



UNIVERSITY OF MINNESOTA

School of Public Health

Healthy *Generations*

Summer 2016

A publication of the Center for Leadership Education in Maternal and Child Public Health



Volume 2

**MCH Professionals Making a Difference in Government,
Health Care Services, Research, Policy, and Academia**



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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. This volume is the second of two volumes that we will publish in 2016 that celebrates our alumni. The first volume is available at our website (www.epi.umn.edu/mch) at z.umn.edu/hgalum1.

In the last 60 years, our Master of Public Health (MPH) Program has produced about 600 graduates. Like our founder, Ruth Boynton, our Program has always looked to the future and we have often been among the “first” programs to try a new teaching or training method. A few years ago we became the first MCH-specific MPH program to provide an entirely online degree (in addition to an in-person degree). Seeing a need for MCH epidemiologists, we offered an MCH epidemiology track a few years ago. Because graduate education is so important to us, this volume describes some of the emerging issues and foundational topics we teach (in the words of instructors) in small sidebars interspersed throughout the volume.

As you will see in this volume, our MCH alumni are also on the cutting edge, producing new knowledge and providing state-of-the-art services and programs. They are making their marks in academic institutions; in local, state, and federal public health organizations and agencies; in nonprofits; and in organizations that provide health and social services throughout the world. They are educators, clinicians, researchers, program developers, advocates, and policymakers. 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 grateful to our alumni, who extend our reach—and our sense of connection—beyond our University walls. We thank the alumni who took the time to share their work with us for this, and our previous, volume. And we especially thank our alumni who offered to prepare an article for us (Kristin Teipel in our first volume and Amy Gilbert and Chuck Oberg in this volume). Our alumni authors each reflected how thoughtfully and masterfully they have integrated public health into their professional lives. We hope that our readers come to understand what we realized as we were completing this volume: our diversely talented alumni have several things in common. They believe in their work and are often inspired by it. They are future-oriented. They use the words “fun” and “meaningful” when they describe their professional lives.

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 (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 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 of the Center for Leadership Education in MCH, in the Division of Epidemiology & Community Health, School of Public Health, UMN.

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

What is MCH? We are MCH!

Do you ever wonder how to explain the depth and breadth of MCH public health work? Our HRSA training grant colleagues at the University of South Florida/Tampa developed a series of Prezi presentations to address this issue. Each presentation begins by posing the question, "What is MCH?". It then describes MCH in terms of our work with individuals, families, and communities. The Prezi presentations end with brief "stories" that were submitted by our UMN Center for Leadership Education in MCH, and other HRSA-funded training grant colleagues, to describe our varied work. The main one is the longest version; the mini-Prezis can be quickly viewed and each has different stories from the main Prezi. Take a look—you might recognize a story from someone you know!

■ **"We are MCH" Main Prezi:**
z.umn.edu/prezimain

■ **"We are MCH" Mini #1:**
z.umn.edu/mini1

■ **"We are MCH" Mini #2:**
z.umn.edu/mini2

■ **"We are MCH" Mini #3:**
z.umn.edu/mini3



Ensuring Services to Address the Needs of Children and Youth with Special Health Care Needs



Debra Waldron

Debra Waldron, MD, MPH (2005), FAAP is a board-certified pediatrician and public health professional. She is the Director of the Division of Services for Children with Special Health Needs, in the Maternal and Child Health Bureau (MCHB), Health Resources and Services Administration (HRSA). She has about 30 years of experience improving the health and well-being of children, especially children and youth with special health care needs (CYSHCN). She has worked on behalf of children—at the state and at the national level—through clinical practice, health care administration, academic medicine, and public policy. Prior to assuming her position at HRSA, Waldron was at the University of Iowa, where she was a Professor of Pediatrics, the Vice Chair of Child Health Policy, and the Director of the Division of Child and Community Health. During the same time, she served as Iowa's Title V Director for the CYSHCN program. We (WH) recently asked Waldron (DW) to share her expertise about CYSHCN with our readers.

by Wendy L. Hellerstedt, MPH, PhD

WH: If you could make just three points about CYSHCN to public health professionals, what would those points be?

DW: I'd like public health professionals to know that:

1. CYSHCN represent a significant and growing number of our nation's child population.
2. Longitudinal data from the National Survey-Children with Special Health Care Needs (NS-CSHCN) show that the percentage of children with a special need and a functional impairment has increased over the past decade.
3. There are disparities in quality of care (defined as meeting three essential system performance measures: children have adequate insurance, receive ongoing and coordinated care within a medical home, and had at least one preventive health care visit in the past 12 months) for CYSHCN as compared to non-CYSHCN. According to the 2011/12 NS-CSHCN, only 34% of CYSHCN met this measure, as compared to 40% of non-CYSHCN.

"Families...are the most effective advocates for their children."

WH: Is there a national plan to address the health care needs of CYSHCN?

DW: The national agenda for CYSHCN was developed in 1989, as required by the Omnibus Budget Reconciliation Act of 1989 (OBRA 89). It articulates how state systems should work together to facilitate the comprehensive system of services for CYSHCN. The six systems indicators, as highlighted at z.umn.edu/hrasn, provide a framework for the development of state Maternal Child Health Title V needs assessments and Healthy People 2020 objectives.

It should also be noted that the Patient Protection and Affordable Care Act of 2010 (ACA) provided numerous opportunities to improve coverage and quality of care, especially for at-risk and vulnerable

children and families. Many states and communities have implemented programs and improved services for CYSHCN through innovative models to improve the "System of Care" (z.umn.edu/cyshcn).

WH: What are some public health practices that are responsive to CYSHCN?

DW: The core public health functions of assessment, assurance, and policy development are evident in the programs sponsored by MCHB. There are many examples of how state and community grantees include these practices. Specific to policy development are family engagement and community partnership mobilization. From a federal perspective, the policy development function is achieved through regulatory powers in setting goals and standards, as well as contributing financial and operational resources.

For the assurance function, the public health sector assures access to care and a competent workforce. One example of assuring access to effective care is through the implementation of health information technology (e.g. support for tele-health networks, data sharing agreements.)



WH: *While family engagement is important in all pediatric care, it is particularly emphasized for CYSHCN. Why? And what do you consider substantive family engagement?*

DW: Families are a constant in children's lives. They interact with multiple agencies on a regular basis and are well aware of the strengths and weaknesses of community services and systems. Families also are the most effective advocates for their children.

Family engagement is defined as "patients, families, their representatives, and health professionals working in active partnership at various levels across the health care system to improve health and health care."¹ Family engagement is an essential component for meaningful improvements in the quality of health care delivery and the health of the population. For CYSHCN, family engagement can result in improved health outcomes (e.g., physical and emotional function, transition from pediatric to adult health care systems, cost).²

Meaningful roles for family members are above and beyond "feedback" surveys. Families are considered to have a meaningful role in decision-making when the partnership involves all elements of shared decision-making: collaboration, respect, information sharing, encouragement and consideration of preferences and values, and shared responsibility for outcomes.

WH: *Mental health and physical health conditions contribute to the prevalence of CYSHCN. What do you believe may be promising approaches in primary, sec-*

ondary, or tertiary prevention to address child and youth mental health conditions?

DW: Primary prevention of mental illness relies on factors that promote infant and early childhood social and emotional health. Two examples of primary prevention are raising awareness of the importance of maternal infant bonding and paternal involvement in the care of the infant and family.

The Maternal Infant Early Childhood Home-visiting Program (initially funded by Congress in 2010 and presently funded through FFY'17) is an example of secondary prevention. It supports pregnant women and families and helps at-risk parents of children from birth to kindergarten entry tap the resources and hone the skills they need to raise children who are physically, socially and emotionally healthy and ready to learn (z.umn.edu/hvisit). It promotes family resilience.

The "System of Care" philosophy and approach to children's behavioral health is an evidence-based model that combines secondary and tertiary prevention methods (z.umn.edu/george). Systems of care are designed to provide effective services and supports that enable children and youth with mental health challenges and their families to function well in their homes and communities and to lead productive lives. The concept, first developed in the mid-1980s, is based on a philosophy that emphasizes services that are community based, family driven, youth guided, individualized, coordinated, and culturally and linguistically competent.

WH: *What is one challenge that is of particular concern to you?*

DW: A significant challenge for CYSHCN is the health inequity this population experiences, especially children and youth living with disabilities. In 2011, Houtrow, et.al. analyzed data from the 2005/2006 NS-CSHCN survey and found statistically higher percentages of CYSHCN with disabilities had behavioral problems (39.6% vs 25.2%) compared with other CYSHCN. Thirty-two percent of CYSHCN with disabilities received care in a medical home compared with 51% of other CYSHCN. The adjusted odds of unmet need for CYSHCN with disabilities were 71% higher than for other CYSHCN.³

WH: *You earned your MD in 1984 and came to the UMN to earn your MPH in 2003. Considering the professional experiences you had when you matriculated into our MCH Program, did your public health education change your perspective? If so, how?*

DW: I decided to pursue formal training in public health after practicing pediatrics for almost 20 years. I recognized that the percentage of my patients experiencing certain health challenges (e.g. obesity, behavioral health, autism spectrum disorders) was increasing and that a pure medical approach was not sufficient to address these challenges.

Through my MPH training I acquired skills in program development and evaluation and a better understanding of the effect of "environment and place" on health outcomes. Most importantly, I was exposed to the constructs of health disparities and social determinants of health.

Since receiving my MPH in 2005, I have focused on opportunities to integrate clinical and public health practice to improve population-level health. For example, when I was Iowa's Title V Director for CYSHCN program, my division assisted the state Medicaid program in the development of health homes for children with serious emotional challenges. The health home model was based on the development of family-centered services and supports integrated community-based and medical systems.



Federal and State Government

WH: As a public health professional, are there specific areas of study that you believe may be very important in the future?

DW: The burgeoning fields of epigenetics and public health genomics are exciting and may be the answer to improving the health of individuals as well as populations. According to the Centers for Disease Control and Prevention, public health genomics is an emerging field of study that assesses the impact of genes and their interaction with behavior, diet, and the environment on the population's health (cdc.gov/genomics).

References

1. Carman KL, Dardess P, Maurer M, Sofaer S, Adams K, Bechtel C, Sweeney J. Patient and family engagement: A framework for understanding the elements and developing interventions and policies. *Health Affairs* 2013;32(2):223-231.
2. Smalley LP, Kenney MK, Denboba DD, Strickland B. Family perceptions of shared decision-making with health care

providers: Results of the National Survey of Children with Special Health Care Needs, 2009-2010. *Matern Child Health J* 2014;18(6):1316-1327.

3. Houtrow AJ, Okumara MJ, Hilton JF, Rehm RS. Profiling health and health-related services for children with special health care needs with and without disabilities. *Acad Pediatr* 2011;11(6): 508-16.

For more information about the Division of Services for Children with Special Health Needs, Maternal and Child Health Bureau (MCHB), go to mchb.hrsa.gov/programs/learningcollaboratives. For information about the National Survey of Children with Special Health Care Needs, go to cdc.gov/nchs/slairs/cshcn.htm.

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Who are Children and Youth with Special Health Care Needs?

The Maternal and Child Health Bureau defines children and youth with special health care needs (CYSHCN) as “those children who have or are at increased risk for a chronic physical, developmental, behavioral, or emotional condition and who also require health and related services of a type or amount beyond that required by children generally.” It is estimated that there are about 15 million 0-17 year-olds in the US who are considered CYSHCN and that perhaps 20% of US households include at least one CYSHCN. About 65% of CYSHCN experience complex service needs that go beyond a primary need for prescription medications to manage their health condition.

National data about CYSHCN are available from the National Survey of Children with Special Health Care Needs (NS-CSHCN). This periodic survey of about 40,000 caregivers examines the health (physical, emotional, behavioral) and functional status of CYSHCN; quality of health care, care coordination, access to a medical home, transition services for youth; and family impact. The survey was conducted in 2001, 2005/06, and 2009/10; it will be conducted yearly as of 2016/17. Data are available for families, researchers, and community professionals at z.umn.edu/nschn.

For more information about CYSHCN, z.umn.edu/hrasn provides information about the national agenda to address service needs. The following also provide a variety of resources and materials: AMCHP (z.umn.edu/amchpcyshcn), the MCH Navigator (z.umn.edu/mchcyshcn), and the MCH Knowledge Path (z.umn.edu/ncemchhcn). A recent series of articles about children with disabilities is available through the journal, *The Future of Children* (z.umn.edu/futurechild).



Zobeida Bonilla:
Teaching

Foundations of Maternal and Child Health Leadership (PubH 6630 and PubH 6655) at the University of Minnesota

In the Foundations course I strive to provide students with the depth and breadth of the field of maternal and child health (MCH) in the US. We ground ourselves in the rich historical evolution of MCH in this country.

We study the early and current MCH leaders and advocates that have pushed for legislative and programmatic change that have resulted in the creation of new knowledge, programs, policies and systems to address the needs of mothers, infants, children, families, and communities.

We take a lifecourse approach to learning about MCH populations and, through interactive learning activities, I ask students to assess the social, cultural, economic and political factors that contribute to health inequities.

Throughout the course, I ask students to reflect on their leadership style and social positioning as MCH future practitioners as they cultivate their own leadership skills in public health.



UNIVERSITY OF MINNESOTA

School of Public Health



2016 NATIONAL MATERNAL NUTRITION INTENSIVE COURSE

July 27–29, 2016

Minneapolis, Minnesota

www.sph.umn.edu/ce/mnic

This continuing education program focuses on the improvement of maternal and infant health through the delivery of risk-appropriate, high-quality, nutrition services. It is designed for dietitians, nutritionists, certified nurse midwives, registered nurses and nurse practitioners, physicians and public health professionals who serve preconceptional, pregnant, postpartum and breastfeeding women.

Visit www.sph.umn.edu/ce/mnic to learn more and to register.

Conference Topics

- Opioid and Marijuana Use During Pregnancy and Lactation
- Support for Families of Infants with Neonatal Abstinence Syndrome
- Effects of Depression on Nutrition and Weight in Pregnancy
- Nutrition as an Integral Part of Preconception and Interconception Care for Women
- Influencing Eating Behaviors of Parents and Children: Marketing & Labeling Policies and Behavioral Economic Strategies
- Microbiome and Obesity
- Taste Preferences and Feeding Behaviors of Parents & Young Children
- Child and Adult Care Food Program (CACFP) Guidelines
- Talking about Nutrition and Weight Before and Between Pregnancies

Distance Learning Opportunities

Distance education options are available for certain sessions. The distance education program will be available from September 1 through November 30, 2016.

The National Maternal Nutrition Intensive Course is supported in part by:

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Helping Hungry Kids: Combating Food Insecurity Through Policy

by Wendy Hellerstedt, MPH, PhD



Traci Mouw

Traci Mouw, MPH (2005) is a Program Analyst with the Child Nutrition Policy and Program Development Division of the Food and Nutrition Service at the US Department of Agriculture (USDA). The USDA is one of the oldest branches of the US government.

Mouw's career is about connecting the dots between data and policy. "I have always cared about developing and influencing policies that will improve the lives of vulnerable populations," Mouw said. "That's what brought me to MCH and public health, after my undergrad work in women's studies and ecology."

*"Just by doing my job,
I help make a difference
for hungry kids."*

After earning her MPH in MCH in 2003, Mouw managed large nutrition cohort studies for the Nutritional Epidemiology Branch at the National Institutes of Health (NIH) in Washington, DC. In 2007, she moved to London to manage the 10-country European Prospective Investigation into Cancer and Nutrition Study (z.umn.edu/epic) for the College of London.

Mouw's career was moving quickly after graduation, but it wasn't taking her in the direction she wanted to go. "My first positions were dream jobs," Mouw said, "but they were someone else's dreams." After almost eight years of professional promotions and growth, Mouw wanted to transition to policy work. "I thought I should talk to experts so I went to the American

Public Health Association's (APHA) annual meeting," she said. "I asked policy people about whether I should get a Master's in Public Policy. They said there was no reason for me to spend \$30,000 for another degree. I could do what I wanted to do with my MPH."

