From the Chair

Welcome to the spring 2014 issue of PopFam Quarterly, a newsletter designed to keep students, faculty, and alumni informed about the latest developments in the Department. First, I want to extend my congratulations to our 2014 graduates. Your dedication and passion have impressed me greatly during your time with us. I look forward to following your careers, and I encourage you to stay in touch.

It is my pleasure to introduce this issue, which focuses on the Department’s efforts to promote adolescent health, both locally and globally. The past year has been an exciting one for those us who have long championed the rights of young people to access comprehensive sexuality education and health care services. The Affordable Care Act is increasing access to health insurance for young adults and our federal government is providing funding for evidence-based sexuality education programs. Perhaps most significantly, the global health community is increasingly recognizing that adolescents have unique health needs that deserve a special focus. (In the past two years, we have seen the development of new policy initiatives and resolutions addressing adolescence by the UN, the WHO, UNICEF, the World Bank, and USAID.) This is a welcome and urgent change given that young people, aged 10 to 24, now make up 30 percent of our world’s population.

Our feature article describes PopFam’s collaboration on an important new global initiative, spearheaded by The Lancet, through which four leading academic institutions including Columbia University are working to develop a new, intersectoral global framework for promoting adolescent health. I am delighted to represent Columbia in this work.

The issue also provides updates on other important PopFam efforts to promote adolescent health. These include our participation in the Young Men’s Clinic and seven School-Based Health Centers, which are run by New York-Presbyterian Hospital, and the vital work of NYPATH, a PopFam/Physicians for Health project which is building clinician capacity to promote adolescent sexual and reproductive health throughout New York State.
Our program spotlight is on Gender Matters or Gen.M, one of the first gender-transformative teen pregnancy prevention programs in the United States. PopFam Professor Debra Kalmuss helped develop this program and is playing a key role in its evaluation. More information about this work is also provided in the Practicum Spotlight, which shares the experience of two PopFam students who helped with Gen.M’s process evaluation.

Our faculty spotlight is on Professor David M. Frost, a social and personality psychologist, who joined PopFam in 2012. His research is focused broadly on close relationships, sexuality, and health. He has just published some fascinating work on how stigma, prejudice, and discrimination affect the health and wellbeing of marginalized individuals and has a number of exciting new projects underway.

Finally, our alumni profile features Katherine Polin, MPH ’13, who has played a key role in Global Doctors for Choice, a transnational project that is helping physicians advocate on behalf of reproductive health care and rights.

I hope you enjoy this issue and I wish you all a wonderful summer, wherever your plans may take you.

Sincerely,

John S. Santelli, MD MPH
Harriet and Robert H. Heilbrunn Professor & Chair

Feature Article

Adolescents: A Place at the Table

“About half of the world’s population is now younger than 25 years, with substantial proportions in low-income and middle-income countries. How nations harness the contribution of their adolescents and young adults will determine their futures, in terms of economic success and quality of life. Put simply, failure to invest in the health of the largest generation of adolescents in the world’s history jeopardizes earlier investments in maternal and child health, erodes future quality and length of life, and escalates suffering, inequality, and social instability.”


According to the World Health Organization, young people—individuals aged 10 to 24—now make up some 30 percent of the world’s population, the largest generation in human history. It is no exaggeration to say that the future of our global community will depend on the extent to which these young people are able to transition into healthy and productive adults.

While most people correctly associate youth with health, adolescence also poses both immediate and long-term risks.

“This is when it all begins,” explained Professor John S. Santelli, MD, MPH, an expert in adolescent medicine and chair of the Heilbrunn Department of Population and Family Health. “Something like 90 percent of people who smoke start as teenagers but you don’t see the effects until they are in their 50s and 60s and 70s.”

These risks extend far beyond those usually associated with the teen years—e.g., alcohol, tobacco, drug use, and sexual activity.

“Many risks for cancer and cardiovascular disease in later life also start in adolescence,” Dr. Santelli said. “Successful transitions through puberty to relationship formation, marriage, and parenthood set the stage for young people’s own adult health and that of the next generation.”

The current state of global adolescent health is decidedly mixed. Unintended pregnancy, HIV and other STIs, and maternal mortality remain serious challenges for adolescents. According to UNICEF’s 2012 progress report on
adolescents, 50,000 adolescent women die from complications related to pregnancy and childbirth annually, and 2.2 million adolescents are living with HIV. (For its purposes, UNICEF counted adolescents as individuals aged 10 to 19.)

The burden of non-communicable conditions such as injuries, mental disorder, cardiovascular and cerebrovascular disease, diabetes, and obesity have also been increasing dramatically in adolescents. And some 127 million youth between the ages of 15 and 24 worldwide are illiterate, with secondary school enrollment remaining low in the developing world, particularly among girls.

Despite the critical importance of adolescence to future health, this population has been historically neglected in the global public health arena. In part, priorities have been focused elsewhere. Over the past two decades, the global health community has dedicated significant research and investment to improving child survival and maternal health, two areas targeted by investment to improving child survival and maternal health, health focused elsewhere. Despite critical mental disorder and the Millennium Development Goals (MDGs) established by the UN in 2000 to combat global poverty.

The MDGs have resulted in remarkable progress preventing mother-to-child transmission of HIV and vaccinating children against life-threatening illnesses like diphtheria, pertussis (whooping cough), and tetanus. However, similar strides have not been made for adolescents. Indeed, in countries that have seen spectacular progress in child health and survival, the health of adolescents has remained static for decades.

Beyond the focus created by global health policy, the transitional nature of adolescence seems to contribute to its neglect. “Adolescents get lost between childhood and adult health care systems,” explained Dr. Santelli. “The same parent that would feel negligent about skipping their two-year-old’s checkup might not think twice about (missing) the annual checkup for their 13-year-old,” he said.

“But the need for health care is just as great, especially in terms of preventing poor health outcomes later in life.”

