigan State University. I'm currently in my 5th year and collecting dissertation data on the

effectiveness of social-emotional learning and mindfulness interventions on the self-regulation of preschool students. Earlier this year, I matched to an APA-accredited pre-doctoral internship program at Florida State University, where I'll be focusing on providing school-based mental health services and conducting comprehensive assessment of ADHD and Autism in the school-aged population.

**Jessica Jeffrey MPH '04**

Jessica Jeffrey, MD, MPH, MBA is the Associate Director of the Division of Population Behavioral Health at the Semel Institute for Neuroscience and Human Behavior. She is also the Lead Child Psychiatrist at UCLA Behavioral Health Associates. Jessica recently became the President-Elect of the Southern California Society of Child and Adolescent Psychiatry. Jessica is interested in systems of health care delivery, quality improvement and family resilience research. Jessica is thrilled to share that she and her husband welcomed their daughter, Siena Kay, into the world in February 2016.

IN MEMORIAM



**Beverly Zimmerman Armstrong**

BS '56

Beverly Zimmerman Armstrong passed away on September 27, 2016 at the age of 86. Bev was born in Porterville, CA. Growing up she was active in

the Caledonia Chapter of the Order of Eastern Star. She later earned her Bachelor of Science at UC Berkeley, and then entered the Graduate School of Public Health. During this time she met her future husband Frank B Armstrong, III. They married in 1958 and moved and settled in Raleigh, NC. Beverly was very active in community service as a volunteer with a variety of arts organizations and museums, and with the North Carolina State University Women's Club.



# publications

Select Spring 2017 faculty, student and alumni publications  
Alumni indicated with \*, student/postdoc indicated with †

## JULIANNA DEARDORFF

**Externalizing and internalizing pathways to Mexican American adolescents' risk taking.** Gonzales NA, Liu Y, Jensen M, Tein JY, White RM, **Deardorff J**. Dev Psychopathol. 2017 Apr 3;1-20. doi: 10.1017/S0954579417000323. [Epub ahead of print]

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## SYLVIA GUENDELMAN

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## BRENDA ESKENAZI

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## BRENDA ESKENAZI/KIM HARLEY

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**Association of prenatal and childhood PBDE exposure with timing of puberty in boys and girls.** Harley KG, Rauch SA, Chevrier J, Kogut K, Parra KL, Trujillo C, Lustig RH, Greenspan LC, Sjödin A, Bradman A, Eskenazi B. Environ Int. 2017 Mar;100:132-138. doi: 10.1016/j.envint.2017.01.003. Epub 2017 Jan 12.

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## IRENE HEADEN†

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## NDOLA PRATA

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## STEPHANIE ARTEAGA†, MPH '16

**More Than a Destination: Contraceptive Decision Making as a Journey.** Downey MM, **Arteaga S**, Villaseñor E, Gomez AM, Women's Health Issues, Article in press. [http://www.whijournal.com/article/S1049-3867\(16\)30089-5/abstract](http://www.whijournal.com/article/S1049-3867(16)30089-5/abstract)

## SAMANTHA NGO\*, MPH/MSW '17

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