Epidemiology and Policy: A Perfect Combination

Mouw's confidence in her MPH training—and her desire to affect policy—led her to an internship with US Representative Louise Slaughter (louise.house.gov) in 2011. "When I was at the University of Minnesota, I took a lot of methods classes," she explained. "My internship [with Slaughter] showed how valuable my methodological skills were to policymaking. Politicians want to make policy based on evidence, but they—and their staff members—don't know how to evaluate the research literature the way we [public health professionals] do."

Mouw recalled a specific policy debate related to the use of a potentially harmful product on agricultural quality. The product's manufacturer claimed that the product was safe, but "I could read the reports [the manufacturer] was citing and I could tell Representative Slaughter and her staff that [the manufacturer] was not reading or relaying the findings of those reports correctly," she said. "That short internship showed me how valuable my MPH train-

ing had been—and that we need scientists who can understand the research literature to develop good policy."

Mouw's current position as a Program Analyst at the USDA has allowed her to enhance her methodological skills to reduce food insecurity. "This position allows me to think about the fact that cities have only enough food supply to last two days," she mused. "The strengths and the weaknesses of the built environment, food insecurity, redundant or inefficient food systems...these are things that I think about and try to inform policy about." For example, she developed GIS maps that allow state agencies and communities to identify areas where children may be hungry in the summer (i.e., when school is not in session) and to find partners to address those needs (z.umn.edu/gissummer).

"Our maps help you see where the poorest kids are, and who needs to be fed... We have to do projects like this," Mouw emphasized. "We have to bring our epidemiology training to big problems, like hunger... we can use large datasets, see patterns, and connect the dots with GIS. And none of this has to cost much. We have the tools and the skills." This project gave Mouw an opportunity to reflect about how far she has come in the last few years. "A few years ago, I went to the APHA conference to figure out how to find my path to policy work," she said. "This year (2015), I went to APHA to present my work. So many



“We have to bring our epi[demiology] training to big problems, like hunger.”

people told me that they used and valued those maps I created. Just by doing my job, I help make a difference for hungry kids.”

For more information about the USDA Child Nutrition Policy and Program Development Division, go to z.umn.edu/fnscnp. APHA members can access audio of Mouw’s 2015 APHA Annual Conference presentation *Farm to CACFP*:

Policy, Funding, and Resources at z.umn.edu/aphatm.

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

Bill Toscano: Teaching Sustainable Development & Global Public Health (PubH 6134) at the University of Minnesota

Global health concerns cross the borders of high-income and low- and middle-income countries. This class will focus on the effect of globalization on social and scientific consequences in public health. Topics will include the interplay between global stressors such as population, war, economics, urbanization, and environment and their effects on the health of women and children, the spread of infectious and chronic diseases, nutrition, and environmental health.



Nicole E. Basta & Fareed Awan: Teaching Private Choices & Public Goods— Ethics & Epidemiology of Vaccination (PubH 7200) at the University of Minnesota

We will examine controversies surrounding the efficacy, safety, and impact of vaccines through case studies from the US and abroad. Vaccines are powerful public health tools. To maximize their benefit, individuals must evaluate nuanced evidence to make choices that impact their own risk as well as the risk to others. Understanding epidemiologic concepts including infectious disease transmission dynamics, herd immunity, and maternal immunity is critical to understanding the ethical implications of vaccination.

Students will engage in debates about issues such as whether vaccination should be mandatory, evaluate sources of vaccine info to assess quality, and grapple with how best to create evidence-based messaging to address misinformation and increase vaccination. We will use epidemiologic principles and ethical theory to assess how personal choices, public policy, and industry priorities shape these issues and to determine how we as public health professionals can respond to these challenges.



Global Public Health:

Improving Communities of Women and Children

by Tory Bruch



Michelle Dynes

Michelle Dynes, PhD, MPH (2008), MSN, CNM, RN is a nurse epidemiologist in the Centers for Disease Control and Prevention (CDC), Division of Reproductive Health, Field Support Branch. She designs, implements, and evaluates research and programs focused on maternal and child health (MCH) around the world. She has also worked as a Senior Global Nursing Advisor with CDC's Division of Global HIV/AIDS and TB on the African Regulatory Collaborative for Nurses and Midwives and as an Epidemic Intelligence Service (EIS) officer with CDC's Division of Global Health Protection. Prior to her work at the CDC, Dynes worked as a nurse-midwife at Mayo Clinic and at Yale Midwifery Faculty Practice.

When she matriculated into the MCH MPH program at the University of Minnesota (UMN) in 2006, Dynes was a seasoned clinician who had been a nurse for nine years (and a nurse midwife for over six years). The advanced-standing MPH Program in which she enrolled had the flexibility and online coursework that she needed to continue her full-time work as a nurse midwife at Mayo Clinic in Rochester, MN.

Dynes' decision to get an MPH sprang from a desire to challenge herself and to position herself for leadership positions through which she could influence the health of MCH populations. "Essentially, at a certain point as a clinician, you become an expert in your area, and once you've reached that point, it is not that you are not continuing to learn, but things are not as new as they once were," she explained. "My yearning to continuously improve and to increase my knowledge motivated my transition into the public health field. However, the bigger, more important reason was realizing that as a clinician you can have impact, but it's really only one person at a time. With a public health perspective, you can do work that might have implications for an entire population."

And Dynes has indeed been involved in a range of projects to improve the health of populations: she has conducted health



"With a public health perspective, you can do work that might have implications for an entire population."

promotion and social mobilization activities, provided community education and training, and developed research projects.

Global Opportunities to Address the Needs of Women and Children

After Dynes earned her MPH, with a concentration in Global Health, she pursued a PhD in nursing science at Emory University where she conducted research to better understand factors that enhance or impede collaboration among community-level maternal and newborn health workers in rural Ethiopia. After she earned her PhD, her public health training and clinical expertise were uniquely tested during a 2-year fellowship in the CDC's EIS where she worked with the Emergency Response and Recovery Branch. During that time, she was deployed to Kenema District in Sierra Leone for six weeks during the peak of the 2014 Ebola epidemic.

Dynes created a counseling center for Ebola survivors and hospital staff working in the Ebola treatment unit. She engaged in public education efforts, working with a local artist to create two community-based illustrated storybooks, one detailing how to break the chain of Ebola transmission and the other aimed at reducing stigma against Ebola survivors and their families. She also partnered with the International Federation for Red Cross and Red Crescent Societies (IFRC) to help train nurses to work in the IFRC's Ebola treatment unit. And, to better understand how the Ebola epidemic affected health-seeking behavior, she led focus group discussions with pregnant women and community health workers at local facilities.

"I think that we will now see a focus on that part of the world [West Africa] which has just *never* been there," Dynes said, reflecting on her experiences in Sierra Leone. "At this point of recovery and reconstruction, hopefully this shift will bring about positive change. It was really hard to leave...that was probably the hardest thing. There were times when we couldn't quite believe what was happening around us, but at least we felt like we were doing something, and not just sitting back and watching from a distance. That is the gift, working for an organization like CDC that

is on the ground and doing work from the beginning."

Dynes continues to improve the health of women and children around the world as a Nurse Epidemiologist in the CDC's Division of Reproductive Health. "In the global health context, there have been a lot of resources funneled to things like HIV and infectious disease," she reflected. "Not seeing governments or donors prioritizing maternal and child health is always going to be a frustration, but I think there is more prioritization of MCH populations now than there ever has been...it is improving." Her training in public health has informed her optimism, sharpened her skills, and changed her own professional priorities. "I really thought when I went into nursing, when I went into midwifery, that I would do that for the rest of my life. I still identify strongly as a nurse and as a midwife, but the [public health] work that I'm doing now is equally as important and meaningful to me."

For more information about the CDC's Division of Reproductive Health, go to z.umn.edu/cdcreprod or follow CDC on Twitter (@CDCgov) or Facebook (CDC).

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.

Dynes Featured on NPR's Morning Edition

Michelle Dynes and colleague Anne Purfield completed a StoryCorps interview about their experiences working in Sierra Leone during the 2014 Ebola Epidemic with CDC's Epidemic Intelligence Service. The interview was aired on National Public Radio (NPR)'s *Morning Edition* on October 14, 2014. Listen to the interview at z.umn.edu/storycorps.



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 the surveillance of abortion, unintended pregnancy, contraceptive use, sexually transmitted infections, and sexual behaviors.



Enhancing Global Health and Women's Health through Evaluation Research

by Tory Bruch



Karen Kun

Karen Kun, MPH (1996) is a Behavioral Scientist/Evaluator at the Centers for Disease Control and Prevention's (CDC) Center for Global Health in the Division of Global HIV/AIDS and TB. Kun coordinates the Country Monitoring and Accountability System (CMAS), a program to maintain the accountability of CDC's global efforts to achieve an AIDS-free generation under the US President's Emergency Plan for AIDS Relief (PEPFAR).

Kun has always been interested in global health. Before her Master of Public Health (MPH) training in Maternal and Child Health (MCH), she had earned a Master's degree in International Relations from New York University. "My Master's in International Relations gave me training in theory and strategy, but while working in the health area, I recognized that I did not have the necessary scientific skills," Kun said, explaining why she sought an MPH. "I could not necessarily read a research paper in a professional journal and really understand it. I also realized that health was really the area that I wanted to specialize in."

Public health was a natural route for Kun, as she came to the field with considerable professional experience in organizations that addressed mental health and health research. She said that she chose to apply to the UMN School of Public Health because it was one of the few schools that specifically offered a graduate degree in MCH. What made her accept the Program's offer of admission? "Even though I was on the East Coast, someone made an effort to reach out to me," she explained. "After I had been accepted into the Program, I got a personal call from the Program Head, indicating the Program's strong interest in me and how much they wanted me to consider the University of Minnesota. And that phone call—that effort to reach out—was really indicative of my experience in the MCH Program. The Program was small. It was a very personal environment and I

got a lot of attention...I really came into my own."

A Master's Paper that Tackled a Tough Topic

While at the UMN, Kun developed an interest in scholarly writing and, within a few years of graduation, she had published not only her MPH project but also a commentary on the association between vaginal drying agents and risk of HIV transmission (z.umn.edu/kunhiv).

Kun's MPH project, published in *Public Health Reports* in 1997 (z.umn.edu/kun2), focused on a contentious issue in MCH: at that time, medical insurers would only pay for a mother and infant's hospital stay up to 24 hours following a normal vaginal delivery. In that article, "Drive-by Deliveries: Legislation to Prescribe Medical Practice," Kun and her co-author reported their findings from a survey of 69 legislators who were opposed to the practice of 24-hour postpartum hospital discharge. They asked them to identify what influenced them to propose legislation to end the practice and found that major influences included personal experiences and persuasion from individuals or professional organizations. For example, 47% of the legislators cited their personal experience of labor and delivery and 54% cited the experiences of colleagues, friends, and relatives as strongly influencing their opposition to early postpartum discharge.

"Getting more people [HIV] treatment is rewarding and significant."

Pursuing A Career in Women's Health and Evaluation

After graduating from the MCH Program, Kun accepted a position as the Executive Director of the New Jersey Women and AIDS Network. It was there that Kun developed her expertise in evaluation, transforming the small community-based organization into one known for producing thorough, high quality evaluations. Although Kun's organization had a staff of only five full-time employees, the New Jersey Department of Health requested that it provide technical assistance on an HIV prevention program that targeted a rural community with high HIV prevalence and low community participation. This opportunity proved to be a highlight of Kun's burgeoning career in public health. "We conducted focus groups to learn more about what the community was thinking and what they wanted in terms of health promotion and disease prevention information," she said. "It was really one of the most fascinating things that I have done." Kun moved on to build a career in evaluation at the National Institutes of Health



and as a women's health consultant for the Georgia Department of Public Health.

Kun's current position allows her to pursue three areas of professional interest: evaluation, global health, and women's health. "Even though I am in a monitoring and evaluation and accountability role, ultimately, the purpose of the CMAS Initiative is greater accountability with respect to CDC's AIDS programming overseas," she explained. "So ultimately that means reaching more people who are, in fact, HIV-positive and facilitating their entry into HIV treatment, which we know is lifesaving. Being able to contribute to the CDC and PEPFAR mission and contribute to the goal of getting more people on treatment is rewarding and significant."

For more information about the CDC's Center for Global Health in the Division of Global HIV/AIDS and TB, go to cdc.gov/globalaids. To learn more about CMAS, go to z.umn.edu/cmas.

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.

The US Emergency Plan for AIDS Relief

The United States President's Emergency Plan for AIDS Relief (PEPFAR) is a US government program dedicated to fighting HIV/AIDS worldwide. In addition to a focus on expanding HIV/AIDS prevention, care, and treatment, PEPFAR also focuses on promoting sustainable country programs and strengthening local health systems.

To learn more, go to pepfar.gov or follow PEPFAR on social media ([facebook.com/PEPFAR](https://www.facebook.com/PEPFAR) and [@PEPFAR](https://twitter.com/PEPFAR)).



Theresa Osypuk:

Teaching Urban Health & Social Policy (PubH 6000) at the University of Minnesota

In my course, we apply a social epidemiologic, interdisciplinary perspective to understand urban health.

We examine policies operating outside of the health sector that may improve urban population health and reduce health inequities by improving social determinants of health.

In this translational social epidemiology course, we delve into the expected US population trends for the next 50 years by key social strata (demography of inequality).

We discuss the social epidemiology of issues with which urban areas struggle (including concentration of poverty, residential segregation, educational inequality, unemployment), and the theories guiding urban health and social epidemiology scholarship.

We also examine social and economic policies across different sectors (outside of the health sector) with evidence to reduce health disparities and improve health in urban areas (a "health in all policies" approach; for example, preschool education policies, income policy, housing policy, neighborhood revitalization, and policing policies).



Protecting the Public's Health through Immunization

by Sierra Beckman, MPH



Anna Fedorowicz

Anna (Annie) Fedorowicz, MPH (2012) is the Adult Immunization Coordinator in the Education and Partnerships Unit of the Immunization Program at the Minnesota Department of Health (MDH).

Early on, Fedorowicz planned to be a scientist. She earned a BA in Chemistry and Women's Studies at St. Olaf in Northfield, MN. Two undergraduate opportunities influenced her career path. The first was a study abroad program through which she visited seven countries in six-and-a-half months. To fulfill her Women's Studies capstone project, she focused on a different women's health issue in each of the countries she visited. "This is the time when my love for women's health and other maternal and child health (MCH) issues started to arise," she said.

The second opportunity was Fedorowicz's work on a St. Olaf undergraduate research study—conducted in partnership with the University of MN (UMN)—through which she collected and analyzed water samples in southern MN and northern IA. "My favorite part of this work was talking to farmers about land use and talking to people about their communities and how they have seen the landscape evolve over time," she said. Her enjoyment in connecting with people, and her interest in understanding the environmental and social contexts in which they live, were early signs that a public health career path would be the right one for her.

Exploring Her Options and Making Connections

Several other experiences led Fedorowicz to the MCH MPH Program specifically,

*Her work taught her that
"real life" studies vary
greatly from ideal study
designs.*

including an internship with the non-profit organization, NARAL Pro-Choice MN (z.umn.edu/1387). At NARAL she worked on sexual education programming and met many sexual and reproductive health professionals in MN, including the Adolescent Health Coordinator at MDH. "I soon realized that all of these people had a degree called an MPH and I decided to look into it," she said. "I started by enrolling in the certificate program that is offered by the School of Public Health (SPH)," said Fedorowicz. She said that one of the benefits of the Public Health Core Concepts Certificate Program (z.umn.edu/phcert) was that the classes included students in all of the SPH graduate programs, which exposed her to individuals with diverse interests in public health. Fedorowicz credits the certificate program with solidifying her interest in public health and helping her identify her interest in MCH specifically. She chose the Epidemiology emphasis option in the MCH MPH Program because she "still felt the pull of science and data."

For her MPH field experience, Fedorowicz worked in Alabama on the Mobile Youth Survey (MYS)—also called the Mobile Youth and Poverty Study—a longitudinal

study that began in 1998 to conduct annual surveys about the "risk and protective factors associated with substance use and abuse, violence and aggression, and sexual risk behavior among adolescents aged 9-18" (issr.ua.edu/myps). She was one of many field surveyors—during a very hot summer in Mobile—in 2011. "I spent the whole summer trying to find kids who had taken the survey the previous year to get them back for the annual follow-up survey. It was a great introduction into all of the possible pitfalls in data collection, especially with a very transient population," she said.