New Challenges

Efforts to promote adolescent health in a global context will need to address powerful social transformations that have been shaping young peoples’ lives in recent decades. A wide-spread trend towards later marriage lengthens the number of years during which unmarried adolescents are sexually active, resulting in more sex partners and correspondingly higher sexual health risks. Another fundamental social transformation has been increasing urbanization and migration, which tends to separate young people from traditional social support structures. And, in recent years, the global economic crisis has also contributed to unprecedented levels of youth unemployment, while a digital revolution is profoundly changing the way that young people navigate their lives.

There are also significant conceptual and technical barriers to advancing adolescent health and wellbeing. Within the health arena, programs and policies have tended to focus on specific problems or diseases, without addressing the linkages among these issues. Even more significantly, they have failed to address the social and economic impacts on adolescent health.

“Many determinants of adolescent health lie outside the health service system,” Dr. Santelli said. These include education systems, economic policies and labor markets, health-related legislation, religion and culture, environmental conditions, and opportunities for civic engagement, among others. As a result, he said, “we can’t promote adolescent health without intersectoral engagement.”

Finally, the lack of a global focus on adolescents has been compounded by inadequate data on the health and wellbeing of this population on both country and global
levels. Indeed, most countries do not systematically collect data on adolescents and those that do tend to use a broad brush that does not distinguish among the different developmental stages of young, middle, and older adolescence. And all of these deficits in data collection are compounded by a lack of country- or global-level agencies that are mandated to monitor progress on adolescent health and to use statistical portraits to create the most effective programs and policies.

**A New Way Forward**

Fortunately, the current moment is an auspicious one for adolescent health, with the unique needs of this population beginning to garner unprecedented attention in the global public health arena.

Like many changes that seem to occur suddenly, the current moment is actually the result of decades of research and planning by committed researchers, program developers, and advocates for youth. But a significant milestone can be traced to The Lancet’s publication of two special issues focused on adolescent health. The most recent of these, published in 2012, covered secular trends in adolescent health and development, the evidence around social determinants of health, and the scope for prevention. It also called for action on a range of coordinated strategies, including global data collection, cross-cutting policy responses in programming, and better integration of adolescents into future health agendas for non-communicable diseases, injury, and mental health.

The launch of this Lancet series coincided with the 45th session of the United Nation’s Commission for Population and Development, which was the first time this forum focused on adolescent health. This session was followed by groundbreaking new policy initiatives and resolutions addressing adolescence by the UN, the WHO, UNICEF, the World Bank, and USAID. For example, adolescents were a significant focus of the report of the Secretary General’s High-Level Panel of Eminent Persons on the Post-2015 Development Agenda and the 2013 report of the independent Expert Review Group (IERG) on Information and Accountability for Women’s and Children’s Health.

To leverage these developments, The Lancet brought together four of the world’s leading universities to form the Lancet Commission on Adolescent Health and Wellbeing. These institutions are the University of Melbourne (Professors George Patton and Susan Sawyer), Columbia University (PopFam’s own Professor John Santelli), University College London (Professor Russell Viner), and the London School of Hygiene and Tropical Medicine (Professor David Ross). Other faculty from Columbia include PopFam’s Professor Terry McGovern and Professors Jane Waldfogel and Fred Ssewamala from the School of Social Work.

Together, they assembled a Commission of international experts that is now working to develop a new global

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**THE LANCET COMMISSION: KEY OBJECTIVES**

- To refine the narrative of adolescent health and development in order to integrate new understandings of adolescence from diverse disciplines.
- To synthesize policy and programming priorities across health, education, and other sectors for adolescents in the context of rapidly changing patterns of health and development.
- To develop a framework for global measurement and monitoring that will allow the development of country-level reports to inform policy and programming.
- To determine a set of priorities for further research and evaluation in the promotion of healthy adolescent development.
- To publish and widely disseminate all of this information in a major new blueprint for advancing a comprehensive and integrated global strategy for promoting adolescent health and wellbeing.
strategy for addressing adolescent health and development. The Commission represents a diverse range of academic disciplines including public health, medicine, education, economics, political and social science, behavioral science, and neuroscience, in addition to young people themselves.

Challenged with reframing the way global public health advocates understand and promote the needs of adolescents, the Commission is using a program model that helped advance new thinking on other complex global health topics such as child survival. This program model combines in-depth in-person meetings with intensive research and writing by designated sub-groups focusing on particular themes (see the text box).

The Commission held its first meeting in October 2013 in London, during which the 23 members identified six priority areas for their work (see the text box). Focusing on these areas, the Commission will develop a document that provides concrete recommendations for action on and across these issues.

“It is an ambitious project which is trying to promote an intersectoral approach to adolescent health that is urgently needed and overdue,” said Dr. Santelli, who has just returned from the Commission’s second meeting in Florence, Italy. The third and final meeting will be held in late 2014 in New York City.

The Commission’s approach addresses linkages between access to education and adolescent health. “It recognizes that education for women is a health intervention,” Dr. Santelli explained. This approach also accounts for the unique social, developmental, and biological challenges of adolescence, which differ at different stages. “There has been huge learning [in recent years] in the biology of adolescence,” Dr. Santelli noted.

The Lancet Commission will cull all of this understanding into a blueprint that synthesizes priorities for investment, establishes a consensus on core adolescent health and wellbeing indicators, and determines how global responses to adolescent health and wellbeing should best be coordinated. It will also address the need to harmonize data information systems related to young people, both to increase the availability of comparative information and to ensure that data and evidence guide the policy strategies used to promote the health of the world’s adolescents.

The new global health strategy for adolescents will be published in another special issue of The Lancet and will be widely disseminated by the four University leaders as well as all Commission participants.

“We want to make sure that this work makes a difference and that means we need to make sure that the report reaches all of the key stakeholders,” Dr. Santelli said. This includes major UN and NGO groups working on adolescent health, major funders, and key institutions collecting data on adolescents and young adults.

### THE LANCET COMMISSION PRIORITY AREAS

1. **Adolescence in the Life-course** examines the central question asked by the 2012 Lancet series—why adolescent health matters now, including the history of adolescence and the broader context of health at this life stage.

2. **Promoting Health Equity and Justice** addresses the influence of gender, race, socio-economic status, and disability on adolescent health and wellbeing and needed policy responses.

3. **Increasing Global Visibility, Monitoring, and Accountability** addresses country-level strategies, the availability of data at the country level, and options for filling gaps in data collection.

