

# BUILDING AND CLAIMING THE FUTURE

OCTOBER 2008

## Special Focus: MCH Student Reflections

In this issue of the MCPHLT newsletter, we are proud to highlight some of the students who have been involved in our programs. This summer, the MCPHLT offered seven students scholarships to support their work in community MCH organizations. As a

way to further enhance their experience, these *Summer Scholars* were required to read a book focused on leadership and to write a reflection. Excerpts from three of the resulting essays are included in this issue.

MCH students, who received MCPHLT pro-

gram support to attend conferences in their field, have also included essays.

Whether working in the community as a *Summer Scholar* or attending MCH related conferences across the country, MCH students were excellent representatives of Tulane's CHS Department.

## Upcoming Events

- 10/8** MCPHLT Scholar Luncheon
- 10/14** Making the Most of APHA Workshop
- 10/26 - 29** APHA Conference, San Diego, CA



## American College of Obstetrics & Gynecology Annual Clinical Meeting

In May 2008, New Orleans was host to the American College of Obstetrics and Gynecology's 56th Annual Clinical Meeting (ACM). While the ACM meeting is traditionally focused on matters concerning the practice of medicine in clinical care settings, the meeting includes topics relevant to the efforts of public health practitioners. Given the trend towards prevention of diseases and co-morbidities, the efforts of public health are a key component of the clinical care setting.

The ACM meeting provided Maternal & Child Health students the opportunity for exposure to current research endeavors, new technology for patient care and clinic operations, and new pharmaceuticals. Being at the forefront of patient care and learning about these new opportunities causes us to consider how such advents would impact health care of women, care of those less fortunate, and, if possible, care in New Orleans and the surrounding areas. As New Orleans and areas along the Gulf Coast continue to rebuild,

it is possible to imagine how such improvements to care could be implemented in new facilities and integrated into existing facilities. Of course, such improvements are easily translated to the global health care setting, too.

Attending the ACM meeting was a unique opportunity for students interested in health care as it provided a setting beyond the classroom to analyze, critique, and admire the work of the maternal and child health field. Posters presented by ACOG members on their research into the health care of women provided students with a glimpse into how public health topics are considered and analyzed in the clinical healthcare setting. Lectures and discussions were held regarding a wide-range of topics, including topics sensitive to public health, such as the rising rate of Caesarian section, and the research and evidence surrounding the use of the Gardasil HPV Vaccine. Such presentations and discussions provided a deeper and more detailed understanding on how policy and practice intersect to

influence an individual woman's health and wellbeing.

The care and wellbeing of women and their children is a topic that transcends the many fields of public health, and, thus continued familiarity to this ever-evolving field is paramount. To budding public health professionals, attending such a conference is a valuable experience as it provides further immersion into a given field and the opportunity to gain an expansive knowledge base that builds upon the work conducted in the classroom and will be utilized greatly in any career pursuit.

By Karissa M. Page & Aaron Miller

*Karissa is currently in her last semester of her MCH concentration. She is presently an intern with the Louisiana Nurse-Family Partnership through OPH.*

*Aaron is expected to graduate in May 2009 with a concentration in MCH. He is applying to doctoral programs and hopes to pursue a career in MCH policy planning, development and implementation. He has an undying love for the New Orleans Saints and ice cream.*

## 7 Habits of Highly Effective People

*Caitlin is in her final semester of the Global MCH Program. In December, she will be moving to Ambo, Ethiopia to serve as Community HIV/AIDS volunteer in the Peace Corps.*

**“HABIT 7 ENCOURAGES US TO SHARPEN THE ONLY TOOL WE REALLY HAVE—OURSELVES”**

Some time ago I was jogging at Audubon Park when it dawned on me that I wanted to be “powerful.” Owing either to the blood flowing through my oft-drowsy brain, the excitement of growing physically stronger over the previous months, or perhaps an intuition; I suddenly had the urge to be greater. In the same way that I had improved my physical strength, working up to running a 10K, I wanted to work on my all-over strength. Mental strength. Career strength. Emotional strength. *And* I wanted to have the influence that comes with having strength. Somehow, not fully knowing how or why, I wanted to be powerful.

Three months later I purchased *7 Habits* to satisfy the reading requirement of the MCPHLT scholarship. Covey’s explication of the seven habits and methods to develop them is the substance of this 372-page book.

The Seven Habits paradigm encompasses, not just the habits themselves, but also the larger structure within which the habits work. Covey explains that in order to be effective in interactions with other people—family,

friends, coworkers—we need to start with a solid base of effectiveness within ourselves. The first three habits encourage self-mastery and challenge us, not only to identify the principles that are important to us, but also to act according to those principles in our lives. Covey explains that

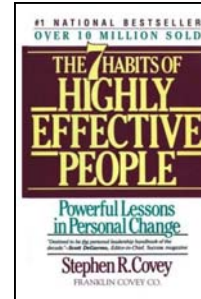
as we develop personal integrity by mastering the first three habits, we move along a maturity continuum from being dependent on others to being independent. Only after reaching the point where personal sense of worth comes from the inside, not from the validation of others, can the next habits be practiced. These habits focus on the interactions we have with other people in our lives; they enable us to develop the capacity to collaborate, listen, and create with others. We move along the maturity continuum from independence to interdependence as we realize that what we create with other people—be it a child

or an idea or a business—is more than what we could have created alone, truly more than the sum of its parts. The final habit, “Sharpen the saw” encourages us to sharpen the only tool we really have—ourselves.

