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Volume 1

MCH Professionals Making a Difference for Families, Children, Youth, Women, and Priority Populations



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LETTER FROM THE EDITORS

Our Center for Leadership Education in Maternal and Child Public Health (MCH) recently celebrated its 60th birthday. We have reached an age where we are reflective, thinking about our history of strong leaders (many of whom have been women), and the pride we have in our graduates.

Our history: Ruth Boynton became the first director of our MCH Center—and of our MCH MPH academic program—in 1947. She obtained the 5th MCH training grant in the US from the federal Children’s Bureau—and the first training grant in the Midwest/Great Plains. Boynton was ahead of her time and had an incredible career at the University of Minnesota (UMN) before she started our MCH Program and Center. For example, in 1929, she became the director of the UMN student health service. No woman had been in charge of a university health service before her. Today, the UMN student health service is named after her.

Our future—and our legacy: In the last 60 years, our Master of Public Health (MPH) Program has produced more than 1000 graduates. Our MCH alumni are doing research and teaching in academic institutions throughout the world; they are active in local, state and federal public health organizations and agencies; they are working for non-profits; and they are providing direct health and social services. They are educators, clinicians, researchers, program developers, advocates, and policy makers. Their achievements reflect their skills and their passion for social justice. We would like to take credit for their accomplishments, but all we can say with confidence is how proud we are that they chose our MCH MPH Program.

We are celebrating our 60th birthday, then, by celebrating our graduates. In this volume—and in another volume we will produce this spring—we are introducing our readers to just a few of them. With every article we wrote we were reminded about our great fortune to have curious, passionate, intelligent, creative, and dedicated public health leaders with our “MPH” attached to their names. Our great regret is that time and publication costs limited the number of profiles we could provide. This volume also includes a glimpse of the training we provide: because so many of our alumni mentioned the influence that specific courses had on their professional development, we asked just a few of our instructors to give us a quote about topics that they teach. These nuggets, interspersed throughout the volume, reflect only a few of many course topics available to our MPH students.

We hope this volume reflects the pride and the respect we have for the wonderful people who chose Minnesota for their MPH degree. They enriched our classrooms when they were with us, just as they are enhancing the public’s health today.

Wendy L. Hellerstedt, MPH, PhD & Sara J. Benning, MLS

The Center for Leadership Education in Maternal and Child Public Health is committed to improving the health of infants, children, women and families. Center faculty and staff offer a Master’s degree in Public Health (including an online degree program), continuing professional education, and consultation and technical assistance to community-based organizations and agencies. Center faculty are involved in intervention and etiologic research in child health, adolescent health, family health, health disparities, reproductive health, and women’s health. See our website at epi.umn.edu/mch and our Facebook page at <https://facebook.com/MCHUMN>, or follow us on Twitter (https://twitter.com/umn_mch).

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What is Maternal and Child Health?

by Wendy L. Hellerstedt, MPH, PhD

I have had the privilege of being affiliated with the Maternal and Child Health (MCH) Master of Public Health Program—and the Center for Leadership Education in Maternal and Child Public Health (<http://www.epi.umn.edu/mch>)—at the University of Minnesota (UMN) for more than 20 years. But, I still don't have a simple response to a question I have been asked hundreds of times: "What is Maternal and Child Health?"

Vulnerable Populations

MCH is a public health sub-field that began by focusing on a specific population (mothers and children), rather than a method (e.g., epidemiology) or skillset (e.g., health policy). The national focus on MCH in the US began in 1912 when President Taft established the Children's Bureau (z.umn.edu/mchhx), consistent with efforts in the US to protect children who were vulnerable to mortality, morbidity, or social conditions (like child labor). Government interests were extended to mothers who were the primary child caregivers. Even in its early days, though, the development of MCH extended beyond concerns for mothers and children: advocates of birth control, for example, are counted among MCH's early leaders.

Today MCH work is clearly not limited to mothers and children, as evidenced by the MCH Bureau's (MCHB) website, mchb.hrsa.gov, which details its promotion of the health of families, adolescents, and women—as well as that of mothers (and pregnant women) and children.

The MCHB also reflects concerns about health equity and the reduction of health disparities—for everyone, not just mothers and children. The ability to demonstrate "cultural competence" is, in



The heart of MCH work lies in its goals to create health equity, promote social justice, and understand the social determinants of health.

fact, considered critical for MCH leaders (z.umn.edu/dwmchd). Beyond the US, it is also difficult to disentangle health equity from global MCH advocacy and program development (z.umn.edu/unmdg).

What are the Elements of an MCH Perspective?

To identify with MCH may reflect a professional approach and a way of thinking about public health that involves at least the following elements:

1. MCH is about populations who are—for social, physical, genetic, economic, or political reasons—vulnerable to having poor health. The MCH perspective is that cultural norms that stigmatize individuals because of race, sex, gender, age, residence, or class create vulnerabilities that require a public health response.

2. The heart of MCH work lies in its goals to create health equity, promote social justice, and understand the social determinants of health. MCH has a long and strong history of advocacy to (1) change or remove institutions, practices, and conditions that create or sustain vulnerabilities or disparities in health; and (2) develop fair and equitable environments (school, work, residence) and public health systems, programs, and policies.

3. MCH embraces the lifecourse theory of health (z.umn.edu/lifec), which is why so many MCH-ers adhere to a name that is apparently restrictive and incomplete. We in MCH know that risk and protective factors for adult disease exist *in utero*. We promote family planning and pre-conception health care because the health of mothers informs the health of the next generation(s). Consistent with the lifecourse theory is our knowledge that every phase of child, youth, and adult life influences the next phase.

I cannot provide a simple definition of MCH, because the sub-field reflects a complex approach to public health. The profiles of our MCH alumni in this volume reinforce this complexity: we have interviewed individuals with a diversity of talent and content expertise. But they share common perspectives that infuse their work: advocacy and care for vulnerable populations and lifecourse considerations in practice and in research. Those perspectives are what makes them MCH.

Wendy L. Hellerstedt, MPH, PhD, is an Associate Professor and Director, Center for Leadership Education in MCH, in the Division of Epidemiology & Community Health, School of Public Health, UMN.



Caring for Children and Families: Addressing Multiple Factors in Pediatric Obesity Intervention

by Jamie Stang, MPH, PhD



Claudia Fox

Claudia Fox, MD, MPH (2010) is the Medical Director for the University of Minnesota (UMN) Masonic Children's Hospital Pediatric Weight Management Program. The Program's mission is three-fold: to provide comprehensive multidisciplinary weight management treatment for youth affected by obesity; research causes, consequences, and treatments of childhood obesity; and educate providers, researchers, and the public about childhood obesity.

As a pediatrician, Claudia Fox saw the need for lifestyle interventions that would help families address common health issues like lack of exercise, unhealthy eating habits, high body weight, and poor mental health. She turned to evidence-based literature to find best practices, but quickly realized that she wanted to gain more research experience to address these public health issues in clinical settings. "Clearly, there is an interaction between limited physical activity, poor nutrition, and mental illness. I found that for many kids, obesity was a common denominator. I wanted to explore these associations and try to figure out how to best help these patients."

The Maternal and Child Health (MCH) Master of Public Health (MPH) Program provided an ideal environment for Fox to improve her ability to study complex health issues like pediatric obesity. Through the Program, she had access to coursework and field experiences focused on nutrition, physical activity, mental health, and community-based interventions. "My MCH coursework helped me conceptualize the pediatric obesity epidemic in a structured, multilayered fashion," she said. "Childhood obesity is the quintessential multifactorial condition because individual biological factors, psychological factors, and environmental/social factors all contribute to it."

Fox's experience in the MPH Program was a rich one. She held a fellowship with the Centers for Disease Control and



Prevention (CDC)-funded Adolescent Health Protection Research Training Program in the UMN School of Nursing. She had hands-on learning through field experiences at the St. Paul School District (MN) and initiatives like *Feel Better MN* (z.umn.edu/better), and *Ramp It Up!*. Fox credits her fellowship experiences, as well as the survey and grantwriting courses she took, for helping her complete her final MPH project, for which she developed a research proposal and wrote (and received) a student research grant, the J.B. Hawley Award. The project involved a survey of 1,300 MN households with children aged 5-18 years to examine: (1) parental attitudes about depression and suicide screening and education program

in schools, and (2) predictors of parental support for such programs.

"We hypothesized that parents who were more knowledgeable about youth depression and suicide, and held less stigmatizing beliefs about these issues, would be more supportive of school-based screening and education programs," Fox explained. "Overall, we found 84-89% of all parents supported these programs," she said, "and that our hypotheses were correct. Greater knowledge and less stigmatizing attitudes were positively associated with support. Screening and education are the cornerstones of prevention yet, at the time we did this survey, only about half of the states in the US required teaching suicide prevention in high schools. We

“Screening and education are the cornerstones of prevention.”

know these programs are effective and we know that they not only reduce health risks but that they promote student academic achievement. Our survey suggested that, in our sample, parents were generally supportive of screening and education and that efforts to decrease stigmatization related to mental health and to increase an appreciation of depression and suicide risk could increase support among the minority who did not endorse such school-based efforts.” Fox won the Premier Poster Award, Delta Omega (Pi Chapter), at the School of Public Health (SPH) Student Research Day in 2010 for this work and she and her colleagues published their findings in the *Maternal and Child Health Journal* in 2012 (<http://link.springer.com/article>). Fox subsequently extended her examinations of youth mental health and obesity, finding that the odds of severe obesity, compared to obesity, is much higher in youth who report depression or anxiety (<http://cpj.sagepub.com/>).

Addressing the Family in Pediatric Obesity Interventions

As the Medical Director of the UMN Pediatric Weight Management Program, Fox and her team of dietitians, physical therapists, and psychologists provide clinical weight management care to children with severe obesity. The expertise of the Program staff is in tertiary care interventions—specialized diets, pharmacotherapy, and bariatric surgery—for children with severe forms of obesity.

The Program recently started a Family Weight Management Clinic. This new model of care involves a team—comprised of Fox, an adult weight management doctor, a psychologist, and a dietitian—who care for the whole family at a single visit. “This model came out of my experiences with children who were not getting

better because their parents were struggling,” Fox said. “Many parents wanted help with weight management but didn’t know how or where to find it.”

Fox’s current research projects to improve pediatric interventions for obesity include investigating obesity phenotypes and innovations in pharmacotherapy for severe forms of obesity in adolescents (z.umn.edu/foxtopiramate). “My clinical work with teens who weigh 200, 300, and sometimes 400 pounds has opened my eyes to just how complex this disease [obesity] can be. These kids need all the interventions they can get—nutrition support, physical activity support, mental health support, and even medication support. My experiences in the clinic inform my research questions. What medications may help reduce appetite? How does treating depression help with weight management?”

In addition to clinical work, Fox is active with local and state organizations working to address childhood obesity. She performs virtual grade school visits to increase knowledge about using ChooseMyPlate (z.umn.edu/plate), advocates to get obesity services covered by insurance, and partners with the YMCA (Camp Healthy U) to create overnight camp experiences for youth with obesity. “The YMCA camp is especially rewarding. Most of the kids who attend the camp come from our clinics. They’ve never had the opportunity to attend camp, usually because of a lack of resources. Also, many have just avoided the [camping] experience because of they have a history of being bullied. Camp Healthy U stresses fun, physical activity, healthy eating, and respect. It’s really touching to hear that for most kids the thing they liked most about camp was ‘Making new friends.’”

For more information about the UMN Masonic Children’s Hospital Pediatric Weight Management Program, visit z.umn.edu/umped.

Jamie S. Stang, PhD, MPH, RD, is an Associate Professor in the Division of Epidemiology & Community Health, SPH, UMN. She is also the director of the Leadership Education and Training Program in MCH Nutrition and co-chair of the Midwest Center for Lifelong Learning in Public Health.

Pediatric Obesity in the United States

Definition: The Centers for Disease Control and Prevention (CDC) use the following definitions (z.umn.edu/cdcobes):

- “Overweight is defined as having excess body weight for a particular height from fat, muscle, bone, water, or a combination of these factors. [Body mass index (BMI) at or above the 85th percentile and below the 95th percentile for children and teens of the same age and sex.]
- Obesity is defined as having excess body fat.” [BMI at or above the 95th percentile for children and teens of the same age and sex].

CDC stresses that, “Overweight and obesity are the result of ‘caloric imbalance’—too few calories expended for the amount of calories consumed—and are affected by various genetic, behavioral, and environmental factors.”

Note: there is international variation in these definitions (z.umn.edu/obesity-intnl).

Magnitude. According to the CDC, “childhood obesity has more than doubled in children and quadrupled in adolescents in the past 30 years.” In 2012, 18% of 6-11 year-olds and 21% of 12-19 year-olds in the US were obese; more than one-third of children and adolescents were overweight or obese.

Prevention/treatment recommendations.

The American Academy of Pediatrics’ Institute for Healthy Childhood Weight (z.umn.edu/ihcw) has several recommendations for parents to promote healthy lifestyles for their children, including: (1) buy fewer sugar-sweetened beverages and high-calorie snacks; (2) have healthy foods (e.g., fruits, vegetables) and beverages (e.g., water) readily available; (3) make high-calorie foods less visible; (4) encourage children to eat five or more servings of fruits and vegetables every day; (5) reduce sedentary behaviors and increase physical activity; and (6) encourage healthy sleep habits. More recommendations, for communities and families, are at the Alliance for a Healthier Generation, z.umn.edu/hgen.



A Winding Career Path Leads to Safe School Routes

by Sara Benning, MLS



Elyse Chadwick

Elyse Chadwick, MPH (2003) is the Safe Routes to School Coordinator in the Elk Grove Unified School District (Elk Grove, CA). Chadwick performs needs assessments, provides pedestrian and bike safety education, and helps school staff and parents collect data. Chadwick is also responsible for developing programs like Walking School Buses.

Sara Benning (SB): *What do you do as a Safe Routes to School Coordinator?*

Elyse Chadwick (EC): I oversee a program to increase the number of students who can safely walk and bike to school in a large public school district near Sacramento, CA. “Active transportation” to school has many benefits—improving student health, improving air quality [by reducing transportation-related pollutants], and decreasing dangerous traffic congestion around schools. Some research suggests it can even improve students’ academic performance. We have 40 elementary schools—spanning rural and urban areas, and different socio-economic levels—so it’s very interesting work.

SB: *What are the most important challenges and opportunities in your work?*

EC: One of the biggest challenges is taking the work beyond just a one-day event like the annual Walk to School Day (z.umn.edu/wtsd) and making active transportation part of daily life. I have to help people see how leaving the car at home can actually make their lives easier. It might take some time to get used to a new routine, but ultimately not waiting in the school traffic line not only saves time but contributes to the daily number of minutes spent in physical activity. It’s also challenging to address parents’ very real safety fears related to both traffic and crime. If parents don’t feel their child will

“Nurture the connections you’ve built in graduate school and in your professional life.”

make it to school safely, they’re not going to let their child walk or bike.

One of the most effective programs we have is the Walking School Bus (z.umn.edu/srwsb), a group of children that walk to school while supervised by a regular set of adults. It is amazing to see how many community connections come from such a simple concept. Children on the “Walking Bus” learn that there are other adults they can trust and go to for help. Parents make stronger ties between themselves that may impact other areas of their life.

SB: *Tell me about your career path.*

EC: My career path has not been linear. In part this is due to having many interests within public health, but it’s also due to some big geographical moves I’ve made. My first job out of the Maternal and Child Health (MCH) Program came from a field experience [while an MPH student] that turned into a full-time position with the MN Department of

Health Refugee Health Program (z.umn.edu/mdhr). The State Refugee Health Coordinator at the time—the wonderful Ann O’Fallon—had also graciously served as my mentor through the formal University of Minnesota (UMN) School of Public Health (SPH) Mentor Program. Although the refugee health work was more focused on screening for infectious diseases like tuberculosis, there were MCH components like child blood lead level assessments. I loved working for Ann and had some amazing experiences like helping to coordinate a statewide Immigrant Health Task Force, co-chairing the Metro Refugee Health Task Force with the Minnesota Department of Human Services, and helping with the large Hmong refugee resettlement from Thailand’s Wat Tham Krabok camp.

After three years at the MN Department of Health, and following the birth of my first child in early 2006, I really wanted to get back to doing more MCH-related work. I became the MCH Health Educator at UCare (<https://www.ucare.org>). Because UCare only worked with members of MN public health programs, the population was very diverse, just as it had been in my refugee health work. I got to oversee innovative programs like free infant car seat distribution and insurance coverage for doula care. I loved the work and UCare’s mission of providing culturally competent care with its own diverse staff. I left that position after three years when

my family decided to move cross-country to Oakland, CA where I'd grown up.

In CA, it took a while to find a new position because I was not connected to the public health community here. None of my friends or family worked in my field. Through fellow SPH-MCH alumni, Barbara Frohner (MPH '05) and Elizabeth Valitchka (MPH '03), I made some contacts at Kaiser Permanente (z.umn.edu/kaiser) that eventually led to becoming a Prenatal Health Education Coordinator there. Working for Kaiser was a dream of mine as I really admire their model of fully integrated care and strong focus on prevention.

