Welcome to the Centennial edition of the PFRH departmental newsletter. What a great year it has been!

For PFRH it has been a year of exciting new projects, great faculty achievements, exciting work of our extraordinary students and expansions of major department initiatives. I could be neither more excited nor more pleased! As you will see, this is a larger than usual newsletter because of all that has been going on.

Some of our faculty have been promoted. Specifically, Kristin Mmari and Caroline Moreau are now Associate Professors. Others have joined us this past year (Ian Salas, Linnea Zimmerman, and Stéphane Helleringer are featured in this volume). But there are others as well. Omrana Pasha, MBBS, MSPH, has joined as a Senior Scientist bringing with her great expertise in international maternal and child health.

Unquestionably one of the great highlights this past year was the International Conference on Family Planning held in January in Bali. After having been derailed in the fall because of the volcano on a neighboring island, not only did the meeting go off without a hitch but most of us would agree that it was the finest conference yet with over 3,300 delegates from around the world. What an amazing group of scientists, policy makers, program implementers and most especially young people whose energy and brilliance brought the house down!

Some of the department programs have seen major expansions this past year. Such has been the case, for example, in Advance Family Planning and PMA2020. Likewise, new initiatives have begun such as in the urban reproductive health and a new Leadership Development program for young community leaders of great promise in East Baltimore.

This has been a year where we have been able to celebrate some of our many amazing alumni; and in this newsletter Esther Pak has interviewed some of our fantastic graduates who have come to speak.
Finally, many of you are aware that a search has begun for a new chair of the Department of Population, Family and Reproductive Health. That search is just beginning led by Dani Fallin, PhD, chair of the Department of Mental Health. Of course I will keep you posted as the search proceeds. For me, I have no plans other than to remain here continuing to teach, lead the Urban Health Institute and head up the multi-country Global Early Adolescent Study which this coming year is moving to its second, longitudinal phase.

I hope that you will be able to join us in May for one of our centennial events when we celebrate our work in Child Health Policy (April 28), our Mini-PAA program (April 29), Sexual and Reproductive Health (May 6), Maternal and Child Health (May 11) and Population Health (May 12).

Robert Wm. Blum MD, MPH, PhD
The 4th International Conference on Family Planning, co-hosted by the Bill & Melinda Gates Institute for Population and Reproductive Health (Gates Institute) and the National Population and Family Planning Board of Indonesia (BKKBN), was held January 25-28, 2016. Nearly 3,100 participants presented hundreds of individual abstracts, performed panels, and posters on research and best practices relating to family planning. Gates Institute Director Oying Rimon chaired the conference. The 2016 ICFP had many highlights. Among them:

1. The ICFP was opened by His Excellency Joko Widodo, President of Indonesia. Nearly 4,000 people attended the Opening Ceremony, where leaders from around the world discussed the global status of family planning and called for urgent action to increase access to family planning.

2. The first-ever Global Humanitarian Awards for Women’s and Children’s Health were awarded to Dato’ Sri Dr. Tahir, Tahir Foundation; Arif and Fayeeza Naqvi, Aman Foundation; and Sir Christopher Hohn, Children’s Investment Fund Foundation.

3. At each day’s plenaries, distinguished political leaders, ministers, youth leaders, advocates, and scientists discussed family planning’s role in attaining the Sustainable Development Goals, the important role of youth in the family planning movement, and fulfilling Family Planning 2020 commitments.

4. The youth musical performance at the Closing Ceremony brought the audience to their feet. This ICFP had the highest-ever youth participation numbers in conference history!

5. The EXCELL Awards were bestowed to Ethiopia and Kenya; Yayasan Cipta Cara Padu, Indonesia; and Hon. Janette Loreto-Garin, Secretary of the Department of Health, Philippines, and Hon. Edcel C. Lagman, Representative, 1st District of Albay, Philippines.

6. The Packard Foundation’s 2016 Quality Innovation Challenge announced the 13 in-person finalists (up to 5 will win grants of $100,000 each); these awardees will be announced in April, along with the finalists from the online portion of the challenge, who are in the running for up to 4 grants of up to $25,000 each.

PFRH was well represented at the conference by the following research presentations:

- Suzanne Bell (PhD student), David Bishai: The sex dividend: The association between unmet need and coital frequency
- Stan Becker, Caroline Moreau: Why are current estimates of women’s unmet need for contraception over-estimating that need
- Amy Tsui, Qingfeng Li: Association between young females’ contraceptive use and school dropout: Insights from 15 DHS surveys in Sub-Saharan Africa and Asia
- Ifta Choiriyyah (PhD Student): Fertility indecision, contraceptive use and intention to use contraceptives in Indonesia
- Saifuddin Ahmed, Oying Rimon: Small families are healthy families: Evidence of the long-term effect of small family size on improving survival status across the lifespan
- Meghan Gallagher (PhD Student), Michelle Hawks-Cuel Har: Restrictive Abortion Laws: A Legacy of Colonization

PFRH faculty, students and staff participated in the following panels:

- Access to Family Planning, Service Provision, and Other Community Influences on Modern Contraceptive Use
- Trends in Expanded Method Choice and Changing Method Mix
- Preformed Panel on Early Adolescence: Preliminary findings from the Global Early Adolescent Study
- Fulfilling the Promise of Family Planning through Decentralization
- Youth plenary Panel: Challenging Old Assumptions, Forging a New Agenda

In addition, students and faculty from our department (Kate Baye, Anna Kaagesten and Bob Blum) led the development of the two day youth preconference attended by over 300 young people from around the world.

The ICFP garnered global media recognition, generating 375+ original publications, and — thanks in part to an #ICFP tweet by Bill Gates — reaching 27 million unique accounts on social media over 291 million times (impressions). To date, 8,404 unique contributors have generated more than 40,000 tweets tagged with #ICFP. These are record highs for the ICFP! Media coverage of PFRH research and PFRH faculty, students and staff included: U.S. News & World Report, National Public Radio and Global Health Now.

For more information, please visit the conference website: http://fpconference.org/2016/.

PFRH PROJECT UPDATES

ADVANCE FAMILY PLANNING

**Director: Duff Gillespie, PhD**

**AFP Fosters Locally-Driven Advocacy for Family Planning**

AFP conducted a workshop at the ICFP in Bali for action-oriented advocacy. In the four days leading up to the conference, 22 family planning advocates from 14 countries learned about and applied AFP’s evidence-based, decision maker-centered advocacy approach to strengthen their local family planning efforts. As Duff Gillespie noted, “In 2016, AFP plans to expand its evidence-based efforts and accelerate progress toward the Family Planning 2020 [FP2020] goal of reaching an additional 120 million women and girls with access to family planning. Strengthening the skills and effectiveness of family planning advocates—such as through this workshop—are crucial to this effort.”

Called AFP SMART, AFP’s advocacy approach has led to 150 advocacy “wins”—discrete policy or funding decisions—to advance family planning in 15 countries since 2009. Primarily a South-South learning event, the pre-conference workshop featured AFP partners from the Democratic Republic of Congo (DRC), Kenya, Tanzania, and Indonesia and their experiences of supporting policy, budget, and visibility advocacy wins. Workshop participants received technical assistance and mentorship as they were led through an AFP SMART (Specific, Measurable, Attainable, Relevant, and Time-bound) objectives and a draft action plans specific to their contexts.
They also traveled to Karanganyar district in central Java to observe first-hand how advocacy can improve not only the political environment for family planning in local government but also quality of services delivered by local health staff. Karanganyar’s district head, working group members, and village family planning teams welcomed workshop participants and explained how they became family planning champions. One participant commented, “The workshop has impacted me. [It] left me with a tool to focus my efforts in family planning advocacy without any room of diversion.” Going forward, AFP will continue to provide mentorship to participants as they apply evidence-based advocacy.

In addition to the workshop, in 2016 AFP is planning to expand into Bangladesh and deepen its reach within 9 focus countries (Burkina Faso, DRC, India, Indonesia, Kenya, Nigeria, Senegal, Tanzania, and Uganda).

For more information, please visit the AFP website. http://gatesinstitute.org/advance-family-planning.

**AFP Receives $18M to Sustain and Expand Family Planning Advocacy Efforts**

Advance Family Planning (AFP) was recently awarded a supplemental $18 million grant from the Bill & Melinda Gates Foundation to sustain and expand the initiative. The new funds will supplement advocacy efforts within nine countries (Burkina Faso, Democratic Republic of the Congo, India, Indonesia, Kenya, Nigeria, Senegal, Tanzania, and Uganda) and will support expansion into one additional country, Bangladesh. It brings total funding to $46 million and extends the initiative through 2018.

**CENTER FOR ADOLESCENT HEALTH**

**The Teen Years Explained – Spanish Edition published**

*by Gabriela Calderon Velazquez, MSEd*

The Center for Adolescent Health released the Spanish edition of “The Teen Years Explained: A Guide to Healthy Adolescent Development” or as we like to call it “Los años de la adolescencia explicados: una guía para el sano desarrollo de las y los adolescentes.” The Spanish version of the guide was possible thanks to a collaborative effort between the Center for Adolescent Health and the Division of Mothers, Children and Adolescents from the Department of Health of Puerto Rico. A group of translators, editors and volunteers has adapted the guide for use in Spanish speaking communities.

The guide explains in an easy and concise way topics of interest for the healthy development of teenagers. Each chapter provides scientifically relevant information easy to understand for teens and parents, teachers, group leaders, and caring adults. Each chapter covers a different topic. Without having to read the guide from cover to cover, you can open any chapter that interests you and you will learn about the physical, psychological, social and emotional changes teens experience during those years.

You can access the English and Spanish version of “The Teen Years Explained” on the Center for Adolescent Health website.

http://www.jhsp.h.edu/research/centers-and-institutes/center-for-adolescent-health/training-consulting/training-materials/teen-years-explained/.
The Gates Institute announces the launch of 120 Under 40

120 Under 40 will recognize the achievements of the next generation of family planning leaders. Nominations are now being accepted for family planning leaders, 40 years old and younger, who have made “positive disruptions” in the field of family planning.

All nominees who meet the selection criteria will be displayed on the project’s website, 120Under40.org, which will serve as a platform for these young leaders to share their accomplishments and inspire others. The nomination period will run through April 30, 2016.

For more information, please contact Marianne Amoss at mamoss@jhu.edu.

Global Early Adolescent Study (GEAS) joins with Georgetown University and Save the Children for a new initiative in Kinshasa, DRC

Project Directors: Caroline Moreau, MD, MPH, PhD and Robert Blum, MD, MPH, PhD

Earlier this year the GEAS was awarded a subcontract with Georgetown University that will extend the project into a 3 to 5 year longitudinal initiative and will link the research with an innovative and critical intervention. Specifically, Save the Children will implement its evidence-based Choices curriculum with 1400 school going and out of school young people ages 10 to 14. The primary focus is to address gender norms, attitudes and beliefs that contribute to gender based violence, child marriage, and sexual risks that contribute to HIV and STIs. Using the toolkit of instruments it is developing currently in 15 countries, the GEAS team will undertake a longitudinal study of those who are to receive the intervention and an equal number of young people who do not. Funding for this work comes primarily from USAID with supplemental support from the Bill and Melinda Gates foundation.