Fedorowicz said that her work with MYS taught her that "real life" studies vary greatly from ideal study designs. For example, she needed to read the survey to some of the participants and the data collection sites were scattered in several areas that were not always ideal. Sometimes she surveyed youth in their homes and sometimes she surveyed them in public spots like a church basement or the gymnasium of a Boys and Girls Club. Fedorowicz used data from the study to write her MPH final paper, which she published in the *American Journal of Public Health* in 2014. "Our limitations section was pretty big in our paper," she conceded, "but you can't get access to this population any other way."

Reflecting on her entire MPH experience, Fedorowicz said that, "One thing I loved about the Program was all of the experiential learning. I was really lucky to have hands-on guidance from faculty, especially during my Masters project." Her advisor, Wendy Hellerstedt, remembers the process



“It is really important that we have vaccinators who are educated on the latest and best practices.”

of data analyses and manuscript preparation well, but stated that nothing compared to another product of Fedorowicz’s work with the MYS. “Annie wrote a moving series of reflections about her experience in Alabama,” Hellerstedt said (z.umn.edu/annieblog). “I read her blog routinely while she was gone because it provided such a sensitive portrayal of not only the work that she was doing, but of the disadvantaged youth in the study and the environments in which they were living.”

Coordinated Adult Immunization Programs and Data in MN

Fedorowicz continues to work with data, as the Adult Immunization Coordinator with MDH. “It is very important that all of our work is data driven,” she said. “I am always working to make sure that the programs and materials we develop actually meet the needs of the population and target the people who need education about vaccines...We are starting to do a lot of very neat projects across program areas, all around the topic of adult immunization.”

One program area in which Fedorowicz works concerns the immunization status of

pregnant women. As part of reproductive life planning, it is optimal that a woman be up-to-date on all of her immunizations before she becomes pregnant, because immunizations promote good health and because some immunizations are contraindicated during pregnancy (e.g., Rubella) (z.umn.edu/pgimmuniz). Additionally, influenza and Tdap vaccinations are routinely recommended for pregnant women to protect both the mother and newborn.

Fedorowicz said that she and her colleagues are eager to enrich immunization data by merging them with other datasets. She described a recent project that matched immunization data to a cohort of pregnant women identified through MN birth records to better understand maternal vaccination coverage disparities related to race, ethnicity, and country of origin.

In addition to documenting maternal immunization status in MN, Fedorowicz provides resources and support to professionals who provide immunizations to adults. One large population she often works with are called “emerging providers” such as Minute Clinics, pharmacies, and worksite vaccination stations. “It is really important that we have vaccinators who are educated on the latest and best practices and have the resources they need to give adequate care,” she said.

Fedorowicz reflected on the many aspects of her work that she enjoys: understanding the existing practices of a provider group, providing some kind of needs assessment, and designing the best package of educational materials to offer support. Her work also includes professional memberships with entities like the MN Coalition for Adult Immunization and the National Adult Immunization Coordinators. She has also represented the immunization work in MN to national audiences. For example, she recently gave a presentation about partnering with pharmacies to enhance adult immunization programming in MN at CDC’s annual CDC National Immunization Conference.

Fedorowicz said that her biggest challenge so far, because she is relatively new in her career, has been building necessary networks with partners and communities to aide her work. “Starting out, I had wonderful guidance from my co-workers, but I

was still a new person. I had to be comfortable taking the time to develop really genuine relationships,” she reflected. “That has been very important.”

For information about immunization data, policy, and education in MN, go to z.umn.edu/1389. The Centers for Disease Control and Prevention (CDC) provides a schedule of necessary immunizations for adults to protect against a range of health conditions, including zoster (shingles), influenza, pneumococcal, tetanus, pertussis, and hepatitis A and B at z.umn.edu/cdcimmuniz.

Sierra Beckman, MPH, recently graduated from the UMN SPH’s MCH Program. She was a Research Assistant at the Center for Leadership Education in MCH in the Division of Epidemiology & Community Health, SPH, UMN.

The University of Minnesota’s (UMN) Public Health Core Concepts Certificate Program

The UMN Public Health Core Concepts Certificate Program, designed for working public health or human service professionals, can be completed online.

Program participants learn the fundamentals of public health, including epidemiology, biostatistics, ethics, health management, social and behavioral sciences, and environmental health.

The Certificate Program may also be of interest to individuals who are considering applying to one of the UMN’s Master of Public Health programs because all of the certificate courses may be transferred to that degree. Go to z.umn.edu/cccp for more information.

Reducing Minnesota's Preterm Births: Big Goals for the Smallest Babies

by Wendy Hellerstedt, MPH, PhD



Mark Bergeron

Mark Bergeron, MD, MPH is a neonatologist and 2008 graduate of the Maternal and Child Health (MCH) advanced-standing MPH Program. He completed his Medical Degree at Creighton University, a pediatrics residency at Oregon Health and Science University, and a 3-year Neonatal-Perinatal Medicine Fellowship at the University of Minnesota (UMN). Board-certified in neonatal-perinatal medicine, he is a neonatologist with Associates in Newborn Medicine PA and the Associate Medical Director of Neonatal Medicine and Medical Director of the Neonatal Developmental Follow-up Program at Children's Hospitals and Clinics of Minnesota in St. Paul, Minnesota (MN). He is also the Medical Director of Neonatal Medicine for the HealthEast Care System in the East Metro and an affiliate Assistant Professor in both the Medical School and the MCH Program at the UMN. Bergeron has held many statewide professional memberships that have enabled him to educate and advocate for optimal birth outcomes and care for neonates, including service as Past President of the MN Perinatal Organization. His interests are the neurodevelopmental follow-up of infants after they leave the Neonatal Intensive Care Unit (NICU), public health policy and advocacy for preterm infants, and hospital-based quality improvement initiatives.

Bergeron juggles many professional obligations with grace, humor, and keen intellect. His focus is never far from his work at the NICU at Children's-Minnesota in St. Paul, MN. For Bergeron, taking care of tiny infants goes beyond monitors, tubes, and ventilators. He knows that the NICU—a world so familiar to him—may haunt the memories of parents long after their infants are released and healthy at home. This sensitivity propelled him, a few years ago, to raise awareness about the possibility of post-traumatic stress disorder (PTSD) for the NICU parent. “At the bedside, we really treat families as much as we treat the infants,” he said, “and working with families is one of the many rewards of my job.” While no longer engaged in parental PTSD advocacy and education, he continues to serve families through service, including membership on the Children's Hospital Ethics Committee, which addresses the problems associated with the difficult decisions that must be made by care providers and families with ill children. In recent years, Bergeron has also focused his service on statewide policies and education to

“I think about health care with a wide lens, with both a medical and a public health perspective.”

prevent prematurity and ensure access to care for neonates.

A Door Opened to Public Health Education and Advocacy

“I was thinking about why I got my MPH,” Bergeron mused, “and I remembered something one of my MPH thesis committee members, Julie Ross, said to me. She said that my MPH would not get me the job I want because I already had my dream job [he was a neonatologist during his MPH training]. What the MPH would do, she said, is open other doors and make the job I love more meaningful. Those three simple letters—MPH—really did that for me.

That credential tells people in the community that I think about health care with a wide lens, with both a medical and a public health perspective...I work in the NICU, a small part of Children's Hospital, taking care of the smallest babies, with the smallest technology,” he said, “and I love that. But now I am also engaged in population health. I participate in public education, advocacy, and decision-making about policies that affect Minnesota's neonates.”

In developing his statewide presence as an expert in neonatology and public health, “it didn't hurt to have Ed Ehlinger [MN's Commissioner of Health] as my advisor,” Bergeron laughed. “After I got my MPH, we formed the Minnesota Prematurity Coalition at the state level (z.umn.edu/mp-coal) which ultimately became a legislative task force [on which MCH MPH alumni Michelle Chiezza and Richard Lussky were also members].”

The task force members were all engaged in the care of preterm infants across different fields of health care and education. Bergeron said that they shared the percep-

tion that infants received excellent inpatient care in MN hospitals, but that their care after discharge and into childhood was often fragmented and unstandardized. “We saw an opportunity to create tools for families, clinicians, public health workers, and educators that would optimize the health of these children regardless of where in the state they lived,” he said.

In their recommendations to the MN legislature in 2013, the task force advocated for several initiatives to reduce preterm births and optimize outcomes for preterm infants in MN (z.umn.edu/pretf). Several of the proposed initiatives were successful, including the development and distribution of a discharge-planning tool for late preterm infants (z.umn.edu/pretool). “This discharge tool was one important product of our work,” Bergeron said, indicating that other states may be using it and that it could have contributed to the development of a similar tool by the National Perinatal Association about a year later. “This tool is particularly important for bridging in- and out-patient care for NICU infants, especially in rural areas which rarely see such babies,” he said.

Newborn screening is also a priority for Bergeron, who was appointed to MN’s Advisory Committee on Heritable and Congenital Disorders (Newborn Screening Advisory Committee) by MN’s Commissioner of Health. “This committee is a great group of people, from all walks of life,” he said. “We decide what newborn screening tests we might add each year. Our decision-making process includes hearing from families whose kids have rare and heartbreaking diseases.” He recalled a phrase that he heard in the classroom during his MPH training, attributed to Ruth Sidel, that “statistics are people with the tears washed away.” “The work we do, the stories we hear, put the tears back into the statistics,” he said. “Decision-makers must have the perspectives of people who are most deeply affected.”

Getting Minnesota on Track with Prematurity Prevention

Bergeron would like to see less of a need for NICUs. To do so, he is working with many others on public health efforts to reduce preterm birth in MN and thus de-



“The work we do, the stories we hear, put the tears back into the statistics.”

crease the number of NICU beds occupied in MN every year. He is particularly focused on early elective inductions and cesarean births.

“We need to engage the community about preterm prevention,” Bergeron emphasized, “and we have some proof that we have done this.” For example, every year the March of Dimes puts out a prematurity report card (z.umn.edu/pbreport). In 2015, the state of MN got a grade of B overall, which isn’t that great, Bergeron said. But, he noted, Ramsey County received a grade of A. “That’s not an accident,” he stressed. “We networked in Ramsey County, we got the word out about reducing inductions and C-sections, about providing great care for moms and babies...When I make the rounds in Maplewood [a city in Ramsey County], I talk about *Healthy Babies are Worth the Wait* (z.umn.edu/worth). I never lose a chance to talk about prevention. The March of Dimes has been smart about

marketing health like this and my hope is that we can change the entire state of Minnesota to a grade of A+.”

To make Minnesota an A+ state, Bergeron said there are many things that must be done, including standardization of data collection and reporting about maternal and infant care; state-of-the-art prenatal, obstetric, and infant care; and improved networking among birth centers, hospitals, and clinics. He also bemoaned the lack of funds to assess outcomes and said that MN needs a legislative mandate to both network and evaluate. All of his public health service activities—on committees, at conferences, and with professional organizations—are consistent with his vision to permanently reduce the rate of prematurity. “And we cannot just do this at a local level,” he said, “we need to do this on a national level.” Spoken like a true public health advocate.



Health Care Services and Education

Training the Next Generation of Public Health Leaders

Bergeron said that one of the most gratifying consequences of his MPH was when he was interviewing a neonatal fellow who she that said she wanted to do the work he did. He told her she needed an MPH. She was accepted into the UMN'S MCH MPH Program and Bergeron became her academic advisor. She is a recent MCH graduate who is now a neonatologist in WI. "She really sought out our [MCH MPH] Program," he said, "because she wanted to be like me. Isn't that something?"

For more information about preterm birth, go to the Centers for Disease Control and Prevention's preterm birth page at z.umn.edu/cdcpreterm and the National Center for Education in MCH preterm page at z.umn.edu/ncemchpt.

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

What is Premature/Preterm Birth?

An infant who is born before 37 completed weeks of gestation is considered to be premature or preterm. About 380,000 infants are born prematurely every year in the US (about 11% of all births). Prematurity is the leading cause of infant death, but death represents the tip of the iceberg. Premature infants who survive often have serious and lifelong health problems, including respiratory problems, developmental delays, and vision loss. There is an interest in "late preterm" births—occurring just a few weeks too soon—for two reasons: (1) late preterm infants are at higher risk for death and disability than full-term infants; and (2) such births may be unnecessarily induced for non-medical reasons (i.e., some of these early births are entirely preventable).

In 2007, the Institute of Medicine estimated that every year the US spends about \$26 billion in costs associated with prematurity, ranging from immediate neonatal intensive care costs to expenditures that occur throughout the lifetime of an infant born too soon (related to special education, health care, etc.). Some costs are incalculable. For example, some premature infants who grow into adulthood may never be employed because of serious health or cognitive impairments, but there are no US data about what percent of adults who receive disability services were born prematurely.

It has long been a challenge to reduce the rate of premature birth because prematurity is complex—there are many reasons why infants are born too soon. Because the causes of prematurity are not well understood, prevention efforts have been a challenge. Public health initiatives have focused on interventions that have a likelihood of success: reproductive life planning (i.e., ensuring that a woman enters pregnancy with optimal social, economic, and physical health) and good prenatal care.



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.



Eamon Flynn & Kathleen Thiede Call: Teaching Health Impact Assessments— A New Tool to Promote Health Equity (PubH 7220) at the University of Minnesota

Our course will introduce students to Health Impact Assessment (HIA) methodology and practice. HIA is a new six-step tool used to inform decisions in non-health sectors.

Under this framework, we encourage students to apply their knowledge and skills to uncover the potential health impacts of a proposed policy, program, or plan decision.

Through class and small-group discussions, case studies, and HIA-specific exercises, we will explore the practical application of HIA to advance Health in All Policies in transportation, education, criminal justice, and urban planning sectors.

Lynn Bretl & Lisa Turnham: Teaching Sexuality Education—Criteria, Curriculum & Controversy (PubH 6627) at the University of Minnesota

This course 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 will review curricula, as well as 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 will consider what the role of schools and public health is in raising sexually healthy young people.



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Leadership in Health Systems: The Necessity of Diversity

by Wendy Hellerstedt, MPH, PhD



Julia P. Joseph-Di Caprio

Julia P. Joseph-Di Caprio, MD, MPH (1998) is the Assistant Chief of Provider Services and Senior Medical Director of Primary Care at Hennepin County Medical Center (HCMC) in Minneapolis, MN. She received her Medical Degree from the University of Illinois in Chicago, IL and completed her pediatrics residency, an adolescent health and disability fellowship, and an MPH in MCH at the University of Minnesota (UMN). She was HCMC's Chief of Pediatrics for 12 years. She has conducted research projects in several areas, including the use of emergency services by youth and the health care concerns of incarcerated youth.

"I worry when everyone agrees," Joseph-Di Caprio said, reflecting on leadership in complex health systems. In addition to managing a busy clinical practice and the day-to-day function of a large county medical department, Joseph-Di Caprio has reflected about—and studied—her own leadership style and how she can encourage emerging leaders. She thus worries when colleagues agree too readily about both the important and the mundane decisions that are necessary to maintain quality health care that is responsive to community needs and financially sound. Good leaders, she maintains, don't always strive for agreement.

"I want to demonstrate, especially to emerging leaders at HCMC, that I don't always have to be right," Joseph-Di Caprio explained. "I have the ability, ultimately, to not have my way. It is important for people to see that. Whether I am 'right' is not as important as what is 'right.' Not a day goes by that I don't think, 'Well, maybe that's not what I would do, but that's OK.' You need to trust people around you, make an assumption that all of your colleagues are working with good intent. That we are all working toward the same goal." Leadership, she maintained, involves listening to people and valuing what they say. "I have to respect the perspectives and knowledge that people bring to issues," she said.

"Whether I am 'right' is not as important as what is 'right.'"

Joseph-Di Caprio credits her leadership role at HCMC, in part, to her ability to listen. "And I take feedback very well," she said, laughing. "It's important to acknowledge what doesn't work, to learn from it, and then move on."

Joseph-Di Caprio also perceives her role as that of a leader in the entire HCMC organization, rather than solely a leader in a single department. "The old model is that Department Heads fight for their department, without consideration for the rest of the organization," she explained. "That model doesn't work." She said that leaders cannot work in silos, with a narrow focus on what's best for their units. "Leaders have to do what's best for the entire organization," she said, "and find ways to make every unit function to the best of its ability."