Finally, three years later and another move—this time to Sacramento where my husband took a new job—brought me to my current Safe Routes work. My interest in this area stemmed from serving as a volunteer Safe Routes to School Coordinator for my kids' elementary school in Oakland. We even had our own daily walking school bus there!

Overall, it's possible to find interesting and meaningful public health work no matter where you are. Nurture the connections you've built in graduate school and in your professional life. You never know exactly how the puzzle may all fit together, but it often does.

SB: *What advice would you give someone who's interested in doing what you're doing?*

EC: Job shadow! Don't be afraid to contact someone whose job you think sounds interesting to ask them if you can spend some time with them. You can see if public health is really for you and what areas you are more interested in. Having some exposure to public health practice before entering an MPH Program will help you better focus your academic and financial resources.

SB: *If you were able to go back in time and give yourself one piece of advice while you were an MPH graduate student, what would that advice be?*

EC: Stay connected to your fellow students and try to connect with the larger Twin Cities public health community. Many opportunities are born from those interpersonal connections. There are many



Walk to School, Bike to School Day Quick-Guide

The Center for Leadership Education in MCH, in collaboration with the UMN's State Adolescent Health Resource Center, has created a Walk to School, Bike to School Day Quick-Guide for those interested in promoting this national health observance. Download the two-page PDF at: z.umn.edu/wtcdqg.

For Quick-Guides on other topics, visit: z.umn.edu/qguides.

ways to do it, ranging from making the most of your field experience to participating in the SPH Mentor Program.

For more information about the Elk Grove Unified Safe Routes to School program, visit <http://blogs.egusd.net/saferoutes> or follow on social media ([facebook.com/ElkGroveUnified](https://www.facebook.com/ElkGroveUnified) or [@ElkGroveUnified](https://twitter.com/ElkGroveUnified)).

Sara J. Benning, MLS, is the Director of Communications and Outreach at the Center for Leadership Education in MCH, Division of Epidemiology & Community Health, SPH, UMN.

What's to Love About the Twin Cities?

Elyse Chadwick (MPH, 2003) said, *"I know I am a rare breed in that I love Minnesota seasons—most of all winter! I spent a lot of time cross-country skiing sometimes right out my back door. The seasonal cycle is much more muted where I live now in California and continues to be something I miss."*



High Goals for Children:

Improving Emergency Pediatric Care in North Dakota

by Tory Bruch



Elizabeth Pihlaja

Elizabeth Pihlaja, MPH (2013) is the Program Manager for the ND Emergency Medical Services for Children program. The program is part of the federal Emergency Medical Services for Children (EMSC) program.

Elizabeth Pihlaja's interest in public health began in the classroom. As an undergraduate at the University of Minnesota (UMN), Pihlaja studied child development and psychology. Unsure of her career path, she was encouraged by professor, mentor, and then-Maternal and Child Health (MCH) Program director, Charles Oberg, to take an MCH course in the School of Public Health (SPH). "I took Dr. Oberg's course in Advocacy and Children's Rights and it opened my eyes," she said. "I had always thought of public health as epidemiology, vector control, or occupational health and safety, but this course was a perfect fit for me. I decided to apply to the Masters of Public Health [MPH] Program in MCH."

In 2009, Pihlaja applied to several graduate programs across the country but ultimately decided to stay at the UMN. "Entering a field like public health, I wanted to work with diverse communities. I knew that I would have ample opportunities to work with many different populations in the Twin Cities." She also valued the diversity of the students, faculty, and staff at the SPH. "The MCH Program does an excellent job of educating students, providing both a breadth and depth of public health knowledge and skills," she said. "So much of my job now is working with different people; the softer skills that I also gained through my studies are invaluable. Once I stepped into my position, I felt very prepared and was grateful for the training I received."



"I am able to work closely with the best people in the world, people who use their free time to help others."

“The MCH Program does an excellent job of educating students, providing both a breadth and depth of public health knowledge and skills.”

Pihlaja is the program manager for the ND Emergency Medical Services for Children program (z.umn.edu/emsc). A nod to the child advocacy course that sparked her career in public health, Pihlaja advocates for the ND Emergency Medical System’s (EMS) smallest patients at all levels of pre-hospital and hospital emergency care. Her advocacy—and her efforts—are to ensure that children get high-quality EMS services. As director of the EMS Pediatric Prepared Voluntary Recognition program (z.umn.edu/pedsambul), she ensures that participating ambulance crews receive pediatric training and carry the equipment that is required by the American Academy of Pediatrics.

Ambulances in ND are also responsive to all children. For example, they are stocked with communication boards to facilitate effective, family-centered care for families of children with special health care needs or who do not speak English. To decrease medication dosage errors, Pihlaja pushed emergency personnel to record children’s weight in kilograms. In response to the 2013 National Pediatric Readiness assessment, Pihlaja is encouraging emergency departments to critically assess their capacity to provide pediatric emergency care.

Pihlaja’s position is not without challenges. “North Dakota has a really strong trauma system, but our state operates on huge volunteer subsidies: 80-90% of our EMS workforce are volunteers who hold full-time jobs and are on-call during their

free time,” she explained. “Usually, they do not get reimbursed for the runs that they do and they pay for equipment and trainings out of their own pockets. A lot of these services make maybe four runs with kids per year. It is challenging for them to pay for pediatric-approved equipment.” Pihlaja is inspired by these volunteers. “One of my favorite things about my position is that I am able to work closely with the best people in the world, people who use their free time to help others,” she said.

Pihlaja has high goals for the future of emergency pediatric care in ND. These goals include creating a classification system for emergency departments based on their ability to provide pediatric emergency care and increasing the capacity of EMS and emergency departments to implement their own case review and quality improvement measures. Laughing, she added, “That would be my big, bad pipe dream.”

For more information on the ND Emergency Medical Services for Children program, follow the ND Division of EMS and Trauma on social media ([facebook.com/NDDEMST](https://www.facebook.com/NDDEMST)). For more information about the Emergency Medical Services for Children (EMSC) program, visit: emscnrc.org or follow on social media ([facebook.com/emscnrc](https://www.facebook.com/emscnrc) or [@emscnrc](https://twitter.com/emscnrc)). To learn more about the National Pediatric Readiness Project and view the results from the 2013 National Pediatric Readiness assessment, visit: pediatric-readiness.org.

Tory Bruch is an MPH student in the MCH Program. She is also a Research Assistant at the Center for Leadership Education in MCH in the Division of Epidemiology & Community Health, SPH, UMN.



Jamie Stang

Jamie Stang: Teaching Maternal, Infant, and Child Nutrition (PubH 6902, PubH 6903) at the University of Minnesota

My courses focus on maternal, infant, and child nutrition by integrating relevant clinical practice guidelines into population-based, public health approaches to changing eating behaviors in MCH populations. Students have opportunities to gain skills in planning and developing population-based communication strategies through the development of public service announcements, which are shared with relevant community organizations and are available on YouTube for public viewing (e.g., z.umn.edu/6902). Policy evaluation and revision skills are developed through a series of activities in which students learn about federal and state school meals policies. They visit local schools and meet with staff to see how the policies are interpreted and implemented. Students then write an evaluation report that outlines strengths, weakness, and potential revisions for a specific school. Several school districts have used student recommendations to revise their school/district practices and policies. The courses also provide students with an opportunity to learn about behavioral economics strategies specific to nutrition and how they can be implemented as policy, systems, and environmental change strategies in organizations and communities to assure that healthy food choices are readily available and easily made.



A Sense of Service: Managing Programs for Families and Youth

by Nicki Cupit



Gloria Ferguson (right) with Shawna Hedlund

Before earning her Master of Public Health (MPH) degree, Gloria Ferguson had decades of professional experience working with both young people and with highly stressed families to prevent abuse and neglect and promote strong parent-child attachments. In addition to her BA in child psychology, she was a 1992 graduate of the first cohort of the Child Abuse Prevention Studies certificate program at the University of Minnesota (UMN). “We were doing home visiting focusing on mother-baby intervention with Early Childhood Family Education... so in addition to adolescent health work, I focused on parenthood, especially [parenting during] the first two to three years of life,” she said.

Ferguson began working as a Health Educator with youth and families at Health Start in 1984. She valued her work

Gloria Ferguson, MPH (2006) has worked to strengthen families for almost four decades. She is the Director of Health Start School Based Clinics and the Clinic Manager of the East Side Family Clinic in St. Paul, MN. Both Health Start and East Side Family Clinic are affiliated with West Side Community Health Services, a Federally Qualified Health Center. Ferguson is a regional leader because of her work in healthy youth development and her advocacy for programs and policies that support positive youth sexuality.

as a youth health educator and advocate, but she was ready to advance her career and felt that having an MPH would allow her to do that. She thus came to the MPH Program in 2001 with a background in family health and a reputation as a strong advocate for youth services, especially those that promote healthy youth sexuality and acceptance of lesbian, gay, bisexual, and transgender youth. She credits her MPH training with complementing her professional experience, by strengthening her knowledge of MCH principles, increasing her self-confidence, expanding her networks, and giving her the educational credentials she needed to move into leadership positions. Ferguson still calls upon the knowledge she gained from her Master’s thesis about adolescent access to health care in her role as the Director of Health Start School Based Clinics. “That experience broadened my understanding of adolescent health needs and what is in place outside of school-based clinics to meet those needs, which is not a lot when it comes to confidential care or providing care for adolescents who are uninsured,” she said. “If you want to help adolescents learn the ropes of health care, a school-based clinic is the perfect place to do it. We see everybody with or without insurance and we are able to offer them not only health care, but mental health

“It is a privilege to serve youth and work with people who are invested in making a difference.”

care, nutrition counseling, and health education.”

In addition to being the Director of Health Start, Ferguson also became the Clinic Manager of the East Side Family Clinic in 2015. The clinic offers services such as dental care, family medicine, nutrition services, family planning, and mental health care to families irrespective of insurance status or ability to pay. “I was excited to accept this position,” she said. “It’s new territory, new people to work with, new problems to solve... and it feels very useful.”

In her current roles, Ferguson is dedicated to making sure that the professionals around her are well equipped to provide quality care to the people they serve. “A huge undertaking for everyone in leadership is to figure out how to bring people on in a way that makes sense, that helps

them feel comfortable and prepared to do the work they need to do,” she said. “In management, I think the most helpful thing is to see yourself as a servant. My job really is to make it possible for the people who do the hard work to do their work. It’s my job to make sure that the budget is right, that staff is in place, and conflicts are resolved in ways that make it possible for people to work together and feel appreciated while they are doing it.”

As our interview was coming to a close, Ferguson’s energy and passion for mentoring became apparent when Shawna Hedlund, MPH, joined us. In November 2015, Ferguson hired Hedlund (a 2003 graduate of the UMN MCH Program) to be the Assistant Director of Health Start School Based Clinics. “Hiring Shawna seemed like it would be a great fit,” Ferguson said, smiling, “I am excited to work with her every single day.” They have been collaborating on various projects, one of which includes creating a presentation about adolescent health needs for administrators and staff at their school-based clinics “...because bringing together those pieces of health and school is exactly the kind of work that we do,” Ferguson said. Ferguson and Hedlund also share the professional honor of being members of the Delta Omega Honorary Public Health Society at the UMN.

Ferguson approaches her professional life with both passion and a sense of service. “It is a privilege to serve youth and work with people who are invested in making a difference,” she said. “We have accreditation from The Joint Commission for both the school-based clinics and our individual clinics, like the East Side Family Clinic. The Joint Commission wants us to be asking the patients about their goals, which is a wonderful thing to do,” she said. “The challenge is to represent everybody and bring people together in a way that they can communicate, understand each other, and really mesh as a team with the goal of meeting the patients’ needs...When we can do that and do it well, it is its own reward.”

For more information on Health Start School Based Clinics, visit z.umn.edu/healthstart; for more information on the East Side Family Clinic, visit z.umn.edu/wdech. Follow the West Side Community Health Services on social media (z.umn.edu/facebookwschs).

Nicki Cupit is a dual-degree student in the MPH Program in MCH and in the MSW Program in the School of Social Work. She is also a Research Assistant at the Center for Leadership Education in MCH in the Division of Epidemiology & Community Health, SPH, UMN.



Nicole Larson: Teaching Childhood and Adolescent Obesity Prevention (PubH 6950) at the University of Minnesota

I engage students in learning about pediatric obesity from a public health perspective as part of two online courses that focus on socio-ecological risk factors and the development of preventive strategies and policies. Undergraduate and graduate students participate together in the online environment to build their knowledge and share their experience. Learners who choose to complete both courses are provided with an introduction to pediatric obesity epidemiology; the opportunity to explore personal, interpersonal, and environmental risk factors; an overview of policy approaches and national initiatives aimed at prevention; and perspectives on building evidence for policy impacts, especially perspectives related to ethnic/racial and socioeconomic disparities.





Adolescents

Adolescent Well-being: Decades of Listening and Responding

by Wendy L. Hellerstedt, MPH, PhD



Robert W. Blum

Robert W. Blum, MD, MPH (1997), PhD is the William H. Gates, Sr. Professor and Chair of the Department of Population, Family and Reproductive Health, Johns Hopkins Bloomberg School of Public Health. He received a medical degree from Howard University College of Medicine. At the University of Minnesota (UMN), he did his pediatrics training, earned an MPH in Maternal and Child Health (MCH), and received a doctorate in Health Care and Hospital Administration with a focus on health policy. Over the past 40 years, Blum has added to the knowledge base about adolescent health through publication of more than 250 journal articles; authorship of hundreds of academic, governmental and agency reports; and membership on adolescent policy and programmatic committees convened by national and international organizations and agencies. Among his many honors, he is the recipient of the MCH Bureau's Vince Hutchins Award and the American Public Health Association's (APHA) Martha May Elliot Award. In 2016, he received the UMN SPH Gaylord W. Anderson Leadership Award.

It was at the UMN where Robert Blum started developing strong and lasting ties with the MCH community, first as a student, then as a faculty member, and, ultimately, as the Director of the Division of General Pediatrics and Adolescent Health in the Medical School. While at the UMN, Blum mentored several UMN-MCH faculty members, as well as many UMN-trained MCH leaders. He became a renowned scholar and teacher through curiosity, collaboration, team building, reflection, and innovation. He continues his work, as an internationally respected expert in adolescent health, throughout the world.

Reflecting on his career, Blum stresses that he continues to deepen his knowledge by maintaining a practice he began early in his career: he observes and he listens to youth. And he talks to parents about their hopes for their children.

Influences and Progression to Leadership

Blum credits the UMN for starting his career in adolescent health. In turn, the contributions he made as a student and faculty member from 1975-2003 changed

"It's all about how you ask the questions...people will tell you their stories forever."

the face of adolescent health training and research at the UMN.

Blum was willing, even early in his career, to let his curiosity and desire to learn guide him—those are the qualities that brought him to the UMN. "I was in Medical School at Howard," Blum recalled, "and I decided to do a residency at the University of Minnesota because I wanted to work with Bob ten Bensele who was the head of the outpatient department at Hennepin County Medical Center (HCMC). Well, shortly after I got there he [ten Bensele] left HCMC to chair the MCH Program at the University." So, Blum, a young pediatric resident, made an unanticipated move: he enrolled in the MCH MPH Program in 1975.

He was influenced not only by ten Bensele

and the MPH Program, but also by his increasing interest in population-based health and his clinical experiences. "As a pediatric resident at the University of Minnesota, I remember a couple of kids especially," he recalled. "I can close my eyes and still see them. One of them, a boy, had leukemia. He eventually died from it. Another, a 15-year-old girl, had cystic fibrosis. I saw the medical community back away from them—not only emotionally remove themselves, but physically back away—as these kids got sicker and it was clear that they were not going to get better." As their health care teams backed away from these young people, Blum moved in closer. "I became more engaged with them, I sat with them, I listened to them," he recalled. Blum confirmed the importance of *listening* to young people and he continues to seek out their voices, and incorporate them, into his research and his teaching.

In addition to ten Bensele, Blum had another important mentor at the UMN, Gisella Konopka. "She was truly important to me," he said, "and we were very close until she died [in 2003]." Konopka was a social worker and a pioneer in the study of troubled adolescent girls and



Listening to Youth Throughout the World

A sabbatical with the World Health Organization (WHO) about 25 years ago stimulated Blum's interest in global health. One of the projects he is currently directing is the Global Early Adolescent Study (GEAS) (geastudy.org; see page 13). It began, as many of Blum's projects begin, with conversations and curiosity. "We had a couple of meetings at the WHO in 2009, with the goal of setting a research agenda for youth. [During those meetings]...we realized that there was very little work in early adolescence," he said. He and his colleagues kept the conversation going, resulting in an informal brainstorming group that developed after a 2011 Gates Institute conference on family planning and reproductive health in Senegal.

an advocate for interventions that built youth resilience and encouraged positive development (z.umn.edu/konopka). Blum's career was clearly influenced by Konopka, who stated that, "I prefer to see adolescence as a significant stage in itself, an 'adolescenthood' with new experiences and new strengths, not merely an interim period and a problem."

While Blum had many positive experiences in MN that shaped his career, he recalled an embarrassing event that ultimately *changed* his career—and increased the prominence of adolescent health scholarship and training at the UMN. "I was working on my MPH in 1976 and I saw a request for proposals from the MCH Bureau for an adolescent health training program," he explained. Although he had never written a grant proposal, his lack of experience did not deter him. He met with colleagues in many departments at the UMN, he said, "...and every one of them had an idea or an addition to the grant I was writing. So I added every good idea I heard to the proposal." He submitted a 756-page proposal.