For more information, please visit www.geastudy.org.
Performance Monitoring and Accountability 2020 (PMA2020) is a smartphone-based data collection platform implemented by the Bill & Melinda Gates Institute for Population and Reproductive Health in collaboration with in-country research institutions in 11 countries. PMA2020 supports low-cost, rapid turnaround surveys to monitor key family planning and other health indicators, by recruiting and training women from their own communities to collect household and facility-level data. The data are then uploaded directly to a central cloud server, which minimizes entry errors and speeds data turnaround. Data analysis and dissemination follow allowing end-users to access quality information in a timely manner. In November 2015 the project received a supplemental $25 million grant from the Bill & Melinda Gates Foundation to collect additional data from more countries and to expand the breadth of information gathering as well.

Specifically, the new grant will support surveys in Burkina Faso, Ethiopia, Ghana, Kenya, Nigeria, Indonesia, Uganda, Niger, the Democratic Republic of the Congo, India and Pakistan. The additional funds will also be used to test innovations in the data collection system.

Chris Elias, president of the Global Development Program at the Gates Foundation said that PMA2020 data is “informing policies and programs and tracking family planning progress, by providing decision-makers with high-quality, more cost-effective data every 6 to 12 months.”

While the PMA2020 team at Hopkins provides initial training and technical assistance to country partners, over time, the local teams become trainers and advisers to other countries thereby enhancing south-south collaborations.

Through support from Max-Mind, Inc., PMA has been expanded to monitor and assess the impact of schistosomiasis control efforts in Uganda. Plans are also in place to expand data collection on maternal and newborn health, primary health care, and adolescent health.

Oying Rimon said that PMA2020 is “igniting a revolution in how we collect data.” That PMA2020 is part of the “data revolution” is evident.

Melinda Gates, Co-Chair of the Gates Foundation wrote in a recent Huffington Post blog “There is a data revolution going on in family planning that is helping to focus support where it’s needed. It all comes from an innovative smartphone-based system called Performance Monitoring and Accountability 2020 (PMA2020).”

For more information on PMA2020, visit http://www.pma2020.org/.
Urban Health Institute initiates new Leadership Development Program for East Baltimore Young Leaders

Project Director: Robert Blum, MD, MPH, PhD

Through a generous 5-year award from the George and Mary Catherine Bunting Foundation, the Urban Health Institute has begun to develop a training program for young community leaders. Specifically, this initiative is intended to provide the core skills community leaders need to be successful both as individuals and as leaders of their community based organizations.

This training program is envisioned to span a year of intense face-to-face and on-line trainings coupled with two years of mentorship from a senior community leader. While the award is specifically for East Baltimore plans are being developed to bridge with West Baltimore through a partnership with Bon Secours.

For more information, please visit www.urbanhealth.jhu.edu.

RESEARCH IN BRIEF

Saifuddin Ahmed, MBBS, PhD

“Monitoring and Evaluation to Assess and Use Results (MEASURE)”
The estimation of maternal mortality at subnational level is critically important for targeting high mortality areas. However, it is very challenging in many developing countries where the vital registration system is weak. Applying mathematical modeling, the study will examine the trends in maternal mortality at district level in Bangladesh between 2001 and 2010.

Dr. Ahmed will provide technical assistance for collecting data on chronic maternal morbidity conditions, such as obstetric fistula and pelvic organ prolapse, in the Bangladesh Maternal Mortality and Morbidity Survey (BMMS) 2016.

Duff Gillespie, PhD

“Partnering to Expand Contraceptive Access to Youth in Latin America”

Partnering to Expand Contraceptive Access to Youth in Latin America: In January, Advance Family Planning (AFP) and the International Planned Parenthood Federation/Western Hemisphere Region (IPPF/WHR) partnered to launch Ampliando El Acceso (“Expand Access”). The one-year, independently funded project seeks to expand contraceptive access for youth in Colombia, the Dominican Republic, and Mexico by strengthening local advocacy efforts. The goal is to meet young people’s needs for contraceptive information, services, and supplies—much needed in the region.

Cynthia Minkovitz, MD, MPP and Anne Duggan, ScD

“Strengthening Coordination in Home Visiting as Part of the Early Childhood System”

Funded by The Robert Wood Johnson Foundation, this project seeks to advance the building of early childhood systems of care for vulnerable families by strengthening the role of home visiting in coordinating health and human services. The goals of the project are to create a common vision of coordination, a trans-model framework of its multi-level factors, and a set of measures that stakeholders can use to monitor and improve its achievement. The project uses innovative, stakeholder drive implementation and dissemination research methods and will be conducted through the national Home Visiting Applied Research Collaborative (HARC). HARC conducts research to inform policy and practice and advance the national scale up of evidence-based home visiting as part of the early childhood system of care. (www.hvrn.org)
Xiaobin Wang, MD, MPH, ScD

“Early Life Determinants of Obesity in U.S. Urban Low Income Minority Birth Cohort”

This is a NIH funded multi-disciplinary collaborative project by investigators from the Center on Early Life Origins of Disease of PFRH, the Global Obesity Prevention Center, Biostatistics and Pediatrics at the Bloomberg School of Public Health and Johns Hopkins School of Medicine as well as Boston Medical Center. In this project, the investigators will integrate a large prospective Boston Birth Cohort with a Virtual Birth Cohort (computational simulation model) to better understand the complex system connecting early life factors with subsequent childhood obesity and identify modifiable factors that intervention strategies can target. They will also explore the epigenetic mechanisms underlying early life factors and childhood obesity. The impact of this project lies in the potential to inform new and sustainable strategies to reduce the burden of childhood obesity and its consequences in the US urban low-income minorities.

EVENT SUMMARY

Baltimore Youth through a Global Lens: Lessons from the WAVE Study

February 17, 2016 – The Wellbeing of Adolescents in Vulnerable Environments (or WAVE) study was a component of a global Young Health Programme of the AstraZeneca Company. The program’s intent has been to provide the knowledge and experiential bases for improving the wellbeing of adolescents who reside in the poorest sections of their communities worldwide. The Johns Hopkins Bloomberg School of Public Health partnered with Plan International as the implementation partner. WAVE was conducted in the lowest income sections of 5 cities: Baltimore, Delhi, Shanghai, Ibadan and Johannesburg. Each site had a qualitative as well as quantitative component. The qualitative phase collected data from young people and key stakeholders in the community as well as engaged young people in a photo voices project. The quantitative phase interviewed over five hundred 15-19 year olds from each site.

Hosted by the Department and the Johns Hopkins Urban Health Institute (UHI), the event was an opportunity to learn about Baltimore through a global lens.

Dr. Blum gave welcome remarks and a summary of the WAVE study description and findings. We need to systematically describe the health challenges of teens who live in very vulnerable communities – including the five cities from the WAVE study. Importantly, we need to understand that context and where you grow up shapes your health outcomes.

Dr. Mmari talked about “How Context Shapes Health”, highlighting the importance of physical as well as social environments and their influence on health of adolescents.

Dr. Marshall followed with a presentation entitled, “What does Trust Have to Do with it?”. Findings of the study revealed that there are differences in how female and male adolescents trust police and other authority figures, and also sociodemographic characteristics between adolescents who do and do not trust authority.

Dr. Lantos presented results from a study that explores the associations between community violence and sexual behaviors amongst adolescents in Baltimore. Results suggest that experiences of violence in one’s neighborhood are associated with sexual activity; this calls attention the need for further research exploring the developmental underpinnings of both experiences of violence and sexual activity.

Sarah Peitzmeier (PhD student), spoke about findings from an intimate partner violence (IPV) study involving adolescents aged 15-19 in the five cities. IPV victimization and perpetration are both prevalent, even in this young age group, across international settings. Baltimore was no exception. A multisectoral response is needed to work with adolescent men and women to prevent gender-based violence and mitigate its health impact.
Congratulations to our PFRH colleagues who have received the following awards in 2015-2016.

**David Bishai, MD, MPH, PhD**
Professor
Dr. Bishai was honored with the 2015 Golden Apple Award for Teaching from the Bloomberg School of Public Health for his course *Poverty, Economic Development, and Health*. The award is given annually in recognition of excellence in teaching.

**Robert Wm. Blum, MD, MPH, PhD**
William H. Gates, St. Professor and Chair
Dr. Blum is the 2016 recipient of the University of Minnesota School of Public Health Gaylord W. Anderson Leadership Award. The award is bestowed upon a graduate of the SPH 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.

**Kathryn Edin, PhD**
Bloomberg Distinguished Professor
Dr. Edin received the 2015 Research Award, National Fatherhood Leadership Group, for *Doing the Best I Can: Fatherhood in the Inner City* (with Timothy Nelson). She has also received the 2015 New York Times Notable Book of the Year Award for *$2 a Day: Living on Almost Nothing in America* (with Luke Shaefer).

**Cynthia Minkovitz, MD, MPP**
Professor
Dr. Minkovitz will receive the 2016 Academic Pediatric Association Research Award at this spring’s meeting. The award recognizes the highest level of research excellence and achievement in advancing pediatric knowledge.

**David Paige MD MPH**
Professor
Dr. Paige is the 2016 recipient of the Johns Hopkins University’s Heritage Award. The award honors an alumnus or friend of Johns Hopkins who has contributed outstanding service over an extended period to the progress of the University. The ceremony will occur in September.

**Ian Salas, PhD**
Assistant Scientist
Dr. Salas was awarded the Take Stock Hero Award from the Reproductive Health Supplies Coalition. The award recognizes an individual who has made a significant contribution to reducing stockouts on a global, regional, country or local level.

**Amy Tsui, PhD**
Professor
Dr. Tsui, Senior Scholar, former Director at the Gates Institute and a Professor in the department was elected as the new President of the Population Association of America (PAA).

**Sheila Walker, PhD**
Assistant Scientist
Dr. Walker was the inaugural recipient of the Dr. Sachiko Kuno Award for Applied Science, which is designed to support the translation of scientific research into practical and real-world solutions in order to achieve measurable social impact.

**Laurie Schwab Zabin, PhD**
Professor Emerita
Dr. Zabin will receive the Johns Hopkins University honorary degree at the universitywide Commencement ceremony in May 2016. The degree recognizes and celebrates extraordinary human achievement in a way that aligns with the aspirations, values, and commitments of Johns Hopkins University.