I’ve learned that leadership has no chance to come from instruction that removes the character ethic from its training. People will be lead by example and by effective management.

Tips and trips of the trade can be valuable, but they cannot be substituted for personal effectiveness that results from principle-centered living. I am confident that the elusive quality I was striving for—power, influence, leadership— can, in fact, be called effectiveness and can be developed from a sincere and earnest attempt to practice Covey’s 7 Habits. I am excited to start this jog, excited to be heading toward—even if never reaching—such a valuable finish line.

By Caitlin Quade



## One Voice Uniting the Profession: Practice, Professionalism and Policy

*Marci is a recent graduate of the MCH program. Currently, she is working as the State-wide Coordinator for the Louisiana Gift (Guided Infant Feeding Techniques) program.*

I had the privilege of attending the International Lactation Consultation Association (ILCA) 2008 Conference and Annual Meeting, *One Voice Uniting the Profession: Practice, Professionalism and Policy*. I attended over 25 sessions on topics ranging from policy to gestational gigantomastia and stem cells in breastmilk. There was a tremendous amount of discussion about the profession (IBCLC-International Board Certified Lactation Consultant) and how the

profession/field should advance. The new IBCLC exam pathways (requirements) were also discussed at length. At the moment ILCA and IBLCE (International Board of Lactation Consultant Examiners) are working together to establish accreditation standards for academic programs in human lactation and breastfeeding. ILCA has contracted with a team of educators to develop a model curriculum for a lactation specific academic program. Many

universities have already expressed an interest in starting such a program.

Overall, the conference related very well to public health. I found parallels to what I have learned during my MPH studies in almost every presentation I attended. A multilevel, evidence-based approach to improving breastfeeding rates was emphasized throughout the conference.

By Marci Brewer

# A New Dawn in Guatemala: Toward a Worldwide Health Vision

*A New Dawn in Guatemala* is a collection of essays, lectures, and letters by or about the work of Dr. Carroll Behrhorst, an innovative leader of community development and health projects in Guatemala from the 1960's through the 1980's. The book touches on a vast array of issues associated with public health work in developing countries. Dr. Behrhorst strongly conveys the theme of using leadership as a tool to empower the people of the target community.

Behrhorst arrived in Chimaltenango, a small city in the mountains of Guatemala, in 1962, with the intention of improving the lives of the predominantly Kaqchikel native population through "curative medicine", focusing on clinical health as a means to improve health status. Besides having one of the highest infant mortality rates in the world, the inhabitants of Chimaltenango often succumbed to respiratory infections, malnutrition, measles, and tuberculosis.

In the weeks following his arrival, Behrhorst realized that it would not be sufficient to merely provide medical care to these people. He wrote, "It did not take long to realize that I was trying to empty an ocean of disease and malfunction with a medical spoon."

During weeks of observation and immersion, Behrhorst realized that the health issues facing the people were fundamentally tied to lack of development and infrastructure. Many men

were forced—by poverty and lack of local agricultural work opportunities—to travel to the more tropical low lands to work. Oftentimes this travel exposed them to climate-exacerbated infectious diseases, such as tuberculosis; if they were too sick to work, their entire families would suffer, first from malnutrition, then from other diseases.

Behrhorst developed a simple strategy to combat malnutrition; he lent money from clinic funds to twenty-five families to raise chickens so they could consume the eggs produced and subsequently boost their protein intake. This program was wildly successful, in terms of production of eggs and reduction of malnutrition, and the loans were paid back in an astoundingly short period of time.

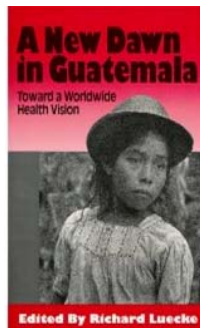
Inspired by this success, Behrhorst decided to provide similar loans to groups of families so that they could purchase plots of land for collective farming. This allowed the men to stay in Chimaltenango while still providing financially for their families; local agricultural production was successful, and more land was purchased for continued development.

In his writings, Dr. Behrhorst said, "The point of development is to seek measures that create and activate a community, rather than leave it passive and waiting. Real change requires patience and

commitment." Through his leadership, he enabled the community to develop of their own volition and hard work, leaving them not only with improved health, but with economic stability and a prevailing sense of self-efficacy to sustain the community for years.

His experiences are easily applicable to practitioners of public health, as evidenced by the contributions in the book of colleagues across the globe from Senegal to Chicago. I would absolutely recommend this book to anyone who is interested in community health and community development, or anyone who is simply looking to be inspired by the life journey of a doctor who strived to see the world through the lens of others. The type of leadership Behrhorst embodied is the leadership of empowerment, the kind that begets positive change because it inspires the people to take action and claim this change for themselves.