Leadership in the 21st Century: Getting Out of the Echo Chamber

Joseph-Di Caprio is thoughtful about the need for more diversity (e.g., sex, race, class) in leadership and how to address

historical and cultural barriers. "Health systems are strongest when they hear diverse voices," she stressed, reiterating that she worries when everyone agrees. "There can sometimes be a sort of echo chamber in strategic thinking, a 'group-think' where people with common backgrounds and ideologies create ideas that are limited to those that align with their narrow world view and opinions." Joseph-Di Caprio insisted that innovative, creative, and efficient ideas do not emerge under these circumstances. "Diverse voices strengthen decision making in health systems," she stated, adding that good decisions require the leadership qualities that she reveres: the abilities to listen, to compromise, and to show respect.

Having studied systems and approaches to leadership, Joseph-Di Caprio has been influenced by scholars, like Claude Steele (author of *Whistling Vivaldi*), who have identified how stereotypical thinking limits women and racial minorities. "Internalizing negative stereotypes that reflect social stigmas really affects how people [who have historically been disenfranchised] act," she said.

"We need to think about the potential of women, of African-American men, to be leaders," Joseph-Di Caprio said. "And we need to think about the social threats that create obstacles for them to ever attain leadership positions, to ever even consid-



er becoming leaders.” These social threats include persistent negative stereotypes. “If you believe that people see you in a certain way,” she said, “that is an important stressor that will impair your performance. If people don’t perform up to their potential, they cannot succeed,” creating a vicious cycle that assures that social disenfranchisement persists and that leadership remains concentrated among individuals who represent specific viewpoints.

“We must create systems where people, all sorts of people, can be whoever they want to be—whatever they can be—that is what real success looks like,” Joseph-Di Caprio said. “Hearing all those different voices will make our health systems the best that they can be.”

A Measure of Success in an Envelope

“I need to show you something before you go,” Joseph-Di Caprio said. She rummaged through papers and objects in a small cardboard box and smiled as she pulled out a white envelope. It was addressed to “Dr. Julia” at the HCMC address. HCMC is a huge medical center, with multiple buildings housing many clinics and departments. The address on the letter did not include her last name. “Everyone knows who I am, apparently,” she chuckled, “because the envelope was routed to my office close to the date it was postmarked.” The envelope contained a letter of gratitude—that she did not share—from one of her adolescent clinic clients.

Joseph-Di Caprio manages many people. She puts effort into improving her own leadership skills and providing paths of entree for future leaders. But, throughout

our interview, the adolescent clients she serves were never far from her mind. Even as we focused on institutional leadership and the power of listening, she would tell anecdotes about how much she values listening to her young clients and how many life lessons they have taught her. Her “Dr. Julia” letter likely reflected the thanks of a young person who felt heard.

“Isn’t it amazing,” Joseph-Di Caprio asked, “that folks at HCMC knew that I was ‘Dr. Julia’ and got this letter to me so quickly?” Maybe not so amazing, given the environment she has cultivated at HCMC for almost 20 years. The way she held the letter—and the fact that she has kept it—conveyed how much this symbol of true connection with a young client meant to her. Joseph-Di Caprio has had many successes in her professional life and many recognitions of her leadership that she could show off in the form of certificates, publications, and plaques. But the metric she valued during this interview—the item she showed with pride—was a letter from a young person that found its way, through the complicated maze of a huge county health care center, to “Dr. Julia.” Her regard for this letter—and the connection she made with this young person—is a reflection of leadership that cannot be taught.

For more information about Joseph-Di Caprio and HCMC, go to z.umn.edu/dicaprio.

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

Whistling Vivaldi: Segregation and Stereotype Threat

Whistling Vivaldi: How Stereotypes Affect Us and What We Can Do was written by social psychologist Claude Steele, Professor Emeritus in the Graduate School of Education at Stanford University. Steele’s book describes how identity threats influence interracial interactions. He argues that our actions—conscious or not—contribute to persistent segregation: we spend our time in “safe” environments that are familiar and filled with people we perceive to be “like us.” Everyone, Steele argues, experiences the negative cognitive effects of stereotypes and bias—and we all have the potential of minimizing these negative stereotype threats.

The title of this book reflects the experiences of Steele’s friend, Brent Staples, a *New York Times* writer. Staples, an African-American man, experienced stereotyping and intuitively knew how to challenge racist perceptions. He perceived that his physical presence in public places made some white people afraid. To counter this, he began to whistle Vivaldi in public as a signal that he was “safe.” He thought that white people would assume that dangerous black men do not listen to classical music. By whistling Vivaldi, he thus created an image that did not jive with what he believed were racist stereotypes that identified black men as predators who would attack strangers on the street.

To listen to a 2013 talk by Steele about *Whistling Vivaldi*, go to z.umn.edu/vivaldi.

Inspired by Patient Pathways to Promote a Lifetime of Health and Wellness

by Amy Gilbert, MD, MPH



Amy Gilbert

I did an MPH in Maternal and Child Health (MCH) between 2006-2008. I had been attracted to the idea of studying public health ever since my medical residency in Family Practice 15 years earlier. I

chose MCH because of my interest in reproductive health care and family planning. I learned more than I expected about health and well-being. It led me to think outside the medical paradigm of illness and interventions, to think about going upstream and outside the box—and I enjoyed it greatly.

These days, I am in outpatient family medicine. The 60th anniversary of the MCH Program, and the pleasure of my ongoing relationship with MCH Program Director Wendy Hellerstedt, led me to consider the effects of studying MCH on my current practice.

I learned the concept of the life-course trajectory: early influences shape the story of the rest of your life. People come to me at various points along the trajectory, sometimes with habits or practices that may not be good for their long-term well-being. I find that I can sympathize and connect with people quite different from me, with the recognition that we all come from different pathways. I learned that, while people are doing things that don't make sense from my perspective (why do they keep having babies so young? why would they keep smoking or have a gun around the house?), they're doing what makes sense for them in their own story. A history of trauma (and other adverse childhood experiences), for



“I don’t think of an intervention as a single event.”

example, will color a person’s experience such that it is harder to feel safe and harder to trust resources that are intended to provide good advice. I am more appreciative, more forgiving, and more respectful since my MPH work. I am better able to meet patients with kindness and curiosity by asking myself, “What is the story that brings you here?”

Because of my recognition of a life-course trajectory, I don’t think of an intervention as a single event. It requires ongoing maintenance to influence the curve of a person’s

experience. It is important to prescribe an effective medication for high blood pressure. But if the patient does not keep taking it—because of cost, side effects, forgetting it because it is not built into a routine, or distrust of its effects—then the medication will not decrease the risk of heart attack and stroke. Changing the outcomes—that is, bending the curve—requires intervention in a more long-term way.

I learned about the social determinants of health. This is more common parlance now, thanks partly to Ed Ehlinger [former MCH faculty member], our public-health-minded Commissioner of Health, but was less publicly discussed when I came to MCH. I learned that some of the most important determinants of longevity and long-term health are not the medical diagnoses, the

“Shaping the triggers you are exposed to is more effective than individual, white-knuckle willpower.”

physician’s training, or the medication list—in fact, a person’s social connectedness is more predictive of well-being. These days at physicals and wellness visits, I routinely ask people about their nutrition, exercise habits, and quality of sleep. I also ask about their social context. I actively encourage and discuss ways to enrich social connectedness.

I learned to be a more careful reader of data. One of my favorite professors (Wendy Hellerstedt) taught us that, “The plural of anecdotes is not data!” In medical practice, doctors have to work very hard to believe that. When I see a patient respond to a medication, or have a side effect with it, it takes discipline to recognize that’s not the way it is for everyone. When a lab result comes back, it is natural to assume it is correct and to act on it. Coursework in epidemiology and biostatistics helped me recognize the limits of screening, lab tests, and habits that we all learned in medical school.

I learned about public policy as an intervention strategy. Individual efforts against a tide of junk food, sedentary habits, attractive marketing for cigarettes, alcohol, etc. can only go so far. I learned that shaping the triggers you are exposed to is more effective than individual, white-knuckle willpower. At this point, I am not making public policy. But I think this understanding improves the advice I offer to patients about shifting to more healthful habits.

I am currently in a setting that emphasizes ongoing health and wellness. I work at a clinic started by Pipe Trades Services of Minnesota, trade unions for pipefitters and plumbers, where I provide primary care for union members and their spouses and children. I have plenty of time with each patient, which allows me to get to know patients better as whole people—and for them to come to trust me as an advocate and partner.

I am fortunate to have a workplace this supportive of what I learned. And I am grateful that I had the opportunity for public health education with MCH.

Amy Gilbert, MD, MPH (2008) is a family medicine physician at the Pipe Trades Services MN’s Family Health and Wellness Center (ptsmnhealth.org) in White Bear Lake, MN. She received her medical degree from Northwestern University Feinberg School of Medicine in Chicago, IL. She has been in practice for more than 20 years.

Audio Available: Adult Preventative Care—Common Questions and Definitions

Amy Gilbert, MD, MPH 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, go to z.umn.edu/gilbert.

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.

Consumer-driven Care:

Understanding the Individual to Treat Illness and Promote Wellness

by Wendy Hellerstedt, MPH, PhD



Jeffrey Wigren

Jeffrey Wigren earned two degrees at the University of Minnesota (UMN): an MPH (2002) and a MHA (2015). He is a behavioral health specialist and the Director of Operations at Natalis Outcomes. Wigren's professional life has focused on improving the health and well-being of women of childbearing age who do not have adequate preventive counseling and primary care; children from disadvantaged backgrounds; Medicare and Medicaid populations; and orphans in India, Ethiopia, and Latin America. He is the founding Chair of both the Ethiopia Caucus for the Joint Council of International Children's Services and the Minnesota (MN) Chapter of the National Aging in Place Council. He was also the Vice President of the Saint Paul Senior Workers' Association from 2012-2013.



When it comes to building professional communities or creating better systems of care, there is almost nothing Wigren has not done. He has developed coalitions and organizations, conducted health services and prevention research, and managed two large programs for inter-country adoption. Wigren has been a marketer, a care transitions coach, and a community health organizer. He even spent two years as a rural water and sanitation technician in rural Bolivia where he served in the Peace Corps. He obtained a United States

Agency for International Development (USAID) grant in Bolivia to work with CARE International to install the first portable water and waste hygiene system in a community with endemic cholera.

As Director of Operations at Natalis Outcomes in Saint Paul, MN Wigren continues to challenge himself. He is working with a team, led by Jonathan Hoistad, PhD, to transform the delivery of behavioral health care through a measurement-informed delivery model and a clinic-based case management system for people with serious and persistent mental or behavioral health disorders.

Understanding the Complexity of the Whole Person is Key to Good Health Care

Natalis Outcomes is an integrated community-based care provider with a public health mission. Wigren and his colleagues are looking at real problems in health care delivery: heavy users of health care services, unnecessary use of expensive emergency care services, patient non-compliance, and the inability of clinics to reach and to consistently serve individuals who are socially disenfranchised and often have complex health care needs. They are also looking at troubling health care industry responses to these problems that include

cost-containment initiatives that ultimately result in lower access to care for the most vulnerable individuals.

In response, Wigren said, "Natalis Outcomes provides the clinic with outcome measures and measurement-informed care to provide patient feedback-informed care." This work is consistent with the model developed by Iora Health (iora-health.com) and, by using patient-reported outcome measures, the care experience is at the top of Triple Aim Pyramid, he explained. As described by the Institute for Healthcare Improvement, the Triple Aim framework is intended to optimize health system performance to simultaneously address three aims: (1) improve the patient experience of care (e.g., quality, satisfaction); (2) improve the health of populations; and (3) reduce the *per capita* cost of health care (z.umn.edu/ihci).

Wellness Begins with Mental Health

At Natalis Outcomes, Wigren is working to transform complex health care systems, guided by straightforward, evidence-based realities:

- Mental health problems are common, affecting about one-quarter of American adults every year;

“We have to encourage health care systems...to provide routine mental health screenings.”

- Behavioral illnesses (strongly associated with mental health problems) are common;
- Mental health screening improves health care by uncovering issues before they become large problems;
- Mental health problems are treatable; and
- Undiagnosed and untreated mental health problems interfere with overall care by promoting health-defeating behaviors and decreasing health care seeking, the quality of health care communications, and compliance with health care counsel.

“We believe that we have to encourage health care systems, especially primary care, to provide routine mental health screenings to identify problems and assess them over time,” Wigren said. “Primary care providers need simple tools that immediately help them assess how their clients are and how their mental health could be interfering with health-related behaviors.”

The simple tool Natalis Outcomes uses is a 50-item self-administered survey to assess mental health symptoms and severity, the Health Dynamics Inventory (HDI) Connect. The client can complete the 15-minute standardized assessment on any electronic device, at home or in the clinic. It has versions in English, Spanish, and soon in Hmong, all of which are at a 6th-grade reading level. It measures, with good validity and reliability, characteristics that are considered essential for the diagnosis of mental illness:

- Morale (distress, hopefulness, and energy for change);
- Global symptoms (depression, anxiety, attention problems, alienation, and perception problems, eating disorder, substance abuse, and behavior problems); and
- Global impairment.

The HDI also provides an opportunity to ascertain co-occurring morbidities, like substance abuse and anxiety. “The HDI allows our clinicians to gain diagnostic clarity very quickly,” Wigren explained, because immediately after clients complete the survey, their responses are entered into their clinic Electronic Health Record. A summary report can be available in about two minutes. “The easy-to-read report allows providers to provide feedback-informed care,” he said. “They can immediately see if their clients have emotional, occupational, or social issues that may be affecting their health or impairing their ability to be compliant or initiate a treatment.”

Wigren believes that this simple assessment is superior to clinical notes, which are cumbersome to read and thus hard to share. Because it is so easy to administer, the HDI can be given on a routine basis to track changes in mental health that could affect other health outcomes, he explained.

“Health care is changing fast and we have to make clinics work for health care consumers. We need to push for client-driven care,” Wigren said, “and we need to use good methods that will not increase the clinic workflow or health care costs. It’s all about *efficiently* communicating critical information with which providers could make treatment and counseling choices... The practice of primary care would really be enhanced if providers have a simple way to understand the whole person they are treating. At Natalis Outcomes we say that, ‘*improving behavioral health integration is as integral to health care reform as health*,’ and there is a lot of evidence to support that.”

For more information on Natalis Outcomes go to natalisoutcomes.org. Descriptions of HDI use in clinic settings are available at z.umn.edu/nautbene and z.umn.edu/specsheet. A fictional example of a client summary is at z.umn.edu/pychex.

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



Health Care Services and Education

Lucky



Charles N. Oberg

During that first week, the attending neonatologist asked me to come and meet Lucky's family. His parents were refugees who had only recently come to the United States. While they were still getting used to a radically different lifestyle in America, Lucky had burst into their lives. I had a clinical interest in the care of immigrant children and had established a primary care clinic for recent arrivals that provided both primary and specialty care. Through this clinic, I had seen many refugee children and had developed a small reputation. Also, though I wasn't fluent, I spoke the family's native language.

When I arrived at the hospital, the attending physician told me that the anoxia had been extreme. Computed tomographic (CT) scans revealed severe swelling of his brain. Lucky was ventilator dependent, and he was not expected to survive. I left the hospital that day unsure how long Lucky would last. But Lucky's heart kept pumping.

Repeated head imaging showed that the swelling in his brain had led to severe atrophy. By two months of age, he had just a small rim of cortical tissue remaining. Although the imaging looked bad, his body would not quit. To everyone's amazement, Lucky was extubated at three months of age. Though this was no small victory, he had many stumbles left in his journey.

After extubation, he developed a series of aspiration pneumonias. Lucky's traumatic birth had also injured his brain stem, impairing his ability to suck, swallow, and cough.

Lucky did not have an easy start to life. He was born breech at home without a birth attendant, and his umbilical cord was wrapped tightly around his neck. His brain was severely injured by the prolonged lack of oxygenated blood. Paramedics rushed to the house and resuscitated him before bringing him to the county hospital's newborn intensive care unit.

by Charles N. Oberg, MD, MPH

"Biologic and social risk factors may suggest future challenges, but they can never totally predict a particular child's life course."

Without a cough reflex, he could not prevent food or secretions from trickling down his airway and into his lungs. However, his family's faith was strong. They believed that Lucky would get better and that they would take him home one day.