4. **Strengthening Protective Systems** examines the social systems in which young people grow up and their relationships to health and wellbeing.

5. **Health Interventions and Platforms for Service Delivery** examines the where, when, and who of interventions for adolescent health with a focus on discrete, fundable interventions.

6. **Engaging and Empowering Young People** addresses what matters to adolescents around health and wellbeing and models for effectively empowering young people.
Through all of this work, the Commission aims to spur a major reframing of the way that global program developers, policy makers, and funders view and address adolescent health and to directly influence global and country-specific policies, programs, and data collection efforts related to adolescents.

“We hope to offer recommendations on how to improve science so that we have better data and better understanding of adolescents worldwide,” Dr. Santelli said, “and also to make recommendations for how such science can be used to improve public policy.”

Program Updates: Other Work on Behalf of Adolescents
Since its inception, PopFam has worked to develop innovative programs that address unmet needs for family planning and reproductive health among underserved individuals. These efforts have resulted in programs spanning from its own Upper Manhattan neighborhood to 60 countries worldwide. Updates on three current programs focusing on adolescents follow.

Program Update
NYPATH—New York Promoting & Advancing Teen Health
On any given day, PopFam’s NYPATH project team could be conducting a training for clinicians in upstate New York, developing a new webinar, or updating the quarterly newsletter that the project sends to more than 1,600 clinicians throughout New York State. Founded three years ago, NYPATH is working to increase clinicians’ capacity to address adolescent sexual and reproductive health (SRH). The project team consists of two PopFam physicians, Dr. Erica Gibson, the principal investigator, and Dr. Marina Catallozzi, the project evaluator, Ms. Judy Lipshutz, RN, MSW, the project director, and a program assistant, Wenimo Okoya, a 2014 PopFam graduate.

Conducted in collaboration with Physicians for Reproductive Health, the New York State ACT Center of Excellence, and the New York Society for Adolescent Health and Medicine, NYPATH builds providers’ knowledge and skills by implementing on-site and online trainings, and by serving as a clearinghouse for information on evidence-based programs.

One of NYPATH’s main vehicles for sharing information is its website (www.nypath.org), launched this past year. The site now offers six interactive, CME-certified adolescent health service delivery training modules. It also provides information about clinical tools and innovations in adolescent SRH care, and hosts educational webinars.

“We work very hard to promote evidence-based medicine and best practices for adolescents,” explained Ms. Lipshutz. During the past year, for example, NYPATH has been working to increase awareness that adolescents can safely use the full range of FDA approved contraceptive methods including long-acting reversible contraception, or LARC.

“There has been a lot of research indicating that the new IUDs and implants are the most effective methods of birth control and that they are equally safe for adolescents and adult women,” she said. In the case of the IUD, however, Ms. Lipshutz noted that “we still need to debunk the myths and misinformation about this method.”

As part of these efforts, NYPATH co-sponsored its first statewide teleconference in June 2013 with the New York Society for Adolescent Health and Medicine focusing on providing LARC to adolescents. The project also conducted a webinar focusing on LARC, which attracted 107 participants, the largest number to date.

“These [webinars] are proving to be a very effective method for reaching people,” Ms. Lipshutz reported. Participants simply register for the program, and then are able to listen to
a live presentation and submit questions fielded by a moderator. Other NYPATH webinar titles from this past year include: Providing Adolescent-Friendly Reproductive Health Services; Adolescent Sexual History Taking; Understanding the Family Planning Benefit Program; Providing Competent Care to LGBTQ Youth; and Male Adolescent Health.

While its web presence increases, NYPATH continues to bring its lessons and learning to the field as well. The project conducted 19 on-site CME-approved training programs in all four regions of New York State during the past year, reaching some 280 health care professionals. NYPATH also continues to develop new training materials in response to needs assessments and requests from providers. The project recently created a new training module focusing on the needs of LGBTQ youth (now available on NYPATH’s website), and is currently developing a new module focusing on motivational interviewing, a patient-centered method of counseling that has been shown to help promote behavior change in adolescents.

Perhaps most importantly for NYPATH, the numbers of providers requesting information from and participating in NYPATH programs continues to grow. Stated Ms. Lipshutz, “We are becoming a go-to place for information on adolescent sexual and reproductive health and training.”

Program Update

School-Based Health Centers

Schools have an enormous opportunity to educate young people about their health and to address the sexuality-related concerns that are so central to adolescence. To help schools fulfill this role, the Heilbrunn Department founded and continues to work with seven school-based health centers (SBHCs) run by the New York-Presbyterian Hospital Columbia University Medical Center Ambulatory Care Network.

Located in a variety of middle and high schools in low-income neighborhoods of Upper Manhattan and the Bronx where rates of teen pregnancy have been disproportionately high and access to health care has traditionally been low, these clinics provide comprehensive primary care and preventive care, including physical exams, asthma care, diabetes monitoring, and SRH care. All of the clinics also have full-time mental health care providers who can address both acute and chronic mental health issues.

These clinics are open to students during the full school day and during some vacation weeks; students can schedule appointments or access care as walk-ins. Each year these clinics serve approximately 8,000 young people between the ages of 12 and 18.

“Because our clinics are on location in the schools, we are able to provide a huge variety of medical care and allow students to get back to class and parents to stay at work,” explained Dr. Erica J. Gibson, an Assistant Professor of Pediatrics and Population & Family Health and medical director for the seven clinics.

While parents/guardians must fill out a clinic enrollment form in order for a young person to access routine services young people are never turned away if they present with a problem, Dr. Gibson explained. Students can use self-enrollment to access confidential SRH and mental health services as per New York State confidentiality laws. SRH services include contraception, pregnancy tests, and testing and treatment for sexually transmitted infections. Several of the clinics also have trained onsite health educators who provide counseling to patients and also provide comprehensive sex education in the affiliated schools.

To learn more about the impact of its own clinics on the young people served, Dr. Gibson and Dr. Mara Minguez of the John F. Kennedy SBHC conducted a research study with Dr. John S. Santelli, chair of the Heilbrunn
Department, which compared data from students in an urban high school who had access to a school-based health center with data from students attending a comparable high school that did not have a clinic. The study included more than 2,000 students.

