The Elephant in the Room

Michael J. Klag, MD, MPH

It's time to talk about the elephant in the room. We cannot afford to ignore it any longer. It affects nearly every aspect of global health and will have a profound impact on our collective future if we don't do something about it.

The elephant is population growth.

The world faces a plethora of great challenges: food insecurity, insufficient access to safe water, climate change, disempowerment of women, increasing numbers of deaths from natural disasters, emerging diseases and many others. Underlying many of these challenges to public health is population growth. In 1950, the global population was about 2.5 billion people. Today, it is 6.9 billion. In just 10 years there will be 7.6 billion. But this growth is concentrated among the world’s poorer countries that, with their weak health systems, are least able to deal with future public health challenges. In the next decade, sub-Saharan Africa will grow from 863 million to 1.2 billion; that’s equivalent to adding the populations of the U.S. and the Netherlands. Such growth is simply unsustainable. It is a path that will lead us to a future of diminishing resources and increasing conflict.

More people mean less food, crowded cities, increasing populations vulnerable to natural disasters, and greater chances for new pathogens to jump from animals to humans. Larger families mean each child gets a smaller share of food, clothing, money for school fees and so on. Women who have more children have increased risks of mortality and reduced options for their own education and empowerment. We know that women who are empowered make good choices for the family, whether economic or health-related.

Worldwide, more than 200 million women who want to delay or prevent pregnancy do not get the contraceptives they need. In sub-Saharan Africa, almost one-quarter of women who want to delay or stop childbearing do not have their demand for family planning services met. This issue obviously has significant implications for fertility rates, the average number of children born per woman. In Uganda, women want on average 5.1 children rather than the 6.7 they have. In Pakistan, they want 3.1 rather than 4.1. Bolivian women end up with 3.8 rather than the 2.1 births they want. Low-income countries like these are hurtling down an unsustainable path. Uganda’s population today is about 30 million. The Population Reference Bureau estimates its population in 2050 will be 117 million. Between my first trip four years ago to Uganda’s capital, Kampala, and my most recent visit, the differences were striking: more people, more traffic and more stress—both human and environmental. Urbanization is a factor, of course, but many cities around the world are straining to meet the basic needs of their inhabitants.

Some leaders in developing countries view a burgeoning population as a solution to their problems, an engine of economic growth. In reality, however, such growth means that children and the countries that they live in will not be able to reach their potential. Economies may grow, but needs will exceed production. The middle class needed to lead a country and make it prosper will not be created.

Clearly, it is not our place to tell people how many children to have, but we can help women and families who want access to family planning services so they can choose when to have children and how many to have.

Over the past few decades, family planning has faded from the global health agenda. The U.S. had been a leader in providing family planning services worldwide until the issue was linked with abortion and became mired in the nation’s culture wars. It is time to restart the discussion about population and to take action.

During family planning’s lean years, committed experts struggled on or left the field to work in other areas. In November, more than 1,300 of them gathered in Kampala for the first global family planning conference in more than 15 years. I cannot tell you how exciting it was to be present at this conference. The School’s Bill and Melinda Gates Institute for Population and Reproductive Health and Makerere University, a long-standing partner, organized the conference. They had expected 200 to 400 attendees but finally stopped registration at 1,200. On the day of the event, 180 unregistered people joined the other conference attendees who came from 61 countries. The atmosphere was electric. People were hungry for knowledge about family planning programs. Janet Museveni, the First Lady of Uganda, opened the conference with an inspirational talk that laid out the issues and the challenges ahead. Other presentations focused on strategies for meeting the unmet need for family planning. Amy Tsui, Gates Institute director, summed up the conference’s mood when she proclaimed, “Welcome back to family planning!”

The world is ready to take on the challenge. The Obama administration is returning family planning to the global health agenda. It rescinded the Mexico City “gag rule” that banned U.S. funding for international health groups that provided counseling about terminating pregnancies, and it has increased support for international family planning and reproductive health services.

Our role, as a school of public health, is to generate the evidence regarding population dynamics; determine the best, culturally sensitive strategies for family planning and other health care interventions at the individual and community level; advise governments and other organizations as a trusted partner; and, lastly, to train the next generation of leaders.

The elephant awaits.
School Accolades

Closing the Gap in Health Care

M. Chris Gibbons sees untapped potential in bringing electronic tools to bear on the problem of disparities in health care. And he wants to put those tools directly in the hands of patients, not just doctors.

