From the Chair

Welcome Back! And welcome to the fall 2013 issue of PopFam Quarterly, a newsletter designed to keep students, faculty and alumni informed about the latest developments in the Department.

This issue focuses on the Department’s global efforts to strengthen health systems. Our feature article describes the cutting-edge projects that Professors Jim Phillips and Rachel Moresky are implementing in concert with local governments and institutions in Africa and Asia. Collaboration is at the heart of both of their program models, which include learning exchanges between academic researchers, program developers and students in host countries and Columbia University.

The faculty spotlight features Professor Phillips in a Q & A about his extraordinary four-decade long career advancing evidence-based, community-rooted programs in some of the world’s most neglected areas. The practicum spotlight focuses on two students who spent this past summer working on health systems projects in Africa.

On the home front, the issue introduces NYPATH, a new program that is training clinicians throughout New York State to provide sexual and reproductive health services to adolescents. This unique partnership between the state Department of Health and experts in adolescent medicine allows clinicians to complete CME-certified training modules online at no cost.

This issue also features an interview with PopFam grad Leslie Kantor. In addition to teaching in the Department, Professor Kantor has had an illustrious career promoting adolescent sexual and reproductive health, currently serving as vice president of education for Planned Parenthood Federation of America. It is a pleasure to share the work of our PopFam alumni; I hope you will get in touch and share your own news.

I was a facilitator for one of SSGA’s workshops for orientation this year and I was very impressed by the thoughtful and insightful new MPH class. While the class of 2015 will be busy with Core courses this fall, I want to...
encourage you to attend Departmental seminars, speak with Departmental faculty and spend time with us. Kristen White, Courtney Hooper and your advisors are here to help and answer your questions. I will also have regular office hours and I encourage you to stop by.

Once again, welcome back! I look forward to an exciting and fruitful year for students and faculty alike.

Sincerely,

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

Feature Article

Two PopFam Professors Share a Collaborative Approach to Health Systems Development

For PopFam faculty James Phillips and Rachael Moresky, early experiences traveling to Africa changed the course of their lives. For Dr. Phillips, the decision to join the Peace Corps brought him to Nigeria and exposed him to humanitarian and health crises he could not have imagined in his small hometown in Michigan. For Rachael Moresky, time spent living in rural Kenya as young woman opened her eyes to alarming health inequities and has informed her work ever since.

Neither has looked back. Dr. Phillips went on to earn a PhD in demography and has had a formidable career working to bring health care to the most impoverished and neglected regions around the world. Prior to joining the Heilbrunn Department, he held resident assignments in the Philippines, Bangladesh and Thailand with the Population Council.

Dr. Moresky trained as an engineer before earning a medical degree, completing a residency in emergency medicine, and finally a fellowship in international emergency medicine, which included earning a master of public health degree. She then came to Columbia University to found the groundbreaking International Emergency Medicine Fellowship Program. Today, Drs. Phillips and Moresky are at the forefront of the Heilbrunn Department’s cutting-edge efforts to strengthen health systems in Africa and Asia.

Ever since the historic International Conference on Primary Care was convened in Alma-Ata, Kazakhstan in 1978, the global humanitarian community has been working to extend basic primary health care as a human right. However, the focus on health systems is relatively new.

Although many innovative programs have proven successful, few interventions have achieved national scale. These realities led to an assessment of the lessons learned since Alma-Ata and ultimately to an evolution in the global community’s perspective on health care from one that sought to address specific conditions or diseases to one that aims to promote stronger health systems and broader well-being.

As the World Health Organization (WHO) articulated in a 2005 report, Everybody’s Business, the delivery of health care ultimately requires a successful health care system.

“The world has never possessed such a sophisticated arsenal of interventions and technologies for curing disease and prolonging life. Yet the gaps in health outcomes continue to widen. Much of the ill health, disease, premature death, and suffering we see on such a large scale is needless, as effective and affordable interventions are available for prevention and treatment. The
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reality is straightforward. The power of existing interventions is not matched by the power of health systems to deliver them to those in greatest need, in a comprehensive way, and on an adequate scale.”
—Everybody’s Business, p. iii. World Health Organization, 2005

Everybody’s Business presented six essential building blocks for health systems development: service delivery; health workforce; information; medical products, vaccines and technologies; financing; and leadership and governance. Although every country and health care system has strengths and weakness, the WHO report asserted that all successful systems should have these six components functioning effectively.

While their programs differ in emphases, both Drs. Phillips and Moresky are working in partnership with local governments to foster scientific collaboration, technical exchange and mentorship between Columbia University faculty, students and researchers and their counterparts from research and educational institutions in Africa and Asia. This shared commitment to capacity building, teaching and service across institutions and countries is a defining feature of their health systems work. Their programs are described below.