“The students who had access to a school-based health center were better off in a number of ways,” Dr. Gibson said. “They were not only more likely to report having a regular health care provider, but to report a higher quality of care from their provider.” And in terms of sexual and reproductive health services, she said, students with access to a school-based clinic were more likely to have access to the most effective and long-lasting methods of birth control.

**Program Update**

**Young Men’s Clinic**

Whether any individual has access to regular health care depends upon many factors, but the barriers can be particularly daunting for young men from low-income communities. To help connect this underserved population with care, the Heilbrunn Department founded the Young Men’s Clinic (YMC) in the late 1980s. The YMC was one of the first health centers in the United States designed especially for young men and has become a national model.

“Young women’s physiology tends to propel them toward health care—they are looking for birth control or they need to get a pregnancy test—but young men do not have the same drivers to access care,” explained Dr. David L. Bell, MD, an assistant professor for PopFam and medical director of the Young Men’s Clinic (YMC), which is operated by the New York-Presbyterian Hospital Columbia University Medical Center Ambulatory Care Network.

“I tend to compare this need to a tune-up,” Dr. Bell said. “We don’t wait for a car to break down to care for it. We make sure that everything is okay on a regular basis.” Once young men are provided with a truly respectful and welcoming environment, he said, they tend to have plenty of questions and concerns related to their sexual health. “But first, they need to realize that there is no shame and stigma at our clinic,” Dr. Bell noted, adding that young men understand all too well the negative stereotypes that surround their sexuality in our society.

The YMC’s success is a testament to this approach. When Dr. Bell first joined the clinic in 1999, it was open just one evening each week and it served 750 individual patients that year. Today, the YMC operates on a full-time schedule, five days a week, and it served some 3,400 individual patients during the past year. The vast majority were from low-income neighborhoods in Upper Manhattan.
In addition to providing clinical services, the YMC, as a component of the Department’s Young Men’s Health Initiative (YMHI), works in close partnership with other community-based and neighborhood organizations, both as part of its outreach efforts and to connect men with other services or programs they may need. These include GED and workforce development programs, community colleges, and post-prison re-entry programs.

During the past year, the YMHI significantly increased its outreach to adolescents and young adults in Harlem and throughout New York City who have been involved in the justice system, explained Dr. Bruce Armstrong, director of the YMHI, bringing many new clients to the YMC. (The asset map, above, shows the linkages between the clinic and these agencies.) And, as a result of new funding secured from the New York City Council, beginning this summer, five young men from Harlem who have been involved in the justice system will be trained to conduct peer outreach that will connect other young men to clinical services provided at the YMC and Project STAY, a New York City organization which provides services for adolescents and young adults living with or at risk of HIV.

Several of the Mailman School’s MPH students, working as volunteers and through practicum placements based at the YMC, played a vital role in marketing the clinic to justice-involved youth through site visits, group health education, and the development of a quarterly YMHI newsletter, Dr. Armstrong said, adding, “Their efforts made a big difference.”

**Practicum Spotlight**

**Report from the Field:**

Anna Popinchalk, MPH ’14 and Amy Sommers, MPH ’14

Anna Popinchalk and Amy Sommers are both 2014 graduates of PopFam’s Sexuality, Sexual and Reproductive Health certificate. Before coming to Mailman, they both had experience working in sexual health, and both were drawn to Columbia by the innovative new curriculum and the chance to learn programmatic and research skills to apply to their work. They both completed their practicum working on a process evaluation of the Gender Matters (Gen.M) program in Austin, Texas.

Gen.M is a gender transformative teen pregnancy prevention program that was developed by EngenderHealth. Building on literature showing that traditional gender norms can negatively impact reproductive and sexual health outcomes, Gen.M works with male and female adolescents aged 14-16 to help reshape gender norms and promote better reproductive and sexual health outcomes. (For more information on Gen.M, see the Program Spotlight on page 12.)

Gen.M is funded by the U.S. Office of Adolescent Health, which is aiming to develop evidence-based teen pregnancy prevention programs. As a result, the project has robust evaluation focusing on both process and outcomes. PopFam Professor Debra Kalmuss is responsible for Gen.M’s process evaluation and is consulting on its impact evaluation as well.

During their practicum experience, Anna and Amy assisted EngenderHealth staff with the day-to-day logistics of the Gen.M program, conducted fidelity monitoring of the curriculum, and oversaw the participant satisfaction surveys for the program. “Getting the chance to facilitate the satisfaction survey, and then apply the SPSS skills I learned in Quantitative Data Analysis was a great experience, and has played a huge part in helping me realize how much I enjoy data analysis and research,” Anna said.

For both Amy and Anna, the opportunity to put classroom knowledge into practice was exciting. “We had both taken a program planning course in the spring prior to the practicum and we learned about the importance of designing interventions grounded in theory,” Anna explained, “And it’s interesting to see the Gen.M logic
model and watch the program in action as all of the elements were implemented.”

Amy and Anna also played key roles in the program’s process evaluation, conducting in-depth qualitative interviews with male and female youth who had participated in the intervention one year ago. Each interview took 30 to 45 minutes and included a lot of “open-ended questions that allow participants to share their feelings and their experience in detail,” Amy explained.

And both young women were able to qualitatively analyze the data they collected to write their capstone papers in the spring semester, with Anna focusing on the young men and Amy on the young women. “It was a really meaningful experience to collect my own data in the field, and then have the opportunity to analyze it during the qualitative methods course in the fall,” Amy said.

When they weren’t working, both young women made sure to take advantage of everything Austin has to offer. Anna enjoyed breakfast tacos each morning, and Amy couldn’t get enough of the queso dip. They both felt lucky to be in Austin during an exciting time. Anna got to visit the State Capitol and to stand in the gallery during Wendy Davis’ filibuster. In addition to having the opportunity to listen to jazz music on the green while looking at the Austin skyline, this practicum helped both young women connect the concepts they were learning in the classroom with real life experience in the field.