That day came when Lucky was six-months old. His parents called to tell me that he was indeed going home, and they asked me to be his primary care pediatrician. The first months at home were difficult for this fragile infant. His parents did not seem to fully appreciate the seriousness of his condition. Initially, he and his parents seemed to encounter setback after setback. Then, slowly but steadily, he started to reach certain developmental milestones: improved head control, rolling over, reaching for objects. Considering the small ribbon of cortex that remained on the CT scans, his progress astonished those involved with his care.

Over the next several months, there were a number of hospitalizations, but Lucky always seemed to bounce back. He overcame recurrent bouts of pneumonia and other serious infections despite the cards stacked against him. Eventually, I recom-

mended the placement of a gastrostomy tube to minimize the pneumonias and to optimize his nutritional status. The family was initially opposed to surgery; the idea of enteral feedings through a gastrostomy ran counter to their cultural beliefs. They thought that a child had to "eat to survive" and that the gastrostomy somehow bypassed this vital human need. However, after a few more hospitalizations, the family eventually agreed. After the procedure, he began to gain weight and was able to spend more time away from the hospital.

Things were better, but they were not perfect. Lucky's parents needed a lot of help. He required a home health aide to assist with the G-tube feedings, oxygen administration, and nebulization treatments every few hours. Also, he needed early intervention services to help him learn to sit up and stand with support. With the extra help, Lucky slowly continued to reach milestones. By 18 months, Lucky was scooting around on his bottom, exploring his surroundings. He became increasingly interactive and social, actively engaging his environment through play. Though he had not developed speech, we provided an augmentative communica-



tion device that enhanced his communication. He continued to surprise me over the years with his accomplishments. When he turned 5, we planned for him to attend a kindergarten program designed for those with developmental disabilities. This time, it was not to be. As I was driving home one day during a summer rainstorm, I received the message. Lucky had died. He had been playing outside with his siblings and cousins. One of the children gave him a grape. He put it in his mouth and tried to swallow, but it lodged in his trachea. Lucky died the same way he entered this world, struggling for air.

As I drove, I thought about Lucky and the past five years that he had spent in my life. The first image that came to me was his smile—beautiful and joyful, yet mischievous. Second, I recalled his vital personality and strong will that seemed to prove everyone wrong. I remembered Lucky as a loving young child who, despite his inability to speak, still had a voice. Through expressions, gestures, and powerful tenacity, he made his desires and wishes known. I recalled how he had navigated his surroundings, sometimes with difficulty but always with intention. I remembered him scooting about on his bottom, pulling his IV pole in one hand and his nebulizer tubing in the other.

After his death, some in the hospital spoke of the waste of limited medical resources, the time and effort expended, and the apparently inevitable poor outcome. Others spoke of the irony of his name, Lucky. Throughout his life, there had been ongoing discussions and questions among the hospital, department, providers, and ancillary services staff members about whether it was appropriate to allocate so many resources for the benefit and care of a single child. Many expressed frustration that the

family never put in place an advanced directive. However, to me, Lucky's life was not a waste of resources. Despite his delays and challenges, he lived a life full of love for five years. With every day he was alive, he grew, developed, and thrived far more than his health care team had expected.

Thirty years later, I still feel fortunate to have known Lucky. In such a short life, he touched my life and the lives of the many others who knew and cared for him. In many ways, Lucky made me into a much better pediatrician. Through my interactions with his family, I realized that the translation of intercultural awareness into culturally competent care means more than simply providing interpreter services and multilingual staff. It requires a deeper understanding of the gaps between a family's wishes and a provider's recommendations, each emanating from their respective lives and cultures. To be successful in the many challenging discussions with his family, we had to seek common understanding and create a shared approach to difficult medical choices. In addition, Lucky gave me a much greater appreciation of the challenges faced by children with severe chronic illness and developmental disabilities. At the same time, Lucky showed me how resilient even our most fragile patients can be and how they can repeatedly surpass our expectations. Biologic and social risk factors may suggest future challenges, but they can never totally predict a particular child's life course. Finally, Lucky reminded me that we are only here for a finite time. Lucky's time was shorter than most, but it was still filled with great meaning, for him and for those who loved him. I will forever be grateful for a young boy named Lucky who changed my life and my approach to caring for children.

Postscript

The clinical case described above occurred several decades ago. Multiple attempts were made to locate the family and seek their permission before publication. Unfortunately, as a result of the passage of time, this effort was not successful. However, every effort has been made to de-identify the patient and family in the narrative above.

Reprinted with permission from the author and from *Academic Pediatrics*. The citation for this article is: Oberg CN. Lucky. *Acad Pediatr* 2015;15(2):147–48. To access the article, go to z.umn.edu/lucky.

Charles N. Oberg, MD, MPH earned his medical degree from the University of Minnesota (UMN) in 1979. In 1984, he completed a pediatrics residency and fellowship at the UMN and his Master of Public Health (MPH) in Maternal and Child Health (MCH). He joined the UMN faculty in 1987, in the Medical School, but is most recognized as a beloved professor, mentor, and scholar in the School of Public Health (SPH), which he joined in 2003. He is also the former director of the MCH MPH Program in the SPH at the UMN. His leadership extends beyond the UMN, ranging from contributions in the Twin Cities community (he was, for example, the Chief of Pediatrics at Hennepin County Medical Center, HCMC, from 1997-2002) to national service (e.g., in 2012 he became the District VI Vice Chair of the American Academy of Pediatrics). Oberg is the recipient of more than a dozen awards and honors, reflecting his national, regional, and local contributions to scholarship, medical practice, community enrichment, and graduate teaching. He is now Professor Emeritus in the UMN SPH and a pediatrician with HCMC. Always an advocate for children, in addition to his scholarly and clinical pursuits, he writes incisive commentaries and provocative essays, like "Lucky," for scientific and literary journals.

Prevention Research with Individuals to Strengthen Communities

by Nicki Cupit, MSW



Nora Johnson

Nora Johnson, MPH (2014) is a Research Associate at the Amherst H. Wilder Foundation in Saint Paul, MN (wilder.org).

Several students come to public health after they have earned a medical degree. And some come to public health before they enter medical school. Some, like Johnson, consider both degrees and see that pursuing excellence in one discipline is the right path for them. She defied family expectations when she decided against pursuing a career in medicine, but Johnson's decision was a thoughtful one. She had completed an undergraduate degree in anthropology and thought, correctly, that a Master of Public Health (MPH) degree would be a complementary combination of both the social and hard sciences. She chose the Maternal and Child Health (MCH) Program because it was a natural fit, given her interest in women's health.

Reflecting about her decision to earn an MPH, Johnson said that, "It's a terminal degree and it's a jumping-off point to get into so many different doors." The door she wanted to open would lead to a research career. She credits her MPH training with providing her with quantitative skills and a deeper understanding of qualitative methods.

Johnson's growing expertise as a qualitative researcher is clear from her final MPH project, for which she conducted interviews with 18 women who experienced vulvar pain to better understand their experiences with conception, pregnancy,



"Learning about the huge impact substance abuse has on communities has been fascinating. And, through my work, I feel like I am making a positive impact."

and delivery. Vulvar pain, which can be debilitating, is poorly understood and is an emerging area of research in women's health. Johnson and her co-authors provided insight into the nature of vulvar pain, attempts by women to control it, specific concerns about reproduction, and, importantly, difficulties with—and sometimes distrust of—health care providers. She published her paper, as a first author, in

the journal *BMC Pregnancy Childbirth* in 2015 (z.umn.edu/norajohnson).

Establishing a Career in Community-centered Research

Since 2012, Johnson has been a Research Associate at Wilder Research, a nonprofit social services organization that is part of the Amherst H. Wilder Foundation. As a researcher and evaluator, she provides

consultation about project design, research tools, survey development, data collection, data analysis, and reporting for multiple projects across a variety of populations. “Wilder has a very strong approach towards wellness and improving the lives of people,” she said. It does so, Johnson explained, through its focus on primary prevention. As an example, she cited Wilder’s work with programs that provide housing and job skills to enable individuals to build solid economic and social foundations that allow them to focus on their health and well-being.

“Most of the work that I do is about alcohol, tobacco, and other drug (ATOD) prevention, and about ATOD recovery,” Johnson said. “It’s not necessarily what I thought I would be doing, but it is really interesting and pulls in a lot of policy work, mental health research, and coalition building... Learning about the huge impact substance abuse has on communities has been fascinating. And, through my work, I feel like I am making a positive impact.”

Johnson’s professional interests reflect her training in MCH, with its emphasis on the lifecourse and the impact of early experiences on life-long health. She is specifically interested in the relationship between long-term health and adverse childhood experiences, “...because there are so many implications for violence prevention and health promotion,” she said. Working with a variety of populations on a range of topics, a familiar theme emerges: early childhood experiences can have life-long effects on health. “I believe the research community has just begun to scratch the surface of the impact of experiential trauma on individuals as well as communities,” she said. “I’m excited to be a part of that work.”

For more information about Wilder’s research, go to z.umn.edu/wilderresearch, or find Wilder on social media (facebook.com/wilderfoundation or @wilderfdtn).

Nicki Cupit, MSW, 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.

CEPH*-accredited Master of Public Health Degree

University of Minnesota, Maternal and Child Health Program
sph.umn.edu/programs/mch

Our Maternal and Child Health (MCH) Master in Public Health (MPH) students come from a variety of backgrounds, but share a focus on social justice and public health principles. They assume leadership roles in nonprofits, research settings, public health agencies, and health care organizations.

MPH options in MCH at the University of Minnesota:

- **Advanced-standing:** 42-credit minimum MPH for individuals with an advanced degree or at least 3 years of experience in a MCH-related field. All students pay in-state tuition.**
- **Standard:** A 48-credit minimum MPH for individuals with no advanced degree and little or no professional experience in a MCH-related field**
- **Epidemiology emphasis:** A 48-credit minimum MPH that provides the same methods courses required for an Epidemiology MPH
- **Dual degrees:** in law or social work
- **Concentrations (for standard students):** in global health, policy, or health equity.

* CEPH: Council on Education for Public Health

**The advanced-standing and standard programs may be completed entirely online, in-person, or with a combination of online and in-person classes.

Carolyn Porta: Teaching Using Technology-based Tools to Advance Public Health (PubH 7200), Qualitative Research Methods (PubH 7252), & Qualitative Data Analysis (PubH 7257) at the University of Minnesota

I will be offering three courses in the Public Health Summer Institute (z.umn.edu/phi16) this year! My new course “Apps, Maps, & Google: Using Technology-based Tools to Advance Public Health Research and Practice” will be co-taught with a technology entrepreneur. We will be critically examining and exploring technology-based tools currently and potentially used in core public health functions locally and globally. Our goal is practical knowledge that translates into useful creative application in the field and in research.

Students will gain practical and theoretical understanding of the common types of qualitative study designs and data collection approaches in the course “Qualitative Research Methods: Discovering the Value of “Voice” in Words, Stories and Photographs.” In “Qualitative Data Analysis: Strategically Eliciting the Meanings in Qualitative Data to Inform, Advocate, Intervene, and Evaluate” students are offered an opportunity for work with a lot of qualitative data using a few different analytical techniques. In both of these courses we consider challenges and opportunities related to community-engaged research, and examine implications for practice, research, and policy.

Transforming the Quality and Use of Data through Research Management and Information Visualization

by Tory Bruch

Jill Paider



Gillian Lawrence

Gillian Lawrence, MPH (2007) is a Survey Director in the Health Sciences Department of NORC, an independent research organization at the University of Chicago, Chicago, IL.

Lawrence did not plan to become a research professional. “As an undergraduate student at the University of Minnesota [UMN], I initially thought I would help people directly by going into a professional practice like counseling,” she said. “However, as I started working as a research assistant in the Social Psychology department—and continued to work as a research assistant in the UMN’s Department of Family Medicine after college and throughout graduate school—I realized how much I loved the work. And I realized that sometimes helping people is a less direct process. You can help people by making sure research data are collected well so that decision-makers have the information they need to make informed decisions.”

After graduating with her Masters in Public Health (MPH) in Maternal and Child Health (MCH), Lawrence worked as a clinical research coordinator at Northwestern University in Chicago, IL before beginning her work at NORC in 2008. “I have built a lot of my career at NORC. I started at an entry-level position performing day-to-day tasks like running reports and testing questionnaires. Through the years, I gained a deeper understanding of research processes and broader experience across different types and modes of health research. And I

“You have to think critically to ensure that you are collecting data that is going to be useful to someone else.”

took on greater and greater responsibility,” she said. “In my current position I provide oversight for complex health research projects from inception through data delivery and analysis, including working with federal clients, managing data collection operations, and coordinating project tasks across teams.”

NORC has given Lawrence the opportunity to work on several national research projects, including the National Children’s Study and the Racial and Ethnic Approaches to Community Health (REACH US) Risk Factor Survey. She also worked on the National Immunization Survey, which provides the Centers for Disease Control and Prevention with current state vaccination rates. Recently, Lawrence shifted gears and is working primarily in business development for NORC, writing and managing

proposals, and building NORC’s internal information visualization work. “To fully understand a concept, process, or relationship, it helps immensely to create a visualization,” she explained. “It can help you figure out quickly if a team is on the same page—or not—and help disseminate complex information clearly.”

In addition to her passion for information visualization, what excites and inspires Lawrence is the dynamism of her work. “What I love about the work that I do [at NORC] is that it is varied,” she said. “Sometimes it is varied within the day and sometimes it is varied over time. I went from managing a field and operations staff of over 35 people to now, where I am working mostly on my own or in small teams with other senior staff. There is always something different and new, which has allowed me to learn about topics I had limited knowledge of previously, like health care delivery...other pieces of the health ‘pie,’ if you will.”

Building a Research Foundation in Graduate School

Lawrence credits her MPH experiences—in and outside the classroom—with providing her a solid foundation for professional pursuits. Courses on survey design



“You can help people by making sure research data are collected well so that decision-makers [can] make informed decisions.”

and data systems taught Lawrence to think critically about data acquisition and data analysis. Her MPH field experience with a small community-based organization (Northside Food Project) gave her insight into the mechanics of affecting policies and perceptions about public health issues. It also gave her practical experience synthesizing information from multiple sources to inform policy (Lawrence’s report of this project is at z.umn.edu/glawrence).

For her MPH final project, Lawrence examined the price and quality difference of fruits and vegetables in grocery stores across Minneapolis, MN. Of this project, she said, “You have to develop an idea and a plan, and stay on top of your work. You have to think critically to ensure that you are collecting data that is going to be useful to someone else. There is a lot of collaborative work and writing in my job. Working with a thesis advisor and going through the steps of developing and completing my MPH thesis was important for me to build my writing process and develop the project management skills that I use as a professional.”

Her MPH training thus provided Lawrence with a safe place to explore many different topics while having access to people with research expertise. She said having this environment was critical to her growth, because she entered the MCH Program un-

sure about what she wanted to do with her MPH. “It was a late discovery for me that what I really like doing is managing research,” Lawrence reflected. “In graduate school, I thought I would be much more into public health practice, or focusing on a specific topic, like reproductive health or food issues.”

Years of work experience have changed Lawrence’s perspective. “I was very focused on specific issues when I started graduate school,” she said. “Now, I see myself professionally in terms of what skills I have to offer, rather than focusing my involvement on a single public health issue. I understand that I have a skill set that I can use to contribute to health research. I love my job because I help NORC staff collect quality data to help policymakers make informed decisions. That feels good.”

For more information about NORC, go to norc.org or follow NORC on social media (facebook.com/NORCatUofC or @NORCNews). For information on NORC’s data visualization work, go to z.umn.edu/davis.

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.



Kristin Anderson: Teaching Fundamentals of Epidemiology (PubH 6320) at the University of Minnesota

This class is an introduction to the methods used for studying population health. Since these methods can be applied to many fields, the class draws students with diverse backgrounds and interests. I enjoy this variety and encourage students to participate with their classmates to learn content while being exposed to a variety of contexts.

Typically, students are professionals and trainees in maternal and child health, veterinary medicine, nursing, medicine, health policy, physical therapy, dentistry, pharmacy, geography, and social work. Examples of their work include investigating food-borne outbreaks, developing health care screenings for immigrants, providing nutritional advice for the elderly, identifying risk factors for preterm labor and delivery, implementing disease surveillance, reducing medical errors, and producing vaccines.