Increasing Access to Basic Primary Health Care and Family Planning

Professor Phillips is working to improve health outcomes by strengthening health systems in Africa and Asia through his Advancing Research on Community Health Systems initiative or ARCheS. This program seeks to advance effective health services in low-resource countries by expanding the role of research in community health systems and addressing gaps in current health systems. One of ARCheS’ most ambitious projects is the Ghana Essential Health Intervention Program, or GEHIP.

Although Ghana has already created a comprehensive primary health care program that brings vital services to isolated populations, gaps in services and operational flaws in Ghana’s health system have prevented this program from reaching many who need it.

“Ghana really has tremendous potential to bring health care to all of its citizens, but it needs to figure out how to scale up effective models,” Professor Phillips explained. “GEHIP aims to solve that problem.”

Currently being piloted in four districts, GEHIP provides training and technical assistance to strengthen the capacity of the local health services and systems. This includes both adding missing interventions and strengthening system support structures so that effective programming can be scaled up successfully. (Read more about GEHIP at ghs-gehip.org.) In keeping with Dr. Phillips’ commitment to partnership and technical exchange, GEHIP works closely with Ghana’s Ministry of Health and operates technical exchanges among academic researchers, program developers and students in the U.S. and in Ghana.

In addition to Ghana, ARCheS is working with the government of Tanzania to strengthen fragile aspects of this country’s health system. Through the Connect Project, Dr. Phillips and his colleagues are testing whether certain interventions—e.g., introducing paid Community Health Agents to provide health care services in rural villages, or developing referral systems to facilitate the transfer of individuals from rural areas to functional hospitals—can improve health outcomes. These interventions were targeted to address the key weaknesses identified in the health system’s capacity to ensure a continuum of care.

The Connect Project is being conducted in three rural districts. As in Ghana, this program is a full partnership with the government and has the support needed to ensure that successful practices will inform national programs and policies. (Read more about The Connect Project at connect-ifakara.org.)
“One of the most gratifying aspects of this program (ARCHeS) has been seeing the important work that our (PopFam) students have been able to do in Ghana and Tanzania, both by doing their practicum in these countries and by working for these initiatives following graduation,” Professor Phillips noted. “We have several alumni who have brought great skill to these projects and ended up writing grants that will continue their work in Ghana and Tanzania.”

Increasing Access to Emergency and Critical Care

For Professor Rachel Moresky, health systems work has focused on increasing access to acute care in resource-limited settings. Despite increasing evidence that access to acute care can improve public health, many countries do not have the infrastructure or the clinical personnel to provide such care.

Seeking to address such problems, Dr. Moresky created the Systems Improvement at District Hospitals and Regional Training of Emergency Care (sidHARTe) program. Based upon the belief that access to emergency care should be universally available and accessible, this program forms partnerships that aim to improve the capacity of health systems to provide care for critically ill patients.

In Ghana, for example, where sidHARTe has been working since 2009, high-quality acute care has traditionally been restricted to tertiary (top-level) hospitals based in urban settings and has been largely neglected in more rural hospital settings (district and regional facilities). Recognizing this gap, the Ghanaian government invited sidHARTe to develop a program to increase the capacity of district-level health facilities and clinicians to provide emergency care.

Under the direction of the Ghana Health Service (GHS), sidHARTe began by conducting a needs assessment at rural district-level hospitals in order to identify the systems improvements and training needed for current hospital staff. The program focused on developing tools and operationalizing training for non-physician clinicians (midlevel providers) to provide acute care. Following these efforts, sidHARTe trained the most skilled and talented of these trainees to serve as trainers in their own hospitals and beyond. These individuals subsequently trained non-physicians in five of ten regions in Ghana. In conjunction with the regional GHS leadership, sidHARTe also conducted regional trainings for multiple cadres of acute care providers—mainly physicians and non-physician clinicians as well as emergency medical technicians—in trauma care and emergency ultrasound.

Based upon this success, the Ministry of Health (MoH) asked sidHARTe to work with a broad range of stakeholders to develop a comprehensive manual for scaling up acute care nationally. The manual will bring together technical materials from field-tested programs and serve as a platform for the government to incorporate acute care training and infrastructure at all levels of their health system. Because sidHARTe’s work dovetails with the government’s own efforts to enhance its health care system, the capacity of the program to be expanded and sustained is truly great.

sidHARTe is also collaborating with Ghanaian researchers in several formative research studies intended to serve as a foundation for future acute care programming in Ghana. Topics being addressed by current studies include health-care-seeking behavior in emergencies, injury epidemiology at district hospitals, essential medicines and supplies for acute care and the impact of Continuous Positive Airway Pressure technology on under-five survival for undifferentiated respiratory distress.