"Needless to say, it was not an award-winning application," he admitted. "In fact, I am not sure it was even read by anyone. All I know is that my application was the butt of jokes at the MCH Bureau for at least 10 years."

While his proposal may have provoked laughter, it also engendered something valuable: a call from Vince Hutchins, the first director of the MCH Bureau. Hutchins was starting to fund a few university-based training programs in adolescent health and "...out of the blue he called me," Blum said. "I have no idea why." He encouraged Blum to write an adolescent training grant for the UMN. "He stressed that the length of my proposal was limited to 50 pages," Blum said with a chuckle.

Blum's Leadership Education in Adolescent Health (LEAH) training grant was funded in 1978. "Writing that grant changed my career," Blum said. "To this day, I am incredibly indebted to the MCH Bureau because it helped me, and so many others, bridge public health and clinical medicine so we could better serve adolescents."

Since Blum's first grant, the UMN has continued to have a LEAH training grant, currently under the leadership of Michael Resnick. In the late 1970s Resnick had been Blum's research assistant and is now the Konopka Professor in the School of Medicine and an MCH adjunct faculty member. Throughout the years many MCH students have been LEAH fellows and have thus received state-of-the-art training in adolescent health.

"For two years, we just met every other month, by Skype or phone, and talked about next steps," Blum said. They had no funding, but the group had a focused and inclusive leader in Blum. "If someone wanted to join us, we said 'sure'," he laughed; "We had no money, so what difference did one more group member make?" Their commitment and energy eventually led to funding and a 15-country study, the GEAS.

In 2014 Blum and colleagues launched the GEAS to examine an under-studied group (10-14 year-olds) and an under-studied topic that could be germane to their well-being: gender norms.

"This mixed-methods study focuses on the poorest youth in every country" Blum explained, "and it is focused on the consequences of gender norms. What are the norms that are harmful, helpful, or just plain annoying? What norms have an impact on physical, mental, or sexual health?" The impetus for the study is the investigators' belief that gender norms are relevant, and their recognition that there are no good instruments to measure gender norms, or their impact, for young adolescents. This is especially true for those living in developing countries.

Blum acknowledged that norms will vary among the youth in the study's 15 countries, but he also believes that similarities will



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outweigh differences and that, in every country, there are similar messages that govern life course events, including puberty. For example, “Moms all over the world—in Hanoi and in Baltimore—give daughters the message to avoid boys once they begin to menstruate,” he said. Universal gender messages also exist, Blum stated, “Boys are taught to ‘not act like girls’ everywhere in the world and gender-inequitable relationships are everywhere.”

The study focuses on the poorest youth in every study country. Consistent with Konopka’s interest in at-risk youth, Blum has “... a particular interest in behaviorally and attitudinally non-conforming kids... what happens to them when, at age 12-13, they do not follow social norms? These positively deviant youth may be defying unhealthy norms and they have a huge amount to teach us.”

The study is in two phases. Consistent with Blum’s approach, Phase I involves *listening* to youth and their parents through focus groups and interviews in every participating country. This informa-

tion will deepen investigator knowledge about country-specific gender norms and inform the development of a toolkit of survey instruments.

Phase II will involve a longitudinal study of 10-14 year-olds who will be followed for five years to determine how gender norms influence health. The study is in Phase I, Blum said. “Right now, we are organizing about 35 mother-daughter dyads in every country...about 450 parent and 450 adolescent interviews...they will help tell us what gender norms are cross-cutting, what are comparable, and what distinguishes one area from another.” Blum has absolute confidence in the interview method of data collection because it reflects lessons he learned 40 years ago as a pediatric resident: “It’s all about how you ask the questions...people will tell you their stories forever.”

Looking Ahead

Blum’s career began—and continues to flourish—because of his passion to make

“What are the norms that are harmful, helpful, or just plain annoying?”

the world a better place for young people and his drive to meaningfully *engage* with youth, parents, and many professional communities of researchers and teachers. He concluded our interview with a story about meeting a family of four in Cape Town who lived in a tin shack that was smaller than 100 square feet. “They had just moved. This tin shack was newer and had fewer holes in it than the old tin shack they had moved away from. They were excited, even optimistic, about this new home,” he said, clearly inspired by the family. “It’s all about the lens you wear.”

For more information about Robert Blum and his work, visit z.umn.edu/blum.

Wendy L. Hellerstedt, MPH, PhD, is an Associate Professor and Director, Center for Leadership Education in MCH, in the Division of Epidemiology & Community Health, SPH, UMN.

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Global Early Adolescent Study: An Exploration of the Evolving Nature of Gender Norms and Social Relations

Context. The period between 10-14 years is among the most critical for human development, yet one of the most poorly understood. Biological processes are universal, but the social contexts in which they occur vary. During this period, gendered norms and beliefs are solidified.

Study Goals. To conduct a multi-nation longitudinal comparison of the social processes that influence young people's health, with particular attention to how gender norms influence sexual health and behaviors. Other outcomes of interest are educational attainment, mental health, and physical health.

Sample and Sites. Urban poor 10-14 year-olds, who are among the globe's fastest growing and most vulnerable populations. Sites are in Belgium, Bolivia, Burkina Faso, China, Democratic Republic of Congo, Ecuador, Egypt, India, Kenya, Malawi, Nigeria, Scotland, South Africa, US, and Vietnam.

Study Design. The study has two phases:

- **Phase I.** A mixed-methods study with two major components: (1) in-depth interviews with youth and their parents to identify social norms and how youth navigate them; and (2) the development of a toolkit of four instruments that will be available (without cost) to researchers who want to examine gender norms, gender equity in relationships, health, and the social context of 10-14 year-olds.
- **Phase II.** Using the instruments developed in Phase I, the researchers will conduct a 5-year longitudinal study with 10-14 year-olds at each study site to quantify how gender socialization evolves from early to late adolescence; parental, peer, and institutional influences on gender socialization; and how gender norms influence sexual, physical, and mental health.

Lead Organizations. Johns Hopkins, Bloomberg School of Public Health; World Health Organization; and United Nations Population Fund (UNFPA).

For more information, visit geastudy.org or twitter.com/geastudy.

Lynn Bretl & Lisa Turnham: Teaching Sexuality Education (PubH 6627) at the University of Minnesota

We teach a course that provides a broad perspective on what sexuality education can and cannot achieve, what the research indicates is effective, and how young people are affected by its implementation. Students review curricula, the policies, and practices related to the implementation of sexuality education in the US, and the controversies that persist. By examining current events and engaging in interactive activities, students consider what roles the school and public health have in raising sexually healthy young people.





Adolescents

Investing in Adolescents: Providing Holistic Supports for Youth

by Kristin Teipel, BSN, MPH



Kristin Teipel

Kristin Teipel, MPH (1989) has been the Director of the State Adolescent Health Resource Center (SAHRC) since 2001. SAHRC is located in the Konopka Institute for Best Practices in Adolescent Health at the University of Minnesota (UMN). SAHRC is a partner of the National Adolescent and Young Adult Health Information Center. From 1997-2001, Teipel was the State of Minnesota's Adolescent Health Coordinator.

When professionals see the world through young people's eyes, they're better able to support adolescents as they strive to reach their own best health. As the Director of the State Adolescent Health Resource Center (SAHRC) at the UMN, my role is to help youth-serving professionals understand and provide holistic supports for adolescents. I do this by providing technical support and guidance to State Adolescent Health Coordinators (SAHC) and others working within MCH programs across the country.

The (SAHC) position has been an important part of most state MCH programs since the 1980s. It's a broad role that can range from managing programs that address specific health issues (e.g., teen pregnancy, obesity, mental health) to addressing the foundations of health (e.g., connections to caring adults, supportive families, healthy development). Interwoven in this work is strengthening support systems for adolescent health, which includes building a workforce that is skilled in addressing the unique needs of youth, creating collaborative efforts that are aligned and work towards common goals, and developing data systems that guide public health work. For example, as the SAHC for the MN Department of Health (MDH) [from 1997-2001], I worked with youth-focused people across the state to create an adolescent health strategic plan called *Being, Belonging, Becoming—MN's Adolescent Health Action Plan* (z.umn.edu/abbb). This plan



“MCH plays a primary role in building the foundations of health for a child's lifetime.”

guided many statewide and local efforts, including the Youth Risk Behavior Initiative (z.umn.edu/yrbi) in which local public health programs and their community partners worked to reduce youth risk behaviors and increase the capacity for youth, adults, communities, and systems to support healthy youth development.

Creating an adolescence-focused public health workforce is an area of great need and one that I am committed to in my work at SAHRC. Many people who

work directly with youth, manage youth programs, and/or make decisions about youth health issues have little training in adolescent development. Adolescence is a unique time of life that requires us to have a thorough understanding of development, the interplay of social determinants in health, and the many other factors that influence health and well-being. To address this, my SAHRC colleague, Glynis Shea, and I created the training *Understanding Adolescents—Seeing Youth Through a Developmental Lens*. We've trained public

health professionals and other across the country about adolescent development and how to apply this lens to their everyday work, adapting it for different needs and sharing training resources widely. For example, we taught Gloria Montalvo, Director of the Programa de Servicios Integrales de Salud al Adolescente (SISA) at the Puerto Rico Departamento de Salud (Department of Health) to be a trainer (z.umn.edu/salud). Montalvo and her colleagues translated our training guide into Spanish, and refined it to reflect the Puerto Rican culture. They trained SISA Regional Adolescent Health Coordinators to raise awareness and build the knowledge and skills of health and education professionals, parents and caregivers, and youth across Puerto Rico.

Adolescence is a time of opportunity, and MCH plays a primary role in building the foundations of health for a child's lifetime. In some states, MCH programs have changed their name to "maternal and child adolescent health" to more accurately reflect the importance of adolescence in the lifecourse. The UMN MCH Program provided me with the foundations of public health principles, which guide how I support youth-serving professionals. My interest in adolescence has developed into a profession where I get to invite adults to engage in thoughtful dialogues about youth, all while impacting local and national public health systems. Every day this work helps me accomplish my mission—to help MCH and other public health professionals invest thoroughly and deeply in adolescents.

For more information on the SAHRC visit z.umn.edu/umhrc or find it on Twitter at @SahrcUMN. For information about the National Network of SAHC visit nnsahc.org. To learn about the National Adolescent and Young Adult Health Information Center, go to z.umn.edu/nahic or follow it on Twitter (@NAHIC_UCSF).

For information on the training (*Understanding Adolescents – Seeing Youth Through a Developmental Lens*) contact Teipel at teipe001@umn.edu.

Kristin Teipel, BSN, MPH, is the Director of SAHRC, Konopka Institute for Best Practices in Adolescent Health, UMN.

Quick-Guides: Promoting Adolescent Health During National Health Observances

There are many national health observance days, weeks, or months. The savvy health professional can use these observances as opportunities to promote health messages, programs, and policies.

Our Center for Leadership Education in MCH and the State Adolescent Health Resource Center (z.umn.edu/umhrc) at the UMN created "Quick-Guides" to take advantage of national health observances to promote adolescent health, especially when using social media.

We created two-page guides for 26 specific national observances to guide adolescent health promotion efforts, especially through related social media. To access the Quick-Guides and to download the User Guide, visit: z.umn.edu/qguides.

National Health Observances

January

National Stalking Awareness Month
National Drug Facts Week
Cervical Health Awareness Month

February

Teen Dating Violence Prevention Month
American Heart Month
National Eating Disorders Awareness Week

March

National Youth Violence Prevention Week
National School Breakfast Week
National Nutrition Month

April

STI Awareness Month
Sexual Assault Awareness and Prevention Month
Minority Health Month
Every Kid Healthy Week
Distracted Driving Awareness Month
Alcohol Awareness Month

May

Walk to School, Bike to School Day
National Teen Pregnancy Prevention Month
Healthy and Safe Swimming Week
National Mental Health Month
National Healthy Vision Month

June

National Safety Month

August

National Immunizations Awareness Month

September

National Suicide Prevention Week
Fruits and Veggies—More Matters Month
National Farm Safety & Health Week

October

National Bullying Prevention Month



Adolescents

Returning Home to the Healthy Youth Development Prevention Research Center

by Sara Benning, MLS



Jill Farris

Jill Farris, MPH (2005) is the Education Program Specialist at the University of Minnesota's (UMN) Healthy Youth Development Prevention Research Center (HYD-PRC). From 2007-2015, she was the Director of Training and Education at Teenwise, St. Paul MN.

In 2015—12 years after her research assistantship at the HYD-PRC (see page 17)—Jill Farris returned to direct the PRC's adolescent sexual health training and professional development initiatives. As an MCH MPH student, the research assistantship was a good fit for Farris, who got to actively explore what she was studying in her MCH coursework. Yet going back to her roots is different now that Farris is a full-time PRC staff member, "I've grown so much as a professional, so I return to the PRC with a different focus but the same impression I had when I was a student in that I feel so honored to work here," she said.

An internship at Planned Parenthood helped inspire Farris' public health career. "I was interested in the health professions and wanted to work with people, but I knew I didn't want to be a clinician," Farris said. A medical student working with Farris at Planned Parenthood suggested that Farris explore public health. "I went to a small school (UMN-Morris) for my undergraduate. I got my triple major in human services, psychology, and women's studies," she reflected. "In retrospect, what I was trying to cobble together based on what was available to me was,

in essence, a public health degree," Farris laughed, "so it makes sense that I would end up pursuing my MPH."

Farris is transitioning from the nonprofit sector to the academic world. Prior to coming to the PRC, she was the Director of Training and Education at Teenwise (St. Paul, MN), which closed in November 2015. Teenwise staff created adolescent sexual health publications and conducted trainings for youth-serving professionals in state and local health departments and nonprofit organizations. Farris, who did her field experience at Teenwise and later served as its site preceptor for many MCH students, will continue to support professionals who are delivering youth programs. "The UMN offers opportunities to do related work [to Teenwise], but to grow and branch out, as well," she said. "We've made great progress with teen pregnancy rates and promoting adolescent sexual health in Minnesota, but there's still a world of work to be done."

She said that is particularly excited about extending her UMN networks and working with colleagues with expertise in mental health and sexual violence prevention.

Farris said that she believes that ado-

Audio Available: Talking about Sexual Health With Your Kids

Farris was one of several MCH professionals featured on a special series of Community Health Dialogue, a weekly public health program on KMOJ-FM (89.9 FM, Minneapolis, MN) hosted by Clarence Jones of Southside Community Partnerships (z.umn.edu/sdechs). The series was co-sponsored by our Center for Leadership Education in MCH. To listen to the recording, visit z.umn.edu/jillf.

lescence is a critical part of everyone's development but that adults often don't give this pivotal life stage the importance it deserves. "It is such a period of change, so there are lots of opportunities to intervene and support youth," Farris said. "Adults tend to have a negative view of this period in the life course. People like to wag their fingers at 'those teenagers'," she said, "but I think, by and large, young

FACT: 2 out of 3 of Farris' professional experiences came from research assistantships and field experiences during her MPH training at the UMN!



“We’ve made great progress with teen pregnancy rates... but there’s still a world of work to be done.”

people are making good decisions when it comes to their sexual health.”

Those good decisions have a lot to do with the type of programming being offered to youth. For some time, sexual health education focused on programs that were not backed by research. “These programs, including abstinence-only programming, didn’t have any effect on young people,” said Farris. “Now there’s been a shift to funding what is evidence-based. There has also been a shift by state and federal funders to support innovation. This helps the entire field move forward in terms of how programs can be inclusive and appropriate for different populations. For example, sex-positive programming or programming for LGBTQ youth and youth in foster care.”

While programming is increasingly effective, a current struggle faced by Farris and others in adolescent health education is how people perceive and communicate data. She wants to encourage Minnesotans—especially policymakers and funders—to better understand and

drill down into state-level data, especially birth certificate data. It has been broadly reported that MN has one of the lowest teen birthrates in the country, which makes it tempting for funders to think that there’s no longer a need to direct resources to MN, Farris said. “Things are generally going well, our overall birthrates are low. But if you dig into the data, there are HUGE racial and ethnic disparities in terms of American Indian and Hispanic/Latino populations,” she said. “We haven’t ‘solved’ adolescent pregnancy or childbearing in Minnesota. We’ve made progress on a broader level, but when we break it down, there’s something significant going on. How do we communicate that?”

For more information about the UMN Healthy Youth Development Prevention Research Center, visit z.umn.edu/prchy.

Sara J. Benning, MLS, is the Director of Communications and Outreach at the Center for Leadership Education in MCH, Division of Epidemiology & Community Health, SPH, UMN.

The University of Minnesota’s Healthy Youth Development Prevention Research Center

The MCH MPH Program—and our Center for Leadership Education in MCH—has a long history of collaboration with the University of Minnesota’s (UMN) Healthy Youth Development-Prevention Research Center (HYD-PRC; z.umn.edu/prchy). The HYD-PRC is housed in the Division of General Pediatrics and Adolescent Health in the Medical School. There are 25 other PRCs in the US, funded by the Centers for Disease Control and Prevention (cdc.gov/prc). Each PRC in the nation is focused on a specific health topic, including physical activity, global health, and workforce health. Despite different areas of focus, all PRCs share a common goal: to encourage the translation of health promotion research into public health programs and policy.

