RISING TO THE CHALLENGE

Rising to the Challenge: The Campaign for Johns Hopkins will raise unprecedented levels of support to attract, sustain, and empower the students and faculty of Johns Hopkins, who through their work improve the lives of millions around the world. Together with our philanthropic partners we will:

ADVANCE DISCOVERY AND CREATIVITY through support of our exceptional faculty. Their innovative work drives the development of new knowledge, new forms of expression, and new ways to save lives and improve health across our core disciplines in science and technology, the humanities and arts, and public health and medicine.

ENRICH THE STUDENT EXPERIENCE by investing in scholarships and fellowships, inspirational spaces for collaborative learning and social opportunities, and new programs that will enhance student-faculty interactions, ensure diversity on campus, link learning in the classroom to life after graduation, and strengthen connections between our students and our communities.

SOLVE GLOBAL PROBLEMS AS ONE UNIVERSITY by creating new cross-disciplinary solutions in crucial areas such as sustaining global water resources, revitalizing America’s cities, advancing the health of individuals and populations, and understanding how we learn and teach.

With your help, the Bloomberg School will play a key role in the success of the campaign.

RISING TO THE CHALLENGE: A CALL TO ACTION

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DEPARTMENT AT A GLANCE

Chair: Robert W. Blum, MD, PhD, MPH

History: Founded in 1947 and expanded in 1964 with grants from USAID, NICHD, the Ford and Rockefeller foundations. Based at the Johns Hopkins Bloomberg School of Public Health, the oldest and largest school of its kind in the world, consistently ranked #1 by U.S. News & World Report.

Size and scope: 35 full-time faculty and 100 students. Master’s and doctoral programs are built on a life course framework. Students learn the methods of both population studies and public health and select from among seven focal areas: perinatal and early child health, adolescent health, women’s health, reproductive health, urban health and development, family health, and biology and behavior.

Centers: Center for Adolescent Health; Center for Child and Adolescent Health Measurement; Center on Early Life Origins of Disease; Bill and Melinda Gates Institute for Population and Reproductive Health; Hopkins Population Center; Johns Hopkins Urban Health Institute; Women’s and Children’s Health Policy Center.

DEPARTMENTAL PROFILE

Just as cells replicate and multiply to become complex living organisms, so human beings reproduce and migrate to form populations. Whether they are defined geographically, demographically, or by other criteria, populations are the purview of public health, versus clinical medicine’s orientation toward curing disease in the individual patient. The research and teaching of the Department of Population, Family and Reproductive Health (PFRH) encompass population structure and change across the life span. Its areas of expertise include demography and migration; reproductive health of both females and males; the health of infants, children, and adolescents; couples and family formation; and the population health implications of aging. Faculty and students employ a diverse quiver of knowledge and methods from the fields of social and behavioral sciences, economics and policy analysis, and the full range of medicine, nursing, and public health. Within PFRH, the focus is both domestic and international, and knowledge and expertise are continuously imported and exported.


With the first training grant awarded by the U.S. Children’s Bureau, Harper prepared students to administer newly established maternal and child health service agencies and programs across America. Harper’s innovative Home and Office Care program promoted the then-novel concept of providing continuous care across the spectrum of prevention, treatment, and long-term follow-up. During the 1950s and ’60s, Harper’s department collaborated with faculty in Mental Hygiene, Biostatistics, and Epidemiology to conduct the earliest large-scale epidemiological studies of the causes and consequences of premature birth. Harper’s team called for a new public health emphasis on maternal and fetal morbidity as precursors of epilepsy, cerebral palsy, mental retardation, and developmental disabilities.

Bernard Guyer, MD, MPH, chair of Maternal and Child Health from 1989 to 1998, expanded and modernized Harper’s life-course approach to preventing disease, death, and disability. Guyer has tirelessly advocated for policies in the U.S. and abroad that focus on identifying and intercepting risk factors during early childhood and even before birth and conception. In a 2009 article in Academic Pediatrics, Guyer and colleagues predicted that preventing health problems in U.S. preschoolers could save up to $100 billion in future health care costs.

As a key advisor to the U.S. Agency for International Development, Harper also had a profound impact on the field of population dynamics. He led the Department of Population Dynamics to launch national family planning programs in developing countries such as Pakistan and Nigeria.

In 1970, W. Henry Mosley, MD, MPH ’65, who chaired the Depart-
RISING TO THE CHALLENGE

As an architect of the child survival movement, Mosley was a prominent consultant and advocate for programs that addressed the complex linkages among malnutrition, high fertility, infectious disease, and lack of access to essential primary care.