“The Ghana Health Service, the MoH and Ghanaian academic and research centers have all been champions of acute care programming,” said Dr. Moresky. “Our collaboration with Ghanaian institutional partners has guided sidHARTe programming. And we have been very lucky to have a
funder (the GE Foundation) that is both flexible and aligned with that vision as well."

In Rwanda, sidHARTe is also supporting the government to effect systems change. The program is currently partnering with the MoH and the National University of Rwanda’s Faculty of Medicine to develop and implement a postgraduate diploma course (PGD) in Emergency and Critical Care Medicine for generalist physicians from district hospitals. The course officially launched on September 17, 2013. Graduates of the course will be the first physicians in Rwanda with specialized training in emergency and critical care medicine. They will return to their districts to build acute care capabilities at their home facilities and provide patient care.

PGD graduates will also be eligible to apply to the Masters in Medicine (MMed) in Emergency and Critical Care Medicine, which is the equivalent of a full residency program in the U.S. The MMed is supported by the Human Resources for Health (HRH) initiative, also under the leadership of the Rwandan MoH and the National University of Rwanda. The HRH MMed will equip trainees with even more specialized skills in emergency medicine and critical care, which will prepare the next generation of Rwandan tertiary faculty and emergency medicine leaders. The coordinated rollout of the PGD and the MMed allows for the simultaneous development of emergency medicine at multiple levels of the health system.

“The potential impact of these programs is enormous as they address both the needs of the district facilities as well as national referral centers,” Dr. Moresky reflected. “Should they be successful, they can provide models for other countries working to address similar needs, especially since many emergencies happen close to the community and access to distant regional and tertiary centers can be costly and time-consuming.”

Practicum Spotlight

Aba Asibon, MPH 14

Whether any individual seeks out clinical care in an emergency depends on many factors, from the availability of medical services to cultural norms. To better understand these dynamics in rural Ghana, PopFam’s sidHARTe program is conducting a study in the country’s Kintampo North district.

Aba Asibon, a second-year MPH student, returned to her native country this past summer to help with this research, which involved conducting focus groups and key informant interviews with community members. Findings from these interviews will be used to develop a detailed quantitative household survey assessing emergency care needs in this rural community. All of this research will inform new strategies for identifying patients requiring emergency care and decreasing barriers to such care.

“We just finished the focus groups and key informant interviews and we are currently analyzing the data,” Aba said. “The whole idea of a formal hospital system is a very westernized idea and the expectation that people should immediately go to a hospital when they are sick is just not the case in many other parts of the world.”

Aba helped design and implement the focus group questionnaire and collected basic data from the participating community members. The groups consisted of 8 to 10 participants of the same gender and similar age. “We ask a lot of questions geared toward learning about attitudes and behavior,” she said. “We were also trying to tease out how cultural norms inform how people define emergencies.”
As a native Ghanaian fluent in Twi, the country’s principal local language, Aba was able to translate questions and answers from English to Twi and back again, an obvious advantage to the study. As a PopFam student pursuing a certificate in research methods, Aba was thrilled to be able to work on this research study and to do so in Ghana.

“The practicum put different public health issues in a cultural context and was an excellent opportunity to reconcile the classroom experience with experience in the field,” Aba reflected. “It was also a clear indication that as individuals in public health, we should be constantly looking for innovative and culturally appropriate solutions and that involving the people we are trying to help in this process is absolutely critical.” As for her plans after graduation, the experience Aba gained in her practicum reaffirmed her desire to return to the sub-Saharan Africa region to put her public skills into practice.

**Practicum Spotlight**

**Lauren Archer, MPH 14**

In many ways, Ghana has been at the forefront of health care development in Africa. The country pioneered a community-based approach to primary health care in the 1990s (the famous Navrongo Experiment) and subsequently scaled that approach to 104 of the country’s 110 districts through the Community-based Health Planning and Services (CHPS) initiative. Today, the Ghana Essential Health Interventions Program (GEHIP) is adding missing interventions to that program while also strengthening the systems needed to support the program’s successful nationwide scale-up. Lauren Archer, a second-year MPH student in the Heilbrunn Department, spent the past summer conducting qualitative research that aimed to learn more about these efforts.

Research indicates that GEHIP has been working well, increasing access to community-based health care services far beyond the national average. Based in Bolgatanga in Ghana’s Upper East Region, Lauren conducted interviews with health workers—district health directors, district CHPS coordinators and district health accountants—and political leaders from the District Assembly. She gathered information in the three districts where GEHIP is underway and in four comparison districts.

“A big part of GEHIP is testing what elements are needed to successfully accelerate the scale-up of health care services,” Lauren explained, “and this is where my research came in.”

While interviewing health care workers, Lauren asked what they thought was making GEHIP’s roll out of community health services successful and what factors they thought were most important. For political leaders, she focused on their motivation to prioritize health and CHPS services in particular.