The HYD-PRC at the UMN collaborates with community and public health partners to develop and disseminate actionable knowledge and practices that promote HYD and health equity. The HYD-PRC began 20 years ago, with MCH adjunct faculty member, Michael Resnick, as its director and MCH Center director, Wendy Hellerstedt, as its deputy director. Today, Renee Sieving directs the HYD-PRC. Throughout its history, the HYD-PRC has provided MCH faculty and students with opportunities for collaborative training and research in emerging adolescent health issues. For more information about the HYD-PRC, visit z.umn.edu/prchy.



Adolescents

Prioritizing Adolescents: Building a Teen-friendly Healthcare System

by Wendy Hellerstedt, MPH, PhD



Jen O'Brien

Jen O'Brien, MPH (2008) is the Program Manager of the Henne-Teen Program at Hennepin County Medical Center (HCMC). HCMC is a Level 1 Adult and Pediatric Trauma Center located in the heart of Minneapolis, MN. HCMC's Henne-Teen is modeled after the successful *Aquí Para Tí (Here for You)*, which is directed by MCH alumna Maria Veronica Svetaz. O'Brien was the State of MN Adolescent Health Coordinator from 2006-2011.

"I like underdogs," Jen O'Brien said, explaining why she works on behalf of adolescents. And she likes challenges. "Adolescents are funny, creative, and insightful; they can also be difficult, moody, and sassy. That's exactly what they should be—experimenting, taking risks, challenging the status quo. That's how they fulfill the natural developmental tasks of adolescence. That's how they prepare themselves for adulthood."

O'Brien has spent almost 20 years working with youth, beginning in Honduras with a 2-year stint in the Peace Corps working on projects to promote prenatal health, child survival, and healthy adolescent sexual behavior. "When I got back home, I knew that I cared most about issues related to women and children. A Masters in Public Health [MPH] in Maternal and Child Health [MCH] was right for me: I could train myself to work with the populations I cared about, within a social justice context that was so important to me."

O'Brien has been a sexual health educator, a grants and program manager, and Minnesota's State Adolescent Health Coordinator. In 2014 she became the Program Manager of the Henne-Teen Program at Hennepin County Medical Center (HCMC).



Transforming Systems

"My main goal is to help transform Hennepin Healthcare System into a teen-friendly system that supports high quality, confidential care," she said. Along with her colleague and partner (and fellow MCH MPH graduate), Maria Veronica Svetaz, she developed confidentiality protocols and work flows for every employee who has an encounter with an adolescent. Her work on teen-friendly systems ranges from logistical fixes in the electronic health record to big picture consider-

ations. For example, she was a panelist at the 2016 Society for Adolescent Health and Medicine meeting *Youth in Context: Interactions Among Adolescents, Environments, and Healthcare* to discuss clinical and population health strategies for primary care sites to become true adolescent medical homes (z.umn.edu/sahm). What is a true medical home? "A place where adolescents feel welcomed, from their first step in the door until they leave," O'Brien said.

“We cannot abandon kids when they reach middle school.”

O’Brien thinks about strengthening all kinds of systems to support youth, including the family. “Parents of teens need support,” she stressed. “For my MPH thesis, I did a study of parents of teens from diverse backgrounds in the metro area. They felt isolated and without a lot of resources.” She believes that parenting teens has become more complex. “Young people are more eloquent about gender identity and sexuality ... they’re pushing their parents to challenge the status quo, and to be more accepting. Their ideas, and the language they use, can be confusing to parents,” she said. She noted that there are several resources to enable parents to better support their teens, like the *Family Acceptance Project* (z.umn.edu/sfsu), which provides strategies for parents to support their gay, lesbian, bisexual, or transgender adolescents.

O’Brien said that all systems can be made stronger and more youth friendly, but she said that she also worries that funders, the public, and the media don’t prioritize programs for adolescents. “We’ve seen decreases in adolescent pregnancy, but that’s not the only metric of adolescent health,” she said. “Our progress in adolescent pregnancy doesn’t mean that all of the youth health and developmental issues are solved. Money for adolescents is drying up... Think about how much we value the financial investments we make in early childhood education,” O’Brien mused. “We need to protect and extend that investment throughout adolescence. We cannot abandon kids when they reach middle school.”

For more information about Henne-Teen, visit z.umn.edu/henneteen.

Wendy L. Hellerstedt, MPH, PhD, is an Associate Professor and Director, Center for Leadership Education in MCH, in the Division of Epidemiology & Community Health, SPH, UMN.

Robert Blum and Lauren Gilchrist: University of Minnesota School of Public Health 2016 Alumni Award Winners

The University of Minnesota’s School of Public Health (SPH) recently announced the winners of its 2016 alumni awards (z.umn.edu/alumsph). We are proud to announce that two MCH alumnae are winners and will be honored at an awards ceremony in May 2016.

Robert Blum, MD, MPH (1997, MCH), PhD is the recipient of the Gaylord W. Anderson Leadership Award. It is bestowed upon an UMN SPH graduate who “...embodies Anderson’s qualities as a visionary leader, teacher, collaborator and public health ambassador, and possesses an abundance of intellectual curiosity, critical thinking, and the ability to inspire others.” Blum is an internationally respected researcher, teacher, and leader in adolescent health. He is the William H. Gates, Sr. Professor and Chair of the Department of Population, Family and Reproductive Health, at Johns Hopkins Bloomberg School of Public Health.

Lauren Gilchrist, MPH (2007) is the recipient of the Emerging Leader Award, presented to an alumna who has made a significant professional impact within 10 years of graduation. She has been a policy advisor to Senators Ted Kennedy and Al Franken. As an aide to Senator Franken, she is credited with having a leading role in the development and incorporation of the 80/20 rule of the Affordable Care. Gilchrist is a Senior Policy Advisor to Minnesota Governor Mark Dayton. She is also an MCH adjunct faculty who teaches a course in Advocacy and Children’s Rights.

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Reproductive Life Planning:

Encouraging Preconception Health Knowledge and Care

by Tory Bruch



Cristina Lammers

Cristina Lammers, MD, MPH (1997) is an Associate Professor at South Dakota State University (SDSU) in the College of Nursing. Lammers has also been a consultant about maternal, infant, and adolescent health for the Regional Office for the Americas of the World Health Organization (WHO)/Pan American Health Organization (PAHO).

Cristina Lammers is passionate about the importance of preconception health care, a topic that reflects her medical training in obstetrics and gynecology and her public health training in maternal and child health (MCH). Her research is motivated by gaps in knowledge about how, or if, reproductive-aged women seek or receive routine counsel from health care providers to prepare for a future pregnancy.

“I wanted to know if women were receiving preconception health care or if they even knew what it was,” she said, so she assessed the preconception health care knowledge of more than 1,400 women in SD “In the literature, there really was nothing from the patient’s perspective and there were [only a] few studies about what women actually knew about preconception health care,” she explained. “My research revealed that women are not informed about preconception health care. As for health providers, despite the wealth of information and publications available, there is no policy to encourage them to provide this aspect of care.”

Promoting preconception health care is an important aspect of a larger effort to encourage reproductive life planning and improve birth outcomes. Almost half of all pregnancies in the US are not intended or planned, therefore a woman can be six to eight weeks pregnant before she knows it. This underscores the importance of having a reproductive life plan and receiv-

ing preconception health care information and services to reduce the harmful effects of tobacco, alcohol, some medications, infections and environmental exposures during the early crucial weeks of fetal development.

The role of the health care provider in reproductive life planning is to help women think ahead about pregnancy by providing care and counsel to help women achieve two goals: (1) becoming pregnant only *if* and *when* they want to do so; and (2) optimizing their physical, emotional, and social well-being (e.g., diet, weight, substance use, mental health) so they enter their pregnancies as healthy as possible. A provider may, for example, assist a woman who wants to become pregnant in 12 months with weight modification or smoking cessation interventions. The provider may also counsel another woman to use a long-acting reversible contraceptive, like an IUD (intrauterine device), if she is unsure about whether she ever wants to become pregnant but knows she does not want to have a child in the next few years.

To address the needs of women who eventually may want to become pregnant, Lammers plans to develop a culturally appropriate pre-visit form with questions all reproductive-aged women can ask their health care providers about preconception health care and services. This form is similar to a form developed by the US Department of Health and Human

Services’ Women’s Health Office. It lists the most important, evidence-based components of preconception health care a woman needs to receive, starting with having a reproductive-life plan. The overall aim is to encourage women to be more aware of the impact that their lifestyle and behavior has on a future pregnancy and to have more control over their reproductive health. Lammers believes that providers should not refer to this kind of assessment and counseling as “family planning” because some women may not want to start a “family” and this term could thus be confusing. “Call it a reproductive life plan,” she advises health-care providers, “This [term] gives a woman a lot more ownership...it is *her* plan.”

Service to the International Community

Before coming to the University of Minnesota (UMN), Lammers was an Associate Professor in the Department of Obstetrics and Gynecology at the University Hospitals and Clinics (Hospital de Clinicas) in Montevideo, Uruguay. Her connection to her home country, and her commitment to global MCH, has always been strong.

Her MPH training, an Adolescent Health Fellowship in the Pediatrics Department at the UMN, and her work teaching and taking care of adolescents at the Hospital de Clinicas-Medical School all prepared her



Promoting preconception health care is an important aspect of a larger effort to encourage reproductive life planning and improve birth outcomes.

for her future consultant work with PAHO. Shortly after her MPH graduation, she worked with the Latin American Center for Perinatology, Women and Reproductive Health (CLAP/WR) in her native Montevideo, Uruguay to develop and disseminate the Adolescent Information System (*Sistema Informático del Adolescente* (SIA) (<http://www.codajic.org/node/485>). SIA is a set of guidelines and software that enables health professionals to provide comprehensive prevention and health promotion services to adolescent patients while also tracking risky behaviors.

“The SIA is a powerful tool,” Lammers said. “It not only ensures high quality care for adolescents but also functions as an epidemiological tool. It is used in adolescent health services and clinics in Uruguay and other Latin American countries, generating a valuable pool of data to track and analyze the health of adolescents in the Americas and Caribbean.” SIA was modeled on the Perinatal Information System, a provider-based set of forms that is used in about 34 countries to collect data about prenatal, delivery, and postpartum care. This system, like the SIA, brought uniformity to data collection within and across countries, as well as increased the availability of comparable perinatal data locally, nationally, and regionally.

More recently, in 2014, Lammers was part of a team of health care providers from several Latin American countries that explored the feasibility of developing a preconception health form to be included in electronic health records in Latin America, in the same way that the forms associated with the SIA and the Perinatal Information System are. This form includes a one-page set of coded questions about the woman’s reproductive life plan, health behaviors, lifestyle, and personal and family medical history that could contribute to fertility or pregnancy outcomes. Questions include those related to tobacco, alcohol and prescription drug use, body weight, use of folic acid supplements, vaccinations, rubella immune status, mental health issues, and abuse history. With such information, health providers can provide counseling, recommendations, referrals, and treatment to reduce the risks before a pregnancy occurs. “I contributed the outcomes and results of what I have been doing here [in SD],” Lammers said, describing how her research may have an international impact as she and other professionals from the Americas work on the development of this form.

Lammers credits her MPH in MCH training—and her adolescent health fellowship—with profoundly affecting her

professional life, which includes teaching in addition to research and international service. She said she finds immense value in her position at SDSU, where she teaches introductory public health courses, because she feels that teaching about public health is a part of her professional mission. “I think that for anybody who is in a health field, understanding and knowing about public health and the public health approach is key,” she said. “Health professionals need to work in collaboration, we need to work together, and this includes public health. Especially when we are talking about prevention and health promotion.”

For more information about the SDSU School of Nursing, visit sdstate.edu/nurs. For more information about: preconception health, visit z.umn.edu/ncemchpreg and cdc.gov/preconception; for reproductive life plan examples, visit <http://www.cdc.gov/preconception/reproductiveplan.html> and <http://www.womenshealth.gov/pregnancy/before-you-get-pregnant/preconception-health.html>.

Tory Bruch is an MPH student in the MCH Program. She is also a Research Assistant at the Center for Leadership Education in MCH in the Division of Epidemiology & Community Health, SPH, UMN.

Reproductive Life Planning

Reproductive life planning is an important component of preconception care (z.umn.edu/precare). All women—and all men—should have a reproductive health plan to help them meet their goals for having children when—and if—they want to do so. Such plans are fundamental to health promotion, as planned childbearing is associated with good health outcomes for women, couples, and their families. There are many examples to help individuals develop their own reproductive health plan. See the Centers for Disease Control and Prevention for one such example, z.umn.edu/replife.



The Evolution of Public Health: Moving Toward Health and Health Equity

by Sierra Beckman

Kathryn Linde, MPH (1999) is the Women and Infant Health Supervisor in the Maternal and Child Health (MCH) Section at the Minnesota Department of Health (MDH), overseeing staff and activities in the section. The MCH Section provides statewide leadership and public health information essential for promoting, improving or maintaining the health and well-being of women, children and families throughout Minnesota. MCH Programs include Child and Teen Checkups, the Family Planning and Special Projects grants, Positive Alternatives and many more.

Kathryn Linde has worked in MCH for more than 30 years. During that time, she has seen public health in Minnesota increasingly focus on social determinants of health and health equity. Linde’s own professional development mirrored a public health trend—shifting from providing individual service to focusing on solutions for populations. She began her career as a neonatal intensive care unit (NICU) nurse. She enjoyed the challenge of working with the smallest of patients, but quickly wanted to prevent babies from starting their lives in the NICU. Determined to make a public health impact, Linde decided to pursue a Masters in Public Health (MPH). It took her nine years—and two maternity leaves—to complete her MPH, but during that time, she got a real education in and outside the classroom.

While completing her MPH, Linde also spent time working in an alternative school for pregnant and parenting teens. The students she worked with experienced housing and food insecurity as well as struggled to meet educational goals because of barriers such as learning disabilities. Observing their lives taught Linde a lot about social determinants of health. Linde recalled the moment when it really hit home for her, “One of the students told me I was older than her mother, which meant her mother was a teen parent. Right then, it gave me the sense that we should be preventing [adolescent pregnancy].” Shortly after this, Linde was hired at the



Department of Human Services (DHS) in the Medicaid Policy Unit as the Women and Infant Health Policy Coordinator.

A large part of her work in the Medicaid Policy Unit included the creation of a standardized risk assessment screening form for pregnant women enrolled in Medicaid. “A lot of providers were already screening women for risks, but they weren’t documenting it,” Linde said. “Being a health professional, if you don’t document it, it didn’t happen. So we worked on mandating the assessment

form as a part of care for women receiving Medicaid, ensuring that providers were paid for doing it, and offering training on the importance of risk assessment screening.”

The data from the risk assessment screening form was used for more than prenatal care intervention and referral. The health policy staff matched the data from the forms to claims data to examine associations between risk factors and adverse birth outcomes. A report of these data, published by DHS in 2003, noted that almost 55%

of the pregnant women who received Medicaid were not married, more than 30% has less than a 12th grade education, more than 17% smoked during pregnancy, 14% reported drinking alcohol during pregnancy, and 14% had experienced sexual abuse. Managed Care Organizations were able to use these data to assist with program planning for the populations they were serving. Importantly, data from the assessment form confirmed that the correlates of adverse birth outcomes were not predominately medical, but related to life circumstances.

Public Health: An Evolving Approach to Ensure Health Equity

Linde has seen firsthand how far Minnesota has come on addressing health and health equity. Linde said, “I worked on a grant for the Health Department in 1989, and I remember the Division Director at the time coming into a meeting, and she was so excited because infant mortality rates were way down. One of my colleagues said, ‘That might be true for some, but it isn’t true for African American infants.’ It was a huge to have someone acknowledge this.”

Linde said that we still have a long way to go to improve the health of all communities in Minnesota, but she is optimistic that we are moving in the right direction. “Addressing the social determinants of health will take time,” she said. “I know many people are frustrated that the things we knew twenty years ago [health inequalities, social determinants of health] are still an issue today. But, I am glad to see these things getting the recognition they need now, and that people are think-

“I’ve had people tell me that addressing racism is not their job... I tell them ‘Yes it is’.”

ing differently about health and about the policies that affect health.” Linde also discussed the evolving role of public health as a field, and the diverse work that public health professionals are doing to promote health equity, from providing one-on-one professional and community education to advocating for policy changes. She noted that it is becoming increasingly important for public health professionals to work collaboratively with individuals in other sectors, such as housing or transportation, to improve health equity. “I’ve had people tell me that addressing racism is not their job, and I tell them ‘Yes it is’.” Reflecting about the opportunities public health professionals have embraced to address equity issues creatively, and acknowledge more perspectives about solutions, Linde concluded, “That is public health, and it is part of our work.”

For more information on the MDH Maternal and Child Health Section, visit: z.umn.edu/mdhmch.

Sierra Beckman is an MPH student in the MCH Program. She is also a Research Assistant at the Center for Leadership Education in MCH in the Division of Epidemiology & Community Health, SPH, UMN.