The work of former Population Dynamics chair John F. Kantner, PhD, and Melvin Zelnick, PhD, in the 1970s first drew national attention to the problem of adolescent pregnancy. Laurie Schwab Zabin, PhD '79, became one of the founders of the field of adolescent health when she demonstrated the potential of school-based clinics to reduce unintended pregnancy. In 1999, Zabin became the founding director of the Bill and Melinda Gates Institute for Population and Reproductive Health, which uses the “social vaccines” of knowledge, analytical skills, and self-reliance to inoculate communities against the adverse outcomes of poverty, unwanted pregnancy, and poor maternal and infant health. The Gates Institute, directed since 2002 by Amy Ong Tsui, PhD, has hosted three international family planning conferences in Uganda (2009), Senegal (2011), and Ethiopia (2013), which have reinvigorated the global family planning movement.

Over the past 15 years, the Department of Population, Family and Reproductive Health has extended its partnerships in countries such as Ghana, Nigeria, Uganda, Malawi, Egypt, and, more recently, across an ever-widening arc of sub-Saharan and Asian countries. Support has come from the World Health Organization, UNICEF, the Gates Foundation, the Packard Foundation, and other philanthropies.

PFRH has been chaired since 2004 by Robert W. Blum, MD, PhD, MPH, a highly regarded expert on adolescent health, noncommunicable conditions in adolescence, and sexual and reproductive behavior who was elected to...
the National Academy of Sciences Institute of Medicine in 2007. Under Blum’s leadership, the Department has strengthened its focus on women’s health and reproductive health and expanded its domestic and international faculty working in adolescent health.

These priority areas in PFRH represent the future of public health:

- **Biology and Behavior:** Researchers and public health officials have rejected the dichotomy between biology and environment; understanding how environment “gets under your skin” is a central focus of the Department’s work. As the major causes of disease shift from acute illness to noncommunicable diseases, faculty are exploring the impact of stress on the health and longevity of individuals, families, and communities. At the Center on the Early Life Origins of Disease, directed by Xiaobin Wang, MD, MPH, ScD ’91, faculty dissect the complex interplay of genetics, reproductive biology, and environmental factors to identify early life precursors of pediatric and adult diseases. By translating scientific knowledge into clinical and public health practice, the Center is pursuing methods for predicting, preventing, diagnosing, and treating diseases across the life span and from one generation to the next. The Center’s training programs are producing the next cohort of trans-disciplinary leaders and investigators in maternal and child health.

- **Urban Health:** In 1960 one-third of the world’s population lived in cities; by 2030 the figure will be two-thirds overall and three-fourths in industrialized countries. Working together with the Johns Hopkins Urban Health Institute (which Blum directs) and colleagues across the School of Public Health, PFRH is creating in East Baltimore a model of university-community collaboration that can decisively improve urban residents’ health status. The Department also offers a series of high-demand Schoolwide courses on urban health, part of its cross-cutting curriculum to train urban public health professionals.

- **Adolescent Health:** With the Center for Adolescent Health and a group of the nation’s leading scholars in the field, the Department undertakes projects in Baltimore aimed at reducing rates of teen pregnancy, transmission of HIV and other STIs, and intimate partner violence. Internationally, PFRH researchers are studying the health consequences for youth living in urban poverty, the applications of mHealth, and the acquisition of gender norms.

- **Advocacy and the Translation of Research:** Improving health outcomes facing the new constellations of families in the U.S. and internationally.

Satisfying the unmet global need for contraception can reduce maternal deaths by an additional 29 percent.

RISING TO THE CHALLENGE

requires both excellent scientific evidence and compelling advocacy skills. Duff G. Gillespie, PhD, and colleagues have made great strides toward positioning PFRH as a center of excellence for translating best practices into policy and action. These strengths will attract national and global leaders for special seminars, summer and winter institutes, and in-country training.

OPPORTUNITIES TO SUPPORT POPULATION, FAMILY AND REPRODUCTIVE HEALTH

Two essential principles have guided the development of PFRH research and training programs. First, public health problems must be understood in a life-course framework that addresses the earliest precursors of disease, from pre-conception onward. Second, public

A JOURNALIST LEARNS TO PREVENT DEADLY CONFLICTS

Jocelyn Kelly’s childhood was spent moving from country to country with her mother, a State Department employee. She had “always been interested in people’s stories,” so she became a journalist and moved to Mexico. There, she volunteered at a local hospital and worked with a doctor who traveled throughout the country to prevent child blindness in remote indigenous areas.