In a recent evidence review for the Agency for Healthcare Research and Quality, Gibbons, associate director of the Johns Hopkins Urban Health Institute, found evidence that certain Web resources and interactive multimedia programs can help patients with symptoms of depression, stress and anxiety, without the presence of a physician.

“...The potential impact on disparities can be significant,” says Gibbons, MD, MPH ‘97, author of the 2007 book eHealth Solutions for Healthcare Disparities, which explores how experts in medicine and technology and experts on health disparities can work together to close the gaps.

Struck by the twin facts that more than 160 million Americans use the Internet and that the number one topic of their Google searches is health, Gibbons wondered: Can electronic tools of any kind, designed specifically for patients, help them achieve better health outcomes?

Gibbons’ book examines cyber-strategies with the greatest potential for effective, equitable care and improved service delivery. He examines emerging roles for information technology in promoting weight loss, smoking cessation and other behavior changes, and in preventing cancer, HIV and other diseases.

In his more recent evidence review for the Agency for Healthcare Research and Quality, Gibbons evaluated outcomes of a variety of electronic tools, including interactive, Web-based applications, personal monitoring devices, health-risk assessments and patient-decision aids delivered via cell phones and other means.

Gibbons, an assistant professor in Health, Behavior and Society, concludes electronic tools may be helpful for some patients. Whether given by a device or a live physician, the content and timing of feedback about patients’ health concerns are key.

In February, Gibbons, whose work is gaining the attention of policymakers, received a Top Minorities in Research Science Award, in Medical Leadership, at the 24th Black Engineer of the Year STEM (Science, Technology, Engineering and Math) Conference in Baltimore. When he first learned of the award, he recalled an episode from medical school.

“...At one point, I wasn’t sure I wanted to continue,” he remembers. “My mother arranged a meeting with a young African-American doctor who was visiting our town. I didn’t know anything about the guy but ... he welcomed me into his hotel room, and we talked. It was the most amazing thing. His name was Ben Carson [the legendary Hopkins neurosurgeon]. I knew then that I wanted not only to be a doctor but to go where others have never gone and leave a trail.”

—David A. Taylor

Robert Black, MD, MPH, the Edgar Berman Professor of International Health, and chair of International Health, is the recipient of the 2010 Programme for Global Paediatric Research Award for Outstanding Contributions to Global Child Health.

Rita Colwell, PhD, adjunct professor, Environmental Health Sciences (EHS), has been selected to receive the Stockholm Water Prize from the King of Sweden, in recognition of her research into preventing waterborne infectious diseases.

Josef Coresh, MD, PhD, MHS ’92, professor, Epidemiology, is the 2010 recipient of the Garabed Eknoyan Award, which recognizes individuals who make exceptional contributions to initiatives or clinical research in the field of kidney disease. He is also the recipient of the 2010 Epidemiology and Prevention Mentoring Award, on behalf of the American Heart Association’s Council on Epidemiology and Prevention.

Pierre Coulombe, PhD, E.V. McCollum Professor and Chair of Biochemistry and Molecular Biology, was named Fellow of the American Association for the Advancement of Science.

Andrea Gielen, ScD ’89, ScM ‘79, professor, Health, Behavior and Society (HBS), and director of the Center for Injury Research and Policy, was named president-elect of the Society for Advancement of Violence and Injury Research (SAVIR).
David Holgrave, PhD, chair, HBS, was appointed to the Presidential Advisory Council on HIV/AIDS in February.

Rafael Irizarry, PhD, professor, Biostatistics, was presented with the APHA’s 2009 Mortimer Spiegelman Award, which recognizes a statistician under 40 for outstanding contributions to public health statistics.

Marcelo Jacobs-Lorena, PhD, professor, W. Harry Feinstone Department of Molecular Microbiology and Immunology (MMI), was elected a Fellow of the American Association for the Advancement of Science.

Dean Michael J. Klag, MD, MPH ’87, was appointed chair of the NIH Advisory Board for Clinical Research beginning July 1.

Sabra Klein, PhD, assistant professor, MMI, is the recipient of the Society for Women’s Health Research Medtronic Award for Scientific Contributions.

Rolf Klemm, DrPH ’02, MPH ’85, assistant scientist, International Health, was appointed technical director of the A2Z Project, the USAID Micronutrient and Child Blindness Project. He also lectured on child anemia at the Annual Meeting of the Indian Association for Preventive and Social Medicine, Delhi, India, in February.