Lauren is currently analyzing this data, but she predicts that she won’t find any magic bullets. The success of GEHIP, she says, is likely the result of a combination of enhancements to the original CHPS program.

For Lauren, pursuing public health was a natural path. Her father has worked in international development and she joined the Peace Corps right out of college before working as a USAID contractor. When it came to choosing a graduate school, the Heilbrunn Department’s requirement that students have at least two years’ work experience in public health was a big draw. “I had been out of school and worked for a while in public health and I wanted to be around other people who had done so as well.”

As for the future, Lauren hopes to graduate with a certificate in health management and find a job with a global focus related to health systems. As for precisely where she will end up working, “that’s the million dollar question!”
Faculty Spotlight:
James F. Phillips

Professor James Phillips conducts research on health systems and policy issues in Africa and Asia. He collaborated with the Ghana Health Service on the now-famous Navrongo Experiment, a study that demonstrated the most rapid declines in maternal and childhood mortality ever recorded for a rural African population. The services and systems piloted in this project became the model for Ghana’s national Community-based Health Planning and Services (CHPS) initiative.

Prior to joining the Heilbrunn Department, Professor Phillips held resident assignments in the Philippines, Bangladesh and Thailand with the Population Council. In the 1980s, he directed the Matlab Project in Bangladesh, a ground-breaking project that demonstrated that family planning could play a role in decreasing fertility and which resulted in national scale up. In 1987, Professor Phillips joined the Council’s Center for Policy Studies in New York.

Professor Phillips holds a PhD in sociology-demography from the University of Michigan and master of population studies degree from the University of Hawaii. He is a founding member of four international networks formed to promote demographic, health and social research in developing countries.

For those who don’t know you, what is your role at the Mailman School?
I am a professor and I lecture in various courses on global health, health systems and demography. I am also the director of the Program for Advancing Research on Comprehensive Health Systems (ARCheS). In this capacity, I mentor students who conduct practicum assignments related to health systems development in Ghana and Tanzania and other countries.

How did you end up in public health with an interest in family planning and Africa?
After graduating from Michigan, I applied for the U.S. Peace Corps. I was posted to the Arthropod Virus Research Centre at the University of Ibadan in Nigeria, where I established credentials as someone who was totally hopeless in the laboratory but capable of organizing field studies. This work introduced me to the business of community engagement, sampling, protocols, etc., and convinced me I wanted to go into public health.

When did the public health field start talking about health systems?
As the incredible “Health for All by the Year 2000” agenda set forth in the 1978 Alma Ata Conference approached its target year, health services of any kind were still a distant dream for most Africans and many South Asians, not because solutions were unaffordable or because technology did not exist, but because primary health care services were inaccessible or delivered in a socially unacceptable way.

In response to the Health for All shortfall, in 2000 the Millennium Development Goals were endorsed and adopted by the largest-ever gathering of heads of state. It provided a new motivating framework for global development assistance. Service systems were fragile and it wasn’t just a matter of developing technology and it wasn’t just a matter of resource mobilization. You can put a lot of resources in place and unless organizational problems are solved, you may not make a difference. It was in about 2005 that the UN health systems committees were formed, which led to Everybody’s Business, a report that provided a compelling framework for strengthening health systems to improve health outcomes.

You played a key role in the Navrongo Experiment. What was the main finding of that project and how did it shape your subsequent work?
Navrongo was a response to evidence that Ghana was falling far behind in its goal of achieving “Health for All” by
the Year 2000.” I had been leading the Matlab Family Planning and Health Services Project in Bangladesh and a subsequent project on researching the scale up of Matlab that was known as the MCH-FP Extension Project. Both were very successful.

Our scale-up work was financed by the World Bank. Dr. Fred Sai, a distinguished Ghanaian, was one of the Bank’s lead advisors to Bangladesh and also a member of the Population Council’s Board. He invited me to Ghana and we decided to assemble a team of investigators and policy makers to go to Bangladesh. We traveled to Matlab where we worked with the local team to develop a Navrongo version of the Matlab protocol.

What is important here is that the design of Navrongo was developed before there was a donor. It was developed as a learning process for reforming the national program of Ghana, not as an isolated experiment. Moreover, it was informed by the success of the Matlab program and also by pitfalls associated with the Matlab approach.

And what were the key lessons learned from Matlab and Navrongo?

We learned that community-based family planning could succeed in a profoundly gender stratified traditional African setting, but the strategic design of the program had to be adapted to the setting. Men had to be involved and social engagement was essential. The social engagement aspects of Navrongo were far more intricate and challenging in Ghana than had been the case in Bangladesh. If we had simply replicated Matlab in Navrongo, we would have failed. What we replicated was the process of learning, not the operational strategy. Integration of family planning with health was also essential.

How did you come to develop ARChES?