Faculty Spotlight

David M. Frost, PhD

Dr. David M. Frost is a social and personality psychologist who is broadly concerned with close relationships, sexuality, and health. As an assistant professor of population and family health, his research focuses on how individuals and couples psychologically experience intimacy within long-term romantic relationships and the resulting implications for their health and relational wellbeing. Dr. Frost also studies how stigma, prejudice, and discrimination constitute minority stress and affect the health and wellbeing of marginalized individuals. Dr. Frost joined the Mailman School faculty in 2012. He previously worked as an assistant professor and graduate coordinator in the Department of Sexuality Studies at San Francisco State University.

What is your role and range of responsibilities at the Mailman school?

I am mainly involved in research though I do teach two classes. I teach Qualitative Data Analysis in the spring semester, and I co-teach Current Issues in Sexual and Reproductive Health in the fall with Dr. (David) Bell and Dr. (Debra) Kalmuss. I also advise students on their practicum and capstone projects, and I serve on various committees, including the Admissions Committee [for PopFam]. I also coordinate a faculty interest group focusing on the challenges of working with dyadic (e.g., couples, parent-child, and doctor-patient) designs in health research.

How does your research connect with programs and interventions?

Although I’m not directly involved in intervention or programmatic work, the research I do is designed to inform interventions and programs that are aimed at promoting health in marginalized populations. I have long been interested in how social injustice can affect health, and that led me to an interest in how discrimination can impact physical and mental health. A big focus of my work has been on sexual minorities and how interpersonal discrimination and structural barriers can impact health and how this information could be used for policy change.

Can you share an example of research that reflects these interests?

We know from a substantial body of research that stress has a negative effect on people’s physical health. I just published a paper that compared the impact of stress that was related to discrimination on the health of lesbians, gay men, and bisexuals (LGBs), with the impact of stress that resulted from general life stress events that were not related to prejudice. We found that individuals who experienced stressful life events that was caused by
prejudice were about two and a half times more likely to experience a serious health problem over the course of one year compared to those who did not experience a stressful life event related to prejudice. The effect of prejudice-related life events on physical health was significantly stronger than the effect of general stressful life events on physical health, and remains even when we control for demographic factors and lifetime disease histories.

You have done research on relationships and couples with some interesting findings. Can you tell me about this work? I began focusing on same sex couples because there is a lot of stigma directed towards their relationships, but this work made me interested more generally in the impact of being a couple on health and wellbeing. I found the literature on this was primarily in the social sciences and that it was not being taken up in the public health [community]. I also found this literature to be very prescriptive in trying to understand health and relationships. The researchers seemed to be operating with the notion that they knew what a “healthy couple” looks like, but in reality relationships differ so much from one couple to the next that it is impossible to say exactly what a “healthy relationship” is.

I tried to unpack some of this by conducting a study that examined the notion of closeness within couples and its connection to the satisfaction and depression they experienced within their relationships. It turns out that some couples desire less closeness than others and there is no absolute value of what the “right” amount of closeness is in relation to health. What matters is whether each partner’s “idealized level of closeness” matches the amount of closeness that they actually get in the relationship. Whatever those levels are, the alignment between actual and ideal closeness seems to matter more for couples’ health than how much closeness they report feeling.

What are the implications of this research for promoting healthy relationships? These findings certainly recognize that you cannot, as a counselor or therapist, be imposing a prescriptive sense of where a couple should be. I think these findings more than anything point to the need for communication between couples, regardless of whether they are seeking counseling.

Do you have any other projects you are excited about? I am involved in another study, which brings together a couple of my areas of interest. It’s a multi-site study of same sex couples and the experience of minority stress that is being funded by NIH. It’s a five-year study of how male and female couples experience unique forms of prejudice and discrimination because they are couples. We’re testing how these unique couple-level “minority stressors” might have an impact on couples’ health above and beyond what each partner experiences on his or her own. It’s a three-phase study and we just finished the first phase in which we interviewed 120 couples—half male, half female. Couples created relationship biographies in which they highlighted the most meaningful events in their past and anticipated the most meaningful event in their future. We then asked them to rate how stressful they thought these events were or would be in the case of future events. We will use these detailed narratives to build a qualitative understanding of same-sex couples’ stress and resilience and then turn this into a quantitative measure of couple-level “minority stress.” In the third phase we will conduct a longitudinal study of same-sex couples to test how couple-level stress affects their health and wellbeing.
In some ways, we seem to have made so much progress as a society when it comes to the rights of sexual minorities. Where do you see us?

A lot of people are wondering what it will be like for sexual minorities growing up in a more liberal climate and people have thrown out a bunch of hypotheses about this without any corroborating empirical evidence. Some have gone so far as to claim sexual orientation doesn’t matter for today’s youth and that we as society are “post-gay.” My colleagues and I are planning a new project that would take a look at some of these hypotheses. One of the things we will look at is whether it now matters less for young people to identify as gay, lesbian, or bisexual—as some people have hypothesized—and what the implications of this would be for their experiences of prejudice, their mental and physical health, and how they access health-related services (if this turned out to be the case).

There is no doubt that we have made a lot of progress, especially over the past decade, in ways that many people could not have imagined. Despite all of this progress, there is a still a lot that we need to be concerned about. There is a lot of variability in what is happening. If you look at attitudes toward gay marriage and homosexuality in the U.S., they are very supportive, but they are also based on averages. We still see a high prevalence of bias crimes against sexual minorities, even in liberal areas like New York and San Francisco. And although there is increasing recognition of same-sex marriage, it is still prohibited in the majority of states, and there is still no federal protection in hiring or firing related to sexual orientation. My colleagues and I are working hard to make sure our findings on the negative effects of prejudice on health are taken up in efforts to combat discriminatory social policy and improve the climate for sexual minorities in the U.S. and abroad.

Program Spotlight

**Gender Matters (Gen.M)**

Social science research has clearly demonstrated that traditional conceptions of gender have powerful influences on sexual behavior and decision-making. It may seem surprising, then, that few sex education and teen pregnancy prevention programs in the U.S. are informed by this link.