Philip Leaf, PhD, professor, Mental Health, was honored for his commitment and many contributions to the city of Baltimore at the first annual “Yes We Can” Award Ceremony, in celebration of Barack Obama’s first year as president.

Kenrad Nelson, MD, professor, Epidemiology, received a Distinguished Alumnus Award from DePauw University, and an Outstanding Achievement Award in the field of HIV/AIDS from the First Lady of the Republic of Georgia.

William Kuang-Yao Pan, DrPH, MPH, assistant professor, International Health, was elected chair of the Statistics Section of APHA for 2009–2010.

David Peters, MD, DrPH ’93, MPH, associate professor, International Health, received a World Bank Independent Evaluation Group Award for his work on the Implementation Completion Report on the Ghana Health Sector Program Support Project.

Sekhar P. Reddy, PhD, professor, EHS, has been invited by the U.S. Department of Health and Human Services, National Institutes of Health, to serve as a regular member of the Lung Injury, Repair, and Remodeling Study Section, Center for Scientific Review, through June 2014.

Baker Awarded Calderone Prize, Moseley Award

On May 6, Susan Baker, a pioneer in injury prevention, was awarded the 2010 Frank A. Calderone Prize in Public Health by the Columbia University Mailman School of Public Health. One of the most prestigious awards in public health, the Calderone Prize is given every two years to someone who has made a transformational contribution to the field. A week later, the Health Policy and Management professor received the Aerospace Medical Association’s Harry G. Moseley Award. Among her many accomplishments, Baker, MPH ’68, founded the Johns Hopkins Center for Injury Research and Policy and conducted seminal injury prevention research in aviation, automobiles and other areas. Examples of her research’s impact include its translation into automobile policy in the form of child-restraint laws and graduated drivers’ licenses, and aviation policy in the form of shoulder-restraint use and maximum age limits.
Bloomberg School Health Advisory Board (HAB) members, a Thai princess, Dean Michael J. Klag and other School representatives traveled in Bangladesh and India for 10 days in February, giving them a clear picture of the School's global reach and influence. They visited research projects and met with scientific partners and public health leaders in both countries.

The group first traveled to Bangladesh's rural Gaibandha region to visit the School's decade-old JiVitA Project, one of the world's largest trials on the role of nutrition in maternal and infant survival. In 2007, JiVitA scientists determined that a single two-cent dose of vitamin A at birth has the potential to reduce six-month infant mortality by at least 15 percent.

JiVitA project director Keith P. West Jr., DrPH '87, MPH '79, RD, the George G. Graham Professor in Infant and Child Nutrition, led the group on a tour of the research facilities. The group, along with Her Royal Highness Princess Maha Chakri Sirindhorn from Thailand, a member of the School's International Honorary Committee, met with some of the mothers and children taking part in JiVitA studies.

JiVitA researchers Parul Christian, DrPH '96, MSc, MPH '92, Rolf Klemm, DrPH '02, MPH '85, and Alain Labrique, PhD '07, MS, MHS '99, also discussed their work with HAB members.

In the capital city of Dhaka, the group visited the ICDDR,B (International Center for Diarrhoeal Disease Research, Bangladesh), where they met with the Center's leaders and staff and top officials at the Ministry of Health and Family Welfare. They also met Bangladesh's foreign minister and School alumna, Dipu Moni, MBBS, LLB, LLM, MPH '99.

In India, the group made stops in Delhi and Jaipur, visiting the Indian Institute of Health Management Research (IIHMR)—the country's premier institute of its kind—which focuses on improving public health and health care systems management through research, training and consultation. Their host was School alumnus and HAB member Dr. Ashok Agarwal, MPH '83, an IIHMR founder and trustee. Representatives from the School's Center for Communication Programs (CCP) briefed the group on its India-based work, which includes managing projects addressing HIV/AIDS, family planning and reproductive health, and water and health.

"I was happy that the HAB was able to share this experience and witness firsthand the impact of our work in Bangladesh and India," says Dean Klag.

—Jackie Powder

Photos (clockwise from top left): Alain Labrique (left) with Bangladesh Foreign Minister Dipu Moni (right) and Dr. Mahbubur Rashid; Dean Michael J. Klag and Bangladesh Health Minister Prof. AFM Ruhul Haque; HRH Princess Maha Chakri Sirindhorn and Dean Klag with an ICDDR,B official; JHSPH researchers Rolf Klemm, Keith P West Jr., and Alain Labrique with Frank Hurley; the group in India; and C. Sylvia Brown and Margaret Conn Himelfarb
Best for the Best

We went to Bangladesh and India to see public health in action.

