The lives of American women—at home and at work—have changed dramatically in the past several decades, challenging the field of maternal and child health to expand its understanding of the meaning of women’s health. Among these changes are: increased ethnic and racial diversity; aging of the female population; increased labor force participation of women, particularly women with children; delay in marriage and childbearing; and a rise in the proportion of female-headed single parent families. These trends contribute to women's predisposition for chronic and mental health disorders, and influence access to health care and personal health beliefs and behaviors.

The 20th century also saw the philosophy of women’s health care evolve to a model that increasingly views women’s health in terms of the totality of their experience across the lifespan, including their expanded social and economic roles and the influence of culture, psychology, and social factors on their health. This biopsychosocial model of women’s health recognizes that health is the maintenance of psychological and social well-being as well as physical health. Within this context, the faculty of the DPFRH focus their research on perinatal health, as traditionally conceptualized in MCH, as well as the health of women over the entire lifespan, including women’s health care utilization; sociomedical risk factors for preterm birth; women’s experience of depression and quality of life in pregnancy, and the physical and mental health effects of women’s multiple roles as employees, caregivers, and parents.

**Emily Agree** is an expert on community-based long-term care for older persons with disabilities in the United States. She examines the impact of family structure on the provision of family care for the elderly in the U.S., along with factors influencing caregivers’ mental health, both areas of study with significance for research into women’s multiple roles. Dr. Agree’s research in this area suggests that increases in educational attainment among women coupled with trends toward delayed childbearing will lead to a greater prevalence of women caring for both elderly parents and children.

**Holly Grason** led the effort to produce *Charting a Course for the Future of Women’s and Perinatal Health.* She is a major contributor to related efforts to examine women’s health care experiences, to develop strategies for improving women’s health data, and to explore the implications of women’s multiple roles in society for their health and for policy initiatives that reflect changing family demographics. Most recently, Ms Grason has been working to develop strategies at each level of the multiple determinants life course framework that emphasize how public policies and public and private sector professional practice can be re-examined to improve outcomes for women.

**Michelle Hindin** is exploring intergenerational issues in a longitudinal study of women and their children who were born in 1983-1984, including the impact of parenting style on adolescent risk behavior and school dropout and the impact of witnessing domestic violence on adolescent mental health. Dr. Hindin also is studying neighborhood and communities factors related to domestic violence victimization using Canadian data.

**Cynthia Minkovitz**’s research includes the impact of managed care on service delivery for low-income women and the effect of employment and caregiving of older adults on women’s health. With Donna Strobino, Dr. Minkovitz has used data from an evaluation of Healthy Steps for Young Children to explore maternal depressive symptoms and their effect on parenting practices, use of well child care, and growth and attained size of children. Dr. Minkovitz also collaborates with Dr. Strobino in research into the effects of women’s multiple roles on physical and mental health.

**Wanda Nicholson** is trained as an Obstetrician/Gynecologist and uses epidemiological and health services research methods to conduct studies in perinatal and women's health. Dr. Nicholson has completed an analysis of the relationship of race and other sociodemographic factors to the use of health information resources and another on the role of race in women’s health care utilization. She also conducts research on risk factors for depression among pregnant women, and on predictors of postpartum visits among mothers. Another major area of Dr. Nicholson’s research involves factors related to the development and treatment of Type II diabetes in women, particularly low-income women.

**Deborah Perry**’s research focuses on developing effective, community-based interventions to prevent depression in women with young children. She is currently investigating the effectiveness of a cognitive-behavioral group therapy approach delivered to high-risk Latina women during pregnancy to prevent post-partum depression. She serves as the director of the Women’s and Children’s Health Policy Center.

**Donna Strobino** has focused much of her research on the social, psychosocial, and biologic risk factors for unfavorable pregnancy outcomes among teenagers, low-income women, African American women, and women who use drugs during pregnancy. Dr. Strobino’s interest in women’s health prompted inclusion of longitudinal measures of mothers’ health in the evaluation of Healthy Steps for Young Children. Drs. Minkovitz and Strobino recently completed a study of the effects of maternal depressive symptoms on the use of health services among children in the Healthy Steps program and currently are analyzing the relationship of maternal depression to parenting practices and to children’s growth up to age two. With Wanda Nicholson, Dr. Strobino examines utilization of postpartum, well woman, and mental health care services.

Please contact dstrobin@jhsph.edu for more information.