Journalism was “too hands-off,” so in order to respond to the needs she saw, Kelly returned to the U.S. to work as a disaster management specialist, including consulting with FEMA after Hurricane Katrina. Cognizant of the need for evidence-based public health responses to humanitarian crises, she founded the Women in War program at the Harvard Humanitarian Initiative after earning an MS in public health. In the Democratic Republic of Congo, 5.4 million people have died in a bloody civil war since 1998. Her study of the dynamics of the conflict combined quantitative findings with women’s narratives, and she spoke with soldiers to ferret out the roots of human rights abuses.

At JHSPH, Kelly’s doctoral research focuses on the factors driving conflicts in several African countries, and how the cycle might be interrupted.

health interventions and policy solutions must be grounded in high-quality data and rigorous scientific research on population health. These objectives are at the heart of efforts in PFRH and the School to save lives, reduce suffering, and prevent disease and disability, especially in high-risk populations here in Baltimore and around the world.

To recruit the most promising students, the Department must establish new doctoral scholarships that provide five years of tuition and a stipend for students focusing on the fetal origins of disease, perinatal health, adolescent reproductive health, child and family health, urban health, or men’s sexual and reproductive health. This is particularly important for attracting students from the developing world.

Faculty support will greatly strengthen PFRH’s efforts to attract new vision and talent, and a faculty recruitment and retention fund will provide a hedge against costly and wasteful attrition. PFRH is also eager to establish endowed professorships in the priority fields of adolescent health, international family planning, and urban health. These professorships will enable PFRH to attract internationally recognized leaders to head two well-established programs and to lead a third program forward into prominence.

The Center for Adolescent Health and the Gates Institute for Population and Reproductive Health have matured and established their national and international reputations to the level that endowed chairs will ensure the stability and permanence of these unique and highly innovative programs. Likewise, the Department and School are well positioned to make the Urban Health Institute a domestic and international center of excellence. Building this area is a high programmatic priority for PFRH and is central to the University’s American Cities signature initiative.

The Department continues to actively recruit faculty with expertise in evidence-based advocacy in both domestic and international contexts. Current-use funding will enable PFRH to deepen its commitment to research and teaching on advocacy.

Finally, PFRH needs to expand faculty expertise in public health demography and family health. PFRH has recently hosted two symposia on the future of demography and public health. A stronger program in family health will help us shape the social and political discourse over the next generation.

The future of the Department, the School, and all of public health rests on hard-earned strengths, brilliant new insights, and willing financial partners. There is no better place to invest in research and training programs to transform global health.

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**CAMPAIGN GOALS FOR POPULATION, FAMILY AND REPRODUCTIVE HEALTH**

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<thead>
<tr>
<th>Amount</th>
<th>Description</th>
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<tbody>
<tr>
<td>$500,000</td>
<td>Current use funding for developing advocacy-related programs</td>
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<tr>
<td>$1 million</td>
<td>Faculty Recruitment and Retention Fund</td>
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<tr>
<td>$3.5 million</td>
<td>Gates Institute for Population and Reproductive Health—endowed chair</td>
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<td>Center for Adolescent Health—endowed chair</td>
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<tr>
<td>$3.5 million</td>
<td>Urban Health Institute—endowed chair</td>
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<tr>
<td>$2.5 million</td>
<td>Endowed professorship in family health</td>
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<tr>
<td>$2.5 million</td>
<td>Endowed professorship in public health demography</td>
</tr>
<tr>
<td>$6 million</td>
<td>4 doctoral scholarships at $1.5 million per endowment</td>
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**David Bishai, MD, PhD, MPH, A Health Economist, Demographer, and Pediatrician, Evaluates the Costs of Public Health Interventions to Inform Policy and Promote More Equitable Health Outcomes.**

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On the cover, clockwise from top left: PFRH uses a diverse set of population and public health tools to improve maternal and child health; the women of Wåra, Ethiopia, dance in front of a health and family planning clinic; Anne W. Riley, PhD, co-developed the child health and illness profile, a comprehensive assessment of health and functioning for children and adolescents; PFRH has recently recruited an influx of faculty whose research focuses on the social, economic, and cultural contexts of fatherhood and its implications for the health and well-being of communities.