**Linnea Zimmerman, MPH, PhD**
Assistant Scientist
Dr. Zimmerman received the 2015 Paul A. and C. Esther Harper Award in Population and Family Health Sciences. Students, colleagues, and friends of Dr. Paul A. Harper, MD, MPH ’47, the first chair of the former Department of Population Dynamics (now PFRH), established this award at the time of Dr. Harper’s retirement. The fund recognizes the student whose dissertation is deemed to be in the top 10% of dissertations ever received by the department.
ANNOUNCEMENTS

Professor Amy Tsui Elected President of Population Association of America

Professor Amy Tsui, PhD, Senior Scholar and former Director at the Gates Institute and a Professor in the department, was recently elected as the new President of the Population Association of America (PAA). PAA is a nonprofit, scientific, professional organization that promotes research on population issues; it has more than 3,000 members. Dr. Tsui assumed her new role on January 1, 2016. Her election was announced on October 7, 2015.

PFRH: Congratulations on your new position! How does this role motivate or excite you in relation to the work you do in PFRH / Gates Institute?

AT: It’s a privilege and honor to be the 4th president-elect of the Population Association of America from Johns Hopkins; and in 2017, I will join Robert Moffitt (Economics), Andrew Cherlin (Sociology) and John Kantner (Population Dynamics) as a PAA president. All of us are closely linked to the PFRH department either in the past or present. The PAA has always provided ample program space for research areas of key interest to the PFRH Department and the Gates Institute—areas such as population change, reproductive health, fertility, adolescent health and development, and family planning. Because the Gates Institute’s work is internationally focused, I am looking forward to seeing how the Department’s and Institute’s research ideas and findings are reflected in the domestic concerns of most PAA scientists.

PFRH: What do you look forward to in this new position?

AT: Learning, learning and more learning. I am not very conversant with public affairs issues in the US and am always in awe of the population research supported by NICHD and NIA or those of other federal agencies, such as NCHS and CDC. The PAA is held in high regard as a scientific organization and relies on much volunteer time and effort given by its members and executive office to ensure government legislative and fiscal and civic bodies are aware of changing US population dynamics, such as aging, migration, and family/living arrangements. These are concerns that cross boundaries and will be relevant to low-income countries advancing to middle- and higher-income status. I am hoping to facilitate a broadened global reach of research presented by PAA members and more provocative exchange of ideas with counterparts in other parts of the world.

PFRH: Is there anything you particularly look forward to as President?

AT: I am looking forward to helping shape the 2017 PAA program that will be held in Chicago where I studied population at the University of Chicago and graduated with my PhD in 1977. Forty years doesn’t seem like a long time to me!

Professor David Bishai Elected President of iHEA

Professor David Bishai, MD, MPH, PhD, Director of the Interdepartmental Health Economics Program and Professor in the department, was elected as the new President of the International Health Economics Association (iHEA). iHEA was formed to increase communication among health economists, foster a higher standard of debate in the application of economics to health and health care systems, and assist young researchers at the start of their careers; it has over 1,500 members from 90 countries. Dr. Bishai’s election was announced on October 30, 2015.

PFRH: Congratulations on your new position! How does this role motivate or excite you in relation to the work you do in PFRH?

DB: I ran for president because I want the organization to do more capacity building through its network of members – to build a mentorship program between younger health economists and senior ones. I want the members to share resources in teaching health economics, and to share best practices and best syllabi. This new position helps me take advantage of my experience as a teacher developing the capacity of students; now I want to develop the capacity of junior
Kristin’s research has focused on two inter-related areas of adolescent health. The first is the evaluation of adolescent health programs, and within that, developing an understanding of the social contextual factors that influence health outcomes of young people. In each of these lines of inquiry, Kristin uses a mixed-method approach combining innovative technologies with quantitative and qualitative methods. In 2014, Kristin joined the Global Early Adolescent Study as the lead qualitative methodologist. As part of that study, Kristin is developing a neighborhood assessment tool using young people themselves to explore gender differences in daily mobility patterns within and outside their perceived neighborhoods, and their perceptions of risk and protection. She is also leading the development of a neighborhood assessment tool using young people themselves to explore gender differences in daily mobility patterns within and outside their perceived neighborhoods, and their perceptions of risk and protection.

This special edition is expected to be published in December of 2016. Kristin is also the Principal Investigator for a two-phased evaluation study aimed at understanding both the implementation and impact of an adolescent health program called “Families Fuertes,” which is an adapted version of the "Strengthening the Families" program which aims to improve adolescent health by improving the parent-child relationship. The program is currently implemented across Latin America by the Pan American Health Organization (PAHO) and the United Nations Office of Drugs and Crime (UNODC). She is also working with Drs. Robert Blum and Caroline Moreau on the Passages Program where she is doing the realist evaluation. Passages is an adolescent health program being implemented in Kinshasa, Democratic Republic of the Congo (DRC) that focuses on changing harmful gender and social norms related to negative sexual and reproductive health outcomes among adolescents. Other research and evaluation studies that Kristin has been involved with is her work with the Center for Adolescent Health on their own evaluation of their activities, as well as an implementation research study that focuses on three different evidence-based interventions to reduce teen pregnancy in Baltimore City. Finally, with funding from HRSA, Kristin and Dr. Cynthia Minkovitz have been working on a 3-year evaluation with Parents Place of Maryland and the Maryland Department of Health and Mental Hygiene (MDHMH) on two initiatives, one focused on children with autism and developmental disabilities; and the second focused on children and youth with epilepsy and seizure disorders.

In addition to her research, Kristin is currently the Chair of the Masters Program which includes four different degrees: a two-year MSPH degree, an MHS degree in Demography; an MHS degree in one of the six Department focal areas, and an MSPH/Peace Corps program. She also teaches two courses: Fundamentals of Program Evaluation and International Adolescent Health (with Dr. Robert Blum).
The William Robertson Jr. Associate Professor of the department, Caroline merges her medical and epidemiologic backgrounds with a focus on reproductive epidemiology. Her research interests extend from macro-level analysis of trends in sexual and reproductive behaviors over time and across populations to micro-level approaches to understanding the biological underpinnings of reproductive health outcomes. She is particularly interested in bridging social science concepts and methods of epidemiology to better comprehend the processes shaping sexual and reproductive health behaviors and outcomes.

Trained as an MD and an epidemiologist in France, Caroline has established strong international credentials in family planning research around emergency contraception (EC), contraceptive use dynamics and abortion. Her ability to cross disciplines, from demography to clinical practice is an essential aspect of her work, which aims to facilitate the translation of research into practice.

An emergent area of Caroline’s expertise lies in the exploration of adolescent sexual and reproductive health. She has investigated social inequalities and other barriers to reproductive health service use among adolescent and young adult women in the US and is expanding her work to understand sexuality development in early adolescence. Specifically, Dr. Moreau is the co-Principal Investigator of a 15-country, 5-continent Global Early Adolescent Study (GEAS) led by Dr. Blum. In this study, Dr Moreau proposes a shift of paradigm from risk avoidance to healthy sexuality, which considers sexuality as an integral component of development. Working closely with developmental psychologist and sociologists, she is leading the development of a cross-cultural gender norms scale in early adolescents and investigating the ways gender norms shape sexuality and subsequent sexual behaviors from early to older adolescent years. Additionally, Caroline is interested both in metrics of family planning and the translation of those metrics into contraceptive decision making. Domestically, she is leading a project using agent based modeling to compare contraceptive adverse events in order to build a decision tool to informed evidence based family planning services in the United States. Her work on family planning metrics also links to her contribution to the Performance Monitoring and Accountability project (PMA 2020) where she serves as technical advisor for Burkina Faso, collaborating with local partners to develop a dynamic nationally-representative monitoring system as part of the 11-country initiative.

In France, she co-leads a number of national projects including FECOND and COSEMIL. The FECOND Project consists of a series of national surveys on sexual and reproductive health in France conducted between 2010 and 2013. The COSEMIL Project is the first national survey on sexual health among military personnel in the French army. Data collection which includes both questionnaires and biomarkers has just been completed and analysis are underway.

At Hopkins, Caroline co-teaches the Reproductive and Perinatal Epidemiology course with Pr. Strobino. Together they have created an innovative forum engaging students in active learning through case and class discussions. Caroline is also committed to student mentoring and enjoys interacting with students from around the globe to support their research projects.
CONVERSATIONS WITH FACULTY

STEPHANE HELLINGER, PhD - Assistant Professor

PFRH: What excites you about being a PFRH faculty member?
SH: There is such a range of research and projects people do in this department and I get to learn from them – for example, research on early origins of disease, family planning in developing countries. The School and the University also have a lot of diversity and many people doing many interesting things. The students are also great – very bright, motivated, and they ask a lot of good questions.

PFRH: Do you currently teach?
SH: I just started teaching this term (“Fundamentals of Life Tables”). The course covers demographic methods, life tables, how to measure mortality in populations and calculate life expectancies, understanding why life expectancies may differ in different populations, causes of death, etc. It’s very exciting to teach on these topics, and it’s very practical coursework. Students can learn how to analyze datasets, write their own programs, and ultimately develop those skills to go on and do their own research.

PFRH: You gave a departmental seminar back in November titled, “Improving Demographic Data in Low-Income Countries: Initial Results and New Directions”. Could you give us a recap of what you talked about?
SH: I’ve been doing research on how to measure mortality in countries where it’s not done as extensively as it is done here in the States. For example, we use surveys to ask survivors whether they have relatives that died recently, what they died of – to use this information to calculate the likely number of deaths. The problem is, people don’t necessarily report this information accurately, so it’s a bit fuzzy in terms of the quality of data to use for estimating rates. So, I do research on how to improve the quality of these data for accurate measurements of mortality. During the seminar, I presented on a reported trial of a recent survey questionnaire, to estimate adult mortality (ages 15 to 60) on causes (e.g. whether it involved causes linked to maternal mortality, death during pregnancy – very important for global health programs). It turns out this survey captured more accurately information on mortality than the currently used Demographic and Health Survey. People reported much more completely the deaths that occurred to their siblings, and this survey reduced the time it takes to complete and also made it more engaging. Hopefully it can be replicated elsewhere.

PFRH: What advice would you give to current students interested in your work?
SH: If you’re interested in demography and similar areas – and you should be interested! – few people take it up and it’s not the most popular field. There are few departments in the US that do demographic research can be much more theoretical and less concrete. So, I really like that aspect of this department where colleagues are always trying new things in order to “protect health, save lives – millions at a time” (to quote the School’s motto). And I can help count the millions!

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PFRH: How did you discover your research passion within the field?
SH: I had the chance to participate in some studies in Africa during graduate school, and I really enjoyed the fieldwork – trying to get better data in settings that are complicated for demographers. That’s what got me interested, not so much the analytical part. It’s really the fieldwork and the data collection aspect, which is what I’m still doing now, and trying to perfect those methods and spending lot of time out there. If you do data analysis by receiving a dataset on your computer, you don’t really know what goes into it, where the bias is, etc. That is very uncertain to me, to just analyze data without knowing how they were collected and produced.

