



Dean Stephen M. Shortell

Our Children, Our Future

“...Our children are taking constant notice, and they are measuring us not by what we say but by what we do.”

— Robert Coles, M.D., child psychiatrist and professor of psychiatry and medical humanities, Harvard University

We all remember our childhoods. While there were challenges, disappointments, and sorrows, most of us have happy memories of our childhood years. We enjoyed the protection and nurturing of our families, lived in essentially safe neighborhoods, and benefited from quality educational opportunities. For many of us, childhood was a time to engage our curiosity as we made our trial and error journey into adulthood. Whether we knew it or not, public health was a constant companion on our journey, protecting us from disease and promoting healthy life choices.

Consistent with the School’s lifespan approach to public health, this issue of our magazine highlights our contribution to maternal and child health. In the pages that follow, you will learn more about the biological, environmental, and behavioral factors that influence maternal and fetal health and child growth and development. For example, women who are stressed during pregnancy are more likely to give birth to preterm infants. Stressful events such as wars and natural disasters are associated with differences in the ratio of male to female births and associated birth outcomes. A mother’s exposure to environmental pollution is associated with poorer birth outcomes. Further, children who are obese or overweight have a significantly higher risk of developing diabetes and heart disease in adulthood. Domestic and school violence wreaks havoc not only on those directly experiencing the violence but those who are “witnesses” to such acts.

On almost all dimensions, the problems of poor maternal and child health are greater for African Americans, Hispanics, those of lower socioeconomic status backgrounds, and those who lack health insurance coverage. Many children in California have lost health insurance coverage. The working poor are most affected by the lack of coverage and show the largest disparities in access and use of health care services. Among the working poor, immigrant children are most likely to be uninsured. Women and children in developing countries present special challenges.

Our faculty and students go beyond “honoring the problem” through description and documentation to actively designing policies, practices, and interventions that address the problems. This work is led by our nationally recognized Maternal and Child Health Program, but also involves faculty and students throughout the School. In the process, we are identifying new and challenging issues.

For example, imagine that within the next five to ten years you will have a list of three million differences between your child’s genes and the “normal” sequence. Further, no one can tell you what it means. Which of the differences are good, which essentially make no difference, and which may be potentially harmful? Your doctor (or nurse practitioner or health provider) will need help deciphering the information. That help may well come from the School’s biostatistics faculty, who are at the forefront of the new field of computational biology, which develops methods to efficiently test for such differences. This is part of the “new public health,” and Berkeley is leading the way.

In the end, we are all working to make sure that all children are valued and have the opportunity to achieve their fullest potential. We are grateful for the contributions that you will read about, but we are also challenged by how much more needs to be done. We’re being measured by what we do.

Stephen M. Shortell, Ph.D., M.P.H.

Dean, School of Public Health

Blue Cross of California Distinguished Professor of Health Policy & Management

Professor of Organization Behavior