ARChES grew out of the work that I was doing in Africa through a Doris Duke Foundation grant and other projects. The initiative is based on partnership. By fostering collaborations between health researchers, practitioners and policymakers, ARChES aims to ensure that new evidence leads to new programs and related policies.

At the core of all of ARChES’ projects are three interlocking components: the implementation of service system innovations in challenging settings; research that uses state of the art experimental methods to develop programs, test impact and accelerate large-scale change; and training to ensure rigorous evaluation is used to strengthen operations and that successful projects can serve as a catalyst for policy change.

We are just completing a new website with more detailed information about ARChES and the practica that are available to our students. We will announce the URL soon.

How do students and alumni participate in ARChES?

They are involved in all sorts of ways and they are making important contributions. (PopFam graduate and ARChES Program Officer) Maggie Schmitt’s work on knowledge management enabled us to create a website and also a grant proposal to UNICEF. We are optimistic that UNICEF will provide support that will enable the Regional Health Administration in Ghana to have a knowledge management operation for sharing systems strengthening innovations with counterparts elsewhere in the country. And Sneha Patel’s capstone on an emergency referral pilot enabled us to submit a proposal to the British charity Comic Relief. With support from this donor, we have purchased and deployed 18 ambulances to three impoverished districts of the Upper East region.

What has given you the greatest sense of accomplishment?

Seeing very poor and young technicians move ahead with careers to the point where they are internationally recognized leaders in the field of demography or public health.

When you look at the state of global family planning today are you optimistic about the future?

When you observe global demographic trends, it is clear that the demand for services is huge and fertility is declining everywhere. Yet there are challenges. Serious poverty is pervasive and demand for health services expands budgets beyond anyone’s means to support essential services. This problem is particularly acute for family planning. The success of family planning generates commodity costs that donors and governments are very pressed to sustain.
John Santelli to Receive APHA’s David P. Rall Award

PopFam’s own professor and chair, Dr. John S. Santelli, has been chosen to receive the 2013 David P. Rall Award for Advocacy in Public Health. The award was established to recognize an individual who has made an outstanding contribution to public health through science-based advocacy.

Dr. Santelli will be presented with the award at the American Public Health Association’s annual meeting and exposition in November 2013.

During the past decade, Santelli’s research and advocacy helped to bring about the federal government’s decision to reduce funding of ineffective abstinence-only programs and to direct funding instead to medically accurate teen pregnancy prevention programs. His research included dozens of peer-reviewed articles on adolescent sexual behavior and the impact of sex education on youth behavior and contraceptive practices.

Dr. Santelli’s efforts to educate the public and policy makers about evidence-based sex education included presentations for such organizations as the Centers for Disease Control and Prevention, the Society for Adolescent Health and Medicine, the Population Association of America and the International Sex and Relationships Education Conference. He also offered expert testimony before the U.S. House of Representatives Committee on Oversight and Government Reform in 2008.

Dr. Santelli’s colleagues credit him with bringing a “rights-based approach to public health” into the debate about abstinence-only sex education programs.

“He made it clear that comprehensive sex education is a value and a right,” said Sharon L. Camp, PhD, president and CEO of the Guttmacher Institute. “Furthermore, as a physician, he pointed out the ethical obligation of health care providers and educators to provide accurate health information.”

Congratulations to Dr. Santelli on this prestigious award and well-deserved recognition!

PopFam in the News

The Hail-Mary-Moon


Explores couples who use last-ditch vacations to try to heal faltering relationships. Professor David Frost, PhD, who studies long-term romantic relationships, is quoted cautioning against the notion that a vacation can serve as a magic cure-all.

www.nytimes.com/2013/08/01/fashion/the-hail-mary-moon.html

Growing Up With Pesticides

Science, August 16, 2013

Discusses research on the long-term consequences of pesticide exposure during pregnancy on the developing brain. The research cited includes a study conducted by PopFam faculty member and epidemiologist Virginia Rauh, ScD, MSW, indicating that one pesticide (chlorpyrifos, a commonly used organophosphate) may interfere with normal brain development.

www.sciencemag.org/content/341/6147/740

New Flu Vaccines

CBS New York, September 5, 2013
Melissa Stockwell, MD, MPH, was interviewed about newly available flu vaccines. As she explained, these include a flu vaccine that can protect against four instead of the usual three strains of flu and new vaccines designed for people with egg allergies (adults only) and for older patients (65 and older).

ewyork.cbslocal.com/video/9271062-dr-max-gomez-new-flu-vaccine/

AAP Recommendations for Male Adolescent, Young Adult Health

Medscape, August 12, 2013

David Bell, MD, MPH, was interviewed on adolescent and young adult male health and his recent article on the subject in the Journal of the American Pediatrics. He spoke about the fact that young men’s health is often overlooked, despite the many positive effects that can result from reducing health disparities.