PFRH: What advice would you give to current students interested in your work?
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IAN SALAS, PhD - Assistant Scientist

PFRH: What excites you about being a PFRH faculty member?
IS: The interaction with students and faculty. I’ve had interactions with student Research Assistants, and they’ve been really helpful and brilliant (and doing things better than I would have!). It extends to the work that they do (be it their coursework or dissertation) and I hope to be part of that dialogue with them, as well as benefit from their energy and creativity. The same goes for faculty – they are top-notch, with a lot of experience and knowledge. It’s a pleasure to be able to tap into that. Also the project experience – I didn’t really see myself working on a project that has real-life impact, but I feel like the more I get to know how that works, the more my interest has peaked, and the more I am energized to contribute.

PFRH: How did you discover your research passion within the PFRH field?
IS: From personal experience living in the Philippines, where I think family planning is a very crucial ingredient for economic development but is not receiving the attention it deserves. So my research looks at the connections between family planning and social and economic development and makes the case for investment stronger.

PFRH: What did you think about the 2016 International Conference on Family Planning?
IS: More and more people are subscribing to the view that investment in family planning is very worthwhile and the right thing to do. At ICFP, people’s reception to the idea was evident in the ways they were gathering together to cheer each other on, learning from each other and gathering strength from each other. It was very powerful – it was a magical moment during the closing ceremony. You could sense that everyone wanted to continue [the momentum], wanting to see more, not wanting to leave.

research. I think it’s a major discipline that tackles a lot of future big world problems in terms of population growth, aging, family planning, fertility declines, environmental impact of large populations, climate change, and other areas that really determine a lot of the big questions that the world has to face. It’s an exciting field. Do take it up if it interests you! Be curious, try to understand how the data you analyze are collected, and spend time in the field, talk to people, don’t just sit at the computer. Get out there and understand the field of demographic data and try new things. That would be my advice.

PFRH: Congratulations on winning the 2015 Take Stock Hero Award from the Reproductive Health Supplies Coalition! Did winning this award motivate you, and if so, in what ways?
IS: I was surprised that they would give the award for research because we know that many people in this field already have strong feelings about the work we’re doing but at the same time, we have to look at the hard facts and figure out what the evidence is and the best ways forward, which comes from evidence. So it was very gratifying that they gave that award for the research, and to me. Evidence-based decision-making and advocacy are really crucial in making sure that our voices are heard better, and louder. It was very motivating to see that they value that type of research. And it makes me more inspired to continue working.

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PFRH: What drew you to research in the department and/or the Gates Institute?
IS: For the Gates Institute, it was the singular focus on fertility and family planning and how we’d like to hasten the demographic transition in developing countries. My own research speaks to that importance.

IAN SALAS, PhD - Assistant Scientist

PFRH: What excites you about being a PFRH faculty member?
IS: The interaction with students and faculty. I’ve had interactions with student Research Assistants, and they’ve been really helpful and brilliant (and doing things better than I would have!). It extends to the work that they do (be it their coursework or dissertation) and I hope to be part of that dialogue with them, as well as benefit from their energy and creativity. The same goes for faculty – they are top-notch, with a lot of experience and knowledge. It’s a pleasure to be able to tap into that. Also the project experience – I didn’t really see myself working on a project that has real-life impact, but I feel like the more I get to know how that works, the more my interest has peaked, and the more I am energized to contribute.

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LINNEA ZIMMERMAN, MPH, PhD - Assistant Scientist

**PFRH: What excites you about being a PFRH faculty member?**

LZ: The broad array of interests and expertise in the department. There are so many opportunities to engage in new and innovative research across a wide variety of topics.

In the past two years, I’ve had the chance to participate in two large global studies, one that monitors family planning (PMA2020) and one focusing on very young adolescents (GEAS), while also leading a maternal and neonatal health study and working on grant development for two other potential studies, all with different faculty. Every faculty member has expertise in a different field or methodology and it’s exciting to collaborate and learn from others while advancing science and improving lives.

**PFRH: How did you discover your research passion within the PFRH field?**

LZ: I lived in Internally Displaced Persons camps in Uganda during my MPH fieldwork as a student at Emory. When I was there, there was a huge focus on water and sanitation campaigns, vaccinations, and food security but almost no attention to reproductive health or family planning. Women were living in incredibly unstable situations but without opportunities to delay or limit childbearing if they wanted to. Working there inspired me to work in family planning and reproductive health, focusing particularly on bringing services to the most vulnerable women.

**PFRH: What drew you to research in the department and/or the Gates Institute?**

LZ: The faculty at both PFRH and in the Gates Institute. They are leaders in their field and it’s exciting to learn from them. The Gates Institute is constantly growing and innovating, pushing itself and its affiliated faculty to be creative and collaborative. It’s also exciting to be able to contribute and be viewed as a colleague.

Some recommend not working at the university where you got your degree because faculty might still see you as a student. I haven’t had that experience. The faculty I work with recognize my unique skillset and that I can bring insight to the research process.

**PFRH: What did you think about the 2016 International Conference on Family Planning?**

LZ: The moment that really stands out to me is the International Youth Alliance for Family Planning (IYAFP) performance at the end of the conference. The youth delegates brought so much energy and enthusiasm. Engaging youth, hearing their opinions, and empowering them to advocate for family planning is the best way to reach adolescents. We need to bring services to those that are just entering their reproductive years, when they need information, support, and youth-friendly services most, and who is in a better position to tell us what they need than the youth themselves?

**PFRH: What did you think about the 2016 International Conference on Family Planning?**

LZ: Stick with it. There are so many times that you will consider chucking it all and opening a surf shop somewhere (at least that was my escape dream), but it is worth it.

When you are done, you will have a great degree from a world-renowned university. It will open so many doors and opportunities. Speaking of doors, don’t be afraid to knock on them while a student. If you’re interested in a faculty member’s work or a specific project, just introduce yourself.
Congratulations to this year’s PFRH Honors and Awards Recipients

**Apgar/Bramley/Clifford Award**
*Maternal and Child Health*
Mengmeng Li

**Cheryl Alexander Memorial Fund**
*Adolescent Health*
Lauren Okano

**John R. and Alice Chenoweth-Pate Fellowship**
*Maternal and Child Health/Health of Women & Mothers*
Amanda Gatewood
Jessica Jones
Bolanle Olapeju

**Caroline Cochran Scholarship Fund**
*Population and Reproductive Health*
Blair Berger
Sahnah Lim

**Donald A. Cornely Fund**
*Maternal and Child Health*
Yuelong Ji
Mengying Li

**Edward J. Dehne Award**
*Population Studies*
Abigail Greenleaf

**Fellowship in Family Planning and Reproductive Health**
Suzanne Bell
Meghan Gallagher
Susannah Gibbs
Anna Kaagesten
Leah Koenig

**Bernard and Jane Guyer Scholarship Fund**
*Maternal and Child Health*
Ramkripa Raghavan

**Paul A. and C. Esther Harper Award**
*Population and Family Health Sciences*
Lawrence Reid

**Kann Trowbridge Fund**
*Family Planning and Reproductive Health*
Celia Karp
Sara Riese

**Young J. Kim Memorial Scholarship**
*Demography and Population Studies*
Ifta Choiriyyah

**Dr. Michael Koenig Memorial Fund**
*Family Planning and Reproductive Health*
Sarah Peitzmeier

**Jean and Sidney Silber Award**
*Adolescent Health in Baltimore City*
Lilly Sussman

**Carl Swan Shultz Fellowship Fund**
*Reproductive Health, Family Planning, Demography or Reproductive Biology*
Sally Dunst

**William Endowment**
*Maternal and Child Health*
Sara Riese

**Laurie Schwab Zabin Award**
*Family Planning and Reproductive Health*
Abigail Greenleaf
Ann Herbert
AMAZING ALUMNI SERIES

In celebration of the Johns Hopkins Bloomberg School of Public Health's 100th anniversary, PFRH established an Amazing Alumni series. Over the course of the year, several alumni were honored and invited to our Wednesday Seminar lunches. Esther Pak, Communication Specialist for the PMA2020 project at the Gates Institute, sat with our alumni as they share where their education has taken them.

Dr. Petersen is Senior Associate Vice President, USF Health; Dean, College of Public Health; Professor of Global Health at the University of South Florida. In addition, she is Chair of the Council on Education for Public Health; and Chair-Elect of the Association of Schools and Programs of Public Health. She received her MHS and ScD degrees at Johns Hopkins School of Hygiene and Public Health. In 2011, she received a Distinguished Alumni Award from the Bloomberg School.

In September 2015, Donna was our first honored alumni. Her talk, My Collision with History: MCH and the New (Old) Population Health, was framed around the idea of change, with regard to a leader as a master of change, and that both science and politics are needed to make change. She spoke of a “new population health” that is distinct from public health in that the former has a broader mandate and includes multiple determinants of health outcomes, including health care, social environment, income, education, social support, urban design, air, behavior, etc. For our fields of population, family and reproductive health, and maternal and child health in particular, she argued, we can bridge the divide between the clinical and public health sides. Dr. Petersen mentioned the challenge of delayed gratification when working in maternal and child health, in that everyone else in the world is a “marshmallow eater” (referencing the classic “Marshmallow Experiment” measuring self-restraint and delayed gratification) in that they are not able to wait the long term to see the changes occurring in health outcomes. She argued that opportunities and efforts to create change in the health of people are long-term processes.

PFRH: Can you share some memories you had when you were a student here?

DP: The ninth floor cafeteria; because faculty ate up here, students ate up here, and we all ate up here. It was the one place to eat. It was crowded. You could walk up to a professor sitting alone and start talking and it was okay because that was the culture. You could talk to them either about coursework or just talk to them about anything, which was amazing. There is no place like this where you can sit and interact with people from all over the world. That's the
type of faculty we have at the school and in the department; they were so available and still are.

**PFRH:** Is there a course from the [then] department of Maternal and Child Health (MCH) that you particularly remember?

**DP:** Dr. Don Cornely was the Chair of MCH when I was here. He taught a two-sequence class. It was about how to build the evidence-base, advocate for change, move policy, etc. He had worked in a health department so he brought that applied perspective. They were very difficult courses, and he was a brilliant man. I remember being terrified of those courses but they were some of the best I took.

I also remember taking courses like Epidemiology, Biostatistics, and MCH, Health Administration, and the Biological Basis of Public Health all in my first term. And I didn’t know anything. At the time you could not get in without a clinical degree. I’m not joking, I still don’t know how they let me in here and why [since I wasn’t a clinician]…! But they did. I told the MCH instructor that I don’t understand any of the epidemiology. They were using clinical examples for everything. So she would look at my lesson, and translate it into examples that I could relate to, and then I could understand the concept. She met with me every week for many weeks. Then I finally realized – it didn’t matter what the example was. I had been going over to the Welch library, learning all the terminology, all the diagnoses and the clinical terms – but I didn’t have to! She showed me how to learn the concepts. She’d say, “Let’s think about it this way and that way” – until I finally realized, oh, I can do this! That’s the kind of faculty we have in the department.