Reducing Health Disparities through Research, Teaching, and Community Outreach

The Center for Leadership Education in MCH faculty and staff are involved in the School of Public Health’s (SPH) Health Equity Work Group. Members plan educational events (including an annual Health Disparities Roundtable) and provide leadership opportunities for students. Interested students can explore the SPH’s Health Disparities Interdisciplinary Concentration, a 7-credit concentration that allows them to specialize in studying health disparities and inequalities.

For more information visit sph.umn.edu/research/hewg.



We Need a Triple Aim for Health Equity

The Minnesota Commissioner of Health (and former MCH faculty member), Ed Ehlinger, believes strongly in health equity and continues to push for a “health in all policies” approach. In a 2015 commentary in *Minnesota Medicine*, Ehlinger wrote: “We now recognize that many of the policies and systems in our state place populations of color and American Indians at a disadvantage. Whether it’s housing, transportation, education, employment/wealth, broadband connectivity, the criminal justice system or environmental quality, low-income and minority populations have fewer opportunities than others. Rarely is this because of intentional discrimination; rather, it reflects a lack of awareness of how policy and programming decisions affect the most disadvantaged Minnesotans.”

To read the full commentary, *We Need a Triple Aim for Health Equity*, go to z.umn.edu/134s. For more information about health equity, go to z.umn.edu/134t.



Increasing Access and Systematic Change: Maternity Care in Underserved Populations

by Sierra Beckman



Marijke van Roojen

Marijke van Roojen, MPH (2015) has dedicated her professional life to maternal and child health, working in private practice as a midwife. In addition to over 28 years in private clinical practice, van Roojen has served on numerous professional oversight committees and boards, at the local, state and national levels. She is the Clinical Education Coordinator for Southwest WI Technical College's Midwifery Program. She is also a conflict resolution specialist.

Like many of the Maternal and Child Health (MCH) students in the Advanced-standing MPH Program, Marijke van Roojen was fully invested—and succeeding—in her professional life when she came to the University of Minnesota (UMN). She was, and is to this day, succeeding in *two* careers: she had been a conflict resolution consultant and trainer for almost 30 years and a midwife in private practice for over 28 years. Her different professional activities have a common core: social betterment happens when organizations, programs, and policies are developed through community engagement and reflect the principles of equity and social justice.

“It is important to me that I use my own access and privilege to make the world a better place,” van Roojen said. “It is not even just about fairness, it’s about creating a world that really represents the Beloved Community [as defined by Martin Luther King Jr, a non-violent community with social and economic justice].”

van Roojen’s commitment to increasing access to culturally concordant maternity care in underserved populations led her to provide services, professional education, and technical assistance in various locations in the US, Afghanistan, Tanzania, Nicaragua,

Senegal, and Haiti. She brought decades of experiences to her MPH Program, classmates, and instructors.

Of her professional journeys, she said that her path to earning an MPH in MCH (largely online) was also exciting and deeply rewarding. She also appreciated the high caliber of her online classes. “I expected it to be somewhat superficial, but in reality, the faculty and students brought in a wealth of professional experience to the learning environment,” she said. Further, van Roojen said that the Program gave her an opportunity to look at her own past public health efforts critically, and to think about how to make effective systems-wide changes, implement programs, and scale-up interventions.

Her final MPH project gave her the opportunity to write about a public health program she helped to implement: the WI SHINE (Screening Hearts in NEwborns) Project. This 3-year Health Resources and Services Administration (HRSA)-funded pilot program implemented statewide pulse oximetry screening for critical congenital heart defects for infants born in, or outside of, a hospital. The project included screening in Amish and Old Order Mennonite communities, which have been challenging communities for

“I cannot imagine how the world will become a better place if people don’t actively engage in confronting injustice...”

public health professionals to engage in effectively. “I had access to these communities because of my relationships to them as a midwife,” van Roojen said, “but my participation in the statewide collaborative partnership was really informed by what I learned in the MCH Program.”

van Roojen continues to balance many roles as a conflict resolution specialist, a consultant and trainer, and as an Applied Sciences faculty member at Southwest WI Technical College. And she said that she will never stop asking, “What would make this world a better place?” and “How will we do it?”

In light of recent civil unrest, van Roojen thinks critically about the language we use to characterize social engagement and intervention. For example, she believes



that the word “resilience” implies that people must persevere in the face of adversity. “I have learned to use the word ‘dignity.’ There are a lot of great ‘dignity projects’ happening now, where people of color are creating models that work for their own communities,” she said. She also believes that, “We are going to see much broader change if we focus on systemic changes. We must stop focusing so much on individual behavior and responsibility and start recognizing that the system doesn’t create opportunity equally... I cannot imagine how the world

will become a better place if people don’t actively engage in confronting [structural] injustice and doing something about it.”

For more information about the WI SHINE Project visit z.umn.edu/13du. For information about the midwifery program at WI Technical College, visit z.umn.edu/13dv.

Sierra Beckman is an MPH student in the MCH Program. She is also a Research Assistant at the Center for Leadership Education in MCH in the Division of Epidemiology & Community Health, SPH, UMN.



Susan Mason: Teaching Women’s Health (PubH 6675) at the University of Minnesota

I provide students with an overview of women’s health across the lifecourse from a public health perspective. We discuss the health conditions that women commonly face, including those that are unique to women (e.g., reproductive cancers), disproportionately affect women (e.g., autoimmune diseases), or frequently present differently in women than in men (e.g., cardiovascular disease). In addition, we discuss the unique physical and social contexts that women encounter that may influence health and disease (e.g., caregiving stress). We consider how gender intersects with other characteristics (e.g., race, class, sexual orientation) to shape health outcomes. Throughout, students are encouraged to think about the benefits and downsides of treating women as a special population in public health research and policy.



Supportive Primary and Secondary Prevention:

Integrating Medicine and Public Health to Promote the Health of Newborns

by Sierra Beckman



Elizabeth Goetz

Elizabeth Goetz, MPH (2001) MD is an Associate Professor in the Department of Pediatrics at the University of Wisconsin-Madison's (UW) School of Medicine and Public Health. She is also the Medical Director of the Normal Newborn Nursery at UW where she oversees the education of medical students and pediatrics residents in newborn care and the development of nursery policies and procedures. Her research and professional interests focus on the health and well-being of newborns and include neonate pulse oximetry screening, neonatal abstinence syndrome, and late preterm care.

As the Medical Director of the largest newborn nursery in WI, Elizabeth Goetz is in a perfect position to make positive changes for mothers and infants. After obtaining her MPH in Maternal and Child Health (MCH) in 2001, she earned her Medical Degree in 2002—also from the University of Minnesota (UMN)—and completed a residency in Pediatrics at the UW. Since 2005, she has been a clinical and academic pediatrician at the UW, where she has been the Medical Director of the Normal Newborn Nursery for the past decade. In recent years, her MPH education has more heavily informed her professional life, she said, given her involvement in public health screening and education programs in WI. “I definitely got that grounding and background I needed for this work from my MPH degree,” Goetz said.

One of her recent projects also connected Goetz to a UMN MCH student and now fellow alumna, Marijke van Roojen. Through her affiliation with the WI SHINE (Screening Hearts In NEwborns) Project, a statewide collaborative project at the WI Department of Health Services, she met van Roojen, who consulted with the

SHINE Project on behalf of the WI Guild of Midwives. The SHINE Project implemented newborn screening for Critical Congenital Heart Disease (CCHD) using pulse oximetry throughout the state of WI, including in-hospital and out-of-hospital birth populations.

The goal of the WI SHINE Project is to identify newborns with clinically undetectable congenital heart disease and prevent morbidity and mortality in this population. It provides information and resources for universal newborn screening for CCHD and connects providers with appropriate referrals for newborns found to have CCHD. Goetz and van Roojen co-authored a paper and several scientific presentations about the WI SHINE Project and pulse oximetry.

Lessons from an MPH Field Experience a Decade Ago

Talking quickly, because she is expecting to be called for a couple of deliveries at any minute, Goetz explained what led her to her current work, integrating public health approaches with neonate medi-

cal concerns. She has always enjoyed working with children in some capacity, she explained, making a career focused on mothers and children a natural fit. After earning her Bachelor's degree in 1994 from Bowdoin College, Goetz was unsure if she wanted to pursue a career in medicine. After a brief hiatus skiing and being a nanny in Jackson Hole, WY, she decided to pursue an MPH degree before committing to Medical School at the UMN. After completing a pediatrics residency at the UW-Madison, she says, “I quickly moved into doing newborn care in the normal newborn nursery at the University of Wisconsin, and I have been the medical director there for the past ten years or so.”

Goetz's MPH field experience at the Minnesota Department of Health (MDH) gave her exposure to both a medical and a public health problem: prenatal substance use. This topic was controversial in 1997 when Goetz did her field experience and remains controversial today. As part of her field experience, Goetz worked to oppose proposed legislation that would criminalize alcohol use during the prenatal period. Her field experience at MDH was aimed



“A lot of people are quick to judge women for choices they make during pregnancy.”

at shifting the focus away from punitive measures and mandatory treatment of substance-using pregnant women to implementing primary prevention and supportive secondary prevention programs. This shift requires a humane and sensitive perspective about pregnant woman that continues to inform Goetz’ professional activities.

Goetz, working in her own nursery and with collaborators in WI, is tackling a prenatal substance use issue that has gained national attention: neonatal abstinence syndrome (NAS). Infants exposed to opioids, both prescription opioids and illicit opioids, may experience physical withdrawal from these substances after birth and often require prolonged and expensive hospital stays.

“Statewide, working with other NICUs [neonatal intensive care unit], our main goal is to reduce the length of stay for these infants by sharing what is working and different strategies for continuous quality improvement.” Goetz is sensitive to the experiences of women who use opioids during pregnancy. “A lot of people are quick to judge women for choices they make during pregnancy,” she said. “Women rarely choose to develop an opioid addiction, and many of these women face difficult challenges, such as chronic pain, mental health issues, traumatic histories, and poverty.”

Goetz is working to ensure that these mothers have the best care possible and that their children have the best start in life. She established a counseling clinic in Madison, WI where pregnant women who suspect that their infants will be born with NAS can meet with her and her colleagues to learn what will happen before, during, and after the birth. “It [the counseling] seems to have made a big difference in how these mothers experience their birth and the hospitalization of their infants,” Goetz said.

Goetz thus applies her public health knowledge to care for NAS-diagnosed newborns and to advocate for their mothers. She has provided professional education about NAS, and the women and neonates who are affected by it, at many national, regional, and state scientific conferences over the last several years.

“Even five years ago, I would speak at a conference about NAS to tell people what it was and explain the problem,” Goetz said. She has since transitioned from telling professionals what NAS is to encouraging them to think creatively about multi-faceted approaches to prevention and treatment. “Now I speak at conferences to find solutions and share what is working. It is great to see how far recognition has come,” she said. Her messages always advise compassion. “If these mothers are afraid of being punished or judged for their addictions, they will not seek care,” she emphasized. “That is not the appropriate approach.”

For more information about the WI SHINE Project, go to test.wisconsinshine.org.

Sierra Beckman is an MPH student in the MCH Program. She is also a Research Assistant at the Center for Leadership Education in MCH in the Division of Epidemiology & Community Health, SPH, UMN.

Fetal Alcohol and Drug Exposure

About 15% of pregnant women in the US report alcohol or illicit drug use. Reported marijuana and opioid use (e.g., heroin, codeine, oxycodone, methadone) rates have almost doubled in the past decade. Fetal exposure to opioids is associated with neonatal abstinence syndrome (NAS; z.umn.edu/neoabs). The US rate of NAS—and other conditions related to in utero substance exposure—have more than doubled between 2000-2009 (from 1.2 to 3.4/1000 livebirths). Diagnosed neonates likely reflect a minority of those with *in utero* substance exposures, but may have the most severely addicted mothers.

While there is a great deal of interest in fetal alcohol and drug exposures, it is important to remember that infants of women who smoke cigarettes during pregnancy are at high risk for low birthweight and some birth defects AND that prenatal cigarette smoking is more prevalent than other maternal substance use behaviors (z.umn.edu/pntob).

For more information, go to z.umn.edu/pnsub to read about prenatal substance use generally and z.umn.edu/pnmed to read about medication use during pregnancy.



Promoting Breastfeeding in a Community Context

by Wendy L. Hellerstedt, MPH, PhD



Joan Dodgson

Joan Dodgson, PhD, MPH (2001), MS, RN, FAAN is the Patricia and James R. Hemak Endowed Professor in Maternal Child Health (MCH) Nursing Research in the School of Nursing at the St. Louis University in St. Louis, MO. She is also the Editor-in-Chief of the *Journal of Human Lactation*. She has served on the faculties of the University of Hong Kong, Duke University, University of HA, and AZ State University.

In the last two decades, Joan Dodgson's career has taken her to CA, MN, Hong Kong, NC, HA, AZ, and now MO. The threads that have held together her research and teaching are her promotion of breastfeeding behaviors and policy and her commitment to reducing the race and ethnic disparities in infant feeding practices. Such disparities have population-level implications, she believes, because "breastfeeding is the ultimate in primary prevention."

Dodgson, initially trained in clinical nursing, considers herself a public health professional. She thinks big, with a population focus. Her research and professional service have focused on increasing breastfeeding in various populations. To do so, she has identified and challenged formal and informal policies that marginalize individuals and thus affect their receipt of health care education and services, which ultimately affect their healthcare practices. Dodgson also thinks small, with her eyes and ears focused on individuals. "Context is everything," she said. "Researchers have to talk to people and listen to them to understand the multi-dimensionality of attitudes and practices...Public health and individual goals are really the same: be healthy."



"Breastfeeding is the ultimate in primary prevention."

The Middle-class White Woman Who Never Stops Listening and Learning

Dodgson is direct about her identity as a researcher, describing herself as a "middle-class white woman" whose career reflects an enduring pursuit to reduce race

and ethnic disparities in health behaviors and care. "My work with indigenous communities, especially, has transformed not only my research, but my teaching. I think about cross-cultural teaching and training. I know that I am working in someone else's community, a community that is not

my own,” she said. She has effectively used many methods—including community-based participatory research (CBPR) and qualitative interviewing—to conduct her research in communities that do not always welcome researchers. “I listen and try to understand a person’s context, knowing that she understands her world better than I do,” Dodgson explained. “I have learned to be flexible and to recognize that my role is not that of ‘expert.’ In my research, I think about what I can bring to communities. And I think about what community members are telling me about themselves, what they are teaching me. CBPR works well because researchers and community members design the research together, every aspect of it.”

Reflecting her public health training, Dodgson uses a socio-ecological framework in her research. “Behaviors and practices, like breastfeeding, are complex,” she explained. “You have to talk to grandmas, school kids, health care providers, in addition to moms, in order to understand the cultural context in which a person lives.” As she reflected on her work, she emphasized the word ‘context’ many times. “When I think about the health disparities in this country I think about how we have ignored context,” she said. “We have a ‘One Size Fits All’ model for health care and public health programs. Well, some people just don’t fit into that model.” And what motivates her work is that racial minority populations have historically not fit, she said.

It comes back to complexity and context as she discussed how research can make a public health impact. “To make an impact, we need to think about multi-dimensionality,” she emphasized. “Where can we facilitate change? What are the stumbling blocks that we should not put any energy into? Essentially, where do we intervene and when do we hold back?” Dodgson’s approach to understand context is through qualitative research: “Qualitative research helps you answer questions that have not been well researched,” she said. “And the process can be so rewarding because you can really hear the power of women’s voices. They are telling their own stories, something that I cannot do.”

Why Breastfeed?

Benefits for the Infant. Breastfeeding is associated with decreased risks for common infant ailments—from colds to ear, nose, and throat infections to gastrointestinal infections—and to the development of chronic conditions later in life.¹ Given the substantial body of evidence supporting the benefits of breast milk on infant health, the American Academy of Pediatrics (AAP) recommends that infants be breastfed exclusively (the infant receives only breast milk) for the first six months of life.¹

Benefits for the Mother. Breastfeeding also has physiological benefits for the mother, including increased mother-infant bonding and decreased risks for developing breast and ovarian cancer. In mothers with no history of gestational diabetes mellitus, breastfeeding decreases the risk of developing type 2 diabetes mellitus. Data have also shown that women who have a cumulative lifetime duration of breastfeeding greater than 12 months are at reduced risks for rheumatoid arthritis, hypertension, hyperlipidemia, cardiovascular disease, and diabetes mellitus.¹

Healthy People 2020 Goals. Healthy People 2020, which reflects US objectives for health, has several goals to increase the proportion of US infants who are breastfed.² The following table compares these goals with the most recent data about breastfeeding from the 2012 Centers for Disease Control and Prevention’s (CDC) National Immunization Survey,³ reflecting the experience of infants born in 2012:

Breastfeeding Activity by Infant Age	Healthy People 2020 Goal for All US Mothers ²	Status (2012 National Immunization Survey) ³
Ever breastfed, for any duration	81.9%	80.0%
Exclusively breastfed through 3 months of age	46.2%	43.3%
Exclusively breastfed through 6 months of age*	25.5%	21.9%
Breastfed (exclusive or non-exclusive) at 6 months of age	60.9%	51.4%
Breastfed (exclusive or non-exclusive) at 12 months of age	34.1%	29.2%

* Recommended for all mothers and infants by the American Academy of Pediatrics.¹

Healthy People 2020 also has a goal that 38% of US employers provide an on-site lactation/mothers room to support breastfeeding mothers.⁴ This goal may be easily achieved, because the Affordable Care Act requires employers to provide break time and a place for most hourly wage-earning, and some salaried, employees to express breast milk at work. Employers must provide a “reasonable” amount of time and must provide a private space other than a bathroom. They are required to provide this accommodation for employees whose infants are younger than one-year old. Some states also have laws that encourage breastfeeding.⁴

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“I listen and try to understand a person’s context, knowing that she understands her world better than I do.”