Introducing NYPATH

Many clinicians want to provide sexual and reproductive health (SRH) services to adolescents, but lack the training or comfort level to do so. Other providers are unaware of innovations that have made it easier to provide SRH care to young people.

Over the past year, a new PopFam initiative called “New York Promoting and Advancing Teen Health,” or NYPATH, has been working to change these realities. The project represents a unique partnership between the Heilbrunn Department, the New York State Department of Health and adolescent medicine experts.

“The goal of the project is to help the wide range of providers who serve adolescents to integrate sexual and reproductive health care and related education into their services,” explained Ms. Judy Lipshutz, MSW, RN, and the NYPATH project director. These clinicians include pediatricians, obstetrician/gynecologists, nurse practitioners, physician assistants and family doctors.

NYPATH has worked toward this goal by conducting in-person training events throughout New York State and developing a website that provides comprehensive information about adolescent SRH services as well as access to online training.

“The in-person reaction to our trainings is always tremendously positive and we often hear from people that they go back to their clinics and institutions and try to make changes we have recommended,” said Dr. Erica Gibson, MD, the medical director for NYPATH. Following these live presentations, she said, NYPATH works to ensure that trainees receive regular updates and information.

A chief avenue for delivering such information is the NYPATH website. Launched in February 2013, this site (www.nypath.org) offers six interactive, CME-certified adolescent health service delivery training modules, information about clinical tools and innovations in adolescent SRH care, bibliographies, periodic webinars and archived copies of the project’s newsletter.

The six training modules are available at no cost, simply by registering on the site. They include: The Time is Now: Providing Adolescent-Friendly Sexual & Reproductive Health Care; Birth Control Overview; STI Overview; Pregnancy Options Counseling; Working With LGBTQ Youth; and Male Adolescent Sexual Reproductive Health.

“One of the main messages that NYPATH is providing to clinicians is that sexual and reproductive health care for adolescents can be streamlined,” Ms. Lipshutz said. One of the most striking aspects of the project, she explained, has been bringing clinicians up to speed on recent innovations that have made it easier to provide adolescent sexual and reproductive health care. For example, many clinicians do not know that pap smears and pelvic examinations are no longer required to safely prescribe birth control pills and
that comprehensive adolescent health care is not needed in order to initiate contraception. These services can be provided at follow-up visits.

During the coming months, NYPATH will continue to develop new educational resources. These will include three new webinars: Taking an Adolescent Sexual History; Providing LGBTQ Care; and Changes in the New York State Family Planning Benefits Program (which will make it easier for adolescents to access to confidential reproductive health care that includes contraception).

Finally, while Dr. Gibson and Ms. Lipshutz are pleased with NYPATH’s outreach to date, both encourage readers of the PopFam Quarterly to share information about the project. “We have developed a great resource and we are still working to get the word out,” Ms. Lipshutz said.

Alumni Update

Where Are They Now?

Leslie Kantor has spent her career working to promote healthy sexuality and access to evidence-based sexuality education in the United States. A nationally recognized trainer and speaker, she was the first vice president of education for Planned Parenthood of New York City (PPNYC) and the first community advocacy director for the Sexuality Information and Education Council of the United States (SIECUS).

As a faculty member in our Department, Ms. Kantor teaches the Pedagogy of Sex Education Course and serves as a capstone advisor. She worked closely with Dr. John Santelli on a special issue of the journal Sexuality Research and Social Policy devoted to an examination of abstinence-only policies and programs and served as a full-time faculty member from 2006-2010.

Ms. Kantor received the American Public Health Association’s Early Career Award for Excellence and the Jay S. Drotman Memorial Award for a public health professional who has “challenged public health practice in a creative and positive manner.” She holds a BA from Barnard College and an MPH from the Mailman School. Ms. Kantor is currently a PhD candidate at the Columbia University School of Social Work and the mother of a 14-year-old son.

How did you end up pursuing a degree in public health?

I was a ballet dancer in LA in the ’80s and I was literally taking a class with some of the first people affected by HIV/AIDS. When I went to college in 1987, I heard a speaker talk about ARC (AIDS Related Complex), which is a category that does not exist anymore, and it was very powerful. I ended up starting an AIDS peer education program at Barnard.

How did you find your way to PopFam?

After I graduated from college, I met someone at ACT UP who said he was getting an MPH at Columbia. I thought that was what AIDS activists did—get an MPH! And so I set out to get one.

What was your first job after earning your MPH?

I was hired by SIECUS to deal with what people were calling an emerging trend to put abstinence education into public schools. I provided technical assistance to communities across the country—something like 250 in 43 states during my tenure. As soon as I got to SIECUS I ordered all of the abstinence-only curricula and began reviewing them. The first article I wrote for the SIECUS Report was called “Scared Chaste? Fear-based Sex Education Curricula.”