**PFRH:** You have had many, many accomplishments. Does any one stand out?

**DP:** I have been so fortunate throughout my career to have worked with amazing people. For example, when I went to the Minnesota Department of Health to direct the program for children with special health care needs, I walked into a very clinical culture – people worked incredibly hard but their focus was on the disease or the condition, not the child and not the family. I had spent several years encouraging them to think more broadly and more creatively. We had a child on the program with Prader-Willi Syndrome who lived in a very rural part of the state on the corner of two state highways. His mother was petrified he would run out of the house and get hit by a truck. Where earlier they would have perhaps recommended respite care or sedatives, they came to me and suggested we buy the family a fence. I almost fell off my chair! This is the power of a comprehensive MCH perspective.

**PFRH:** What advice would you give to current students?

**DP:** Everything in life is built around relationships. While you are at this fabulous institution, as great as the courses are, what really makes Hopkins unique is the incredible array of people that converge here. Make as many friends as you can, listen to everyone else’s opinions especially if they are different from yours, and practice being a good colleague. No one likes group projects but they are your best preparation for the rest of your life. I learned that I am very impatient and can be bossy – neither one of those traits makes for someone other people like to work with! So I learned to temper those qualities and to yield to others.

**PFRH:** What do you foresee as challenges or opportunities in the field of population, family, reproductive, maternal/child health?

**DP:** To me, the biggest challenge has always been that in our field, the “return” on the “investment” is so far out into the future that it is difficult to sustain interest and resources to do what needs to be done. Too many families around the world live impoverished lives, both because they are living in poverty but also because not having money means they lack access to everything else that nourishes their souls. One of my favorite authors is Charles Dickens; and one of his best lines comes from *A Christmas Carol*. The ghost of Christmas present is saying good-bye to Ebenezer Scrooge and he points down at his feet where two starving children sit beneath his robes. He says something like “This boy is Ignorance, this girl is Want. Beware them both but especially this boy”. He is saying that ignorance is the root of all social ills (Dickens was a great social reformer) and so we must seek to bring knowledge and wisdom to everyone but we can’t do that without also addressing the economic realities in which people live.
Dr. Chandra is director of RAND Justice, Infrastructure, and Environment. Prior to her position as JIE director, she served as director of RAND’s Behavioral and Policy Sciences Department. She also continues to lead studies on civic wellbeing and urban planning; community resilience and long-term disaster recovery; effects of military deployment; health in all policies; and child health and development. Anita received her DrPH from the Johns Hopkins Bloomberg School of Public Health in Population and Family Health Sciences, Maternal and Child Health.

Her Amazing Alumni talk was entitled *Towards a New Vision and Set of Expectations for Health: Implications for the Future of Analysis and the Workforce*. Her presentation opened with a reference to the Robert Wood Johnson Foundation report *Building a Culture of Health*, which she and RAND were intimately involved with creating. She emphasized the need to expand health to include wellbeing, but also beyond – to think about priorities, which starts to blend how to address the physical and social environments that prioritize health in important policy discussions. Addressing the question, “Why culture?” Anita explained that culture is a meaningful construct in the context of health, in that it requires thinking in terms of systems analysis, integration with existing movements (e.g. sustainability, livability, wellbeing, resilience), unusual partnerships and collaborations, as well as thinking about change as a long-term, sustained process. In other words, a culture of health is a generational concept, with a 20+ years mindset, requiring rigorous training and science to think of new kinds of operations research and systems alignment to effect meaningful change.

Addressing the question of “What does a ‘culture of health win’ look like?” Anita discussed the need to change the narrative and national discourse on health and wellbeing – which should not be segregated in health behavior change silos. Achieving a culture of health win requires framing issues in policy and local and global narratives in different ways, building skillsets in the ability to broadly link concepts, making robust decisions in the face of uncertainty, understanding distributed knowledge pathways – all of this takes rigorous practice and exercise in order to truly effect change.

**PFRH: What memories do you have from your time as a student here?**

**AC:** I had a really great cohort. All of us [doctoral students] came in with a fair amount of life and work experience. We used to talk all the time about our experiences, both personally and professionally, and even globally (e.g. experiences at organizations like WHO and UNICEF). Camaraderie is important; bonding is also important – in fact, we started the department’s student group DSA (Department Student Assembly), which is still here! DSA started at the end of my first year. It was a place we could talk about issues from policies and procedures of the department; and we held this group very dear. The faculty had a great spirit – esprit de corps.

**PFRH: Your cohort founded DSA!**

**AC:** It’s great that DSA still exists today and is co-led by Master’s and Doctoral students, with a mentorship process and community service activities, and social activities as well. DSA is a great resource for helping to gather collective perspectives to strengthen the department’s cohesion. It was really a grassroots movement!

**PFRH: What extracurricular opportunities did you pursue?**

**AC:** I was very involved in the community – I worked on projects and ideas above and beyond my dissertation because they were meaningful to me. I worked with people in the city of Baltimore, the Women’s and Children’s Health Policy Center (WCHPC), and the Center for Adolescent Health. Applied opportunities make it real – they really made a difference for me. That’s when it all comes together.

**PFRH: What advice do you have for current students?**

**AC:** Get involved in debates, and ask yourself the important questions: “What room do you want to be in?” “What conversations do you want to be part of?” And then ask how are you going to get there in regards to research and analysis. I wanted to be in the room when real conversations about equity and social justice were being...
discussed in the context of health and wellbeing. I thought about what was really bugging me about health in America. Figuring out who you want to influence and affect – that’s what gets people in the mindset to have impact. A good piece of advice is to really hone those debate skills, which is usually best developed when you talk to people who disagree with you. Most people want the same outcomes, but the mechanisms are different; learn how to deconstruct an argument and research it – understand the nuances. A very practical example is to take the King v. Burwell case or some other policy and argue both sides of it.

Dr. Bachrach is Research Professor in the department of Sociology and Maryland Population Research Center at the University of Maryland, College Park. She co-directs the Robert Wood Johnson Foundation’s Health and Society Scholars Program, a fellowship program in population health. Before going to the University of Maryland, Chris was Acting Associate Director for Behavioral and Social Sciences Research at the NIH. Throughout her illustrious career she was also Chief of the Demographic and Behavioral Sciences Branch at the National Institute of Child Health and Human Development. She has served as President of the Population Association of America and Chair of the Population Section of the American Sociological Association. A demographer by training, Dr. Bachrach received her MA in Sociology from Georgetown University and her PhD in Population Dynamics (now the Department of Population, Family and Reproductive Health) from Johns Hopkins.

Her current interests focus on the development of infrastructure for population health science. Population health science is an interdisciplinary field that addresses how multiple causes operate at different levels to influence health, with an emphasis on how social and physical environments impact health directly and indirectly through their effects on cognition, behavior, and biology. She currently serves as (volunteer) Managing Director of a newly developing scientific association, the Interdisciplinary Association for Population Health Science.

In Dr. Bachrach’s Amazing Alumni talk, The Science of Population Health she observed that the “field” of population health is less a field and more of a movement or an approach. The use of the term population health is expanding (evident from a massive increase in its use in online search engines), but communities are using the term in different ways. For example, the medical community often uses it to refer to health care management. Causes prompting a “movement” toward population health approaches include declining returns on investments in medicine and a need to rebalance health policy.
PFRH: What memories do you have from your time as a student here?
CB: The relationships with students and how we worked with each other. The workload was horrendous, especially with the quarter system – but the strong, supportive relationships we all had during my PhD helped us all get through.

PFRH: What are some challenges in the field of population health?
CB: We need a better understanding of the mechanisms that link causes of health across levels of analysis. For example, we have lots of hypotheses on why education matters for health, but we need a better understanding of how these pathways operate and fit together and what’s important. We need to integrate social science theory that views the environment as a complex system with dynamics of its own and not as a set of exogenous risk factors. We need to consider the dynamics of micro and macro processes, tipping points, diffusion, and emerging effects when individual factors aggregate up to the group level. We need a revolution in methods. The current toolkit is not fully suited to the questions we are asking.

PFRH: How do you define population health in regards to a “culture of health”?
CB: “Culture of health” is a catchphrase – an easy way is to talk about social and physical environments and other factors which impact health. By referencing “culture,” the Robert Wood Johnson Foundation is adopting a population health framework – one that recognizes that factors at many levels contribute to health, that approaches to improving health must be undertaken across the many levels and sectors, and that it is our human-made culture – our understanding of health and how to improve it, our habits of thinking and practices in the domain of health – that needs to be shifted in order to make real gains in population health.

PFRH: You have many, many accomplishments – do any stand out in particular?
CB: Here’s one example where I was part of something that makes me proud. The National Center (now Institute) on Minority Health and Health Disparities at the NIH is a leader for health disparities research. Around the early 2000s, many of us in the behavioral and social sciences at NIH felt that its focus was largely on clinical care and that this addressed only a small part of the problem. We got together and held a conference on the social and behavioral determinants of disparities, and this prompted the NIH Office of Behavior and Social Sciences Research to develop a program announcement on health disparities research. Lots of institutes at the NIH signed on. By the time I left NIH in 2010, $128 million was given to health disparities research as a result of the announcement. This was a major investment – much larger than investments made as result of other initiatives I was involved with that were time-consuming and bureaucratically complex. I was really proud of the health disparities initiative because we saw a problem, went under the radar screen to solve it, and made a big impact. Another thing I am proud of is my role in the Robert Wood Johnson Foundation’s Health and Society Scholars Program, which I am co-directing.

PFRH: Do you have any advice or words for current students?
CB: If you’re interested in population health, remember that it is not a discipline – disciplines tend to have boundaries. Population health is an approach to building knowledge by intersecting disciplines and different sets of expertise. Advancing population health science is hard. There hasn’t been as much investment in this area as in the biomedical sciences, so there is still a lot of basic building to do. It’s hard because you can’t rely on experimental studies to develop causal evidence. It’s hard because your colleagues speak different scientific languages and come to the table with different priors on how to do science. It’s really challenging – but that’s what makes it fun.
Andreea Creanga, MD, PhD ‘09

Dr. Creanga is an Assistant Professor in the Department of International Health as well as an Associate Director for the International Center for Maternal and Newborn Health here at Johns Hopkins University. On February 17, Dr. Creanga gave her Amazing Alumni talk entitled *Maternal Mortality and Severe Morbidity in the United States.*

She received her MD from the Carol Davila School of Medicine in Bucharest, Romania and her PhD from Johns Hopkins University in Baltimore. She has worked for the Bill & Melinda Gates Institute for Population and Reproductive Health as a Research Assistant throughout her PhD studies and is very proud of having been involved in the Institute’s work. Upon graduation, she moved to Atlanta, Georgia where she spent five years working at the Centers for Disease Control and Prevention’s Division of Reproductive Health, first as an Epidemic Intelligence Service (EIS) Officer and then as a Senior Scientist leading the national Pregnancy Mortality Surveillance System. During her time in Atlanta, she was an adjunct professor at the Emory School of Public Health. She was awarded (among 102 researchers nationwide) the 2012 Presidential Early Career Award for Scientists and Engineers, the highest honor bestowed by the United States government on outstanding scientists and engineers in the early stages of their independent research careers.