Reflections on the Past and on the Future

Dodgson was interviewed at a time of professional transition. In January 2016 she became the Patricia and James R. Hemak Endowed Professor in MCH Nursing Research in the School of Nursing at the St. Louis University in St. Louis, MO. She also became the Editor in Chief of the well-respected international journal, the *Journal of Human Lactation*. As she reflected on her productive career, she reflected on her MPH training. “I really value having had that education,” she said of her University of Minnesota (UMN) experience as a student in both the PhD program in Nursing and the MPH Program in MCH. “It has been worth it many times over. I look back fondly on that time...It’s pretty amazing that it [her education] has held up so well.”

Dodgson’s public health lens may have contributed to one of her many career highlights: a chapter she published in 2012 about race, racism, and breastfeeding.¹ As she discussed that chapter, Dodgson reflected that researchers both create new knowledge and, most important, they share it. In so doing, they also identify gaps in understanding and try to rally support to fill important gaps. She believes that the focus of that chapter—the role that race and racism have in breastfeeding—was a gap that needed to be addressed. And Dodgson used her national reputation as a breastfeeding expert to do just that. “That chapter pre-dated a lot of the discussion that we are having in the breastfeeding community about the influence of racism,” she said. “And my presentations of this information [at scientific meetings] pre-dated ILCA’s [the International Lactation Consultant Association] current equity framework [z.umn.edu/ilcaequity], so I think it had some impact.”

Dodgson is optimistic that breastfeeding rates will increase in the US. “There is both more political will about breastfeeding promotion and support and more grassroots support,” she said. “Change has to occur from the top [policy, programs] to the community level [cultural practices and attitudes]...and I think that is what we are seeing with breastfeeding.”

Her work—including her insistence that public health and health care professionals reflect on the barriers presented by structural racism—may contribute to her optimism about the future. The markers of her success, in fact, may not be the professional titles she holds, her international and national committee memberships, or the many papers she has written. Dodgson has observed and listened to many community voices over many years. Her biggest success may be that she has pressed for an authentic and difficult dialogue about racism.

For more information about the *Journal of Human Lactation*, go to jhl.sagepub.com; go to ilca.org/home for information about the International Lactation Consultant Association.

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Wendy L. Hellerstedt, MPH, PhD, is an Associate Professor and Director, Center for Leadership Education in MCH, in the Division of Epidemiology & Community Health, SPH, UMN.



MN Breastfeeding Coalition

The MN Breastfeeding Coalition is dedicated to supporting breastfeeding mothers and promoting breastfeeding in the state of MN with the ultimate goal of establishing breastfeeding as a cultural norm. The Coalition consists of 30 local chapters and members include representatives from the state and local health departments, the WIC program (Special Supplemental Nutrition Program for Women, Infants, and Children), hospital lactation departments, and other organizations and individuals interested in supporting breastfeeding. To learn more, visit: z.umn.edu/mbfc.

Wendy Hellerstedt: Teaching Global Reproductive Health (PubH 6686) at the University of Minnesota

I encourage students to consider how social constructs, like gender and race, as well as class and socioeconomic status, affect reproductive health. We also discuss the relevance of economic, health, and social policies and reflect that, in most of the world, public health policy is nowhere near where it should be to truly promote sexual health. Through interactive assignments and discussion, I ask students to critically assess standard measures of sexual and reproductive health, which are often weak. We measure what we can measure. There is nothing simple about surveillance of abortion, unintended pregnancy, contraceptive use, sexually transmitted infections, and sexual behaviors.



Ruby Nguyen: Teaching Reproductive & Perinatal Health (PubH 6605) at the University of Minnesota

My course underscores why the critical windows that comprise the reproductive years and pregnancy are in fact, critical. We examine through a mixture of didactic lectures, interactive discussions, and use of novel teaching technologies, how specific epidemiological methods contribute to our understanding of these important stages of life for females and males. While not

all students will focus on epidemiology in their public health practice, all students increase their knowledge about how epidemiology contributes to our collective understanding of reproductive and perinatal health issues. For MCH students who wish to focus on epidemiology, opportunities for skill development in methods and analyses important for reproductive and perinatal epidemiology are provided.

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Working on Behalf of Women and Families: The Transition from Union Organizer to Health Research Evaluator

by Grace McCauley



Becky Seel

Becky Seel, MPH (2009) is a Research Analyst for the Women, Infants, and Children (WIC) program, Oregon (OR) Health Authority. She decided to pursue a Master in Public Health (MPH) degree after working as a union and community organizer in Seattle, WA. Seel's interest in research, evaluation, and public policy stem from both her work experience and her MCH training at the University of Minnesota (UMN).

Before she ever thought about obtaining an MPH degree, Becky Seel was a public health advocate. As both a hospital union organizer and a community organizer for SEIU (the Healthcare and Social Service Union in Seattle, WA) she worked on behalf of health care employees to help them achieve a positive workplace *and* a high quality of life. She was particularly concerned about the health consequences of labor-intensive work performed by hospital housekeeping staff. “I met with employees, many whom had shoulder and

back injuries because of the physical demands of the work,” she said. “They felt that the hospital was using up their bodies to the point where they couldn’t work anymore and they couldn’t care for their families...The union ultimately supported a community campaign to pressure the hospital to increase its safety standards.”

Seel could also see that a lack of family-friendly employee policies created work-life strain for all workers. “We have this expectation that everyone can have a job and a family but we don’t really provide support for people to have both and be healthy at the same time,” she said.

As she tried to change employment conditions and improve work-life balance for union members, Seel also started to think about *prevention*. Would it be possible to set up worksite policies and procedures that would eliminate some of the physical, emotional, and mental job-related stresses that she observed? Would it be possible to create work environments that were sensitive to work-life balance issues? She decided that she needed more education and more skills—in public health and/or in policy—to create better systems for workers, especially those with families. After reviewing many graduate programs, she decided to matriculate to the UMN because of its affordability and because of the high quality of life in the Twin Cities.

“Minneapolis offered a wonderful theater and arts culture that made it attractive,” she said. “Plus, my husband and I love to bike and we knew there would be many outdoor opportunities in and around the Twin Cities.”

She decided that the MCH Program, specifically, was the right program for her because she could explore her interest in family systems and also concentrate on public policy. And the MCH Program was happy to welcome her, providing her with its Robert ten Bensel scholarship for leadership, commitment to human equity, and social justice in MCH.

Graduate Work in Evaluation and Policy

It isn’t uncommon for students to enter a graduate program—any graduate program—and discover unexpected interests or previously untapped skills. This happened to Seel. While in the MCH MPH Program, she was gaining quantitative skills and her interest in program evaluation took root. “I would not be where I am without the classes I took at Minnesota,” said Seel. She specifically recalled that a course in secondary data analysis and Stata programming inspired her to embark on a career in program research, evaluation, and data management. “I also took a

The Oregon Program Evaluator’s Network (OPEN) Conference

MCH alumna Becky Seel is a co-chair for the Oregon Program Evaluator’s Network (OPEN), an organization for professionals interested in program evaluation and that encourages high-quality evaluation practices. The 2016 OPEN Conference will take place on April 1, 2016 in Portland, OR and will focus on culturally responsive evaluation. For more information, go to z.umn.edu/136c.



“We have this expectation that everyone can have a job and a family but we don’t really provide support people to have both and be healthy at the same time”

class about Children with Special Health Care Needs (CSHCN) that informed my thesis about how employees take advantage of flexible work,” she said. “Because of my course work, I also included a variable identifying parents of CSHCN [in her thesis analysis] because I knew they had added parenting demands, care coordination, and a need for flexibility. The thesis really stimulated me to think about how we, as a society, are enabling parents to care for their kids and work.”

In addition to being a student, Seel was a Research Assistant at the Center for Leadership Education in MCH, where she was a regular contributor to this publication (*Healthy Generations*). “Becky came to our MCH Program with expertise in—and compassion about—workers. She was especially aware about how employment can affect health, negatively and positively,” recalled Wendy Hellerstedt, editor of *Healthy Generations*. “In 2008, when we were preparing a volume of *Healthy Generations* about public health disasters (z.umn.edu/hgdisaster), Becky came up with a brilliant idea for an article about how employees recover and resume work after a human-made or natural disaster. Becky made several contributions to that volume, but that article—and its unusual focus on worker health—was an example of how knowledgeable she was and how

strongly she felt about worker advocacy.”

Seel completed an MPH-required field experience with a public policy organization, the National Partnership for Women and Families in Washington, DC (z.umn.edu/1367). She was the organization’s first public health intern, working on family-focused health policy by tracking nationwide family-friendly policies and providing technical support and strategies for state campaigns for paid sick day legislation. “There are so many connections between public health and other fields,” she said, recalling the public health perspective she brought to this advocacy organization. “There are a lot of opportunities for public health students to carve out their own role [through a field experience or internship] and bring added expertise from a different angle,” she said.

Policy and Evaluation Research on Behalf of Mothers

Seel was an advocate for health and well-being before and after she earned her MPH degree. And she has not lost her concern about how social circumstances and environments can affect whether—and how much—families struggle. The difference post-graduation was that she had a public health perspective and the capacity to take on increasingly more

demanding leadership roles.

Seel is now a Research Analyst for the WIC program at the OR Health Authority. She continues to look critically at the types of services that are available to pregnant women, as well as the societal and other factors that influence women’s health in general. She said that the lack of family-friendly work policies she saw several years ago as an advocate for hospital workers still persists today. “In WIC,” she explained, “we see new mothers who are low income and can’t afford to take the full three months of unpaid FMLA to recover, bond, and transition as a family. It’s not realistic to take that kind of payout, which adds financial stress. If we had paid maternity/paternity leave, we could help ease the physical and psychological transition back to work.”

And what about the statistical software that got Seel so excited about data analysis and management when she was in her MPH Program? She is *still* using it ten years post-graduate school in her work at WIC. For example, using birth certificate records, as well as the data collected by WIC program staff, she now maps areas of underserved families and helps identify child obesity trends at the county level. One county was able to use the WIC data to receive a grant from the OR governor’s office to build a local coalition to address its high obesity rates.

“I love answering people’s questions in a way that actually helps them use the information I give them,” Seel concluded. “In my five years working in Oregon, I’ve learned to focus on evaluation questions that will impact practice,” she said. “I always ask, ‘How will that change what we do?’ I want to establish how every survey question or data point will be used upfront, right at the beginning. It’s a bit of a red flag when someone wants data (qualitative or quantitative) because they would be ‘interesting’. Those unspecific, ‘interesting’ questions aren’t usually worth the resources.”

Grace McCauley is an MPH student in the MCH Program. She is also a Research Assistant at the Center for Leadership Education in MCH in the Division of Epidemiology & Community Health, SPH, UMN.



To Whom Much is Given, Much is Expected: Bettering Life for the Underserved

by Sara Benning, MLS



Rosemond Sarpong Owens

In December 2015, Center for Leadership Education in Maternal and Child Public Health (MCH) staff member Sara Benning (SB) had the opportunity to learn about alumna Rosemond Sarpong Owens' (MPH, 2006) passions, career path, and role as a Cultural Specialist at CentraCare Health (St. Cloud, MN). In speaking with Owens—originally from Ghana—it is clear that she is committed to keeping diversity and inclusion front and center at CentraCare, and in the St. Cloud community.

Sara Benning (SB): *What is your role as a Cultural Specialist?*

Rosemond Sarpong Owens (RSO): Originally, my role was focused on language access for patients, but now I ensure the organization's commitment to its diverse patients. One way I do this is by providing cultural competency training.

SB: *What path brought you to your role as the Cultural Specialist at CentraCare?*

RSO: My personal life goals and professional life collided in this job. My love for languages and appreciation for diversity, and my unwavering commitment to bettering life for the underserved—with CentraCare's mission of improving the life of every patient, every day—made the job appeal to me.

SB: *What do you see as the biggest challenges—and opportunities—in your work?*

RSO: People often don't understand how complex this work is. One of the biggest challenges is that some people don't recognize the expertise I bring to the table because my health equity work is hidden in diversity work. However, I've found great opportunities to apply public health principles to health equity work, which has helped start the foundations of building health equity program within the health system. I've built relationships

and established networks across the state and beyond. This is important for others trying doing this work—there's no need to reinvent the wheel!

SB: *You've been active with the MN Office of Minority and Multicultural Health Advisory Committee (z.umn.edu/ommh), the MN Commissioner of Health's MCH Task Force, the CreateCommUNITY Executive Committee (z.umn.edu/create), and the Books for Africa (z.umn.edu/apmo) Board of Directors. Why is it important for you to serve on committees such as these?*

RSO: I believe I represent and carry the voices of the underserved. The saying, *"To whom much is given, much is expected"* has been a guiding principle for me. In serving on these committees, I'm giving back to my community. I hope that young women of color can see themselves in me.

SB: *What made you pursue your Master in Public Health in MCH?*

RSO: I've always been drawn to issues concerning women and children, so it was a natural fit. Working at a county hospital [Hennepin County Medical Center] in downtown Minneapolis, MN opened my eyes to gross inequities in health. I decided to pursue an MPH in MCH to try to reduce those disparities.

"I hope that young women of color can see themselves in me."

SB: *What made you choose our program?*

RSO: It's one of the best programs in the whole nation in my estimation. Besides, it had an emphasis on health disparities and health inequity, so I knew that the Program would help me become a productive health equity practitioner.

SB: *How did your MPH work help you develop the skills needed for the professional roles you've had?*

RSO: One of the important skills I need for my work is to be well-versed in social justice principles and the needs of vulnerable populations. With its emphasis on MCH leadership, and health inequity, the MCH Program helped me develop skills that have been instrumental in developing my portfolio.

SB: *What advice would you give someone who is interested in your profession?*

RSO: An MPH is one of the best graduate degrees one can have. It's multifaceted and you'll have many opportunities to

make a real difference in the world. The principles you're taught can be used in any occupation and you can work on the local, national, and global front.

For more information on CentraCare, visit centracare.com, or find it on social media (<https://www.facebook.com/CentraCareHealth> and https://twitter.com/centracare_mn). For more information about Owens, read about her role in Books for Africa at z.umn.edu/rosemond; her work at CentraCare at z.umn.edu/centracare; and an opinion piece she wrote at z.umn.edu/rosemond1.

Sara J. Benning, MLS, is the Director of Communications and Outreach at the Center for Leadership Education in MCH, Division of Epidemiology & Community Health, SPH, UMN.

Rhonda Jones-Webb: Teaching Social Inequalities in Health (PubH 6055) at the University of Minnesota



We examine the causes of social inequalities in health and what can be done to reduce them in the US. We specifically examine individual, community, and policy level approaches to reducing health disparities. Students develop an understanding of: the use of constructs such as race, ethnicity, and social class in health research in the US; how data on race, ethnicity, and social class can be used to inform health interventions in the US; and the use of policy, community, institutional, and individual level strategies to reduce social inequalities in health. They apply concepts and tools learned to a specific health disparity issue. In addition to coursework, I also help direct an active and ongoing Health Equity Workgroup open to all students, staff, and faculty (z.umn.edu/hewg).

Top 10 Reasons to Get a Master of Public Health (MPH) Degree in Maternal and Child Health (MCH)

1. MCH MPH graduates often work with—or on behalf of—socially and economically vulnerable populations that include women, children, youth, and family members.
2. MCH is one of the oldest—and one of the most varied—areas in national health promotion and assurance in the US and the world. MCH content areas are varied, including reproductive and prenatal health care access, newborn screening, family home visiting, care of children with special health care needs, and autism research. All of these initiatives require MCH professionals at national and local levels (z.umn.edu/mchb).
3. MCH MPH graduates develop public health programs and policies that focus on health promotion, health care equity, disease prevention, and primary care services. Their work is conducted in non-profit organizations, government agencies, universities, school districts, advocacy organizations, health clinics, and research/academic institutions.
4. Every state—and many cities and

counties—have departments specifically dedicated to MCH public health advocacy, assessment, and program development (e.g., see Minnesota's MCH section at z.umn.edu/mchmn).

5. MCH MPH-level epidemiologists participate in research teams to conduct needs assessments, evaluate programs, and identify and promote social and environmental conditions that contribute to the health of women, children, youth, and families. MCH professionals with epidemiologic skills are especially in demand in city, county, and state health departments.
6. MCH professionals are in heavy demand internationally. Most of the eight United Nations' Millennium Development Goals focus on MCH areas (z.umn.edu/unmdg), including eradicating poverty, reducing child mortality, empowering women/promoting gender equity, improving maternal health, and reducing the risk of HIV/AIDS and other diseases that affect vulnerable populations.
7. MCH professionals have organizations that help them network and that provide

them with opportunities for continuing education: the Association of Teachers of Maternal and Child Health (www.atmch.org) and the Association of Maternal and Child Health Programs (www.amchp.org).