How has the sex education field evolved since you started?

For many years in this country, the only federal funding that was available for sex education was funding for abstinence education. In 1996, as part of welfare reform, the federal government added $50 million annually for abstinence-only education with a required state match. And abstinence education in this country became supersized.
In 2010, the Obama administration scaled abstinence education way down and now there is more than $180 million for evidence-based sex education programs. So there has been a tremendous shift at the national policy level.

*After working on policy, you created direct service programs for PPNYC. Tell me about that.*

The first thing I did at PPNYC was develop a professional training institute. I also developed much closer partnerships with the schools and worked to bring research and evaluation into the organization’s educational programs. I was also lucky to stay involved in national policy discussions.

*What does your current job at PPFA entail?*

When I came in, there had not been an education division at the national office for a couple of years so I spent a good amount of time doing needs assessment, talking to the Planned Parenthood affiliates, to funders and colleague organizations. We used this information to establish key goals for the education division at PPFA. These included strengthening the affiliates’ education programs and evaluation efforts, figuring out how to translate what’s been learned from in-person education into the digital environment, serving as a national voice on comprehensive sex education, and developing educational materials.

*How have you responded to the digital revolution?*

One of the first things we did was focus some attention on helping parents deal with the challenges posed by the social media environment. We worked with the digital team at PPFA to develop a host of digital education tools, which are designed for both younger and older adolescents, and have been developed to combine both the science of what helps young people to engage in healthy behaviors and what young people like to do online. I also do a parent-directed blog.

*What are the other key activities of the division?*

We spend a good deal of time helping our affiliates to strengthen their sex education programs. This is a place where the move toward evidence-based programs is tricky. By the time these programs have been evaluated, in some ways they are outdated. So you can do some adaptation. But there is a tension between being up-to-the-minute and keeping programs stable enough and in place long enough to do research and evaluation. This is a real public health challenge.

*What advice would you give to MPH students and recent graduates today?*

Well, first I would say that MPH training is some of the best training you can get because it gives you frameworks and analytical tools for planning and thinking through whether something works, whether in public health or frankly many other kinds of work. In terms of job advice, I encourage students to take a look at where funding is going. If the federal government is funding evidence-based (sex education) programs, there is going to be a need for trainers on these curricula. I also encourage people to talk to recent (MPH) grads who are now working. They often know of up-to-the-minute opportunities within their own organizations.

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**Announcements**

**Welcome**

Henry V. Doctor, PhD, has joined the faculty as an assistant professor. Professor Doctor earned his doctoral degree in demography from the University of Pennsylvania and completed a postdoctoral research fellowship at the Navrongo Health Research Centre in Ghana. He has worked at the Universities of Malawi and the Western Cape (South Africa) and at Statistics South Africa. He is currently the co-principal investigator for the Connect Project based at the Ifakara Health Institute in Dar es Salaam, Tanzania.
Patrick O. Asuming, PhD, has joined the Department’s GEHIP project (profiled in this issue) in Ghana. Dr. Asuming’s research interests lie in health and development economics. He holds a BA in economics from the University of Ghana, an MPhil in development studies from Cambridge University, UK, and just completed his PhD in economics at Columbia University.

**Recent Awards and Grants**

Alastair Ager, PhD, MSc, professor of population and family health, was asked to join the Funding Committee of the new $10 million Wellcome Trust-UK Department for International Development “Research for Health in Humanitarian Crisis” (R2HC) initiative. He also received a $273,000 grant from World Vision International for a two-year study, “Evaluating Child Friendly Spaces (CFSs) in Emergencies” (in Ethiopia, Uganda and Jordan). ReBuild (UK Department for International Development) awarded Dr. Ager a grant of $282,653 for an 18-month study entitled “Health Systems Resilience: A Complex Adaptive Systems Analysis” involving case studies of health systems in Cote d’Ivoire, Nigeria and Liberia.

Marina Catallozzi, MD, MSCE, assistant professor of pediatrics at CUMC in the Division of Child and Adolescent Medicine, is the recipient of the 2013 Mailman School Junior Faculty Teaching Award. This honor is presented by students to an assistant professor appointed within the last five years “who is already making a remarkable impact on education at the Mailman School.” Dr. Catallozzi received the award at the Mailman School commencement ceremony in May 2013.

M. James Eliades, MD, MPH, assistant professor of population and family health, received a four-year, $700,000 award from USAID to serve as technical director for PATH on MalariaCare: Universal Diagnosis and Treatment to Improve Maternal and Child Health. PATH is leading this five-year partnership which also includes Save the Children, Population Services International, and Medical Care Development International. The project will work to scale up high-quality diagnosis of and strengthen case management services for malaria and other life-threatening diseases.