During the seminar, Dr. Creanga talked about trends and patterns in maternal mortality and severe morbidity in the United States. She noted that maternal mortality has not declined in the United States for more than 25 years, but also emphasized significant improvements in the ascertainment of maternal deaths over time (e.g. the switch to the 10th revision of the International Classification of Diseases (ICD) for classifying causes of deaths in 1999, the introduction of a pregnancy checkbox on the standard death certificate in 2003). She noted changes in the distribution of causes of maternal mortality in recent years and the emergence of cardiovascular conditions and other chronic medical conditions as important contributors to mortality. To estimate severe maternal morbidity, Dr. Creanga and her colleagues at the CDC developed and used an ICD-based algorithm to identify women with diagnosis and procedure codes consistent with 25 conditions that likely represent severe maternal events during delivery hospitalizations. Nationwide Inpatient Data are used to examine trends in severe morbidity at the national level. Data show that severe maternal morbidity during delivery hospitalizations more than doubled between 1998 and 2011, with blood transfusion as an indicator for obstetric hemorrhage, hysterectomy, and eclampsia contributing about 75% of all morbidity. For both maternal mortality and severe morbidity, Dr. Creanga’s research documented striking and persistent racial disparities – when compared to white women, black women had a 3-4 times higher risk of dying from pregnancy complications and a 2 times higher risk of developing a severe complication during the delivery hospitalization. During her presentation, Dr. Creanga also noted a couple of other factors that may be contributing to both the disparities observed, but also to the fact that nationwide, pregnancy is not getting safer for women: women are delaying pregnancy, significantly higher percentages of pregnant women have chronic medical conditions, and there appear to be considerable differences in the quality of care offered to women in various hospitals. All these factors were recommended for closer examination by future studies.

PFRH: *What memories do you have as a student here in the department?*

AC: I worked as a research assistant at the Gates Institute throughout my PhD and was involved in many of their projects, mainly in Africa – so lots of memories. I got to travel to several African countries, collect primary data, and work on secondary data analyses with Gates Institute affiliated faculty. I did my dissertation research in Kumasi in Ghana, and remember sharing a small room for 4 months with my friend, Dr. Hilary Schwandt, who was working on her dissertation there as well. I also remember being at school around 9pm one night working on a project for which I was using an impressive number of DHSs – indi-
Individual datasets were ready to be merged for the final, pooled analysis, but they were too large and my computer crashed – I started to laugh so hard, this was after 5-6 hours of continuous work, that a few of the other students who were around that late came to my office to check if I was all right – they weren’t sure if I was laughing or crying, I don’t think I knew either. We completed that analysis a few weeks later and published in PlosOne – I think I also got a new computer out of it.

**PFRH: Did you consider public health during your initial training?**

AC: No, I considered public health after being exposed to the summer institute training in research methods at the Gates Institute. Public health is not emphasized in medical schools in Romania, clinical practice is, so I was training for a career in ObGyn. As scientist, I’m the product of the Carol Davila School of Medicine in Bucharest and of the Gates Institute at Johns Hopkins – I do not see how I could have learned so much in public health in so little time if not by working with Gates Institute faculty, primarily, Prof. Amy Tsui who was my PhD advisor, but also Profs. Duff Gillespie, Cynthia Stanton, Saifuddin Ahmed, and Stan Becker. All the coursework at Hopkins helped, but I got to practice what I learned in the classroom by working at the Gates Institute.

**PFRH: What are some challenges and opportunities in the field of population and reproductive health?**

AC: Lack of data is, in my view, one of the most important challenges for reproductive health scientists – one cannot make actionable, clinical or policy recommendations without high-quality, valid, reliable, complete, and timely data. On the other hand, there are opportunities to obtain such data and to use it to inform current programs or develop new programs. And, new technologies can be used to improve data collection and to implement new methodological approaches to better understand the health needs of specific segments of the population in real time and to disseminate information widely.

**PFRH: Do you have any advice you would give to current students in the department?**

AC: Use all the experience you gained before graduate school and aim to identify your field of interest early on. Be willing to work hard and gain hands-on experience with research and practice in public health during graduate school. You may be busy with classes and exams, but it is equally important to learn by doing, so take research assistantships, teaching assistantships, work as a community volunteer on projects. Choose your advisors and mentors wisely – personality is important, but at Hopkins you have the opportunity to work with some of the best scientists in the world.

**PFRH: You have many accomplishments – does any one stand out in particular?**

AC: I’m at the beginning of my career with 30 more years of work in front of me and do not consider to have many accomplishments. It is true that at every stage of my training and career I aimed to be my best and to do more that my position at each point implied. Most of this has to do with my personality, but a small part has to do with my being an immigrant – I just have to work hard. And I was lucky to be given many opportunities, both in my home country and here. For example, at Hopkins and at CDC I had the chance of working closely and learning from some of the best in my field – if only to name Amy Tsui and Bill Callaghan – I can only hope to one day be to my students what Amy and Bill are to me – amazing mentors and models of quiet leadership. In terms of work opportunities, I had the chance of working on numerous international projects with the Gates Institute and on interesting epidemiologic investigations as an EIS officer at CDC, of leading surveillance for maternal mortality at the national level at CDC, and developing new areas of scientific interest for the Division of Reproductive Health at CDC. I hope to continue to do interesting work in my current position in the Department of International Health here at Hopkins.
Dr. Ruth Levine, a development economist and expert in international development, global health, and education, serves as the director of the Hewlett Foundation’s Global Development and Population Program. Before joining the Foundation, Dr. Levine was a deputy assistant administrator in the Bureau of Policy, Planning and Learning at the U.S. Agency for International Development (USAID). In that role, she led the development of the Agency’s evaluation policy. Dr. Levine spent nearly a decade at the Center for Global Development, an international policy research institute in Washington, D.C. There, she served as a Senior Fellow and vice president for programs and operations.

She is the author of scores of books and professional publications, including a recent pair of influential reports from the Center for Global Development on development and adolescent girls: *Girls Count: A Global Investment & Action Agenda* and *Start with a Girl: A New Agenda for Global Health*. She also is co-author of the highly regarded report *When Will We Ever Learn? Improving Lives through Impact Evaluation*. Dr. Levine holds a BS in biochemistry from Cornell University and a PhD in economic demography from Johns Hopkins Bloomberg School of Public Health.

Dr. Levine, one of the PFRH “Amazing Alumni”, gave a talk on March 2 at the Bloomberg School as part of the Center for Clinical Trials and Evidence Synthesis Seminar Series. Her talk was entitled *RCTs in Global Development: Following Medicine’s Footsteps or Blazing a New Trail?*

**PFRH: What are the main key messages you want people to take away from your talk, RCTs in Global Development: Following Medicine’s Footsteps or Blazing a New Trail?**

**RL:** Outside of global health, the tradition of evaluation in international development programs has been weak, in large part because we’ve been willing to believe – but not test – strong assumptions about how much benefit for target populations will come from activities like training, building schools, and providing specific services. Although it can be challenging to apply methods, particularly randomization into “treatment” and “control” groups, to estimate the net impact of development programs, impact evaluation is worth the effort and money. We can generate knowledge not only about a specific program, but about some of the underlying mechanisms – the ways people respond to incentives and information – that can help improve the effectiveness of many other investments.

**PFRH: What are some good memories you had when you were a student here – e.g. studies, public health experience, interactions with faculty and colleagues?**

**RL:** While I was at the School of Public Health, I met my future husband and others who would become my closest, lifelong friends – so I certainly have great memories of my time there. In addition to opportunities to meet great people, I am very grateful for the chance to work with Professor Ismail Sirageldin as my dissertation advisor. He was always both tough and supportive, encouraging me to ask some new questions that were aligned with my interests in gender equality in work and family life, but insisting that the work be grounded in strong theory and methods. I also learned a lot from the opportunities to be a teaching assistant in Health Information Systems with Professor Ron Gray, and be on the “user support” team at the computing center. You learn the most when you have to teach it!

I also loved the International Dinners and Talent Shows. I don’t know if those are still held, but it was delightful and amazing to see the foods, fashions and talent from around the world among my classmates.

**PFRH: You have many accomplishments – does any one stand out in particular?**

**RL:** I’m proudest of working with Nancy Birdsall and other colleagues during the first 10 years after the establishment of the Center for Global Development, a development-oriented think tank in Washington, D.C. Being involved in the start-up phase of an organization was incredibly exciting because we were making it up as we went along, and could do so in a way that we thought would improve on existing models for think tanks. We were a small group working with a shared mission and lots of freedom, bringing every bit of
skill and creativity to work every day. The rewards came in seeing CGD become a happy home for remarkably talented people who have developed and promoted sound, research-based policy ideas – many of which have been adopted and are changing the world for the better. Both the current CGD staff and the alumni – particularly the young people who worked as research assistants or program assistance for a few years – are absolutely amazing contributors to global development, and I think CGD has played a role in those careers. During that time at CGD, I had the chance to work on some of those ideas myself, like working on the “advance market commitment” for vaccines, and designing the International Initiative for Impact Evaluation. But the real accomplishment, which is certainly shared with many others, was helping to create an organization that will thrive and contribute, I’m sure, for a very long time. In my current position at a foundation, I see that individual leaders are important, but it’s leaders within strong institutions that can really make a sustained difference.

**PFRH:** What advice would you give to current students interested in the field of global development and/or population?

**RL:** First, make sure your motivation surpasses hero worship or the goal of being a savior. The field of global development, and particularly global health, has more than its fair share of charismatic leaders, some of whom preach a compelling gospel of service and salvation. It has been a boon to the field to have celebrities calling attention to places, people, and problems that in the not-too-distant past were unknown to most Americans. But helping from outside to make positive change in a society is far more complex than any tale of passion and transformation can convey. It’s a long haul with uncertain prospects, not a quick route to being a celebrated savior. Second, when you have the chance to get to the field, grab it—and build in time to learn about the fate of development projects from years ago. Even if getting opportunities to travel means doing “grunt work,” like organizing a survey or sorting out the logistics for a meeting, it’s well worth it. The field of global development is a mish-mash of disciplines, from economics to anthropology to public health and more. The unifying feature is that all those who work in development want to affect the reality of people’s lives in far-away low- and middle-income countries. And learning about those countries and the people who live there from books, talks, and Wikipedia doesn’t hold a candle to being there, observing, asking questions about past success and failure, and listening. Third, find ways to learn about and work on social and economic problems in the U.S. This is a good way to escape the trap of magical thinking. We’re all fed a daily diet of news about development programs—from microfinance to girls’ scholarships to childhood immunization—that purport to lift people out of poverty and toward good health and prosperity. Because we don’t personally see the on-the-ground reality or have an intuitive understanding of how complicated it is to sustain gains, those stories reinforce the notion that solutions can be built quickly from money and know-how. I guarantee you that it’s not easier to make progress in poor countries than in rich ones, so getting first-hand experience where you understand the politics and culture can be tremendously enlightening. It is also possible that, while experiencing the highs and lows of working on problems that affect American society, you’ll find that the professional rewards you seek overseas can be found closer to home.