Advancing Public Health through High Quality, Usable Data

by Tory Bruch

Photo from Collection by NORC



Andrea Mayfield

Andrea Mayfield, MPH (2010) is a Survey Director in the Public Health Department of NORC, an independent research organization, at the University of Chicago, Chicago, IL.

Mayfield understands the hard work it takes to produce high quality, usable data sets. Describing her position as a Survey Director at NORC, she recited a long list of responsibilities. “I help to oversee and manage all aspects of a survey data collection project,” she explained. “My responsibilities depend on the project, but could involve working with a team to consult on a study’s design, designing survey-specific questionnaires, training interviewers to administer study protocols correctly, and providing support for interviewers working in the field. I also help review and clean data, and for some projects, I assist in analyzing data and writing methodological and summary reports.” Mayfield added that, “In graduate school, I regularly analyzed the kind of clean, well-formatted data sets that I now help to produce. It is interesting to be on the other side of it...I would actually say that it [database development] was something that I did not necessarily know was a job.”

Mayfield’s journey to public health began shortly after her graduation from Wesleyan University with a Bachelor of Arts degree in biology in 2005, as she gained professional experience that helped her understand what kind of work was important to her. Immediately after earning her BA, she spent a year working in a clinical research

“I realized that I wanted to be involved further upstream, in preventing [health] conditions from even occurring.”

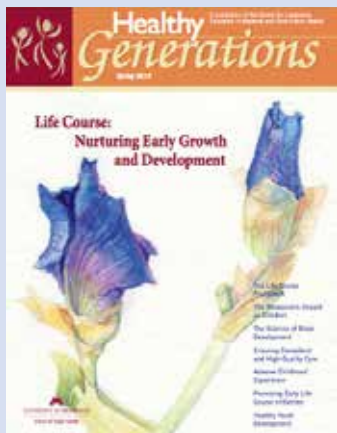
position in which she examined an important, but narrow, topic (heart valve disease). “I was unsatisfied by the narrow focus of my research,” she recalled. “Rather than studying ways to alleviate or fix a serious health condition, I realized that I wanted to be involved further upstream, in preventing such conditions from even occurring.”

Mayfield left the clinical research position to become a Program Associate with the Greater New York City affiliate of Susan G. Komen for the Cure. This position gave her a glimpse of what public health was: she was working on secondary prevention projects that served whole communities or populations. Specifically, she worked with grantees who provided breast cancer screening to underserved and low-income women in New York City. “I was really inspired by these grantee organizations,”

she recalled, “and I started talking to the people who worked at them. When I asked them, ‘How did you get into this?’ I learned that a lot of people who worked at these organizations had public health backgrounds. This gave me a window into a world that I did not know existed.” To open that window, she started exploring graduate programs in public health.

Graduate Work in Women’s Health and Quantitative Methods with a Social Justice Focus

Mayfield chose the Maternal and Child Health (MCH) Program at the University of Minnesota (UMN) because it aligned with her interest in women’s health and social justice. “I looked at programs across the country,” she said, “and I noticed that many stated that they provided training in women’s health, but, in fact, they were really focused on reproductive health. While I think that reproductive health is incredibly important, it is not the only aspect of women’s health...I spoke with MCH director, Dr. Wendy Hellerstedt, and realized that my beliefs aligned most closely with the UMN MCH Program. Wendy was, and still is, a strong proponent of the lifecourse theory. This was one of few programs that embraced this perspective of examining women’s health in the context of her lifes-



What is the Lifecourse Framework?

The lifecourse framework explains how individual, interpersonal, social, and cultural factors influence the health of individuals and populations. This framework requires a deep examination of risk and protective exposures relative to health outcomes: their timing, their persistence, and their context.

If you are interested in learning about lifecourse concepts, risks and protective factors throughout the lifecourse, and other information see the “Overview and Key Concepts” section of our *Healthy Generations* issue “Life Course: Nurturing Early Growth and Development” at z.umn.edu/lcourse.

pan, with an awareness of how her environment can impact her health. The program also had the social justice component that I was looking for.”

Mayfield gained strong methodological skills in her MPH Program. “I liked the flexibility of the MCH Program,” she said. “I knew that I was interested in public health research and I selected courses with the intention of building a strong skillset around collecting, organizing, and analyzing data. I learned how to conduct secondary data analysis, analyze publically available survey data, write surveys, and use statistical software.”

Mayfield’s experiences outside the classroom also enhanced her training. “For my thesis, I analyzed data from the [national] Behavioral Risk Factor Surveillance System about the mental health of people who served in the military...I also helped analyze data and write a program evaluation through my graduate research assistant position at the Center for Leadership Education in Maternal and Child Public Health. [At the Center] I also enjoyed writing for *Healthy Generations*,” she said.

Mayfield set high standards for herself, as a student and as a research assistant at the Center. “In 2009 the Center produced a *Healthy Generations* issue about MCH issues in military families (z.umn.edu/hgmilitary),” Wendy Hellerstedt (her supervisor at the Center) recalled. “Andrea, and another MCH student, Laura Andersen, really lobbied to address the topic of military families because they felt it was under-examined and that military families had many gaps in

services. They were right. They put a lot of effort into creating that publication,” Hellerstedt said. “If you look at that volume, it is clear that Andrea wrote about half of the articles. Her writing—and her critical thinking and analytic skills—were superb when I worked with her. I can only imagine how her skills have grown at NORC.”

Applying Her Skills through a Diversity of Projects at NORC

After earning her MPH degree in 2010, Mayfield began her employment at NORC as a Survey Specialist. “NORC does so many different kinds of studies and they have a robust health program, so that really appealed to me,” she said. Not only did the degree give her a strong set of methodological skills, but she also made a connection at the UMN that may have helped her in the interview process. “In some ways, the stars aligned for me [when she applied for a position at NORC],” she said. “A former professor in Minnesota’s School of Public Health (SPH) had recently arrived at NORC to head the Public Health Department when I applied. I had good recommendations from professors he knew at the University of Minnesota and I think that helped him know that I was a good candidate for the position.”

Mayfield, who has been at NORC for five years and has been promoted to Survey Director, has worked on a variety of projects, including the CalFresh food assistance program, the National Immunization Survey, and the National Children’s Study. She is currently working on the Medicare

Current Beneficiary Survey (MCBS), where she manages data collection about respondents who live in long-term care facilities.

“I think what is interesting about the work that I do is that I have developed a really diverse set of skills, from data management to technical writing to project management skills, and I have learned how to apply them to different topics and situations,” Mayfield said. Importantly, she likes the challenges of her position and how her work contributes to advancing public health knowledge. “Some people might think the topic that you are working on doesn’t matter, that it’s just about applying a skill set,” she said. “But to me, that’s not true. It matters to me that I am working in public health and applying my skills to topics that I am passionate about.”

For more information about NORC, go to norc.org or follow NORC on social media (facebook.com/NORCatUofC or @NORCnews)

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.

NORC at the University of Chicago

Founded in 1941 as the National Opinion Research Center, NORC was the first academic-based survey institute, and excelled in wartime public opinion polling. Originally based in Denver, Colorado, NORC joined the University of Chicago in 1947. The organization has since expanded its focus from opinion research to other areas of social science research in topic areas including economics, markets, the workforce, global development, and health and well-being.

Connecting Public Health and Public Policy: Providing Sustainable, Systems-level Solutions

by Nicki Cupit, MSW



Laura LaCroix-Dalluhn

Laura LaCroix-Dalluhn, MPH (2005) is the president of LaCroix-Dalluhn Consulting in Saint Paul, MN, which provides “strategy alignment and planning, organizational and public system capacity building, policy analysis and design, community engagement, project management, and leadership development.”

After working in a community health clinic doing case management and paraprofessional home visiting, LaCroix-Dalluhn realized that she wanted to make an impact at a broader, systemic level. “After working in direct service, I decided I was more interested in addressing issues at the front end. I thought public health was a nice fit with how I viewed the world at the time,” she said. “Public health connects public policy and systems work through population health, and it was through my experiences in youth work that I decided the Master of Public Health [MPH] in Maternal and Child Health [MCH] was a good fit for me.”

At the same time that LaCroix-Dalluhn began to pursue her MPH degree she developed a career in public policy. “I started lobbying for a nonprofit organization about children and youth issues,” she said. LaCroix-Dalluhn said that she made her newly found career and graduate program work because of the flexibility of the MCH Program and because of the collaborative efforts of faculty members, including her advisor, Mary Story. She felt that she could make her degree program exactly what she needed for her to continue to grow in her public health career.

Policy and Local Public Health

“I’m really passionate about public poli-

cy and the systems that deliver our public health programs and services—both government and nonprofit,” LaCroix-Dalluhn stated. “I like the public health way of approaching ideas and I bring that approach to different topic areas of my work.”

LaCroix-Dalluhn began directing the Local Public Health Association (LPHA) of MN (lpha-mn.org) after completing her MPH coursework. “I lobbied and continued doing public policy work, in addition to engaging in inter-governmental work between the local and state governments. I re-wrote the statutes that defined the public health agencies and functions for the state. I also re-wrote the Model State Emergency Health Powers Act (z.umn.edu/msehpa) in 2001,” LaCroix-Dalluhn said. “Working at the LPHA allowed me the opportunity to truly understand and support all the different systems within public health, how they are interrelated, and how they can be supported and managed to improve individual and population health.” Retrospectively, she said that her work was enabled by the MPH core courses she took that covered a broad scope of public health issues.

Next in her career path, LaCroix-Dalluhn became the Executive Director of Youth Community Connections in Minneapolis, MN (now Ignite Afterschool; z.umn.edu/ignite). “I did coalition building in support of youth development,” she said. “I

“Public health connects public policy and systems work through population health.”

was able to take a lot of the public health principles and really apply them to go deep into content and understand the interconnectedness of disciplines.”

Finding Sustainable Solutions at a Systems Level

With an MPH, a passion for public policy and systems work, and a range of professional experiences, LaCroix-Dalluhn has the skills and broad lens to continue to make a public health impact. Of her current position as President of LaCroix-Dalluhn Consulting she says that, “I have been able to leverage my education and experiences to continue to define my skillset, and think about how I can apply my skills to different aspects of my current work. My wheelhouse is really around finding sustainable solutions at a systemic level.” Owning her own consulting business, LaCroix-Dalluhn is able to do cross-disciplinary work, as



well as engage with the public, nonprofit, and philanthropic worlds. Whether working on large or small projects, she said that she is excited to take on new challenges.

Since establishing LaCroix-Dalluhn Consulting in 2011, LaCroix-Dalluhn has participated in many diverse and meaningful projects. For example, she was one of the consultants who helped re-establish the functions of the Children's Cabinet (z.umn.edu/ccab). "I helped the Minnesota Department of Health outline their Prenatal to Three plan (z.umn.edu/preto3) and assisted in finding solutions to improve outcomes and service delivery for young children and families," she said. "I currently work with the Minnesota Coalition for Targeted Home Visiting (z.umn.edu/hmvisit). I lead the public awareness and policy work for the Coalition. We are working to develop quality standards and improve access to targeted home visiting across the state of Minnesota." Additionally, LaCroix-Dalluhn has provided consulting services to people in the education system, helping school staff incorporate the social emotional learning and developmental needs of students into the everyday school system.

Since her realization that direct service practice was not where she wanted to dedicate her time and energy, LaCroix-Dalluhn has made many contribution to public health systems, programs, and policies. "In the US, we don't have shared history, shared language, or shared culture," she reflected. "It is through public policy that we define how we are going to work with one another and how we prioritize what is important. We have to be ready and poised to do what is in the best interest of *everyone's* future. Public health professionals can play a critical role in that work."

For more information on LaCroix-Dalluhn Consulting, go to lacroixdalluhnconsulting.com.

Nicki Cupit, MSW, 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.

Expanded Learning Time and Opportunities: New Directions for Youth Development

Laura LaCroix-Dalluhn co-wrote a chapter in *Expanded Learning Time and Opportunities: New Directions for Youth Development* (z.umn.edu/lacroixdalluhn) that describes the expanded learning debate. This chapter, Expanded Learning Time and Opportunities: Key Principles, Driving Perspectives, and Major Challenges, outlines three key principles for education and youth development communities to consider: "(1) respect the distinct differences and values of formal, nonformal, and informal learning, (2) acknowledge the value of a broad but clear definition and regular assessment of multiple elements of successful learning and development, and (3) reduce the current inequities in each approach to learning."



Jennifer Linde: Teaching Fundamentals of Social & Behavioral Science (PubH 6020) at the University of Minnesota

The overarching aim of this online course is for students get the big picture of how social sciences contribute to our broader understanding of public health: what do we know of behavior change, and how might we use that to influence population health? How do we apply knowledge from diverse disciplines (psychology, communications, community organizing, economics, law, and public policy) to elicit change from individuals and systems?

By choosing their own health topic to follow throughout the course, I hope that these questions come to life for students and spark interest in the interplay between individuals, environments, and health.



Using Research Skills to Translate Data into Policy in Ohio

by Sara J. Benning, MLS

Photo from HPIO Collection



Amy Bush Stevens

Amy Bush Stevens, MPH, MSW (1999) is the Vice President of Prevention and Public Health Policy at the nonpartisan Health Policy Institute of Ohio (HPIO), a nonprofit with a focus on translating research for policymakers, state agency representatives, and other decision-makers. Stevens is passionate about promoting effective prevention strategies, building bridges between public health and health care, and identifying ways to reduce health care costs. To do so, Stevens' provides unbiased, nonpartisan, research-based information to Ohio's policymakers.

She might not have known it then, but Stevens' career trajectory was launched when she decided to pursue the dual degree Master of Public Health/Master of Social Work (MPH/MSW) Program at the University of Minnesota (UMN). "I had a sense of the importance of the social determinants of health," she said, "and knew there was a strong connection between poverty, education, racism, and health. I knew that getting a degree in both programs would help me have a more comprehensive approach to health."

Stevens wasn't the only one who saw the benefits of being grounded in both public health and social work theory. Because of her skills and her professional orientation, people were eager to hire her for gradu-

"It's an exciting time to be doing state level policy work."

ate research assistantships and internships when she was earning her degrees. In the Twin Cities, she worked with at-risk families at the Community-University Health Care Center and through the Indian Youth Resiliency Impact Study. She also had an internship at the Amhurst H. Wilder Foundation and evaluated the impact of welfare reform in IL at the Institute for Policy Research at Northwestern University in Evanston, IL.

Research and Strong Dissemination Skills Lead to Effective Policy

Stevens recently became HPIO's Vice President of Prevention and Public Health Policy after spending four years as its Director of Prevention and Public Health Policy. Her success reflects not only her research and policy skills, but her ability to disseminate information to a variety of policy influencers and legislators.

Stevens credits her graduate coursework—and the professional experiences she had as a graduate student—with helping her build a solid research foundation that she uses in her professional life. "To this day," Stevens recalled with a laugh, "I still hear Dr. Wendy Hellerstedt saying 'You have to display the N' [referring to sample size]." Learning how to weigh the evidence and



determine what is useful, what is considered rigorous—and knowing how to clearly and accurately display data—are critical, she said, especially when working with policymakers.

Stevens must be able to sift through and take stock of a broad range of research evidence, winnow it down, and synthesize it in a way that is useful for policymakers. “In the Maternal and Child Health Program, I learned how to identify rigorous research, what to look for in a journal article, and what to consider when there may not be peer-reviewed research available,” she said.

Policymakers have a wide variety of occupations, backgrounds, and experiences, which can make presenting research findings a challenge. “Building and fostering relationships becomes crucial,” Stevens said, “but taking a long view helps. You start to build a relationship with a policymaker and it may take years to bear fruit.”

Stevens’ efforts have borne fruit. She has been called upon to testify to Ohio’s legislature and has written policy briefs that have made research accessible to busy policymakers. One example of a dissemination product she created is the Health

Value Dashboard (z.umn.edu/hpio). She designed this tool to track Ohio’s progress on population health outcomes and health care costs with policy influencers and legislators in mind. The dashboard compares Ohio’s performance to other states, tracks changes over time, and identifies disparities in performance across subgroups in Ohio. “There’s so much information out there. It can be hard to get policymakers’ attention,” Stevens said. “A lot of federal decisions are being sent down to the states, so it’s an exciting time to be doing state level policy work.”