I arrived February 16 in Gaibandha with Dean Michael J. Klag, Her Royal Highness Princess Maha Chakri Sirindhorn from Thailand, a group of Bloomberg School faculty and members of the School’s Health Advisory Board. (See story on the opposite page.) What I saw of the JIVitA nutrition research project and the other projects we visited in South Asia was remarkable.

The love and care and dedication of everyone involved with JIVitA makes the project a success. Data are treated like precious jewels. From the close supervision of workers who gather the data to the triple-checking data entry, it is clear that they do everything possible to ensure the data will yield accurate results. Lives, after all, are in the balance.

For me, the JIVitA visit was a rare opportunity to see firsthand an international project that I’d only read about in our magazine. You may recall our Fall 2009 story on the project, “Discovering JiVitAland.” Now that I’ve been there, I can say that writer Cathy Shufro and photographer Saikat Mojumder truly captured the essence of the project—one of the largest nutrition trials of its kind, enrolling 100,000 pregnant women. I don’t think we could have represented the research any better than we did.

Everyone at Johns Hopkins Public Health feels the responsibility to produce a magazine worthy of the life-saving research performed by School faculty. It’s wonderful when peers at other universities recognize our efforts with awards. And it’s especially gratifying when our publication garners recognition from outside of that realm. This spring, we learned that we had been nominated for the 2010 Utne Independent Press Award for science/tech coverage. Each year, Utne Reader reviews 1,300 periodicals to find nominees in 10 categories. We were more than pleased to be nominated with some of the best publications in the field. It’s one more indication that we’re meeting our responsibility to craft the best possible magazine for the world’s best school of public health.

In that spirit of striving for excellence, I’m happy to welcome Stacey DiLorenzo as our new Senior Director for Communications. Stacey will oversee the day-to-day operations of our publications, media relations and Web teams. She brings great expertise in marketing and strategic communications. Stacey has extensive broadcast television experience as a former vice president of Marketing and executive creative director for Discovery Communications, and as a producer and writer of documentary programming. Most recently, she was managing director of Local Corporate Support and Marketing for Maryland Public Television.

Stacey will help us continue to deliver our best for the best school of public health.

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Letters to the Editor

Two Fronts of Good in Bangladesh

I think that Jivita is doing a great job on two fronts [“Discovering JiVitAland,” Fall 2009]. First, they are conducting valuable research that will save lives not only in Bangladesh, but also in other countries around the world once the research has been validated. Second, they are developing an infrastructure for further research.

The question is how to sustain such an infrastructure, given that public health funding is hard to come by. Born in Gaibandha, I personally understand the need for such projects, and I think that opening up Jivitaland to other research institutes would benefit both the researchers and the staff working on this project.

Thanks for the good work.

Habib Chaklader, MPH
Arlington, Va.

The Malaria Menace

Research findings highlighted in your story “Going Molecular on Mosquitoes” [Summer 2009] have increased hope for malaria elimination one day. Having worked in rural Ghana for over 10 years now, I have encountered firsthand the havoc malaria wreaks on humans, especially children younger than the age of five.

With the molecular approach to reducing and possibly halting the mosquito-to-man transmission of the malaria parasite, another angle of attacking the malaria menace is in the offing. I am optimistic that these findings will contribute toward the quest for malaria elimination. Kudos to the Johns Hopkins Malaria Research Institute team.

Ransford Sefenu, MBChB, MPH
Sogakope, Ghana

Clarification

In a sidebar article to “Mending Wounded Minds” [Summer 2009], Dr. Judith Bass described the results of a controlled trial of a problem-solving counseling treatment in Aek, Indonesia, as demonstrating that the intervention “doesn’t work.” While the data indicate that the intervention did not have a significant impact on the major mental health symptoms being assessed (those of depression and anxiety), intervention participants on average did exhibit significantly improved functioning and significantly higher use of positive coping strategies in comparison to controls and some improvement in social relationships was suggested. Dr. Bass and her fellow researchers regret any misunderstanding that may have arisen from the original comment.

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High total fertility rates (TFRs), which measure children born per woman, can strain a family’s resources and a nation’s economic stability. At 6.7, Uganda has one of the highest TFRs in the world. Though it has declined in recent decades, Tanzania’s TFR of 5.3 also ensures a burgeoning population. Dean Michael J. Klag discusses population growth and global health on page 1.