Gender Matters—or Gen.M—is a gender transformative teen pregnancy prevention program that is working to change this. The project was launched in 2011 by EngenderHealth, a global non-profit organization, in partnership with the Mailman School of Public Health, with support from the U.S. Office of Adolescent Health.

Gen.M is currently being implemented in Austin, Texas, in collaboration with the Travis County Summer Youth Employment Program and Safe Place, a local non-profit organization. The program focuses on how commonly held perceptions of gender promote sexual risk behavior and poor sexual and reproductive health outcomes, explained by PopFam’s Professor Debra Kalmuss, who helped secure the funding for the five-year program and is playing a key role in its evaluation.

“We have known for a long time that gender norms and beliefs are associated with higher levels of sexual risk behavior,” Dr. Kalmuss explained. “Traditional beliefs about masculinity predict more sexual partners, less condom use, less utilization of sexual health care services, and more STIs, while traditional beliefs about femininity predict a greater likelihood of unprotected sex and unintended pregnancy.”
In recent years, a number of innovative programs have attempted to transform the attitudes and behavior of men—most notably EngenderHealth’s Men As Partners (MAP) program, which used a gender-transformative sexual health promotion model to address HIV prevention, sexual violence, and other issues in 26 countries. Such efforts, however, have not been common in the U.S. and have not focused on both men and women.

EngenderHealth decided to adapt this program for work within the United States to address critical reproductive and sexual health issues, including teen pregnancy, explained Mr. Andrew Levack, MPH, who directed the global MAP program and now oversees EngenderHealth’s U.S. programs. Drawing upon increasing understanding of the importance of how gender norms are relational and influenced by both men and women, EngenderHealth decided to move away from working with just men alone. EngenderHealth designed Gen.M to work with both boys and girls aged 14 to 16.

The program is delivered over a five-day period during the summer and combines traditional sexuality education content with highly interactive discussion and activities that focus intensively on gender. (Gen.M is conducted as the final week of a six-week summer job program run by Travis County, which ensures a steady supply of young people who also have a financial incentive to participate.)

Conducted in small groups, the program aims to help young people develop positive peer norms related to gender and sexuality. While each day of the curriculum focuses on a specific topic (e.g., understanding gender; healthy relationships; sexual decisions; skills for preventing pregnancy; and accessing clinical services), gender is a theme that is infused into every part of the curriculum.

“We might be talking about sexual decision-making, but we are going to link this discussion back to what it means to be male and female in our society and how this influences sexual decisions,” explained Mr. Levack, who serves as a principal investigator on the Gen.M project. In keeping with research on effective sexuality education programs, Gen.M also shares and continually reinforces six core messages—presented in the form of a “Declaration of Independence”—in all of its programming; these are listed in the text box at right.

After the five-day workshop is completed, Gen.M trains a number of participants to serve as “social media ambassadors” who share messages and updates with their fellow participants over the next five months. These volunteers use Facebook posts and text messages to reinforce messages about healthy behaviors, positive gender norms, and peer support. Finally, all of the participants are invited to the screening of a 20-minute documentary film comprised of video footage from the summer workshops. The Gen.M movie showcases the work of participants and reinforces the key messages of the program.

Gen.M will convene approximately 20 small group workshops this summer in a part of the state with especially high teen pregnancy rates. “People call it the

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**Gen.M’s Declaration of Independence**

*I declare that all women and men are created equal and that we have the right to mutually satisfying and respectful relationships, good health, and the skills to make independent choices that will help us prevent pregnancy until we want to become parents.*

*I declare that:*

1. *I am the boss of me.*
2. *I decide what being a man or a woman means to me.*
3. *I treat others in the way I want to be treated.*
4. *I make my own decision about if and when to have sex.*
5. *I use protection every time I have sex.*
6. *I go to the clinic to get tested and protected.*
pregnancy corridor,” Dr. Kalmuss said, noting that young people growing up in this part of the country have limited access to sexuality education and sexual health services. “School-based programs are abstinence only,” she said, and the state has dramatically cut back funding for sexual and reproductive health services in recent years.

This summer will represent the last year of implementation, after which researchers will focus on analyzing the outcome data to determine its impact. Because Gen.M has been conducted as a randomized control study, the program should produce robust data. “The intervention design is very strong,” Dr. Kalmuss said. “Ultimately we will have 900 to 1,000 kids, which is a nice sample size and provides some power for analysis.”

Dr. Kalmuss designed the research for Gen.M using a 360 degree wrap-around model. In addition to taking a lead role in developing and implementing the evaluation of Gen.M, she and her team of graduate research assistants have conducted formative research since the first year of the project. Results of these mixed-method studies have helped focus and fine-tune the Gen.M curriculum as well as the facilitator training. In addition, every Gen.M participant is interviewed at the start of the project and a year later.

“We are already using this information to tease out how participants are hearing and processing the gender message and how they are applying it to their lives,” Dr. Kalmuss said. The results are often fascinating, she said, with differences in how boys and girls process the messages over time and in the responses of young people who were sexually experienced vs. inexperienced at the beginning of the program.

Most exciting so far, Dr. Kalmuss said, has been seeing how deeply the program’s messages about gender seem to be resonating. Dr. Kalmuss recalled an interview with a young man who had participated in the program. “He spoke about how he learned about the notion of consent, and it was clear he hadn’t understood this notion before, and there was real grief in his words as he expressed his regret on this to his girlfriend.”

While the impact evaluation will provide concrete data on Gen.M’s outcomes, Mr. Levack has also been struck by the level of dialogue that the program is promoting. “In some ways what really matters to me is what I have been seeing since the very beginning with the kids,” Mr. Levack said. “They are really engaging in discussions about gender and examining how gender norms influence who they are and how they live their lives. It’s pretty inspiring to see.”

**Alumni Update**

**Where Are They Now?**

Since graduating from PopFam in 2013, Katherine Polin has worked as the program associate for Global Doctors for Choice (GDC), an international network of physicians advocating for access to comprehensive reproductive health care, including safe abortion services. Prior to her studies at Columbia University, Ms. Polin worked as an international legal assistant for the Center for Reproductive Rights in New York, where she supported the Asia and Latin America & Caribbean programs. Ms. Polin received her BA in humanities from Yale University.