**PFRH:** What do you foresee as challenges in the future for the field of population, family, reproductive, maternal/child health?

**RL:** I think the core challenge is a function of the successes that the field has had. At this point, women in most regions of the world do have access to family planning and other health services, so that’s a huge win. But the women who would benefit from services and are not using them, and the people in countries where access to quality services is still limited, are the very hard to reach – they are in households and communities that are marginalized in various ways, and they are affected by a range of social and economic problems that go far beyond basic health. Many are in countries experiencing or recovering from conflict. So, even more than earlier, we cannot depend on focused, vertical thinking, but really have to think about the whole woman, the whole family, and
about economic, political and social empowerment as well as specific health interventions. I also think that women’s health care is incomplete without access to safe abortion. While progress is being made in terms of greater access to this essential service, that political and ideological objections dominate the compelling health rationale. Again, the solutions are going to lie in the social and political spheres, not only the medical ones.

PFRH: What are some opportunities you see for the field?
RL: I see three big areas where there are great opportunities. The first is in the broad field of data. There’s a growing understanding that we are in the midst of a data revolution; we have the technological capacity to capture information in ways that are much faster, more comprehensive and more interoperable than old-fashioned censuses and surveys. Demographers and others who have the right training to understand how to work with and combine data sets are in a great position to contribute to the appropriate use of data, and they can and should lean into that challenge in a big way.
The second is in the area of contraceptive technologies. Long-acting, reversible contraceptive methods like implants and IUDs are very promising ways for women to control their childbearing. Newer products are very safe and increasingly affordable. The birth control pill gave us one revolution; I think the longer-term methods are poised to give us the next. Finally, I’m very hopeful that the world is waking up to the importance of women’s empowerment, and that there is momentum to really make progress against gender bias and destructive social norms, as well as unfair policies. If that’s the case – if we have an opportunity to advance a set of policies, programs and changes in cultural attitudes that permit women to realize their full potential – then that lays the ground work for immense improvements in the health of women and their children.

Vignetta Charles, PhD, is Chief Science Officer at ETR. Her research focus is on the design of behavioral health interventions related to the intersection of HIV/AIDS, sexual health and mental health. She comes to ETR from AIDS United, where she served as Senior Vice President. Prior to AIDS United, Dr. Charles developed and rigorously evaluated innovative, theory- and evidence-based sexual and reproductive health and HIV prevention programs. She has focused her professional work on issues that disproportionately impact politically disenfranchised communities, with a focus on urban sexual and reproductive health and an emphasis on HIV prevention. Other previous work experience includes serving as the national health educator for the Commonwealth of Dominica, West Indies, initiating a teen pregnancy prevention portfolio for the William and Flora Hewlett Foundation, and coordinating HIV and pregnancy prevention programs in both San Francisco and Oakland, California.

Dr. Charles is an alumna of the University of California at Berkeley for undergraduate work, the Harvard School of Public Health for a Masters degree in health and social behavior, and the Johns Hopkins Bloomberg School of Public Health for her PhD in the Department of Population, Family, and Reproductive Health in 2009. She currently serves on the Presidential Advisory Council for HIV/AIDS; and is on the Board of Directors for the Center for Health and Gender Equity (CHANGE) and the Sexuality Information and Education Council of the United States (SIECUS). On March 9, 2016, Dr. Charles gave her Amazing Alumni talk entitled Diverse Strategies to Address the Intersection of Women, Violence and HIV in the U.S.
PFRH: You are Chief Science Officer at ETR. What is ETR and can you explain, in a nutshell, what do you do in your current role?
VC: ETR stands for Education, Training, Research. We design science-based solutions to improve health outcomes and address disparities, primarily in youth populations (although some of our HIV and workforce efforts go beyond youth). ETR has a unique business model where we commercialize many of our health education products (curricula, pamphlets) and the profits are re-invested into ETR for innovative mission-driven research, training, and evaluation that may not be able to have nimble or fast funding from external sources.

PFRH: What is/are the key message(s) you want people to take away after having heard your talk?
VC: From the content area, the intersection of HIV and violence/trauma for women, I wanted to highlight the alarming statistics and the egregious disparities that are impacting the health and well being of cis-women living with, or at risk for, HIV/AIDS. I also wanted to make a connection to a broader definition of women, specifically transgender women and (from the little we know) about the impact of this intersection on the health and wellness of transgender women. I also ended with a call to action to explore this intersection more aggressively with young, African American men who have sex with men who, from what we know, are experiencing trauma and violence and it is having an impact on their ability to avoid HIV acquisition if HIV- and, if HIV+, retention in care. I presented the intersection through multiple professional roles I’ve had and multiple audiences in which I’ve chosen to highlight this work. I did so because I would like the participants to understand that there are many ways to translate your research for broader impact. Those avenues are not always initially obvious from how we are trained at Hopkins.

PFRH: How did your training at Hopkins prepare you to be a “translator”?
VC: There isn’t a “translation” track at JHSPH. So I learned it by watching and interacting closely with faculty whom I admired. I found that the closer I worked with various faculty members I recognized how much time they spend translating their research—not just into peer reviewed literature or conference presentations or posters, but to much broader audiences with different constituents and a greater impact. Our training is often focused on producing, critiquing, or publicizing our research. However, when you talk to faculty about their roles as thought leaders, or their connections with the media, or connections to influential government officials, it becomes clear that many are supremely skilled at translating their work. I started to ask pointed questions to those who I felt were doing this pretty masterfully; and learning from their example. I also started framing my research questions with a goal of broader translation. That doesn’t mean my Specific Aims weren’t specific. It has meant that I thought about the many different stakeholders who might be interested in my hypothesized outcomes and started engaging with those partners from the initial concept. I also spent time with faculty outside of the department; and I love that Bob/PFRH really and truly encouraged that cross-pollination that enhanced my learning and exposed me to other faculty who may have approached the same research questions differently based on their departmental focus.

PFRH: What memories do you have during your time as a student in our department?
VC: I’m sure you hear this from many alumni. Truly, my favorite memories are with members of my cohort. So many of us have lasting life-long friendships built on those memories of long nights and problem sets and reviewing each other’s dissertation papers, etc.

PFRH: What advice do you have for current students who may be interested in pursuing translation science?
VC: Find work across departments at JHSPH and across schools at JHU. Ask questions about how faculty members are translating their work to different audiences. Consider serving on a nonprofit Board. The research lens is often useful to nonprofits; and your exposure to the amazing work of committed folks doing direct service work will better inform your research and expand your thinking about translation.
**PFRH: What do you see as current challenges in the field of population/reproductive health?**

VC: There remains a divide between advocacy and social justice work and traditionally trained researchers. We see this often in the difference between those professionals who speak out for improved reproductive health outcomes as compared to those who speak out to advance reproductive justice for all. Some of the outcomes are the same, and some of those outcomes may be different, but the tools to advance them can often be similar. For better and for worse, the importance of producing and translating peer-reviewed research is often still a driver in policies and decision making. However, if there remains a disconnect between the justice work and those trained in creating the tools that influence the influential, that is a major challenge.

**PFRH: What are some opportunities in the field?**

VC: As much as the divide I described above is a challenge, it also presents an opportunity for those of us from JHSPH. So many of us come to the field of public health because of our passion to address disparities and commit to using tools of power to advance social justice—we have a major role to play in bridging this divide.

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**ALUMNI REFLECTIONS**

PFRH Alumni talk about their memories as PFRH students, their present position and contributions to the field, and thoughts on challenges and opportunities in the department.

**Koki Agarwal, MD, MPH ’94**

**What is your current role?**

Director for USAID’s flagship Maternal and Child Survival Program and the Vice President for Washington DC Operations at Jhpiego. In 25+ years in the field of population and reproductive health, I have experienced many policy shifts including the International Conference on Population and Development in 1994, but am particularly proud of a unique partnership with Family Planning 2020 (FP2020) to elevate postpartum family planning (PPFP) to a global movement.

**What memories do you have from when you were a student?**

The incredibly strong and supportive Hopkins alumni network. As I've traveled, I've repeatedly encountered Hopkins alumni, also hard at work creating real and lasting change. Also, I can never forget serving as TA for Henry Mosley's “Introduction to Population Dynamics”. I was due to deliver my second child at the end of the semester and my daughter wasted no time in making her appearance – I graded the last paper and went into labor for my personal demographic event!

**What are your thoughts on future challenges and opportunities for PFRH?**

Voluntary and informed family planning contributes to poverty reduction, economic growth and healthier communities. There are many opportunities in the field to make a substantive impact. I am eager to see how the next generation of family planning experts reaches adolescent boys and girls who are unable to access services with privacy and confidentiality.
**Sohail Agha, PhD ’95**

**What is your current role?**
Senior Program Officer, Demand and Behavior Change, The Bill and Melinda Gates Foundation. My most significant contribution to the field is probably in the evaluation of social marketing projects in developing countries. There wasn’t much there on this subject when Dominique Meekers and I started working in this area.

**What memories do you have from when you were a student?**
I enjoyed the Monday department lunch seminars as well as the many excellent classes – particularly one by Connie Nathanson, which covered a range of women and gender issues. I enjoyed working as Research Assistant with Dr. Nan Astone and learned a lot about data analysis. With colleagues Cindy Stanton and Saifuddin Ahmed, I took a special studies class on child survival with Dr. Mosley (who was my PhD advisor), which was outstanding. Probably never have I learned more than in that final year of dissertation analysis and writing and from the insights that he had to offer.

**John Bongaarts, Postdoctoral Fellow (1972-73)**

**What is your current role?**
I have been at the Population Council for 43 years following Hopkins, starting as an associate and currently as a vice president and distinguished scholar.

**What memories do you have from when you were a student?**
The Population Dynamics department had a large group of international students, a renowned faculty headed by Henry Mosley and a shared commitment to a common mission. The field of population studies was still relatively new and Hopkins was at the forefront of teaching and research. As a postdoc I had few responsibilities so I attended some classes, read widely and learned a great deal from my interactions with the faculty and other graduate students. This year provided a strong foundation to my knowledge and understanding of demographic trends and their implications for human welfare.