Get Your MPH in MCH at the University of Minnesota

8. The University of Minnesota has one of the most respected MCH programs in the world. We have more than 1000 graduates, many of whom have become leaders in MCH research, program development, and policymaking.
9. The University of Minnesota's MCH Program has about 40 regular or adjunct faculty members, representing a variety of disciplines (e.g., pediatrics, nursing, epidemiology, sociology, public health, psychology, anthropology) and community and academic work settings.
10. To prepare our students for leadership positions, they undertake field experiences with MCH leaders to enhance their research, program development, and policymaking skills.



From Parent Education to a Population Focus:

Addressing the Needs of MCH Populations

by Tory Bruch



Amanda Corbett

Amanda Corbett, MPH (2010) is a Research Fellow at the University of Minnesota's (UMN) Rural Health Research Center. She has been a doula, a parent educator, a project coordinator for the American Indian Community Tobacco Project, and an evaluator at UMN Extension.

Amanda Corbett's career in public health was kick-started by a temporary job in the Division of Epidemiology & Community Health at the UMN. "I didn't even really know what public health was, but I fell into this work environment and I thought it was really interesting," Corbett said. "And then I started to have a family. Through giving birth, I became much more of a birth activist. I taught parent education at a local hospital in an effort to bring a different perspective to birth and breastfeeding education that was provided by the medical model emphasized in the hospital setting...I also worked informally as a doula as I was figuring out where I fit and what I wanted to do." Eventually, she took advantage of the UMN Regent's Scholarship for employees and started work on her Maternal and Child Health (MCH) Master of Public Health (MPH) degree.

"It [getting her MPH] was a long process," Corbett conceded. "I was a part-time, non-traditional student and I had my third baby while in the program. It took me five years to get my Masters degree. And, over the course of that time, my thinking shifted. I knew that individual, one-to-one education is really powerful for that single individual, but in order to really make

"Public health is about making life better and safer for everybody... and that makes a pretty cool career."

changes you have to work at a higher level. You need to focus on systems."

Corbett has since dedicated her career in public health to population-level and systems change. Her positions have varied from Project Coordinator for the American Indian Community Tobacco Project to evaluator of Health and Nutrition Programs at the UMN Extension Center for Family Development. Her current position as a Research Fellow at the UMN Rural Health Research Center involves producing toolkits that address public health concerns in rural communities across the country. The toolkits provide evidence-based information and frameworks intended for communities to adapt to meet their unique needs. The

The Rural Health Research Center at the University of Minnesota

The UMN Rural Health Research Center (rhrc.umn.edu) is dedicated to improving the quality of health care in rural areas. Housed in the Division of Health Policy and Management in the School of Public Health, the Center is one of eight Rural Health Research and Policy Centers funded by the Federal Office of Rural Health Policy. The Center's mission is to "conduct high quality, empirically driven, policy-relevant research that can be disseminated in an effective and timely manner to help improve the quality and fiscal viability of rural healthcare." Among its recent projects are those focused on insurance participation and provider and plan choices in rural areas; the implementation of Affordable Care Act mandates in rural settings; referral of high-risk pregnant rural residents outside of their areas of residence; and rural health workforce development.



toolkits include programming models as well as evaluation suggestions.

Working in rural health has personal relevance for Corbett. “I am from a small town in Iowa. Although I have worked with health disparities a lot in my career, I never really focused on rural health, so it is new and exciting for me,” she said.

A Sustained Commitment— Developed During Her MPH Training—to Promote Breastfeeding

Corbett’s final project for her MPH allowed her to merge her interest in breastfeeding with organizational policy and regulation, as she advocated for worksite breastfeeding support and promotion. In an effort to gauge knowledge of, need for, and use of lactation rooms on the Twin Cities campus of the UMN, Corbett conducted a needs assessment in three schools of the Academic Health Center. At the time (2010) there were only three official lactation rooms on the Twin Cities campuses. She found that 40% of her survey respondents (total n=329) knew that lactation rooms existed on campus. Nearly half of these respondents (48%) knew about the rooms because they were told about them by a co-worker or a peer, not by a human resources person or a

manager. Furthermore, the vast majority of respondents (79%) felt that it was extremely important for new mothers to have access to lactation rooms upon returning to work.

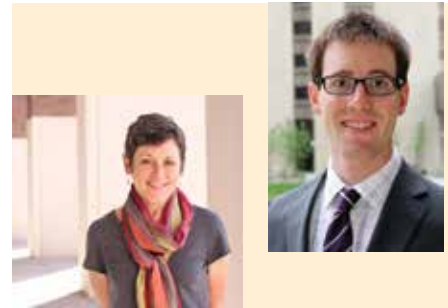
Corbett’s master’s project led her to an opportunity to lead a similar project for the UMN Student Parent HELP (Higher Education for Low Income People) Center in 2012 (sphc.umn.edu). SPHC received grant dollars from the MN Department of Health to support, among other things, an expanded survey to look at knowledge of, and access to, lactation spaces on the East Bank of the Twin Cities Campus. (See a 2013 presentation by Corbett about this project, z.umn.edu/corbett).

Corbett continues to work on breastfeeding efforts by sitting on the *ad hoc* Lactation Advocacy Committee on the Twin Cities campus at the UMN. “This is a satisfying voluntary role that produces tangible results,” she said. “The Committee is very focused on outcomes. We are working to increase resources for moms on campus to have access to lactation rooms. Our aim is to see the number of lactation rooms increase, as well as to grow UMN’s reputation (for students as well as faculty and staff) as a family-friendly campus.”

Corbett’s career in public health was both an unexpected and a perfect fit. “Public health is about making life better and safer for everybody,” she reflected, “and that makes a pretty cool career! Though the birth community is distant from the work that I’m doing right now, I am doing work that affects the health of mothers, children, and their families. Work that needs to be done.”

For more information on the UMN Rural Health Research Center, visit: rhrc.umn.edu. Follow the Lactation Advocacy Committee on Twitter at [@Lactation4U](https://twitter.com/Lactation4U).

Tory Bruch is an MPH student in the MCH Program. She is also a Research Assistant at the Center for Leadership Education in MCH in the Division of Epidemiology & Community Health, SPH, UMN.



Kathleen Call & Eamon Flynn: Teaching Health Impact Assessment (Public Health Institute) at the University of Minnesota

We teach Health Impact Assessment (HIA) methodology and practice. HIA is a new six-step tool used to inform decisions in non-health sectors. With this framework, we encourage students to apply their knowledge and skills to uncover the potential health impacts of a proposed policy or program. We use a variety of methods to teach: class and small-group discussions, case studies, and HIA-specific exercises to explore the practical application of HIA to advance Health in All Policies in transportation, education, criminal justice, and urban planning sectors.

For more information on the Public Health Institute, see the ad on page 19 of this volume.

Ashley Mitchell:

How a Hospital in Ethiopia Inspired a Public Health Career

by Sara Benning, MLS



Ben Paulis

Ashley Mitchell

Ashley Mitchell, MPH (2014) is a Program Manager at WellShare International (Minneapolis, MN, Uganda and Tanzania, Africa). WellShare International has used the Community Health Worker (CHW) model for over three decades, both domestically and internationally. CHWs are trusted, frontline health workers who come from the communities they serve. They bridge cultural and linguistic barriers and expand access to coverage and care. Through the model, WellShare International staff—like Mitchell and her Somali and Karen colleagues—work to reduce health disparities and improve health outcomes.

As an undergraduate student, Ashley Mitchell read the book *Hospital by the River: A Story of Hope* by Catherine Hamlin, co-founder of Hamlin Fistula Ethiopia. Thinking about this book kept Mitchell awake at night. “It changed my worldview,” Mitchell said, “and birthed something within me.” Soon after, Mitchell had the opportunity to spend a summer volunteering in Ethiopia. “I visited the Addis Ababa Fistula Hospital, featured in the book, and found it inspiring to see people who were so wholeheartedly committed to a public health issue,” she recalled.

Mitchell’s experiences in Ethiopia catalyzed her pursuit of a public health degree. Once she decided that the University of Minnesota (UMN) Maternal and Child Health (MCH) Program was right for her, seeking a Global Health concentration was the next natural step. “The classes

were practice-based and interdisciplinary—I wanted to take ALL of them!” Mitchell recalled, with a laugh.

Setting a Goal of Health Promotion and Preservation

Mitchell first encountered WellShare through the UMN’s Community Health Initiative (CHI) (z.umn.edu/umchi), which paid her to consult for the organization. Less than a year later, Mitchell took the opportunity to plant her roots at WellShare, where she now manages its domestic reproductive health program, SPEAK (Spacing Pregnancies Program for East African and Karen Communities). Mitchell and her team provide culturally appropriate reproductive health education and resources to community members and to the professionals and providers that serve them.

Mitchell wants to equip people to live healthier lives. She sees her role in that as two sides of the same coin. “On one side,” she said, “my role as a public health professional is to help redeem and restore the health of women and children, their families and communities. The other side includes promoting and preserving health so that redeeming and restoring health isn’t necessary.”

The SPEAK Program

Find videos, resources, programming information, and more (in English and Somali) at z.umn.edu/wsspeak.

An Attitude of Gratitude

“The saying ‘An attitude of gratitude brings opportunities’ has really been the story of my last five years,” Mitchell said, reflecting on her professional path. “I’m fortunate to have landed in the places that I have and to have been steadily supported along the way.”

About Hamlin Fistula Ethiopia

Hamlin Fistula Ethiopia directs the work of the Addis Ababa Fistula Hospital, its five regional hospitals, the Hamlin College of Midwives, and Desta Mender, a farm and training center for long-term patients. For more information, visit: hamlinfistula.org.



“...There’s an opportunity to journey with people toward health and wellness in a way that’s real and...affects their lives.”

In addition to her work at WellShare, Mitchell serves on the Board of Directors for the Christian Operation for Health, Education and Development (COFHED, cofhed.org), an organization engaged in community-led development work in Haiti. She’s also a UMN MPH Mentor to MPH students, about which Mitchell said, “This experience is helping me take the time to stop and think about why I’m doing what I’m doing. I’ve been so privileged to receive a top-notch education and make a lot of meaningful connections. I should give back in some way.”

During our interview, Mitchell pointed to a picture of a small smiling boy, taken during a visit in Ethiopia. “This is Yonatan and he is 13 years old in this photo,” she explained. “He knows what health could look like for his family and

community, and he wants to be a doctor. This picture grounds me, reminding me that there’s an opportunity to journey with people toward health and wellness in a way that’s real and actually sustainably affects their lives. Yonatan, and so many others, have taught me to dream bigger with and for the people around me. I am thankful that I get to do that here.”

For more information on WellShare International, visit wellshareinternational.org or find them on social media ([facebook.com/WellShare](https://www.facebook.com/WellShare) or [@WellShareIntl](https://twitter.com/WellShareIntl)).

Sara J. Benning is the Director of Communications and Outreach at the Center for Leadership Education in MCH, Division of Epidemiology & Community Health, SPH, UMN.



Katherine Fennelly: Teaching Immigrant Health Issues (PA 5451) at the University of Minnesota

The demography of American communities is changing dramatically, but many of our institutions have not kept pace with the needs of new African, Asian, Eastern European, and Latino residents. Policymakers, educators, health care and social service providers who are used to working with European-origin families and some Latino residents are suddenly seeing refugees from countries such as Somalia, Ethiopia, Tibet, Cambodia, and the Sudan. The purpose of my course in immigrant health is to help students prepare to meet the needs of foreign-born residents by researching their characteristics and belief systems, as well as the context and motives for immigration, and to learn how to design public policies that will improve their health and well-being. [Note: I define “health” broadly to include issues of access to care and poverty, and public attitudes toward immigrants and refugees.] The key to becoming “culturally competent” is to go into the community to meet and learn from the residents you hope to serve. Community visits, observations, and interviews are an essential (and fun!) component of my teaching approach.



Supporting Health Equity and Social Justice through Evaluation

by Nicki Cupit



Elizabeth Scott

Elizabeth Scott, MSW, MPH (2006) is founder and president of JackPine Consulting, a Twin Cities-based evaluation business that primarily consults with community organizations whose work involves promoting health and health equity.

Elizabeth Scott began her career as a direct practice social worker and soon realized she wanted a more systemic approach to her work. Valuing both the familiarity of social work and the research and evaluation skills of public health, she completed the dual-degree Master of Social Work (MSW) and Master of Public Health (MPH) programs at the University of Minnesota (UMN). Scott was drawn to the Maternal and Child Health (MCH) Program because of the curriculum. She said that when she matriculated she not only appreciated the course content, but also the high-quality teaching, the mentorship program, and the strong connections she made with fellow MCH classmates.

Through her MSW and MPH trainings, Scott developed her social science research and advocacy skills. She enhanced her graduate training with an internship at the nonprofit evaluation organization, Rainbow Research (rainbowresearch.org), which became a full-time evaluation position after she graduated. After the birth of her daughter, she worked part-time at Rainbow as a consultant until she decided to start her own business.

Scott never envisioned owning a business, but doing so allows her to pursue her passion to reduce health disparities. She designed JackPine Consulting to offer engaged evaluation consultation with community organizations. How did she name



“...There’s an opportunity to journey with people toward health and wellness in a way that’s real and...affects their lives.”

her business? “I wanted a name that was tied to Minnesota and my commitment to transformative evaluation,” she said. “Jack pine trees are serotinous, which means they do not release their seeds until

they are triggered by intense heat, such as a fire. They grow irregularly and look a little scraggly, yet are an important part of a healthy forest. I liked the symbolism!”

JackPine Consulting

The vision of JackPine Consulting is “to provide vital expertise and support to organizations across the United States who are increasing equity and justice in the communities they serve” (jackpinemn.com). To do so, JackPine consultants offer consultation on monitoring, evaluating, and reporting data. Because of its commitment to social change and its deep support of the communities with which it works, its experts also focus on organizational capacity building. Deeply embedded in its vision are the tenets of community-based participatory research. It thus aims to involve community members at all levels in the evaluation process. JackPine services are consistent with the ethical evaluation standards of the American Evaluation Association (AEA) and with the AEA Statement on Cultural Competence (z.umn.edu/evalstand). As of early 2016, clients included Hackman Consulting Group, an organization that focuses on “issues of deep diversity, equity, and social justice” and Live Well Goodhue County Public Health Division’s Statewide Health Improvement Program.

“We all have something we are really passionate about, and for me, that is health.”

Scott uses her evaluation expertise to support organizations that work to end racial injustice and health disparities. She especially enjoys projects that allow her to get input from individuals who live or work in the communities of interest. That input allows her to be culturally responsive, she said, “...which is absolutely imperative to evaluative work. It’s not just an added bonus.”

Scott said that she is often the only person working on an evaluation with a community organization who has a public health perspective. That perspective, she believes, helps her “amplify community voices and their work.” One way to amplify community voices—and communicate with stakeholders—is through storytelling, Scott said. “Most of the evaluations I work on use mixed methods—quanti-

tative data as well as qualitative. With qualitative research, there are rigorous processes we use to find important themes in the data...[quantitative] data are often not humanized because they don’t have the context of stories, whether through quotes, case studies, or other narrative. Those stories help folks really connect with the data,” Scott said.

Scott’s career path has taken her from direct social work practice with individuals to a very deliberate practice of community-responsive evaluation with organizations. “The work that I do is not just a job for me, it’s part of my lifework... I’m not just a public health person, but I have that skillset and focus in everything I am doing,” Scott said. “We all have something we are really passionate about, and for me, that is health.”

Nicki Cupit is in the Dual Degree MPH in the MCH Program and MSW in the Social Work Program. She is also a Research Assistant at the Center for Leadership Education in MCH in the Division of Epidemiology & Community Health, SPH, UMN.



Michael Oakes: Teaching Social Epidemiology (PubH 6370) at the University of Minnesota

Social epidemiology is the branch of epidemiology that considers how social interactions and purposive human activity affect health. In other words, social epidemiology is about how a society’s innumerable social interactions, past and present, yield differential exposures and thus differences in health outcomes between persons who make up populations. This discussion-based course addresses why toxic dumps often end up in one neighborhood instead of another, why some people have access to fresh produce, and why some enjoy resources such that they can purchase nice environments and excellent health care. I aim to introduce students to the foundational and cutting-edge issues, both theoretical and methodological, in the sub-discipline.



Coming Full Circle with the Families of the Leech Lake Reservation

by Grace McCauley



Carol Heimsoth

Carol Heimsoth, MA, MPH (1997) is the coordinator of the Women, Infants and Children (WIC) Supplement Food Program for the Leech Lake Band of Ojibwe, located on the Leech Lake Reservation, MN.

We recently spoke with Carol Heimsoth about her work in Northwestern Minnesota and how she decided to come to the University of MN (UMN) for her MPH in Maternal and Child Health (MCH).

Grace McCauley (GM): *How did you start working with Native American communities?*

Carol Heimsoth (CH): My work with Native American communities began when I was hired to coordinate the Teenage Parenting Program on the Leech Lake Reservation. Since then I have continued to work with tribal communities in a variety of settings: in Bemidji, while completing my MPH; in Michigan, with a Healthy Start Project; and again in Leech Lake with the Circle of Women program. Today, as the WIC Coordinator, I will occasionally have a former baby from the Teenage Parenting Program I worked at years ago come into the WIC office with her own baby. Whenever that happens, I feel I've come full circle working with families at Leech Lake.