_Tell me about Global Doctors for Choice and what you do for them?

GDC works to bring the physician’s voice to bear in critical debates about reproductive health care and access around the world. Physicians occupy a powerful space at the intersection of the health care system and the patient experience. They are also a cultural authority and have an ethical obligation to provide a standard of care. I started supporting GDC as a graduate consultant and worked with them part-time while I was earning my MPH. One of my first projects was helping to finalize an advocacy training manual for physician-advocates. This resource provides doctors with skills and tools to participate effectively in advocacy and debates related to science, evidence, human rights, and reproductive health. I also helped develop a

Katherine Polin

PopFam MPH ’13

Program Associate

Global Doctors for Choice
workshop manual on the subject of doctor-lawyer collaboration for reproductive health and rights advocacy.

**How does GDC carry out its work?**

GDC is a global network of doctors advocating for reproductive health and rights, including access to safe abortion. It has action centers located in five countries—Brazil, Colombia, Ghana, Mexico and South Africa—and a coordinating team in New York. The action centers are led by doctors who are well known in the international reproductive health and rights landscape and also well positioned to raise awareness without their own countries. In addition to developing training materials, the GDC coordinating team assists the five country action centers, participates in local, regional, and transnational policy discourse, responds to calls to action and petition, and conducts research on barriers to safe, legal abortion.

**What kind of projects have you been working on for GDC?**

One of our big projects in the past year was developing a White Paper examining the issue of conscientious objection (see the “Publication Spotlight” on page 16). GDC began exploring the phenomenon of conscience-based refusal of reproductive health care in response to increasing reports of harms worldwide. While conscientious objection might have graver consequences in lower resource counties, women everywhere are impacted and their rights infringed by unmanaged conscientious objection. Further, there are severe consequences everywhere, such as (the case of) Savita Halappanavar in Galway, Ireland in 2012.

We found that this issue is enormously complex, with policies varying greatly depending upon the country’s context and legal system. Norway, for example, has a comprehensive regulatory system that addresses this issue—conscientious objectors are required to register and the health system is organized to address the impact. In Italy, however, where conscientious objection is allowed, there is no regulation and up to 96 percent of Ob/GYNS refuse to provide (abortion services) in certain areas. The White Paper reviews the prevalence studies that exist and other research speaking to reasons for physician refusal to provide reproductive health care. It also presents logical sequences to understand the consequences of refusal in varying contexts and provides recommendations for future research.

**How did you become interested in women’s health and rights?**

I had a very close family friend who worked for an abortion clinic in the 1970s as a chaperon and I am sure that she informed my awareness of the link between women’s empowerment and reproductive choice and decision making. I also ran a summer camp of international students from major urban centers in the United States, Latin America, and Europe and I was struck by the lack of language the girls had to speak about reproductive health and activity, and how this informed behavior or intentions. After college and camp, I studied medical anthropology in Bogota and worked with a group that served displaced women and children. The law had recently changed and abortion was now legal on certain grounds after having been very restricted. I remember I connected some doctors to the group. This was when I became very aware of the power of reproductive autonomy and decision-making in a deeper dimension.

I came back to New York and was incredibly lucky to get a job with the International Program at the Center for Reproductive Rights. I became very interested in how the health care systems at the national and local level are organized to facilitate or undermine women’s access to reproductive health care.

**What was most valuable about your time at Mailman and PopFam?**

I took great classes both in and out of my field, which expanded my vision of public health work. I am really grateful for the harder research tools that I learned from Program Evaluation with Dr. Lisa Colarossi and Qualitative Data Analysis with Dr. David Frost. A Health Systems Approach to Maternal Mortality with Dr. Helen de Pinho challenged my understanding of structure and was wonderful. Outside of my field, if I can say that, Malaria Program Planning with Dr. Jamie Eliades and Introduction to the Epidemiology of Clinical Psychiatry with Dr. Lawrence Amsel were particular highlights.

**I understand you are about to leave for Germany to participate in a Bosch Fellowship?**

I was lucky enough during my practicum to participate in the Wilson Center’s Graduate Leaders Program, which selects graduate fellows to work in areas of their interest in countries around the world. I was placed in the government
ministry for families, seniors, women, and youth in Germany. I found Germany’s policy development processes fascinating. Germany has strong social welfare institutions, but where and how women’s and family welfare policies were prioritized was opaque. I am about to return to Germany through a Robert Bosch Fellowship. I am very excited and feel very lucky! This year, the program is sending 10 individuals to spend six-to-nine months working in public and private placements that align with their professional interests and experience. We will simultaneously be writing transatlantic research papers, grounded in our experiences. The program also provides four months of language instruction and opportunities for participants to do more theoretical training, for example, by meeting with key decision makers throughout Germany and Europe.

Where do you see yourself headed in the future?

Hard question. In an ideal world, I would love to be involved in a larger organization that has an international policy or advocacy department or in a public health school. Working on GDC’s White Paper, however, also introduced me to a whole world of regulatory policy as a means of access. I could see further pursuing studies in governance. There’s a lot I am still considering!

Publication Spotlight

Physicians and Conscientious Objection

How can societies find the proper balance between women’s rights to receive the reproductive health care they need and health care providers’ rights to exercise their conscience? This question introduces the major new White Paper published by researchers from the Mailman School of Public Health and Global Doctors for Choice (GDC), the transnational network that it co-founded to help physicians serve as advocates for reproductive health and rights issues.

Published in a special supplement to the International Journal of Gynecology and Obstetrics and titled, “Conscientious objection and refusal to provide reproductive health care: A White Paper examining prevalence, health consequences, and policy responses,” the publication seeks to illuminate what is known about this practice in countries around the world.

“There have been many indications of physicians claiming conscientious objector status in order to refuse to provide a whole host of reproductive health care services around the world,” Dr. Wendy Chavkin, a co-founder of the GDC and the lead author on the paper explained, “but very few data to substantiate this in a rigorous way, and none documenting the consequences of that refusal.”