For more information on the Health Policy Institute of Ohio (HPIO), go to healthpolicyohio.org or find HPIO on social media (facebook.com/healthpolicyOH or @HealthPolicyOH).

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.



Interested in the Dual Degree MPH/MSW Program at the University of Minnesota?

The MPH/MSW Program prepares MCH students for advanced social work practice and public health leadership on issues related to the health and care of mothers, children, and families. Dual degrees require that applicants be accepted to both the Social Work and Public Health graduate programs. Both degrees can be earned in about three years of full-time study.

Contact epichstu@umn.edu, 612-626-8802, or z.umn.edu/mphmsw for more information.

For More Information on the Work of Amy Stevens and HPIO

■ **The Ohio Prevention Network (z.umn.edu/prenet):** Led by HPIO, the network brings Ohio (OH) prevention organizations together to communicate more effectively with public policymakers about the critical importance of investing in prevention and ensuring that all Ohioans live in healthy communities that support healthy behaviors. Strategies highlighted by the group are described in an HPIO publication, authored by Stevens, *Beyond Medical Care: Emerging Policy Opportunities to Advance Prevention and Improve Health Value in Ohio* (z.umn.edu/hpiobmc).

■ **State Innovation Models (SIM) Population Health Planning (z.umn.edu/sims):** The OH Department of Medicaid and OH Department of Health contracted with HPIO to facilitate stakeholder engagement and provide guidance on improving population health planning, including recommendations to improve OH’s next state health improvement plan (SHIP) and align population health activities with OH’s patient-centered medical home model (z.umn.edu/hpiopop).

■ **HPIO Health Value Dashboard:** Stevens co-leads HPIO’s combined state ranking of health outcomes and health care costs (z.umn.edu/hpio). This tool, while focused on OH’s progress, provides a useful prototype for any state or geographic area that is interested in disseminating information that is accessible to a broad audience.



Using Partnerships to Build Capacity:

Changing Cultural Norms and Policies in Minnesota and Abroad



Michelle Strangis

by Sierra Beckman, MPH

Michelle Strangis, JD, MPH (2015) is the Policy Coordinator in the Comprehensive Cancer Control Program at the Minnesota Department of Health (MDH), where she has worked on health policies in occupation regulation, access to health care, maternal and child health (MCH), and most recently, cancer prevention. Strangis also served as the Program Director for the Minnesota (MN) Breast and Cervical Cancer Early Detection Program from 2007–2012.

Public health is the third career path for Strangis. Her first career was teaching early childhood education. Her second career was in law: she obtained a law degree because she felt it would enable her to do work that would make a population impact on child health and welfare. After obtaining her JD, she had her first exposure to public health—working at the MDH writing laws—and she felt that she had found her career focus. Strangis enrolled in the advanced-standing MCH MPH Program in order to gain the public health skill set of her MDH peers. “People would always ask me what I wanted to do after graduating [from the MPH Program],” Strangis said, laughing, “and I would say, ‘I want to do my job better.’”

Skill Development and Depth of Experience

Developing a public health skillset—and a public health perspective—was transformative for Strangis. In 2014, just a few weeks after finishing an online Global Reproductive Health class, Strangis participated in a University of Minnesota (UMN) School of Public Health (SPH) Alumni Association trip to Kolkata (Calcutta), India to visit a pre-school that also operated as a



health clinic and vocational training program for mothers. This trip allowed her to apply new knowledge, explore a burgeoning interest in MCH in developing countries, and question previously held beliefs.

“One of our discussion questions in class asked if overpopulated countries should have fertility programs for women who can’t get pregnant,” she recalled. “Before going to India I thought ‘yes, such programs



Left: SHP alumni on the SPH alumni trip to Jan Seva School in Kolkata, India.

"I am always thinking about who the community partners are, where their energy is, and how to facilitate that discussion and work."

should be available.' The answer became less clear when she saw some of the health issues facing women and children in India. "The problems associated with over-population are always right there in front of you in Kolkata—air and water pollution, inadequate sanitation, hunger," Strangis said. "One of the Indian-born guides for the trip said India cannot address poverty without reducing its population."

These observations led Strangis to seek information about women's decisions on childbearing and birth control in Kolkata. Strangis asked one of the clinic doctors why the clinic did not stock birth control for the mothers in the program. "At first she told me that all women have access to free contraception at the local hospital." The assumption was that if they wanted it they would go get it. Strangis felt that there was a deeper public health perspective to her question—that personal choice was not the only barrier related to women accessing birth control. In subsequent conversations with staff she learned that poor Indian women are frequently subject to the cultural views of their husbands and parents who feel that women's key role in their families is that of child-bearer—and that this iden-

tity affected how they thought about their family planning needs and desires. With her deeper understanding of the women who were served by the clinic, Strangis was able to have a more substantive discussion with the clinic physician, during which the physician reinforced the cultural meaning of motherhood. When Strangis asked the physician if she would consider providing birth control at the clinic, she said that she would love to do so, but that she would use it to focus on the importance of child spacing, rather than pregnancy prevention. This approach would be more culturally acceptable to both men and women and would provide important health benefits to mothers and infants.

The SPH alumni trip to Kolkata was the beginning of a partnership between a MN nonprofit, Pathways to Children, and the SPH. As a result of this partnership, Strangis returned to the pre-school in early 2016, accompanied by two UMN SPH students. Strangis and the two students worked to increase the capacity of the school to evaluate their services and, through focus groups with parents, laid the framework for adding a community health program.

Addressing Cancer Risks in Minnesota

Strangis knows that culture informs health and behaviors not only in India, but close to home as well. At MDH, she works with community partners on policies that prevent cancer. While cancer is generally a disease of aging, its antecedents often occur early in life. Strangis thus works on cancer-reduction policies that focus on youth. She has partnered on policy initiatives to reduce consumption of sugar-sweetened beverages, reduce indoor tanning among minors, increase HPV (human papillomavirus) vaccination rates, and increase radon testing and mitigation in homes.

Five years ago, a network of MN public health and health care partners set out to change the culture in health care institutions around food and beverages. At a time when the media reported negative public

opinions about soda taxes and New York City's limits on soda size, Strangis and her partners started working with hospitals to encourage them to be models of good health, consistent with their mission to promote health. They emphasized eliminating sugary drinks from hospitals because they are a large contributor of added calories in our diet and are associated with chronic diseases like obesity and diabetes. As a result, hospitals became the representative voice for reducing soda consumption, which helped frame the issue in a positive light. By the end of 2015, 35 hospitals in Minnesota pledged to implement—or implemented—changes to drastically reduce or phase out the sale of sugary drinks. The project, led by Strangis and the Public Health Law Center, worked directly with 21 of these 35 hospitals or the leaders of their health system.

In all of her work, Strangis works to build capacity for changing cultural norms and policies through partnerships. The primary partner for her work is the MN Cancer Alliance (mncanceralliance.org) and the organizations that make up the Alliance. More and more, she said that she views opportunities to partner with new sectors. "I am always thinking about who the community partners are, where their energy is, and how to facilitate that discussion and work. It is very collaborative and we try to make it fun," she said. "It is good work."

For more information about MDH's Comprehensive Cancer Control Program go to health.state.mn.us/divs/hpcd/comp-cancer. For information about healthy hospital environments, go to the Public Health Law Center at publichealthlawcenter.org and the Centers for Disease Control and Prevention at cdc.gov/obesity/strategies.

Sierra Beckman, MPH, recently graduated from the UMN SPH's MCH Program. She was a Research Assistant at the Center for Leadership Education in MCH in the Division of Epidemiology & Community Health, SPH, UMN.



Addressing Big Problems Through Policy:

The View from the Minnesota Governor's Office

by Sara Benning, MLS



Lauren Gilchrist

Lauren Gilchrist, MPH (2007) is the Senior Policy Advisor in the Office of Minnesota (MN) Governor Mark Dayton and Lieutenant Governor Tina Smith. She is an adjunct faculty member in the Maternal and Child Health (MCH) Program and teaches the MCH course “Advocacy and Children’s Rights” at the University of Minnesota (UMN). Gilchrist recently received the Emerging Leader Award from the UMN School of Public Health (SPH). This award is presented to an alumnus who has made a significant professional impact within 10 years of graduation.

If you’re wondering what a policy advisor for a Governor does, ask Gilchrist. She serves in this role for MN Governor Mark Dayton and Lieutenant Governor Tina Smith, working with the cabinet, state agencies, and the Legislature to advance the Governor’s priorities. These priorities include implementing the Affordable Care Act, focusing on early child investments, and working to improve access to health and safety net services. MCH issues are close to Gilchrist’s heart. She is most passionate about policy strategies that focus on populations that experience disparities. “Sound public policy is about as upstream as you can get if you want to ensure that people have a strong and healthy start,” she said.

Gilchrist’s path to the Governor’s office was preceded by a strong policy and advocacy career at the Children’s Defense Fund in MN and in the offices of Senator Edward Kennedy (MA) and Senator Al Franken (MN). But her route to policy may have had much earlier roots when Gilchrist provided direct services for at-risk youth at the Bridge for Runaway Youth (Minneapolis, MN) and at the Baraka School for 7th and 8th grade boys (Baltimore, MD). “I often felt like I was putting a Band-Aid on much bigger social problems,” she said. “And I found myself repeatedly wondering ‘What’s the source of this problem?’” At this point in her life, Gilchrist still asks

“Solving big problems...takes innovation...and these things don’t happen overnight.”

about the source of social problems, but she has gained confidence that policy has the potential to provide solutions.

It is not only the potential of public policy to enhance well-being, but the very act of making policy that energizes Gilchrist. She said that being involved in public discussions and engaging a broad group of people to solve issues is an inspiring dynamic. “Being a part of decision-making that positively impacts thousands of Minnesotans—and that help people be healthier and more productive—it’s this scale and depth that can make positive social change a reality,” she said.

What is one of the keys to informing policy at the state level? According to Gilchrist, it’s compromise. The issues she works on every day are complex and people don’t always agree on the approaches. “There’s rarely a silver bullet or a perfect answer,” she said. “Compromise is all about agreeing to things you don’t necessarily agree with. And compromise isn’t a bad thing when you have the long game in sight. Making just some progress is okay.

Solving big problems—universal health care coverage, paid family leave, child abuse—takes innovation and offer new investments of money...and these things don’t happen overnight.”

From Student to Teacher

Gilchrist said that she appreciates the quantitative skills she learned to understand and think critically about research as an MCH MPH student. “I’m always working to implement evidence-based policies,” she said, “and I have the tools to synthesize and understand research. It’s a skill I draw upon every day.”

In addition to her skills as a policy advisor and public health professional, Gilchrist has also become an adept teacher. Since her graduation, she has mentored and advised several MCH MPH students. She also shares her insight and hands-on experiences in her graduate course at the UMN, Advocacy and Children’s Rights. In that course, she teaches MPH and other graduate students practical skills so they can understand, analyze, communicate about, and

How did Lauren Gilchrist Help Shape Federal Health Policy?

While on US Senator Edward Kennedy's staff, Gilchrist contributed to the framing and negotiation of the Affordable Care Act (ACA). When she became the policy advisor to US Senator Al Franken in 2009, Gilchrist led the development of his health policy agenda, including Senator Franken's Medical Loss Ratio (MLR) Provision (also called the "80/20 rule") of the ACA. The MLR Provision requires health insurers to spend at least 80% of premiums on actual health care and is estimated to have saved taxpayers several billion dollars. To read about the MLR Provision, go to z.umn.edu/mlr14.

advocate for children's health policy. "It's energizing to be with MPH students who are really excited and passionate about being advocates for public health issues," she said, with enthusiasm. "It's fun to share what I've learned working with legislators and in coalitions. Now [students] can learn from those experiences."

For more information about the Office of Governor Mark Dayton and Lieutenant Governor Tina Smith, go to mn.gov/governor or follow it on social media ([facebook.com/GovMarkDayton](https://www.facebook.com/GovMarkDayton) or [@GovMarkDayton](https://twitter.com/GovMarkDayton)).

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.



MCH Alumni Lauren Gilchrist, Robert Blum, and Erin Erickson:

University of Minnesota (UMN) School of Public Health (SPH) 2016 Alumni Award Winners

The UMN SPH recently announced the winners of its 2016 alumni awards (z.umn.edu/msphalum). We are proud to announce that three MCH alumni were winners and were honored at an awards ceremony on May 5, 2016 at the McNamara Alumni Center on the UMN campus.

Lauren Gilchrist, MPH (2007) was the recipient of the Emerging Leader Award, presented to an alumnus who has made a significant professional impact within 10 years of graduation. She has been a policy advisor to US 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 Act. 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.

Robert Blum, MD, MPH (1997), PhD was 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.

Erin Erickson, MPH (2010) was the recipient of the Alumni Innovator Award, presented to an alumnus who has made, developed or implemented innovative ideas, approaches or solutions to public health services through science, practice or education. She and her mother, Marti Farrell Erickson, PhD (founding director of the UMN's Children, Youth and Family Consortium) have co-hosted an internet-based talk show for parents for the last 10 years, called Mom Enough (momenough.com).



Creating Institutional Change:

Breastfeeding Advocacy, Research, and Policies

by Wendy L. Hellerstedt, MPH, PhD



Laura Duckett

Laura Duckett, PhD, MS, MPH (2001), RN is an Associate Professor in the School of Nursing and in the Center for Spirituality and Healing, at the University of Minnesota (UMN). She has a BSN from Duke University, an MS in Maternal-Child Nursing from the University of Maryland; and a PhD in Educational Psychology and an MPH in MCH from the UMN. She is a national expert in breastfeeding practices, an award-winning teacher, and an advocate for breastfeeding promotion.

Duckett has the perspectives of a clinical nurse, a scholar, an advocate, a teacher, and a global nursing and public health consultant. She has had a career that started in North Carolina, her home state, and has taken her to Oklahoma, Washington (DC), Baltimore, Minnesota, Uganda, and Central Asia. She has always sought to see the big picture, but not from a distance. Rather, her broad perspectives about issues in nursing and in public health were developed through her detailed examinations of individuals and their environments.

Duckett's first job as a registered nurse was as the Head Start nurse in Buncombe County, NC. That position, she said, made her aware of the opportunities that could be afforded by federally funded support programs. "I loved working as the Head Start nurse," she recalled. "I loved working with the children, teachers, and parents and I loved being part of a bigger picture. This was a federal program designed to improve the lives of disadvantaged children."

Duckett moved to the Washington, DC area in 1970 and soon learned that the racial unrest of the 1960s had left Washington, DC and Baltimore with environmental and socio-emotional damage. "After the riots in the 1960s, the cities had significant public health needs, but—fortunately—there

were many efforts underway to improve the cities," she recalled.

"I worked as a registered nurse and childbirth educator and then had clinical experiences as a graduate student in large inner city hospitals in Washington, DC and Baltimore." She knew, even then, that the one-on-one care she provided was often necessitated, or at least informed, by larger structural issues and inequities. "I knew there was more, that there was a public health perspective. I had questions about how health systems helped us serve people's needs," she said.

The First Nursing Mothers' Room at the University of Minnesota

Duckett's research, professional presentations, and writing have been focused on breastfeeding, infant nutrition, maternal employment during the first postpartum year, maternal-infant attachment, postpartum adaptations for families, nurse screening for domestic abuse, and testing Reiki touch as an intervention for premature infants. Duckett has also advocated for MCH programs, policies, and education (especially related to breastfeeding) that benefit families through her involvement in dozens of local, regional, and national committees and organizations. For example,

she has been very active with the American Public Health Association's Breastfeeding Forum and its MCH Section Breastfeeding Committee, which she co-chaired for several years.

Nowhere on Duckett's long curriculum vitae, though, is something that many of her UMN colleagues consider to be one of her greatest contributions—a contribution that involved moving furniture.

In 1994, she and then-graduate student, Joan Dodgson, were scavenging discarded furniture from the basements of a couple of health sciences buildings. They had a mission. They were going to start the UMN's first nursing mothers' room (NMR) and they needed chairs. And scavenging was their best option to get them. "There was no campus-wide plan to do this," Duckett said, "but there were mothers who needed a place to pump their milk."

What she and Dodgson knew was the research-based evidence that breast milk was best for infants and that employment had a negative impact on breastfeeding duration and on exclusive breastfeeding. "We now have the Affordable Care Act and statutes in many states that require employers to provide private space for mothers to express their milk," Duckett explained.