**What are your thoughts on future challenges and opportunities for PFRH?**
Over the past decades the population field has undergone a massive evolution. In the 1960s and 1970s the emphasis was on rapid population growth and family planning programs. Many developing countries have largely completed their demographic transitions and their policy makers’ attention is increasingly directed at the adverse impact of population aging and the rising flow of migrants from poor and war-torn countries nearby well-off countries. It is important to remember that the population of our planet is still expected to grow to 11.2 billion people in 2100 – an increase of 3.9 billion (from the 2015 population of 7.3 billion). Nearly all of this growth will occur in the least developed regions and especially in sub-Saharan Africa, which is expected to quadruple from 1 to 4 billion between 2015 and 2100. Voluntary family planning programs that help women to avoid unplanned pregnancies are still weak in many poor countries and these countries would benefit from additional financial support and technical assistance.
What is your current role?  
Country Representative/Country Director of UNFPA since 1999. 30 years of experience in development and humanitarian programs in policy formulation, program design, management, implementation, monitoring and evaluation of reproductive health, population and gender. I’ve worked in Bangladesh, Mongolia, Sudan, the Philippines, Indonesia, Turkey, Azerbaijan, Armenia and Georgia on long-term assignment.

What memories do you have from when you were a student?  
Late Professor Tim Baker was my advisor for MPH and Dr. Henry Mosley for DrPH. I came to Hopkins from rural Bangladesh. I loved the learning environment and the cultural diversity at Hopkins. Prof. Mosley taught me to challenge conventional wisdom on key public health issues, particularly regarding maternal and child survival. How do we know that our arguments are evidence-based? How do we interpret statistical data in real life situations in terms of impact and relevance? How do we ensure that the policies we prescribe are informed by field realities? How can our interventions make a difference in people’s lives? Continuing to ask these questions throughout my career in the UN and other international organizations helped many leaders to revisit their policy frameworks.

What are your thoughts on future challenges and opportunities for PFRH?  
We live in a world where humanitarian crisis is an everyday reality. The reproductive health agenda is crowded out in most humanitarian operations despite being one of the important services for women and adolescent refugees and the internally displaced. PFRH could introduce a leadership program for reproductive health managers working in humanitarian crisis in collaboration with the school’s Center for Refugee and Disaster Response, or introduce a program to allow reproductive health program managers in humanitarian crisis to come to Hopkins to share experiences and learn new skills. PFRH students could be attached to humanitarian agencies to gain field experience. One of the neglected areas in humanitarian operations is documenting stories of successful reproductive health programs; the department could play an important role in filling this gap.

What is one thing that was most memorable about your time at Hopkins?  
People - my interactions with my advisor and the Gates Institute team were the most memorable part of my training. Together, they created for me a ‘home away from home’.

Briefly, what have you been doing since your graduation, and what accomplishments would like to report?  
I returned home to my old job, with new skills, and a new determination to make a difference in my own small world. I continue to work closely with resident doctors in Community Medicine and Masters students at the University of Ibadan, Nigeria, doing my best to assist them in enlarging their horizons by walking them through the research process, and encouraging them to have a better appreciation of existing literature. I am currently a co-Principal Investigator on the Performance Monitoring and Accountability 2020-Nigeria project that uses mobile phone assisted surveys to provide regular family planning and WASH indicators for policy and programmatic decision-making.

We have just completed our second of six rounds of data collection. These two opportunities make me happy to wake up in the morning...and do it all over again!

What are your thoughts on future challenges and opportunities for PFRH?  
I think the department should create more networking opportunities for alumni to interact with one another, as well as with current students. I believe this will be mutually beneficial and may open up opportunities for collaboration in research and local or international programs.
Leigh Senderowicz, MPH ’11

What is one thing that was most memorable about your time at Hopkins?
I remember sitting in a lecture in “Issues in the reduction of maternal and neonatal mortality in low income countries” when we learned about “the misoprostol revolution” from guest lecturer Alison Norris. I was so inspired by the talk and the potential of this pill to change women’s health, that I have made researching misoprostol the center of my professional life ever since.

Briefly, what have you been doing since your graduation, and what accomplishments would you like to report?
Right after I graduated, I moved to Burkina Faso, where I worked at the Institut Supérieur des Sciences de la Population at the University of Ouagadougou. There, I was involved with research on family planning, women’s health, and vaccine coverage in the Ouagadougou Health and Demographic Surveillance System. I am currently pursuing my doctorate in Global Health and Population at the Harvard School of Public Health, where I’m still focusing on the themes of women’s health and reproductive justice that I started exploring at Hopkins.

What are your thoughts on future challenges and opportunities for PFRH?
The ever-increasing focus on numerical targets for family planning and reproductive health programs should be a challenge to us all to make sure that we’re keeping women’s stories – our lives, our desires, our rights, our dignity – at the heart of the work we do. It’s all too easy to focus on quantitative indicators that simplify problems and progress into easily digestible nuggets. The Department (and the School) as a whole should continue to valorize and pursue qualitative methodologies and others that capture the depth and nuance of lived experiences, so we can continue to guard against the population control tendencies that are creeping back into the family planning discourse.

Ilene Speizer, MHS, PhD ’94

What is your current role?
Research Professor at UNC Chapel Hill, Gillings School of Global Public Health, Department of Maternal and Child Health. Faculty Fellow at the Carolina Population Center. Evaluation researcher and demographer with focus on adolescent reproductive health, unintended pregnancy, violence and sexual abuse, and family planning. Technical Deputy Director and co-PI on the Measurement, Learning & Evaluation project.

What memories do you have from when you were a student?
Classmates from Bangladesh, Pakistan, India, Nigeria, Palestine, France, and all over the U.S. – all were strong, motivated students and future leaders. I recently caught up with three of them; one leads behavior change communication at the Bill & Melinda Gates Foundation, another directs evidence and evaluation at the Children’s Investment Fund Foundation, and the third is a senior advisor at John Snow Inc. This speaks to the caliber of the students at the Bloomberg School and the PFRH department.

What are your thoughts on future challenges and opportunities for PFRH?
The Population Dynamics department had dynamic (no pun intended!) and acclaimed faculty. I’m honored that they remember me 20+ years later! My dissertation work was overseen by Drs. Henry Mosley and Nan Astone; they taught me so many lessons that I shared with my own students and mentees.

What are you doing now?
Research Professor at UNC Chapel Hill, Gillings School of Global Public Health, Department of Maternal and Child Health. Faculty Fellow at the Carolina Population Center. Evaluation researcher and demographer with focus on adolescent reproductive health, unintended pregnancy, violence and sexual abuse, and family planning. Technical Deputy Director and co-PI on the Measurement, Learning & Evaluation project.

What memories do you have from when you were a student?
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What are your thoughts on future challenges and opportunities for PFRH?
The ever-increasing focus on numerical targets for family planning and reproductive health programs should be a challenge to us all to make sure that we’re keeping women’s stories – our lives, our desires, our rights, our dignity – at the heart of the work we do. It’s all too easy to focus on quantitative indicators that simplify problems and progress into easily digestible nuggets. The Department (and the School) as a whole should continue to valorize and pursue qualitative methodologies and others that capture the depth and nuance of lived experiences, so we can continue to guard against the population control tendencies that are creeping back into the family planning discourse.
What is your current role?
Professor of Epidemiology at the Johns Bloomberg School of Public Health.

What memories do you have from when you were a student?
Socially we students were very connected with our faculty and staff in the Population Dynamics department. I enjoyed meeting faculty at the Farmer’s Market at Waverly every Saturday. I will never forget my advisor Dr. Gray’s keen interest in knowing all the details of data (especially the denominators!). I had data (in a floppy disk...no laptops then) from a 2-year field project in Africa. I had to collect, enter and securely get the data out – it was tough. We ended up publishing 8 papers from my thesis. The first finding was about the association of pesticide use with adverse reproductive health outcomes (not related to my original thesis but interesting nonetheless).

I’m indebted to my professors who taught me the art of research. Indeed the multidisciplinary training I received in Population Dynamics was an important opportunity to know new disciplines like demography. The exposure and training in multiple disciplines complemented my clinical medicine background. My contributions have been essentially in the impact of HIV on morbidity and mortality of African women and children.

What are your thoughts on future challenges and opportunities for PFRH?
Opportunities are always available – though not predictable. Some challenges may be financial – e.g. how to support international students for the type of training that the school provides? Other departments have similar challenges. Nonetheless, Hopkins and PFRH should keep their global outreach strong. As a graduate of the School and the department, I am so pleased to see our graduates in different capacities throughout the world.
Join us as we celebrate the School’s centennial with our kick-off symposium on Thursday, April 28

CHILD HEALTH SYMPOSIUM

Will Innovation and Change in Healthcare Make Children Healthier?
Thursday, April 28 2016 – 2-5pm
Schaffer Auditorium, Sheikh Zayed Tower
Bloomberg Children’s Center
Johns Hopkins Hospital
1800 Orleans Street – Baltimore, MD 21287

Keynote Speaker – Howard Bauchner, MD, Editor-in-Chief, JAMA
Moderator – Josh Sharfstein, MD, Johns Hopkins University Bloomberg School of Public Health
Panel Speakers
Barry Zuckerman, MD, Boston University Medical Center
Tina L. Cheng, MD, MPH, Johns Hopkins University School of Medicine
Cynthia Minkovitz, MD, MPP, Johns Hopkins University Bloomberg School of Public Health
C. Jason Wang, MD, PhD, Stanford University School of Medicine
Darshak Sanghavi, MD, Center for Medicare and Medicaid Services

SEXUAL AND REPRODUCTIVE HEALTH SYMPOSIUM

Celebrating the Past and Future of Sexual and Reproductive Health
Friday, May 6 2016 – 3-6pm
Feinstone E2030
Johns Hopkins Bloomberg School of Public Health
615 N. Wolfe Street – Baltimore, MD 21205

Join us to look back at 100 years of accomplishments and aspirations for the century ahead.
- Hear personal stories
- Test your knowledge
- See SRH videos that have gone viral
- Delight in an original musical performance
MATERNAL & CHILD HEALTH SYMPOSIUM

Advancing Maternal and Child Health: A Foundation for Population Health

WEDNESDAY, MAY 11, 2016
2 – 7 pm
Symposium Featuring

PFRH Journey
- Our department history
- Major research accomplishments
- Current research highlights

2-4 pm
Sheldon Hall - W1214

The Harper Lecture
Advances and Opportunities in Maternal & Child Health

Catherine Y. Spong, MD
Acting Director
Eunice Kennedy Shriver National Institute of Child Health and Human Development (NICHD)

4-5 pm
Sheldon Hall - W1214

Student Posters
- Posters display
- Competition awards during the reception

all afternoon
Feinstein Hall - E2030

MCH Anniversary
- Maternal and Child Health turns 69
- Reception

5-7 pm
Feinstein Hall - E2030

Please visit our centennial page at http://tinyurl.com/pfrh-centennial for a complete list of symposium and events and to register.

Sheldon Hall W1214
Feinstein E2030
Johns Hopkins Bloomberg School of Public Health
615 N. Wolfe Street – Baltimore, MD 21205