Because there is no standardized definition of this practice, she said, GDC drew upon existing medical, public health, legal, ethical, and social science literature published between 1998 and 2013 to cull what is known about conscientious objection and access to reproductive health care. The paper then offers logic models to represent the possible health and health systems consequences of conscience-based refusal to provide abortion, assisted reproductive technologies, contraception, prenatal diagnosis, care for gravely ill pregnant women, and other reproductive health services. Finally, it reviews various policy interventions that have attempted to manage the issue of conscience-based refusal.

While the paper represents an important first step, Dr. Chavkin noted that more research is needed. For example, she reported that GDC would like to conduct rigorous research to determine the prevalence of this practice in the five countries where the network has established its global action centers and to learn more about places that do have policies to regulate conscientious objectors. “I would love to know what is working and what is not where such regulations are in place, how doctors feel about these policies, and what impact they are having,” Dr. Chavkin said.
PopFam in the News

Should Your Kid Get the HPV Vaccine?
*Family Circle*, February 10, 2014

This article, written by Leslie M. Kantor, PopFam Professor and Vice President of Education for Planned Parenthood Federation of America, answers frequently asked questions about the HPV vaccine, including ones related to safety, cervical cancer, the recommended age for vaccination, and cost.

familycircle.com/blogs/momster/2014/02/10/should-your-kid-get-the-hpv-vaccine/

Condoms with a Conscience Set for Sale
*USA Today*, March 18, 2014

This article discusses the upcoming launch of a new line of condoms under the brand name Sustain. The condoms will be marketed to women as part of an effort to empower women to take charge of practicing safe sex. PopFam Professor Leslie M. Kantor discusses current statistics on condom use among teens and how such use tends to fall off as relationships progress.


Study: Asthma has $1.3B Impact on New York
*Associated Press*, April 4, 2014

This AP article appeared in the *Wall Street Journal*, *Washington Times*, and many other outlets. PopFam Professor Sally Findley is quoted arguing that New York state should reach out to children with asthma and their parents, who often may not understand the illness or its treatment.


Grantee Spotlight: Ghana Essential Health Intervention Project
*Doris Duke Charitable Foundation*, May 13, 2014

This article, published on the Doris Duke Charitable Foundation’s website, provides an update on the Ghana Essential Health Intervention Project (GEHIP) which is supported by a grant from the Foundation’s African Health Initiative. The article describes GEHIP’s efforts to expand access to community-based health care program using a program model which has proved highly effective, but also difficult to scale up. PopFam Professor James Phillips, a co-principal investigator for GEHIP, discusses the decision to base this programing in “the most difficult location” in this country and the project’s success achieving universal health coverage in its three implementation districts.

www.ddcf.org/Grants/Grantee-Spotlight/?post=2123
Announcements

Recent Awards and Grants

Each year at the State of the School meeting, Dean Linda Fried recognizes members of the Mailman School community for their outstanding work and dedication to the School. This spring, PopFam Professor Linda Cushman and Dean Marilyn Delva won the 2014 “Dean’s Excellence in Leadership Award” for their visionary work designing and implementing a program that places cultural competency training at the heart of students’ orientation and education. And Anna Medina, an administrative assistant, won the Staff Award for Excellence from PopFam for her work with Head Start.

In addition, Cassie Landers, Helena Duch, Kimberly Noble, Carmen Rodriguez, and Saskia Op den Bosch won the “Making New York City the Healthiest City in 2015” contest for their proposal, Promoting School Readiness in Primary Care: Fostering Healthy Development from the Start. As winners, they will have the opportunity to submit their proposal to Dr. Mary Bassett, New York City’s Health Commissioner.

Alastair K. Ager, PhD, received a grant of $517,295 from the Wellcome Trust/DfID through Research on Health in Humanitarian Crisis (R2HC) initiative. The funding—which is held jointly with Kevin Savage of World Vision International—will support the study of the longer-term mental health, developmental, and systems impact of “Child Friendly Space” interventions in humanitarian crises in three sites across Africa, the Middle East, and East Asia.

David L. Bell, MD, has been promoted to Associate Professor of Pediatrics and Population & Family Health at CUMC effective July 1, 2014.

Neil G. Boothby, EdD, received USAID’s Superior Achievement Award for leading the development of the U.S. Government’s Action Plan on Children in Adversity in April 2014. The document represents the first, whole-of-government plan for foreign assistance for children. Dr. Boothby also received a $385,000 grant from the Education Above All Foundation for a one-year project titled, “Monitoring and Reporting to Enhance the Protection of Education in Situations of Insecurity and Conflict.”

John S. Santelli, MD, MPH, received a grant of $200,000 from the John D. and Catherine T. MacArthur Foundation for the Lancet Commission on Adolescent Health and Wellbeing.

Terry M. McGovern, JD, received a grant of $100,000 from the M.A.C. AIDS Fund to support the Black MSM Strategic Policy Initiative, a project which is working to strengthen the advocacy initiatives of groups working with black MSM through research evidence and policy analysis.

Rachel T. Moresky, MD, MPH, and Patrick T. Wilson, MD, MPH, assistant professors at CUMC in Population and Family Health and Medicine and Pediatrics (respectively), received a two and a half year grant from the GE Foundation to expand the CPAP (Continuous Positive Airway Pressure) program to Rwanda and Kenya. The program will develop a sustainable training model aimed at teaching hospital staff how to use CPAP to help children in respiratory distress.

Carmen Rodriguez, PhD, received $956,986 in 2013-14 from the U.S. Department of Health and Human Services, Administration for Children and Families, for Columbia University Head Start. The project is providing Head Start services to preschool children in Northern Manhattan and West Harlem. Dr. Rodriguez also received a $2,544,818 grant for 2013-14 from the U.S. Administration for Children and Families to provide Early Head Start services to infants, toddlers, and pregnant women in Northern Manhattan and West Harlem.

Within the Head Start program, Cristina Troya, a former site supervisor, was awarded an International Public Policy Fellowship for Latin America from the Joseph P. Kennedy, Jr. Foundation. She is now based in Panama and is working throughout Latin America on issues related to early childhood and children with special needs. In addition, Maria Guzman, a site supervisor, received the 2014 Emily Fenichel Award for Leadership from the New York Zero-to-Three Network.
Recent Publications