“I had questions about how health systems helped us serve people’s needs.”

“Back then, we had nothing. Some women were using bathroom stalls [to express their breast milk].”

In addition to “begged, borrowed and ‘re-allocated’ furniture,” Duckett and Dodgson set up the NMR in the School of Nursing with the help of a small grant from the UMN Women’s Center that helped with some initial expenses, including two hospital-grade breast pumps. More than 20 years later, the School of Nursing still operates a NMR and 19 additional ones are publically available on the UMN Twin Cities campus (z.umn.edu/lact).

Duckett remains a breastfeeding advocate at the UMN, as a member of the University Lactation Advisory Committee (@Lactation4U) which promotes awareness, quality, quantity, and accessibility of NMRs on campus. And, as a member of the UMN Senate Social Concerns Committee, she co-authored a 2013 resolution concerning the necessity for comprehensive campus-wide lactation support (z.umn.edu/lact2).

Exploring Big-picture Health Issues

Duckett came to the MCH MPH Program to study big-picture public health in the midst of a successful academic career. “I wanted to do the job I was already doing better,” she said, explaining why she wanted an MPH. That “job” was as a faculty member of the UMN’s School of Nursing, where she was well-established as a breastfeeding researcher and advocate, a national expert in breastfeeding policy and practices, and an excellent instructor (in 1987, Duckett won the UMN’s highest undergraduate teaching honor, the Morse-Alumni Award for Undergraduate Education).

Duckett made her life as a student as rich as her professional life. “I wanted to really do the MPH in a satisfying way,” she said. “I wanted to learn. Because I was working as a full-time faculty member, I knew I could focus best—and really study—only one course a semester. Because I was doing this degree for myself, I had to do it the right way for me.” The right way included not only giving herself time to study deeply, but also obtaining a single-quarter leave from her faculty position to do a breastfeeding research project and complete her MPH field experience in rural, south-central Uganda, “making connections, holding beautiful babies.”

Personal Connections Bring the Big Pictures Into Focus

As Duckett reflected on her career in nursing and in public health, she recalled the quality and the number of connections she has made with fellow faculty, researchers, advocates, and students. She talked about the fine work of students she had mentored through many research projects and her commitment to keep her online and in-person courses engaging and relevant (including an online course she teaches in grantwriting that is available to interdisciplinary graduate students, including those in the MCH Program).

One of her nursing and public health career highlights was being part of a US Agency for International Development (USAID)-funded nursing education grant that took her to Kazakhstan and Uzbekistan six times in almost three years as a nursing faculty educator and consultant. She also helped to

host two different groups of Central Asian colleagues when they came to MN to learn more about nursing, medical, and public health education in MN.

Throughout our interview, she served tea from a tea service that was a gift from her colleagues in Central Asia. The tea service—and the memories it represents of shared meals—is clearly precious to her. Her observations about her team’s attempts to improve “pretty abysmal nursing education” that had been neglected by an authoritarian government in Central Asia reflect both her nursing and public health perspectives. She has long advocated for educational systems that produce the “best and the brightest” nurses and she was acutely aware of the institutional limits in Central Asia to do so. Such things were frustrating, she conceded, but her memories generally turned to relationships she built in Kazakhstan and Uzbekistan and the perseverance of her colleagues in Central Asia to overcome political and economic barriers to nursing education.

“We had some successes in Central Asia,” Duckett said. “We knew enough not to go just where we were told to go,” she commented, as she recalled pressure from government officials in Uzbekistan to work with the faculty of a high school level “nursing” program in Tashkent (the capital). “That program was, in reality, more like a nursing assistant program in the US,” she recalled.

Instead of doing what they were told to do, the UMN School of Nursing team chose to work with the faculty of a new nursing program in a medical institute in Bukhara (on the ancient silk road), which was intended to be baccalaureate level and making good progress toward that end. “Drawing on my MPH really helped me there,” she said.

Perhaps Duckett is correct that her MPH education, with its focus on populations and systems, helped her overcome the bureaucratic and practical difficulties she encountered in Central Asia. But Duckett is the woman who thought UMN mothers needed a clean, safe space to express their breast milk more than 20 years ago, at a time when few people considered this an important issue. Instead of lamenting how few resources she had to support UMN mothers, she scoured the UMN hallways

“I wanted to do the job I was already doing better.”

for abandoned furniture in order to give breastfeeding students and employees a private space. Given her history, one cannot help but believe that, in Central Asia, she drew on not only on her public health education but also on her personal reserves and her own experience with unwieldy institutions.

For more information on Duckett’s work in the School of Nursing, go to z.umn.edu/duckett.

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



Nicole Larson: Teaching Approaches to Childhood & Adolescent Obesity Prevention (PubH 6955) 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, including ethnic/racial and socioeconomic disparities.



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.

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 do wish to focus on epidemiology, opportunities for skill development in methods and analyses important for reproductive and perinatal epidemiology are provided.



Deb Hennrikus: Teaching Applied Research Methods (PubH 6035) at the University of Minnesota

I teach basic research skills and concepts needed to plan and conduct a data collection project. These skills include performing literature searches, questionnaire development, scale construction, item analysis, data coding, entry and analysis, and report writing.

Students develop a research question, devise a brief questionnaire to address that question, implement their survey, analyze the resulting data, and write a report. Students also develop their data management and analysis skills using existing datasets in a weekly computer lab session. My methods are very hands-on and I emphasize collaboration and peer feedback.

MCH Student Spotlight

Our MCH students are making an impact in the communities they serve, whether they are providing direct services, developing evaluations, or combing through data. To highlight the depth and breadth of their work, we are featuring the work of selected students on our website homepage (epi.umn.edu). For archived "Student Spotlights" visit z.umn.edu/spotlight.



Integrating Nursing and Public Health to Serve Vulnerable Youth

by Nicki Cupit, MSW



Scott Harpin

Scott Harpin, MS, MPH (2003), PhD is an Assistant Professor in the College of Nursing at the University of Colorado. With a background in nursing and adolescent health, Harpin has been a long-time advocate for vulnerable and at-risk youth and young adults, especially runaway/homeless youth.

When Harpin entered the Maternal and Child Health (MCH) Master of Public Health (MPH) Program, he was already working toward a Masters degree in adolescent nursing at the University of Minnesota (UMN). “I was taking a handful of public health classes and it became pretty apparent how interdisciplinary the public health, nursing, and adolescent health faculty were,” he said. “I wanted to be steeped in maternal and child health and, having been a nurse for a long time already, I wanted to be immersed in a different paradigm. I knew public health would give that to me.”

In addition to his interest and experience in adolescent health, Harpin was attracted to MCH because of the importance the Program placed on social justice for children and families. “MCH doesn’t just focus on mothers, it focuses on fathers and families as well,” he said. The Program’s emphasis on policy also interested him. “Throughout our Program, we were encouraged to understand the legislative process and to consider careers that incorporate policy into the work,” he said. Harpin took that encouragement to heart: the day after this interview, he testified at the State Capitol in Denver, CO on behalf of child fatality prevention. “I feel like the policy change piece is so important and interesting,” he said.

Harpin also credits the MCH MPH Program with giving him a deeper awareness of national and global social and political issues. He reflected on several courses he took, one of which was an adolescent nutrition class. “I had already worked a great deal with adolescents, but I didn’t know the depth of the nutritional issues for youth,” he said. “And early on in the Program, during the Foundations of MCH Leadership course, we were able to really dig into the epidemiology of infant and child mortality from an international perspective, which was new information to

me, having primarily a local and domestic perspective of kids’ health.”

The depth and breadth of coursework educated Harpin and the collaboration and respect between students and faculty inspired him. “The Program wasn’t just about talking the talk of inter-professional work. We walked it. And that has served me so well. That is a really remarkable thing about this MPH Program...The diversity of what you get from the MPH is so useful and a degree from the UMN is well-respected. People outside of Minnesota know that it is a great Program.”





Left: Harpin at work.

“The Program wasn’t just about talking the talk of inter-professional work. We walked it.”

To fulfill his Master’s project for the School of Nursing and for the School of Public Health (SPH), Harpin analyzed data from the Minnesota Student Survey to examine the relationship between mental health and well-being of youth in foster care. “I had been bitten by the research bug... That experience made me look at research in a different light,” he said.

After completing both graduate degrees in nursing and public health in 2003, Harpin was hired as a faculty member in the School of Nursing at the UMN. He valued his role as an educator, but he could not deny his new passion for research, so he started a PhD in nursing which he completed in 2010. During the time he worked on his PhD he also worked as a nurse at St. Joseph’s Home for Children in Minneapolis, MN where he did intake assessments of children in out-of-home foster placement.

A Natural Transition from Minnesota to Colorado to Continue Serving Youth

In 2011 Harpin became an Assistant Professor at the University of Colorado’s College of Nursing. Upon arriving in CO, Harpin made connections and built relationships, including those with colleagues at the Kempe Center (Aurora, CO), an organization that works to prevent and treat child abuse and neglect, and at Urban Peak, a program that serves homeless youth

(Denver and Colorado Springs, CO). “I had worked with at-risk youth for so long in Minneapolis,” he said, “it was a natural segue to partner with those organizations in Denver.”

Harpin’s professional goals are straightforward and heartfelt: he wants to help professionals provide better mental health interventions to vulnerable youth. To that end, he recently began a study to screen, intervene, and refer runaway/homeless youth. The study is funded by a Colorado Clinical Translational Sciences Institute (CTSI) Community Engagement Grant.

“We just finished doing a pilot study of caseworkers using motivational interviewing along with a mental health screening tool as a part of their intake process with runaway homeless youth at the shelter,” he said, of the new study he is directing. “We have a couple of really striking stories where [the caseworkers] caught suicidal thinking and were able to refer teens into mental health services quickly. That is a victory.” In 2015 he published some findings from this study in the *Journal of Adolescent Health* (z.umn.edu/scottharpin).

Integrating Public Health and Nursing Graduate Education

Harpin is also helping to shape the future of public health through the creation of a one-of-a-kind dual degree program at the University of CO. Harpin and colleagues

received an Advanced Nursing Education Program Grant (z.umn.edu/nursinggrant) from the Health Resources and Services Administration and the Bureau of Health Professions. With those funds, they will develop a program in which nurses will complete an MPH and then transition immediately into a Doctorate of Nursing Practice program.

“I think that, for most of our students, the Advanced Nursing Education program is fulfilling a need for an education they probably didn’t know existed,” Harpin said. “So many nurses tell me how much they value what an MPH can bring them professionally, including the possibility for new career options. This new program will give students the opportunity to merge their nursing and public health backgrounds.”

Having completed a dual degree program himself, Harpin’s enthusiasm has special weight. “There are a lot of logistics to deal with when doing a dual degree, but in retrospect, it was so efficient,” he said, reflecting on his own experience at the UMN.

Harpin is so inspired, challenged, and energized by his research and graduate training projects that he cannot help but think, with great enthusiasm, about his future work with vulnerable youth. Among the emerging issues of interest to him are early emotional trauma and how to best intervene with homeless youth who have experienced it. “I had some great mentors and advisors in Minnesota who modeled the type of academic professional that I want to be. So I am really happy to have this mix of teaching and research that is meaningful and clinically applicable.”

For more information on Scott Harpin’s work, go to z.umn.edu/harpin or follow him on Twitter (@scottharpin). To read a recent Denver Post article featuring Harpin and his work, go to z.umn.edu/harpinpost.

Nicki Cupit, MSW, 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.



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.



NEW Adolescent Sexual Health Newsletter

Our monthly *Adolescent Sexual Health* eNewsletter contains information about resources, events, and research for professionals working in adolescent sexual health and youth development. If you'd like to submit content for this eNews, go to z.umn.edu/ashsubmit.

We continue to distribute our *Healthy Generations* eNewsletter, which is now on a monthly (instead of bi-weekly) schedule. The eNews is used to share local and national MCH resources and research, and enhance networks among multidisciplinary professionals who work to improve the health and well-being of children, adolescents, families, and communities.

To sign up for one or both of our newsletters and view our archives, visit www.epi.umn.edu/mch/resources/enewsletter/.

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 600 graduates, many of whom have become leaders in MCH research, program development, and policymaking.
9. The University of Minnesota's MCH Program has about 35 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.



Want to Train the Next Generation of MCH Professionals?

All MCH MPH students are required to complete a 120-hour field experience doing public health work (paid or unpaid). If you have a project that needs a talented student and you have a master's degree (or greater), consider becoming a preceptor. Learn more by visiting z.umn.edu/precept.

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low us on Twitter (@umn_MCH),



Instagram ([umn_mch](https://instagram.com/umn_mch)) or YouTube



([umn_mch](https://youtube.com/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.



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.

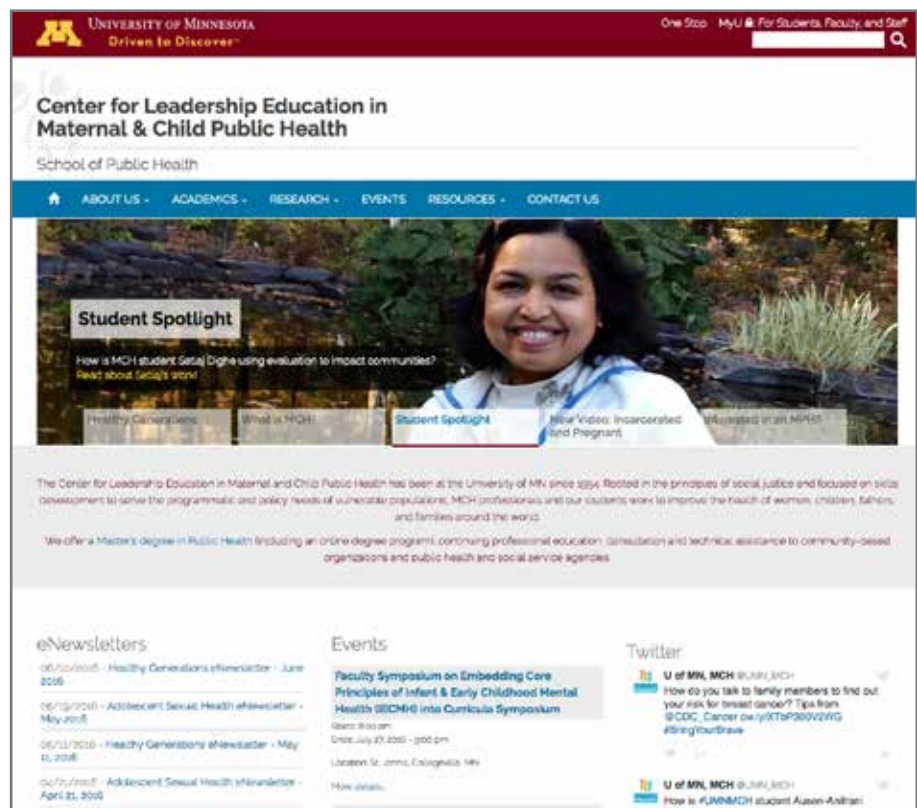
eNewsletter Archives: You may already be getting our *Healthy Generations* or new *Adolescent Sexual Health* newsletters every month, but if you're a new subscriber, you may want to check out our archived newsletters.

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

Would You Consider Making a Gift to the Maternal and Child Health Fund?

Support our MPH students with a gift to our Maternal and Child Health fund. Your donation will go directly to support the tuition of students who are our future public health leaders!

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



Videos: This page now includes local radio show interviews and video from previous 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, Twitter, and Instagram 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.

University of Minnesota

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Maternal and Child Health (MCH)

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42 credits. For students who have an advanced degree OR who have at least 3 years of professional experience in public health.

* Programs can be completed through a combination of flexible in-person and online options.

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



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Maternal and Child Public Health
School of Public Health
Division of Epidemiology and Community Health
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Conferences, Events, and Program Deadlines

■ JULY 27-28, 2016

Faculty Symposium on Embedding Core
Principles of Infant and Early Childhood
Mental Health (IECMH) into Curricula*
Collegeville, MN
z.umn.edu/iecmh16

■ NOVEMBER 15, 2016

MCH MPH Program Application Deadline:
Final Deadline for Spring Admission
(Advanced-standing Program only)
z.umn.edu/mchapp

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

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