By Katie Landon



"THE TYPE OF LEADERSHIP BEHRHORST EMBODIED IS THE LEADERSHIP OF EMPOWERMENT"

*Katie is in her final semester in the MCH program. After graduation, she is getting married and moving to Florida, where she hopes to get a job so that she doesn't have to learn how to cook.*

## CONGRATULATIONS

TO THE SUMMER & FALL 2008 MCPHLT SCHOLARS!

### Summer Scholars

Marci Brewer  
Whitney Brookins  
Julia Fleuret  
Katie Landon  
Kemi Orekoya  
Caitlin Quade  
Kourtney Thomas

### Fall Scholars

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*We're on the  
web!*

[www.sph.tulane.edu/mch](http://www.sph.tulane.edu/mch)

### Thank You

to our MCPHLT  
Executive Committee  
Members and staff for  
your work and support!

Maya Begalieva, MD, PhD  
Gretchen Clum, PhD  
Mark Dal Corso, MD,  
MPH  
Tom Farley, MD, MPH  
Carolyn Johnson, PhD  
Jeanette Magnus, MD,  
PhD

Heather Barrett, MA  
Shokufeh Ramirez, MPH

*Do you have ideas or  
photos that you would  
like to use in a future  
newsletter?*

Contact Heather Barrett at  
[hbarret@tulane.edu](mailto:hbarret@tulane.edu)

## Stewardship: *Choosing Service Over Self-Interest*

Author Peter Block, in the book, *Stewardship: choosing service over self-interest* revokes the common pre-established notions about leadership. That concept held by our society that one must move up the ladder, succumb to conformity and be guided or dependent on an authoritative figure in order to reach the apex of success and upon reaching, one is then entitled to govern with power to direct and to control.

Purposed to change the fundamental approach and beliefs by which organizations are managed in the manner of control, consistency and predictability, Block presents a practice based on the redistribution of power, purpose and enactment of the democratic principles. The principle of Stewardship is based on a democratic creed to integrate everyone. It discounts the notion that a great leader is necessary

to provide a vision, structure and meaning for individual work and also takes the focus and praise off one individual and instead distributes it to the whole institution that contributed.

Defining stewardship in the simplest term is the "choice for service." To be a steward is to be responsible and be trusted with resources for another. Adhering to this seemingly utopian doctrine for our workplace requires the understanding that we must be willing to be accountable for a larger body than ourselves and seek not to climb the ladder of success solely for self-

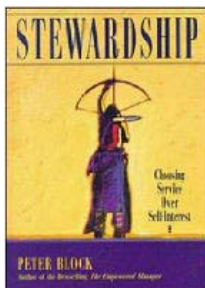
entitlement. Translated in the business world, it emphasizes that, for our organization to be continuously successful, we cannot individualize our duties, not that "this is my job" but instead "our job" – a stewardship mentality. In the author's words, "we cannot be steward of an organization and expect someone to take care of us."

For a revolutionary start and effective change in our organizations, the parental basis of the patriarchy system of governance must be debunked; democracy must resurface and all work together in partnership without focus on levels of hierarchy or status. Individuals must act on what they know, be empowered in their own knowledge, abilities and capabilities and not always rely on others for directions.

Ultimately, the overall contribution of all must be rooted in serving one another and not on interest for self that such change can be self-perpetuating and selfless. The underlying fabric of stewardship is built upon understanding and choosing partnership over patriarchy, empowerment over dependency and service over self-interest.

By Kemi Orekoya

*Kemi plans to graduate in May 2009 with a concentration in Global MCH. She is a 2008-09 Schweitzer Fellow, an award which seeks to help underserved or underinsured communities. She aspires to use her knowledge in developing parts of Africa to pursue a career in women's health.*



## MCH-Epi Conference



The two days of the CDC's Maternal and Child Health Epidemiology conference were as informative and insightful as equal time in the classroom. In attending with fellow students, researchers, and life-long public health professionals, the conference provided an enriching link between academia and practice, both for the technical knowledge gained and the professional contacts and opportunities it afforded.

Despite the conference's seemingly narrow focus given the broad nature of public health, the topics ranged in discussion from the antiquated vital statistics system to the emerging theories such as the fetal origins hypothesis. Listening to and engaging in discussion with some of the most renowned researchers and practitioners in the field increased my passion and enthusiasm for maternal and child health epidemiology in ways that a lecture or textbook often fall short. I left the two days of the conference with handfuls of information and a head full of excitement about the possibilities that await after graduation.

By Maeve Wallace

*Maeve Wallace graduated in August 2008 with a concentration in MCH-EPI. She recently moved to Portland, OR to pursue a career in local women's health.*

**Save the date!** Dec. 10–12, 2008  
MCH-Epi Conference, Atlanta, GA

<http://www.cdc.gov/ReproductiveHealth/MCHepi/2008/AboutConference.htm>