GM: *Tell me about your experience as a Community Organizer in Bemidji, MN.*

CH: The Communities Mobilizing for Change on Alcohol (CMCA) Project was an alcohol prevention project, focused on youth access, that involved forming a team of key stakeholders in the community. I worked to engage county commissioners, city council members, law

enforcement, and local vendors to discuss local norms surrounding underage drinking and access to alcohol. As a college town, Bemidji was the perfect setting for the project.

GM: *Can you tell me more about the work you did with the Inter-Tribal Council of Michigan?*

CH: I was hired to coordinate a Healthy Start program for seven Michigan Tribal sites. Healthy Start is a Human Resources Services Administration (HRSA) project to reduce infant mortality. I formed a Healthy Start Consortium composed of neighborhood residents, clients, medical providers, social service agencies, faith representatives, and the business community. I conducted a training assessment and traveled to each of the Michigan Healthy Start sites. During the project, HRSA allotted \$50,000 to each Healthy Start Project to develop linkages between the perinatal systems of care. I was able to hire a Certified Nurse Midwife who developed culturally sensitive assessment forms for all the hospitals, birthing centers, and clinics that served our Healthy Start participants. The project was well received by HRSA and was presented at several Healthy Start Conferences.

GM: *What do you do in your current position?*

CH: As a WIC Coordinator, I am responsible for hiring, training, and supervising

new WIC staff, as well as ensuring that all federal WIC standards are met. I manage WIC Clinics held on the Leech Lake Reservation, both in Cass Lake, MN and in four outlying villages. Once a week my staff and I travel with WIC equipment to set up mobile clinics.

GM: *What happens during the WIC clinic days in Cass Lake?*

CH: With only two staff members, WIC clinics can be very busy and chaotic. The Leech Lake WIC Program serves around 200 WIC participants a month. We certify pregnant women to receive WIC benefits and then see them every three months until they deliver. After delivery, we continue to see them until their child is five years old. Appointments include nutrition education as well as checks of height, weight, and hemoglobin. WIC promotes breastfeeding as a best practice. My staff and I are Certified Lactation Counselors and we provide breastfeeding support and education. We also refer all of our pregnant and postpartum participants to MCH Home Visiting nurses for safe sleep and bath education. We make health referrals to providers for any high-risk issues, such as low hemoglobin, high or low weight, failure to thrive, etc.

GM: *How did you decide to pursue a Master in Public Health degree?*

CH: My undergraduate degree was a BS double major in English and Health. I was



taking graduate courses in the evening pursuing my Master's degree in English Literature when I was hired to coordinate the Teenage Parenting Program for the Cass Lake-Bena School District/Bemidji State University Partnership Program. I realized that, as much as English literature fed my soul, working with pregnant and parenting teens was more rewarding to me.

GM: *Why did you select the University of Minnesota (UMN) for graduate school?*

CH: The UMN was a natural choice for me because both my son and daughter also chose to study there and I had School of Public Health connections through my work with the CMCA project. I often wondered how many other families had three family members attending the UMN at the same time!

GM: *What brought you to the MCH major?*

CH: My interest in MCH began with my own experiences with pregnancy, childbirth, breastfeeding, and parenting. I thoroughly enjoyed my undergraduate health classes, but I realized that nursing was not a good fit for me. I wanted to focus more on women's health (particularly women of childbearing age), infants, and young children.

GM: *What did you enjoy about the MCH Program?*

CH: I think the size of the program allowed me to get to know instructors on a personal level. The program was also conducive to

“I feel I’ve come full circle working with families at Leech Lake.”

forming close and lasting friendships with other students. I am still in contact with colleagues from my cohort today.

GM: *What are your future plans in the field of MCH?*

CH: Perinatal substance abuse has reached a public health crisis level. I think more programs need to be in place to support pregnant women who are struggling with substance abuse. Northwestern Minnesota has lacked an adequate treatment center for women for over 30 years and there's no greater need for such a center than now. As someone most interested in prevention, I would like to be involved in providing supportive programming for women who are pregnant and using drugs. However, my interests in nutrition (including gardening, healthful eating, baking with sourdough and heirloom grains), and sharing those interests might lead me in other directions in the future.

For more information on the WIC Supplement Food Program for the Leech Lake Band of Ojibwe visit z.umn.edu/llwic.

Grace McCauley is an MPH student in the MCH Program. She is also a Research Assistant at the Center for Leadership Education in MCH in the Division of Epidemiology & Community Health, SPH, UMN.

The Health in All Policies Approach in Public Health

According to Rudolph and colleagues (2013; z.umn.edu/hinp), Health in All Policies is “a collaborative approach to improving the health of all people by incorporating health considerations into decision-making across sectors and policy areas...[its goal] is to ensure that all decision-makers are informed about the health, equity, and sustainability consequences of various policy options during the policy development process.” This approach identifies the way in which multiple sectors affect health and is thus highly collaborative: government partners and stakeholders work together to both improve health and “...simultaneously advance other goals, such as promoting job creation and economic stability, transportation access and mobility, a strong agricultural system, environmental sustainability, and education.”

Find the Center for Leadership Education in MCH on Social Media



Please visit our Facebook page (facebook.com/MCHUMN) or follow us on



Twitter (@umn_MCH). We post news about public health research, programs, employment opportunities, policies, trainings, and events related to women's health, reproductive health, infant and child health, adolescent health, and the health of vulnerable populations. Our site may be of most interest to public health practitioners, policymakers, researchers, students, and graduates of our MCH Program.



A Public Health Menu of Wisdom and Lessons Learned

On November 12, 2015, the Center for Leadership Education in Maternal and Child Public Health (MCH) celebrated its 60th birthday at DayBlock Brewing in Minneapolis, MN with a lively group of MCH-ers. We invited MCH graduate (and mentor to many MCH students) Maria Veronica (Vero) Svetaz, MD, MPH (1999) to share some words of wisdom about her youth development work.

For the MCH birthday keynote, Svetaz—displaying her usual humor—decided to complement our birthday buffet menu with a menu of her own. Her decades of experience working with young people, mostly in immigrant communities, inspired her to prepare a public health menu for youth development interventionists. The following “menu,” excerpted from Svetaz’ talk (with a few editorial remarks by us), reflects her wisdom about what items are critical to produce a full meal of innovative and responsive youth development programs and public health interventions.



From left to right: Bob Blum (MCH alumnus), Debra K. Katzman, Vero Svetaz (alumna), and C. Anita Robinson

Appetizers (the only way to start)

■ **Healthy equity is an important concern.** It’s not just an issue in less industrialized countries. It is a concern for all people, everywhere. Including adolescents. (*Editor’s note:* According to the World Health Organization, “Health equity is the absence of unfair and avoidable or remediable differences in health interventions and outcomes among groups of people.”)

■ **Framing is EVERYTHING!** Our interventions are multi-layered, with many components. Be strategic when it comes to presenting your work to the public or to funders: you can highlight key areas to get attention and stimulate imaginations. And seize ANY opportunity to talk about your work—you never know when it will get noticed (*Editor’s note:* this particular item reflects the years Svetaz has spent getting funding for her clinic and her research!).

■ **Keep asking yourself, all the time, “What is really our intervention? What are we really accomplishing?”** Assessing your interventions with youth has to occur in a safe space. You need to listen. You need

to reflect back. Maybe what you thought would work actually won’t work. Maybe what once worked no longer works. Asking hard questions about your work requires humility, humor, and love for the purpose of your work (to make the world a better place for youth!).

Main course (create a full plate of what is good for you)

■ **Activate your power and help others to realize their own potential.** We are all powerful, but some adolescents and adults may have been pushed down so far they no longer realize what they can do. We need to honor the strengths of the youth we serve and those with whom we collaborate. If they do not recognize their own potential, we need them to know what we see in them and encourage them to turn their own power back ON.

■ **When people ask you to think outside the box, always ask yourself “WHAT BOX?”** Don’t be afraid to trash old formats, or traditional ways of doing things, as long as you have a great rationale for

doing so. With everything you do, think about WHY you are doing it. Let your vision and mission guide you.

■ **Acknowledge that burn out is real.** Our work is hard. Youth and their families may have tremendous challenges. We don’t always have the resources we need to serve them in the way we want to. Our interventions sometimes fail. Use advocacy on behalf of those we serve to heal and recover from burnout. It will connect you with others and your passion. Feel free to modify this component and do what you need to do to recover and be strong enough to keep up the good work. (*Editor’s note:* we are pretty sure that music could get Svetaz out of a burn-out situation. Her tastes run to the Black Eyed Peas, REM, and Aerosmith).

■ **Community-based participatory research works.** The only way to learn, teach, and lead is with true collaborations. TEAM WORK is always the right approach. Let your community guide you. Ask, observe, listen. And then ask them again.

Let your vision and mission guide you.

■ **Apply active listening and authentic engagement: don't just go through the motions.** Inclusivity in research takes intentionality and accountability. To do work that is truly centered in communities and that is responsive to individuals, you need collaborative teams, with flat structures, who have tons of respect for each other. Remember active listening has two components: (1) the REFLECTING part, to show that you are actually listening; and (2) the ACTIVE part, where you honor what you heard and put it to work. We cannot forget about the second part.

■ **Bias, discrimination, and stereotyping are real and they hurt.** Education does not protect you from being a victim of them. And well educated people sometimes use bias, discrimination, and stereotyping—intentionally or unintentionally—to marginalize and stigmatize. With every presentation you make, every intervention you conduct, every sentence you write, think about your words and your actions. Am I being sexist, homophobic, racist, ageist? Do I put people into categories and forget that they are unique individuals?

■ **SPEAK UP! Crucial conversations are a moral MUST—and they are tough to have.** These are honest, direct, and respectful conversations when the stakes are high, opinions likely vary, and emotions may be all over the place. In our society, even though these conversations are not easy to initiate, we don't have much choice but to engage in them. If we avoid difficult crucial conversations we will not communicate our true selves, we will not know others, and we won't be able to work together to solve the tough problems.

Dessert (necessary to bring everything together)

■ **Be thankful for the work you do, the community you serve, the colleagues you have, and the potential—as well as the opportunity—you have to be part of a team that aims to make the world a better, safer, healthier place.**

Happy 60th MCH!



CAROL WIEBE

From left to right: Sierra Beckman (MCH RA), Tory Bruch (MCH RA), Sara Benning (Center for MCH Outreach Director), Nicki Cupit (MCH RA), and Grace McCauley (MCH RA) at Healthy Spirits event



KELLY SIMOS

Tara Anderson, SPH Alumni Relations and Annual Giving, cuts birthday cake at APHA (American Public Health Association) conference



KELLY SIMOS

Dean Finnegan provides remarks about the Center for MCH's 60th year at APHA



The Center for Leadership in MCH: Our 60th Birthday Celebration



Vic Massaglia (*left*), SPH Career and Development Center, and SPH alumni at APHA



APHA conference

KELLY SIMOS



APHA conference

KELLY SIMOS



SPH Dean Finnegan with SPH alumni at APHA



CAROL WIEBE

KELLY SIMOS



Eamon Flynn, and Jean Forster, MCH faculty, with Amy Okaya, '94 at APHA

KELLY SIMOS

National Listserv for MCH Students & Graduates

A listserv for past and present Maternal and Child Health (MCH) graduate students (from all disciplines) is available from the Maternal Child Health Bureau (MCHB) through the Association of University Centers on Disabilities (AUCD). The listserv helps MCH graduates and students continue to maintain the strong connections they have made during their degree programs and connect with MCH-ers from other disciplines and programs. This listserv facilitates great opportunities to collaborate on research, network, and share best practices and questions with peers.

To subscribe and learn more about this listserv, visit z.umn.edu/aucd.



KELLY SIMOS



The Center for Leadership Education in MCH Has A New Website!

Visit epi.umn.edu/mch and check out the new design and improved features:

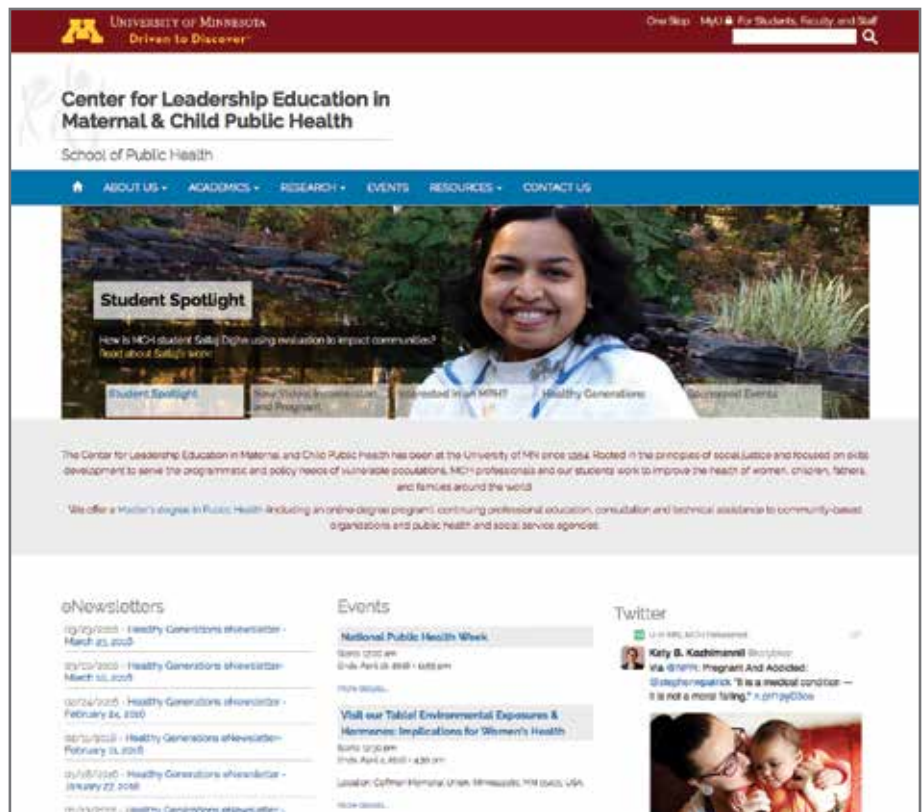
Resources: In addition to *Healthy Generations*, you'll find our videos, fact sheets, and more at epi.umn.edu/mch/resources.

Publications: Access 15-years worth of *Healthy Generations* covering topics ranging from early childhood, to reproductive and sexual health, to poverty and hunger.

eNewsletter Archives: You may already be getting our newsletter every two weeks, but if you're a new subscriber, you may want to check out our archived newsletters.

Fact Sheets and Briefs: We have adolescent health QuickGuides, Affordable Care Act (ACA) factsheets, resources on the reproductive health of incarcerated women, and more.

Videos: This page now includes local radio show interviews and video from previous



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Gifts of all sizes are welcome! We thank you for your generosity no matter the dollar amount. Visit z.umn.edu/mch-support to make a difference in the lives of our students.

events. *Our latest video collaboration "Incarcerated & Pregnant" can be found at z.umn.edu/incarepro.*

Events: Did you know that we help organize more than 20 educational events and trainings every year? Link up to our Google calendar, or find out about our sponsored events on epi.umn.edu/mch/events.

Student Spotlight: Check our homepage frequently to learn about the diverse work current MCH students are involved in.

Academics: Wondering what MCH students study? Want to know where students

do their field experiences? Find out at epi.umn.edu/mch/academics.

Research: Want to make one stop to find out about MCH topics like children with special health care needs, pregnant women and recent mothers, families, and women's health? epi.umn.edu/mch/research contains research-based information on these topics (and more).

Social Media Feeds: Our homepage now has our latest Facebook and Twitter posts, so you can be a part of the action, see job postings, learn about upcoming events, and get the latest MCH news all in one place.

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* Programs can be completed in-person, online, or with a combination of both.

For more information about the MCH Program's graduate degrees, visit z.umn.edu/mchmph.



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Conferences, Events, and Program Deadlines

- **APRIL 1, 2016**
MCH MPH Program Application
Deadline: Final Deadline for Fall Admission
z.umn.edu/mchapp
- **APRIL 4, 2016**
Women's Health Research Conference: Environmental Exposures and Hormones— Implications for Health*
Minneapolis, MN
z.umn.edu/powconf
- **APRIL 6, 2016**
UMN SPH Film Series
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- **APRIL 7, 2016**
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- **APRIL 8, 2016**
UMN SPH Health Disparities Roundtable: Discrimination in Healthcare—What Can Be Done?*Minneapolis, MN
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- **MAY 5, 2016**
UMN SPH Celebration of Giving and Alumni Awards
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sphalumni.umn.edu
- **MAY 23-JUNE 10, 2016**
UMN SPH Public Health Institute
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- **MAY 25-MAY 26, 2016**
Minnesota Public Health Association (MPHA) Annual Co: Health Equity—Many Voices, Shared Vision*
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- **JUNE 3, 2016**
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- **NOVEMBER 15, 2016**
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Deadline: Final Deadline for Spring Admission (online program only)
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Visit the Center's Events page (epi.umn.edu/mch/events) to keep up to date on the many trainings and educational events we host or sponsor all year long!

*Co-sponsored by the Center for Leadership Education in MCH