Lynn Freedman, MPH, JD, was named as a recipient of an Irving Scholar award which includes being appointed as the Florence Irving Assistant Professor of Pediatrics and Population and Family Health. The Irving Assistant Professorship has a three-year term to facilitate and conduct clinical research with support from the Irving Institute for Clinical Translational Research.

Stéphane Hellinger, PhD, assistant professor of population and family health, received a grant from UNICEF for a project designed to measure the impact of mass vaccination campaigns against polio in sub-Saharan and south Asian countries. It will test whether such campaigns increase the use of routine immunization services and other maternal and child health services.

Debra Kalmuss, PhD, professor of population and family Health, is the director of research on Gen.M, a gender transformative pregnancy prevention program funded by the U.S. Department of Health and Human Service’s Office of Adolescent Health. Gen.M has just been selected to receive the 2013 Outstanding Emerging Innovation Award from the Healthy Teen Network. The program is a collaboration between Mailman, Engender Health and two community-based organizations in Austin, Texas.

James F. Phillips, PhD, professor of population and family health, received the 2013 Dean’s Excellence in Mentoring Award at the May school assembly. The award recognizes an outstanding mentor of junior faculty and emphasizes the important role of mentoring in the Mailman School faculty’s success.

Leslie F. Roberts, PhD, associate professor of population and family health, was awarded a grant from UNHCR this summer as part of their WASH initiative. Along with Ryan Burbach (a second-year student), he worked on the Ethiopian/Somali border and in southwestern Uganda to determine how many houses need to be visited in a typical refugee camp to accurately assess the amount of water being consumed. UNHCR will use their data to implement the least labor-intensive monitoring system possible.

John S. Santelli, MD, MPH, chair and the Heilbrunn professor of population and family health, will receive the American Public Health Association’s John P. Rall Award for Advocacy in Public Health at APHA’s annual meeting in November 2013. More information about this award is included on page 9 of this newsletter.
Lindsay Stark, DrPH, assistant professor of clinical population and family health, received a grant of $410,526 over two years from an anonymous sponsor for “Child Protection in Crisis Network.” She is also co-PI along with Professor Michael Wessells, PhD on a grant from the Economic and Social Research Council entitled “Inter-Agency Research on Strengthening Community Based Child Protection for Vulnerable Children in Sierra Leone.”

Melissa Stockwell, MD, MPH, FAAP, assistant professor of pediatrics and population and family health, has received an Irving Scholar award, which includes being appointed as the Florence Irving Assistant Professor of Pediatrics and Population and Family Health. The Irving Assistant Professorship has a three-year term to facilitate and conduct clinical research with support from the Irving Institute for Clinical Translational Research.

Professor Stockwell and Co-PI Philip LaRussa, MD, were awarded $248,445 over two-years from the CDC’s Clinical Immunization Safety Assessment network for project entitled, “Assessing the Feasibility of Monitoring Vaccine Safety in Pregnant Women Using Text Messaging.” Professor Stockwell also received $91,177 over one year from the Agency for Healthcare Research and Quality for “DEVISE: Data Exchange of Vaccine Information between an IIS and EHR.”

Michael G. Wessells, PhD, professor of clinical population and family, was awarded a two-year $391,098 grant from the Economic and Social Research Council (ESRC) entitled “Inter-Agency Research on Strengthening Community Based Child Protection for Vulnerable Children in Sierra Leone.” The project will work to identify empirically how to forge better connections between communities and the government-led elements of the national child protection system in Sierra Leone.

Recent Publications


Upcoming Events

Monday, October 21
9:30 am–1:30 pm
Hess Commons
The Child Protection in Crisis Learning Network presents Measuring Violence Against Children and the Effectiveness of Violence Prevention and Reduction Activities. Moderated by Dr. Joe Amon, director of the health and human rights program at Human Rights Watch, the symposium will feature Howard Kress from the CDC, Lena Verdeli from Columbia’s Teachers College, and Mailman faculty Les Roberts, Marni Sommer, and Shakira Suglia.

Tuesday, November 19
5:30 pm–7:30 pm
Hammer Health Sciences Bldg, Rm 301
Please join us for the second episode of the Health & Human Rights Film/Lecture Series and meet Abigail Disney as she talks through her award-winning filmography. Disney is a documentarian and philanthropist best known for her film, Pray the Devil Back to Hell, which was awarded Best Documentary at the 2008 Tribeca Film Festival.

Weekly Series (Mondays)
11:30 am–1:00 pm
B2 Conference Room
Also, don’t forget the weekly Department seminar series in the B2 Conference Room. Details on speakers and topics can be found in the Student Digest, www.mailman.columbia.edu/students/student-life/student-digest
We’d love your feedback!

Please send your stories, publications, announcements, and photos to:

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